

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES HEALTH CARE INSTITUTIONS: LICENSING

Editor's Note: The following Notice of Exempt Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 2468.) The Governor's Office authorized the notice to proceed through the rulemaking process on May 18, 2012.

[R13-115]

PREAMBLE

<u>1. Article, Part, or Section Affected (as applicable)</u>	<u>Rulemaking Action</u>
R9-10-101	Amend
R9-10-102	Amend
R9-10-103	Amend
R9-10-104	Amend
R9-10-105	Amend
R9-10-106	Renumber
R9-10-106	Amend
R9-10-107	Amend
R9-10-108	Amend
R9-10-109	Amend
R9-10-110	Amend
R9-10-111	Amend
R9-10-112	Renumber
R9-10-112	New Section
R9-10-113	Renumber
R9-10-113	Amend
R9-10-114	New Section
R9-10-115	Repeal
R9-10-115	New Section
R9-10-116	New Section
R9-10-117	New Section
R9-10-122	Renumber
R9-10-201	Amend
R9-10-202	Amend
R9-10-203	Amend
R9-10-204	Amend
R9-10-205	Amend
R9-10-206	Amend
R9-10-207	Amend
R9-10-208	Renumber
R9-10-208	Amend
R9-10-209	Renumber
R9-10-209	Amend
R9-10-210	Renumber
R9-10-210	Amend
R9-10-211	Renumber
R9-10-211	Amend
R9-10-212	Renumber
R9-10-212	Amend

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R9-10-213	Renumber
R9-10-213	Amend
R9-10-214	Renumber
R9-10-214	Amend
R9-10-215	Renumber
R9-10-215	Amend
R9-10-216	Renumber
R9-10-216	Amend
R9-10-217	Renumber
R9-10-217	Amend
R9-10-218	Renumber
R9-10-218	Amend
R9-10-219	Renumber
R9-10-219	Amend
R9-10-220	Renumber
R9-10-220	Amend
R9-10-221	Renumber
R9-10-221	Amend
R9-10-222	Renumber
R9-10-222	Amend
R9-10-223	Renumber
R9-10-223	Amend
R9-10-224	Renumber
R9-10-224	Amend
R9-10-225	Renumber
R9-10-225	Amend
R9-10-226	Renumber
R9-10-226	New Section
R9-10-227	Renumber
R9-10-227	Amend
R9-10-228	Renumber
R9-10-228	Amend
R9-10-229	Renumber
R9-10-229	Amend
R9-10-230	Renumber
R9-10-230	Amend
R9-10-231	Renumber
R9-10-231	Amend
R9-10-232	Renumber
R9-10-232	Amend
R9-10-233	Renumber
R9-10-233	Amend
R9-10-234	Renumber
R9-10-234	Amend
Article 3	New Article
R9-10-301	New Section
R9-10-302	New Section
R9-10-303	New Section
R9-10-304	New Section
R9-10-305	New Section
R9-10-306	New Section
R9-10-307	New Section
R9-10-308	New Section
R9-10-309	New Section
R9-10-310	New Section
R9-10-311	New Section
R9-10-312	New Section
R9-10-313	New Section
R9-10-314	New Section
R9-10-315	New Section
R9-10-316	New Section
R9-10-317	New Section
R9-10-318	New Section
R9-10-319	New Section
R9-10-320	New Section

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R9-10-321	New Section
R9-10-322	New Section
R9-10-323	New Section
Article 4	New Article
R9-10-401	New Section
R9-10-402	New Section
R9-10-403	New Section
R9-10-404	New Section
R9-10-405	New Section
R9-10-406	New Section
R9-10-407	New Section
R9-10-408	New Section
R9-10-409	New Section
R9-10-410	New Section
R9-10-411	New Section
R9-10-412	New Section
R9-10-413	New Section
R9-10-414	New Section
R9-10-415	New Section
R9-10-416	New Section
R9-10-417	New Section
R9-10-418	New Section
R9-10-419	New Section
R9-10-420	New Section
R9-10-421	New Section
R9-10-422	New Section
R9-10-423	New Section
R9-10-424	New Section
R9-10-425	New Section
R9-10-426	New Section
R9-10-427	New Section
Article 5	Amend
R9-10-501	Amend
R9-10-502	Amend
R9-10-503	Repeal
R9-10-503	New Section
R9-10-504	Repeal
R9-10-504	New Section
R9-10-505	Repeal
R9-10-505	New Section
R9-10-506	Repeal
R9-10-506	New Section
R9-10-507	Repeal
R9-10-507	New Section
R9-10-508	Amend
R9-10-509	Repeal
R9-10-509	New Section
R9-10-510	Repeal
R9-10-510	New Section
R9-10-511	Amend
R9-10-512	Repeal
R9-10-512	New Section
R9-10-513	Repeal
R9-10-513	New Section
R9-10-514	Repeal
R9-10-514	New Section
R9-10-515	New Section
R9-10-516	New Section
R9-10-517	New Section
R9-10-518	New Section
Article 6	New Article
R9-10-601	New Section
R9-10-602	New Section
R9-10-603	New Section
R9-10-604	New Section

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R9-10-605	New Section
R9-10-606	New Section
R9-10-607	New Section
R9-10-608	New Section
R9-10-609	New Section
R9-10-610	New Section
R9-10-611	New Section
R9-10-612	New Section
R9-10-613	New Section
R9-10-614	New Section
R9-10-615	New Section
R9-10-616	New Section
R9-10-617	New Section
R9-10-618	New Section
Article 7	Amend
R9-10-701	Amend
R9-10-702	Repeal
R9-10-702	New Section
R9-10-703	Amend
R9-10-704	Repeal
R9-10-704	New Section
R9-10-705	Repeal
R9-10-705	New Section
R9-10-706	Amend
R9-10-707	Repeal
R9-10-707	New Section
R9-10-708	Repeal
R9-10-708	New Section
R9-10-709	Repeal
R9-10-709	New Section
R9-10-710	Repeal
R9-10-710	New Section
R9-10-711	Repeal
R9-10-711	New Section
R9-10-712	Repeal
R9-10-712	New Section
R9-10-713	Repeal
R9-10-713	New Section
R9-10-714	Repeal
R9-10-714	New Section
R9-10-715	Repeal
R9-10-715	New Section
R9-10-716	Repeal
R9-10-716	New Section
R9-10-717	Repeal
R9-10-717	New Section
R9-10-718	Repeal
R9-10-718	New Section
R9-10-719	Repeal
R9-10-719	New Section
R9-10-720	Repeal
R9-10-720	New Section
R9-10-721	Repeal
R9-10-721	New Section
R9-10-722	Repeal
R9-10-722	New Section
R9-10-723	Repeal
R9-10-724	Repeal
Article 8	Amend
R9-10-801	Amend
R9-10-802	Repeal
R9-10-802	New Section
R9-10-803	Repeal
R9-10-803	New Section
R9-10-804	Repeal

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R9-10-804	New Section
R9-10-805	Repeal
R9-10-805	New Section
R9-10-806	Repeal
R9-10-806	New Section
R9-10-807	Repeal
R9-10-807	New Section
R9-10-808	Repeal
R9-10-808	New Section
R9-10-809	Repeal
R9-10-809	New Section
R9-10-810	Repeal
R9-10-810	New Section
R9-10-811	Repeal
R9-10-811	New Section
R9-10-812	Repeal
R9-10-812	New Section
R9-10-813	Repeal
R9-10-813	New Section
R9-10-814	Repeal
R9-10-814	New Section
R9-10-815	Repeal
R9-10-815	New Section
R9-10-816	Repeal
R9-10-816	New Section
R9-10-817	Repeal
R9-10-817	New Section
R9-10-818	Repeal
R9-10-818	New Section
R9-10-819	Repeal
R9-10-819	New Section
R9-10-820	New Section
Article 9	Repeal
Article 9	New Article
R9-10-901	Amend
R9-10-902	Repeal
R9-10-902	New Section
R9-10-903	Repeal
R9-10-903	New Section
R9-10-904	Repeal
R9-10-904	New Section
R9-10-905	Repeal
R9-10-905	New Section
R9-10-906	Repeal
R9-10-906	New Section
R9-10-907	Repeal
R9-10-907	New Section
R9-10-908	Repeal
R9-10-908	New Section
R9-10-909	Repeal
R9-10-909	New Section
R9-10-910	Repeal
R9-10-910	New Section
R9-10-911	Repeal
R9-10-911	New Section
R9-10-912	Repeal
R9-10-912	New Section
R9-10-913	Repeal
R9-10-913	New Section
R9-10-914	Repeal
R9-10-914	New Section
R9-10-915	Repeal
R9-10-915	New Section
R9-10-916	Amend
R9-10-917	Repeal

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R9-10-917	New Section
R9-10-918	Repeal
R9-10-918	New Section
R9-10-919	Repeal
Article 10	Amend
R9-10-1001	Amend
R9-10-1002	Amend
R9-10-1003	Amend
R9-10-1004	Repeal
R9-10-1004	New Section
R9-10-1005	Repeal
R9-10-1005	New Section
R9-10-1006	Repeal
R9-10-1006	New Section
R9-10-1007	Repeal
R9-10-1007	New Section
R9-10-1008	Amend
R9-10-1009	Amend
R9-10-1010	Amend
R9-10-1011	Repeal
R9-10-1011	New Section
R9-10-1012	Repeal
R9-10-1012	New Section
R9-10-1013	Repeal
R9-10-1013	New Section
R9-10-1014	Repeal
R9-10-1014	New Section
R9-10-1015	Repeal
R9-10-1015	New Section
R9-10-1016	Repeal
R9-10-1016	New Section
R9-10-1017	Repeal
R9-10-1017	New Section
R9-10-1018	New Section
R9-10-1019	New Section
R9-10-1020	New Section
R9-10-1021	New Section
R9-10-1022	New Section
R9-10-1023	New Section
R9-10-1024	New Section
R9-10-1025	New Section
R9-10-1026	New Section
R9-10-1027	New Section
R9-10-1028	New Section
R9-10-1029	New Section
R9-10-1030	New Section
Article 11	Amend
R9-10-1101	Amend
R9-10-1102	Amend
R9-10-1103	Repeal
R9-10-1103	New Section
R9-10-1104	Repeal
R9-10-1104	New Section
R9-10-1105	Repeal
R9-10-1105	New Section
R9-10-1106	Repeal
R9-10-1106	New Section
R9-10-1107	Repeal
R9-10-1107	New Section
R9-10-1108	Repeal
R9-10-1108	New Section
R9-10-1109	Repeal
R9-10-1109	New Section
R9-10-1110	New Section
R9-10-1111	New Section

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R9-10-1112	New Section
R9-10-1113	New Section
R9-10-1114	New Section
R9-10-1115	New Section
R9-10-1116	New Section
Article 12	New Article
R9-10-1201	New Section
R9-10-1202	New Section
R9-10-1203	New Section
R9-10-1204	New Section
R9-10-1205	New Section
R9-10-1206	New Section
R9-10-1207	New Section
R9-10-1208	New Section
R9-10-1209	New Section
R9-10-1210	New Section
R9-10-1211	New Section
Article 13	New Article
R9-10-1301	New Section
R9-10-1302	New Section
R9-10-1303	New Section
R9-10-1304	New Section
R9-10-1305	New Section
R9-10-1306	New Section
R9-10-1307	New Section
R9-10-1308	New Section
R9-10-1309	New Section
R9-10-1310	New Section
R9-10-1311	New Section
R9-10-1312	New Section
R9-10-1313	New Section
R9-10-1314	New Section
R9-10-1315	New Section
R9-10-1316	New Section
R9-10-1317	New Section
Article 14	Repeal
Article 14	New Article
R9-10-1401	Amend
R9-10-1402	Repeal
R9-10-1402	New Section
R9-10-1403	Repeal
R9-10-1403	New Section
R9-10-1404	Repeal
R9-10-1404	New Section
R9-10-1405	Repeal
R9-10-1405	New Section
R9-10-1406	Repeal
R9-10-1406	New Section
R9-10-1407	Repeal
R9-10-1407	New Section
R9-10-1408	Repeal
R9-10-1408	New Section
R9-10-1409	Repeal
R9-10-1409	New Section
R9-10-1410	Repeal
R9-10-1410	New Section
R9-10-1411	Repeal
R9-10-1411	New Section
R9-10-1412	Repeal
R9-10-1412	New Section
R9-10-1413	New Section
R9-10-1414	New Section
R9-10-1415	New Section
R9-10-1416	New Section
R9-10-1417	New Section

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Article 16	New Article
R9-10-1601	New Section
R9-10-1602	New Section
R9-10-1603	New Section
R9-10-1604	New Section
R9-10-1605	New Section
R9-10-1606	New Section
R9-10-1607	New Section
R9-10-1608	New Section
R9-10-1609	New Section
R9-10-1610	New Section
R9-10-1611	New Section
Article 17	Repeal
Article 17	New Article
R9-10-1701	Amend
R9-10-1702	Amend
R9-10-1703	Repeal
R9-10-1703	New Section
R9-10-1704	Repeal
R9-10-1704	New Section
R9-10-1705	Repeal
R9-10-1705	New Section
R9-10-1706	Repeal
R9-10-1706	New Section
R9-10-1707	Repeal
R9-10-1707	New Section
R9-10-1708	Repeal
R9-10-1708	New Section
R9-10-1709	Repeal
R9-10-1709	New Section
R9-10-1710	Repeal
R9-10-1710	New Section
R9-10-1711	Repeal
R9-10-1711	New Section
R9-10-1712	Repeal
R9-10-1712	New Section
R9-10-1713	Repeal

2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific) and the statute or session law authorizing the exemption:

Authorizing statutes: A.R.S. §§ 36-104(3); 36-132(A)(1), (A)(4), and (A)(17); and 36-136 (F)

Implementing statutes: A.R.S. §§ 36-151 through 36-160; 36-207; 36-405 through 36-407; 36-409; 36-411 through 36-414; 36-421 through 36-427; 36-429; 36-430; 36-431.01; 36-434; 36-445 through 36-445.04; 36-446 through 36-447.01; 36-448.51 through 36-448.55; 36-502; 36-513; 36-2003; 36-2023; 36-2052; 36-3707; 41-1073 through 41-1077; 41-1079; 41-1080; and 46-454

Statute or session law authorizing the exemption: Laws 2011, Ch. 96, § 2

3. The effective date of the rule and the agency’s reason it selected the effective date:

October 1, 2013

The effective date provides regulated persons and the Arizona Department of Health Services (Department) with a 90-day period after the date the rules are adopted to implement the rules.

4. A list of all notices published in the Register as specified in R9-1-409(A) that pertain to the record of the exempt rulemaking:

Notice of Public Information: 19 A.A.R. 548, March 22, 2013

5. The agency’s contact person who can answer questions about the rulemaking:

Name: Cara Christ, M.D., Assistant Director
Address: Arizona Department of Health Services
Division of Licensing Services
150 N. 18th Ave., Suite 510
Phoenix, AZ 85007
Telephone: (602) 364-3064

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Fax: (602) 364-4808
E-mail: Cara.Christ@azdhs.gov
or
Name: Thomas Salow, Manager
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
1740 W. Adams St., Suite 203
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
E-mail: Thomas.Salow@azdhs.gov

6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:

Arizona Revised Statutes (A.R.S.) §§ 36-132(A)(17) and 36-405 authorize the Department to license and regulate health care institutions. A.R.S. § 36-405 further authorizes the Department to classify and subclassify health care institutions. Arizona Administrative Code (A.A.C.) Title 9, Chapter 10 contains the Department's licensing requirements for health care institutions providing physical health services. The rules in 9 A.A.C. 20 contain the Department's licensing requirements for behavioral health service agencies, a class of health care institution. Laws 2011, Ch. 96, § 1 requires the Department to adopt rules regarding health care institutions that reduce monetary or regulatory costs on persons or individuals and facilitate licensing of "integrated health programs that provide both behavioral and physical health services." The Department has reviewed the rules in 9 A.A.C. 10 and 9 A.A.C. 20 and, to comply with requirements in Laws 2011, Ch. 96, is revising the rules for health care institutions rules currently licensed under 9 A.A.C. 10 to allow for the integration of behavioral health services into the scope of services provided by these health care institutions. The Department is also reclassifying health care institutions currently licensed under 9 A.A.C. 20 and establishing the rules for the new classes of health care institutions in 9 A.A.C. 10, allowing for the integration of physical health services into the scope of services provided by these health care institutions. The Department is also revising the rules to be consistent with current practice and to provide consistency within health care institution licensing rules. The Department received an exception from the Governor's rulemaking moratorium, established by Executive Order 2012-03, for this rulemaking. The rules conform to current rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

None

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

Not applicable

9. The summary of the economic, small business, and consumer impact, if applicable:

Not applicable

10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package, (if applicable):

Not applicable

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

A.R.S. § 36-407 prohibits a person from establishing, conducting, or maintaining "a health care institution or any class or subclass of health care institution unless that person holds a current and valid license issued by the [D]epartment specifying the class or subclass of health care institution the person is establishing, conducting or maintaining." A health care institution license is specific to the licensee, class or subclass of health care institution, facility location, and scope of services provided. As such, a general permit is not applicable and is not used.

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b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:
Not applicable

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:
Not applicable

13. A list of any incorporated by reference material and its location in the rules:
None

14. Whether this rule previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:
The rule was not previously made, amended, repealed, or renumbered as an emergency rule.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING**

ARTICLE 1. GENERAL

Section

- R9-10-101. Definitions
- R9-10-102. Health Care Institution Classes and Subclasses; Requirements
- R9-10-103. Licensure Exceptions
- R9-10-104. Approval of Architectural Plans and Specifications
- R9-10-105. Initial License Application
- ~~R9-10-106. Reserved~~
- ~~R9-10-122. R9-10-106. Fees~~
- R9-10-107. Renewal License Application
- R9-10-108. Time-frames
- R9-10-109. Changes Affecting a License
- R9-10-110. Enforcement Actions
- R9-10-111. Denial, Revocation, or Suspension of License
- R9-10-112. Tuberculosis Screening
- ~~R9-10-113. Repealed~~
- ~~R9-10-112. R9-10-113. Clinical Practice Restrictions for Hemodialysis Technician Trainees~~
- R9-10-114. ~~Repealed~~ Behavioral Health Paraprofessionals; Behavioral Health Technicians
- R9-10-115. ~~Unclassified Health Care Institutions~~ Nutrition and Feeding Assistant Training Programs
- R9-10-116. ~~Repealed~~ Counseling Facilities
- R9-10-117. ~~Repealed~~ Collaborating Health Care Institutions
- R9-10-122. Renumbered

ARTICLE 2. HOSPITALS

Section

- R9-10-201. Definitions
- R9-10-202. Supplemental Application Requirements
- R9-10-203. Administration
- R9-10-204. Quality Management
- R9-10-205. Contracted Services
- R9-10-206. Personnel
- R9-10-207. Medical Staff
- ~~R9-10-210. R9-10-208. Admission~~ Admissions
- ~~R9-10-211. R9-10-209. Discharge Planning; Discharge~~
- ~~R9-10-212. R9-10-210. Transport~~
- ~~R9-10-213. R9-10-211. Transfer~~
- ~~R9-10-209. R9-10-212. Patient Rights~~
- ~~R9-10-228. R9-10-213. Medical Records~~

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~~R9-10-208-R9-10-214.~~ Nursing Services
~~R9-10-214-R9-10-215.~~ Surgical Services
~~R9-10-215-R9-10-216.~~ Anesthesia Services
~~R9-10-216-R9-10-217.~~ Emergency Services
~~R9-10-217-R9-10-218.~~ Pharmaceutical Services
~~R9-10-218-R9-10-219.~~ Clinical Laboratory Services and Pathology Services
~~R9-10-219-R9-10-220.~~ Radiology Services and Diagnostic Imaging Services
~~R9-10-220-R9-10-221.~~ Intensive Care Services
~~R9-10-221-R9-10-222.~~ Respiratory Care Services
~~R9-10-222-R9-10-223.~~ Perinatal Services
~~R9-10-223-R9-10-224.~~ Pediatric Services
~~R9-10-224-R9-10-225.~~ Psychiatric Services
R9-10-226. Behavioral Health Observation/Stabilization Services
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- R9-10-1302. ~~Repealed~~ Administration
- R9-10-1303. ~~Repealed~~ Quality Management
- R9-10-1304. ~~Repealed~~ Contracted Services
- R9-10-1305. ~~Repealed~~ Personnel Requirements and Records
- R9-10-1306. ~~Repealed~~ Admission Requirements
- R9-10-1307. ~~Repealed~~ Discharge or Conditional Release to a Less Restrictive Alternative
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- R9-10-1311. ~~Repealed~~ Ancillary Services
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- R9-10-1313. ~~Repealed~~ Medication Services
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ARTICLE 14. ~~RECOVERY CARE CENTERS~~ SUBSTANCE ABUSE TRANSITIONAL FACILITIES

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- R9-10-1704. ~~Personnel~~ Contracted Services
- R9-10-1705. ~~Medical Staff~~ Personnel
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- R9-10-1713. ~~Physical Plant Standards~~ Repealed

ARTICLE 1. GENERAL

R9-10-101. Definitions

In addition to the definitions in A.R.S. § 36-401(A), the following definitions apply in this Chapter unless otherwise specified:

1. ~~“Accredited” means accredited by a nationally recognized accreditation organization.~~
2. ~~“Administrative completeness review time frame” means the number of days from agency receipt of an application for a license until the agency determines that the application contains all components required by statute or rule, including all information required to be submitted by other government agencies. The administrative completeness review time frame does not include the period of time during which an agency provides public notice of the license application or performs a substantive review of the application.~~
3. ~~“Adjacent” means not intersected by:~~
 - a. ~~Property owned or operated by a person other than the applicant or licensee, or~~
 - b. ~~A public thoroughfare.~~
4. ~~“Administrative office” means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, or health-related services.~~
5. ~~“Adult day health care facility” means a facility providing adult day health services during a portion of a continuous twenty-four hour period for compensation on a regular basis for five or more adults not related to the proprietor.~~
6. ~~“Applicant” means a governing authority requesting:~~
 - a. ~~Approval of architectural plans and specifications of a health care institution;~~
 - b. ~~Licensure of a health care institution, or~~
 - c. ~~A change in a health care institution's license.~~

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7. "Application packet" means the information, documents, and fees required by the Department for the:
 - a. Approval of a health care institution's modification or construction, or
 - b. Licensure of a health care institution.
8. "Assisted living center" means an assisted living facility that provides resident rooms or residential units to eleven or more residents.
9. "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.
10. "Behavioral health service agency" has the same meaning as "agency" in A.A.C. R9-20-101.
11. "Certification" means a written statement that an item or a system complies with the applicable requirements incorporated by reference in R9-1-412.
12. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
13. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
14. "Chief administrative officer" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
15. "Contractor" has the same meaning as in A.R.S. § 32-1101.
16. "Construction" means the building, erection, fabrication, or installation of a health care institution.
17. "Day" means calendar day.
18. "Department" means the Arizona Department of Health Services.
19. "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.
20. "Equipment" means an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in R9-1-412.
21. "Facilities" means buildings used by a health care institution for providing any of the types of services as defined in A.R.S. Title 36, Chapter 4.
22. "Factory built building" has the same meaning as in A.R.S. § 41-2142.
23. "Governing authority" means the individual, agency, group or corporation, appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.
24. "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 or directed care services and includes home health agencies as defined in A.R.S. § 36-151 and hospice service agencies.
25. "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.
26. "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.
27. "Hospice" means a hospice service agency or the provision of hospice services in an inpatient facility.
28. "Hospital" has the same meaning as in 9 A.A.C. 10, Article 2.
29. "Inpatient beds" or "resident beds" means accommodations with supporting services, such as food, laundry and housekeeping, for patients or residents who generally stay in excess of twenty-four hours.
30. "Leased facility" means a facility occupied or used during a set time in exchange for compensation.
31. "License" means:
 - a. Written approval issued by the Department to a person to operate a class or subclass of a health care institution, except for a behavioral health service agency, at a specific location;
 - b. Written approval issued by the Department to a person to operate one or more behavioral health service agency subclasses at a specific location; or
 - c. Written approval issued to an individual to practice a profession in this state.
32. "Licensee" means an owner approved by the Department to operate a health care institution.
33. "Medical services" means the services pertaining to medical care that are performed at the direction of a physician on behalf of patients by physicians, dentists, nurses and other professional and technical personnel.
34. "Mobile clinic" means a movable structure that:
 - a. Is not physically attached to a health care institution's facility,

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- b. Provides outpatient medical services under the direction of the health care institution's personnel, and
 - e. Is not intended to remain in one location indefinitely.
35. "Modification" means the substantial improvement, enlargement, reduction, alteration of or other change in a health care institution.
36. "Nursing care institution" means a health care institution providing inpatient beds or resident beds and nursing services to persons who need nursing services on a continuing basis but who do not require hospital care or direct daily care from a physician.
37. "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.
38. "Outpatient surgical center" means a type of health care institution with facilities and limited hospital services for the diagnosis or treatment of patients by surgery whose recovery, in the concurring opinions of the surgeon and the anesthesiologist, does not require inpatient care in a hospital.
39. "Outpatient treatment center" means a health care institution class without inpatient beds that provides medical services for the diagnosis and treatment of patients.
40. "Overall time frame" means the number of days after receipt of an application for a license during which an agency determines whether to grant or deny a license. The overall time frame consists of both the administrative completeness review time frame and the substantive review time frame.
41. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
42. "Patient" means an individual receiving medical services, nursing services, or health-related services from a health care institution.
43. "Person" has the same meaning as in A.R.S. § 1-215 and includes a governmental agency.
44. "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.
45. "Personnel" means, except as defined in specific Articles in this Chapter or 9 A.A.C. 20, an individual providing medical services, nursing services, or health-related services to a patient.
46. "Premises" means property that is licensed by the Department as part of the health care institution where medical services, nursing services, or health-related services are provided to a patient.
47. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
48. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
49. "Recovery care center" means a health care institution or subdivision of a health care institution that provides medical and nursing services limited to recovery care services.
50. "Residential care institution" means a health care institution other than a hospital or a nursing care institution which provides resident beds or residential units, supervisory care services, personal care service, directed care services or health-related services for persons who do not need inpatient nursing care.
51. "Room" means space contained by walls from and including the floor to ceiling with at least one door.
52. "Satellite facility" means an outpatient facility at which the hospital provides outpatient medical services.
53. "Substantial" when used in connection with a modification means:
- a. An addition or deletion of an inpatient bed or a change in the use of one or more of the inpatient beds;
 - b. A change in a health care institution's licensed capacity;
 - e. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 - d. A change in a health care institution that affects compliance with applicable physical plant codes and standards incorporated by reference in R9-1-412.
54. "Substantial compliance" means that the nature or number of violations revealed by any type of inspection or investigation of a licensed health care institution does not pose a direct risk to the life, health or safety of patients or residents.
55. "Substantive review time frame" means the number of days after the completion of the administrative completeness review time frame during which an agency determines whether an application or applicant for a license meets all substantive criteria required by statute or rule. Any public notice and hearings required by law shall fall within the substantive review time frame.
56. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
57. "System" means interrelated, interacting, or interdependent elements forming a whole.
58. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Services.
59. "Treatment" means a procedure or method to cure, improve, or palliate an injury, an illness, or a disease.

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60. ~~“Unclassified health care institution” means a health care institution not classified or subclassified in statute or in rule that provides medical services, nursing services, or health-related services.~~
1. “Abuse” means:
 - a. The same:
 - i. For an adult, as in A.R.S. § 46-451; and
 - ii. For a child, as in A.R.S. § 8-201;
 - b. A pattern of ridiculing or demeaning a patient;
 - c. Making derogatory remarks or verbally harassing a patient; or
 - d. Threatening to inflict physical harm on a patient.
2. “Accredited” has the same meaning as in A.R.S. § 36-422.
3. “Activities of daily living” means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
4. “Adjacent” means not intersected by:
 - a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
 - b. A public thoroughfare.
5. “Administrative completeness review time-frame” has the same meaning as in A.R.S. § 41-1072.
6. “Administrative office” means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, or health-related services.
7. “Admission” means, after completion of an individual’s screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
8. “Adult” has the same meaning as in A.R.S. § 1-215.
9. “Adult behavioral health therapeutic home” means a behavioral health supportive home that provides room and board, assists an individual 18 years of age or older in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for the individual based on the individual’s behavioral health issue and need for behavioral health services.
10. “Adverse reaction” means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
11. “Ancillary services” means services other than medical services, nursing services, or health-related services provided to a patient.
12. “Anesthesiologist” means a physician granted clinical privileges to administer anesthesia.
13. “Applicant” means a governing authority requesting:
 - a. Approval of a health care institution’s architectural plans and specifications, or
 - b. A health care institution license.
14. “Application packet” means the information, documents, and fees required by the Department for the:
 - a. Approval of a health care institution’s modification or construction, or
 - b. Licensure of a health care institution.
15. “Assessment” means an analysis of a patient’s need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
16. “Assistance in the self-administration of medication” means restricting a patient’s access to the patient’s medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
17. “Attending physician” means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
18. “Authenticate” means to establish authorship of a document or an entry in a medical record by:
 - a. A written signature;
 - b. An individual’s initials, if the individual’s written signature appears on the document or in the medical record;
 - c. A rubber-stamp signature; or
 - d. An electronic signature code.
19. “Available” means:
 - a. For an individual, the ability to be contacted and to provide an immediate response by any means possible;
 - b. For equipment and supplies, physically retrievable at a health care institution; and
 - c. For a document, retrievable at a health care institution or accessible according to the applicable time-frames in this Chapter.
20. “Behavioral health facility” means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that provides only behavioral health services, or a behavioral health supportive home.

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21. “Behavioral health inpatient facility” means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
 - a. Have a limited or reduced ability to meet the individual's basic physical needs;
 - b. Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
 - c. Be a danger to self;
 - d. Be a danger to others;
 - e. Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
 - f. Be gravely disabled.
22. “Behavioral health issue” means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
23. “Behavioral health observation/stabilization services” means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
 - a. Requires nursing services,
 - b. May require medical services, and
 - c. May be a danger to others or a danger to self.
24. “Behavioral health paraprofessional” means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:
 - a. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and
 - b. Are provided under supervision by a behavioral health professional.
25. “Behavioral health professional” means an individual licensed under A.R.S. Title 32 whose scope of practice allows the individual to:
 - a. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; or
 - b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101.
26. “Behavioral health residential facility” means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
 - a. Limits the individual's ability to be independent, or
 - b. Causes the individual to require treatment to maintain or enhance independence.
27. “Behavioral health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's behavioral health issue.
28. “Behavioral health specialized transitional facility” means a health care institution that provides behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
29. “Behavioral health supportive home” means an adult behavioral health therapeutic home or a children's behavioral health respite home.
30. “Behavioral health technician” means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:
 - a. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and
 - b. Are provided with clinical oversight by a behavioral health professional.
31. “Biohazardous medical waste” has the same meaning as in A.A.C. R18-13-1401.
32. “Calendar day” means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
33. “Case manager” means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
34. “Certification” means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in A.A.C. R9-1-412.
35. “Certified health physicist” means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
36. “Change in ownership” means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
37. “Chief administrative officer” or “administrator” means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.

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38. “Children’s behavioral health respite home” means a behavioral health supportive home where respite services are provided to an individual under 18 years of age based on the individual’s behavioral health issue and need for behavioral health services and includes assistance in the self-administration of medication.
39. “Clinical laboratory services” means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
40. “Clinical oversight” means:
 - a. Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures.
 - b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services.
 - c. Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services, and
 - d. Recommending training for a behavior health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.
41. “Clinical privileges” means authorization to a medical staff member to provide medical services, granted by a governing authority or according to medical staff bylaws.
42. “Collaborating health care institution” means a health care institution licensed to provide behavioral health services that has a written agreement with a provider to:
 - a. Coordinate behavioral health services provided to a resident, and
 - b. Work with the provider to ensure a resident receives behavioral health services according to the resident’s assessment or treatment plan.
43. “Communicable disease” has the same meaning as in A.R.S. § 36-661.
44. “Conspicuously posted” means placed at a location that is visible and accessible within the area where the public enters the premises of a health care institution.
45. “Consultation” means an evaluation of a patient requested by a medical staff member or personnel member.
46. “Contracted services” means medical services, nursing services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
47. “Contractor” has the same meaning as in A.R.S. § 32-1101.
48. “Controlled substance” has the same meaning as in A.R.S. § 36-2501.
49. “Counseling” has the same meaning as “practice of professional counseling” in A.R.S. § 32-3251.
50. “Counseling facility” means an outpatient treatment center that only provides and was licensed before October 1, 2013 to provide one or more of the following services:
 - a. Counseling;
 - b. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
 - c. Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.
51. “Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.
52. “Court-ordered pre-petition screening” has the same meaning as in A.R.S. § 36-501.
53. “Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.
54. “Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
55. “Current” means up-to-date, extending to the present time.
56. “Daily living skills” means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.
57. “Danger to others” has the same meaning as in A.R.S. § 36-501.
58. “Danger to self” has the same meaning as in A.R.S. § 36-501.
59. “Detoxification services” means behavioral health services and medical services provided to an individual to:
 - a. Reduce or eliminate the individual's dependence on alcohol or other drugs, or
 - b. Provide treatment for the individual's signs or symptoms of withdrawal from alcohol or other drugs.
60. “Diagnostic procedure” means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
61. “Dialyzer” means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
62. “Disaster” means an unexpected occurrence that adversely affects a health care institution’s ability to provide ser-

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- vices.
63. “Discharge” means a documented termination of services to a patient by a health care institution.
 64. “Discharge instructions” means documented information relevant to a patient’s medical condition or behavioral health issue provided by a health care institution to the patient or the patient’s representative at the time of the patient’s discharge.
 65. “Discharge planning” means a process of establishing goals and objectives for a patient or resident in preparation for the patient’s or resident’s discharge.
 66. “Discharge summary” means a documented brief review of services provided to a patient, current patient status, and reasons for the patient’s discharge.
 67. “Disinfect” means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
 68. “Documentation” or “documented” means information in written, photographic, electronic, or other permanent form.
 69. “Drill” means a response to a planned, simulated event.
 70. “Drug” has the same meaning as in A.R.S. § 32-1901.
 71. “Electronic” has the same meaning as in A.R.S. § 44-7002.
 72. “Electronic signature” has the same meaning as in A.R.S. § 44-7002.
 73. “Emergency” means an immediate threat to the life or health of a patient.
 74. “Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.
 75. “Environmental services” means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
 76. “Equipment” means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in A.A.C. R9-1-412.
 77. “Exploitation” has the same meaning as in A.R.S. § 46-451.
 78. “Factory-built building” has the same meaning as in A.R.S. § 41-2142.
 79. “Family” or “family member” means an individual’s spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
 80. “Food services” means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
 81. “Garbage” has the same meaning as in A.A.C. R18-13-302.
 82. “General consent” means documentation of an agreement from an individual or the individual’s representative to receive physical health services to address the individual’s medical condition or behavioral health services to address the individual’s behavioral health issues.
 83. “General hospital” means a subclass of hospital that provides surgical services and emergency services.
 84. “Gravely disabled” has the same meaning as in A.R.S. § 36-501.
 85. “Hazard” or “hazardous” means a condition or situation where a patient or other individual may suffer physical injury.
 86. “Health care directive” has the same meaning as in A.R.S. § 36-3201.
 87. “Hemodialysis” means the process for removing wastes and excess fluids from a patient’s blood by passing the blood through a dialyzer.
 88. “Home health agency” has the same meaning as in A.R.S. § 36-151.
 89. “Home health aide” means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
 90. “Home health aide services” means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
 91. “Home health services” has the same meaning as in A.R.S. § 36-151.
 92. “Hospice inpatient facility” means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice’s premises for 24 hours or more.
 93. “Hospital” means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
 94. “Immediate” means without delay.
 95. “Incident” means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
 - a. On the premises of a health care institution, or
 - b. Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
 96. “Infection control” means to identify, prevent, monitor, and minimize infections.
 97. “Informed consent” means advising a patient of a proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure; advising the patient of alternatives to the treatment, surgical procedure, psychotropic drug, or diagnostic procedure; associated risks and possible complications; and obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure from the patient or the patient’s

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- representative.
98. "In-service education" means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
99. "Interval note" means documentation updating a patient's:
- a. Medical condition after a medical history and physical examination is performed, or
 - b. Behavioral health issue after an assessment is performed.
100. "Isolation" means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
101. "Leased facility" means a facility occupied or used during a set time period in exchange for compensation.
102. "License" means:
- a. Written approval issued by the Department to a person to operate a class or subclass of health care institution, except for a behavioral health facility, at a specific location; or
 - b. Written approval issued to an individual to practice a profession in this state.
103. "Licensee" means an owner approved by the Department to operate a health care institution.
104. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
105. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.
106. "Medical history" means an account of a patient's health, including past and present illnesses, diseases, or medical conditions.
107. "Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.
108. "Medical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
109. "Medical staff" means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
110. "Medical staff by-laws" means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
111. "Medical staff member" means an individual who is part of the medical staff of a health care institution.
112. "Medication" means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
- a. Biologicals as defined in A.A.C. R18-13-1401.
 - b. Prescription medication as defined in A.R.S. § 32-1901, or
 - c. Nonprescription medication as defined in A.R.S. § 32-1901.
113. "Medication administration" means the provision or application of a medication to the body of a patient by a medical practitioner or a nurse or as otherwise provided by law.
114. "Medication error" means:
- a. The failure to administer an ordered medication; or
 - b. The administration of a medication:
 - i. Not ordered.
 - ii. In an incorrect dosage.
 - iii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
 - iv. By an incorrect route of administration.
115. "Mental disorder" means the same as in A.R.S. § 36-501.
116. "Mobile clinic" means a movable structure that:
- a. Is not physically attached to a health care institution's facility;
 - b. Provides medical services, nursing services, or health related service to an outpatient under the direction of the health care institution's personnel; and
 - c. Is not intended to remain in one location indefinitely.
117. "Monitor" or "monitoring" means to check systematically on a specific condition or situation.
118. "Neglect" has the same meaning:
- a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
 - b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
119. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
120. "Nurse" has the same meaning as "registered nurse" or "practical nurse" as defined in A.R.S. § 32-1601.
121. "Nursing personnel" means individuals authorized according to A.R.S. Title 32, Chapter 15 to provided nursing services.
122. "Observation chair" means a physical piece of equipment that:
- a. Is located in a designated area where behavioral health observation/stabilization services are provided.
 - b. Allows an individual to fully recline, and

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- c. Is used by the individual while receiving crisis services.
- 123. “Occupational therapist” has the same meaning as in A.R.S. § 32-3401.
- 124. “Occupational therapist assistant” has the same meaning as in A.R.S. § 32-3401.
- 125. “On-call” means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.
- 126. “Order” means instructions to provide:
 - a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
 - b. Behavioral health services to a patient from a behavioral health professional.
- 127. “Orientation” means the initial instruction and information provided to an individual before starting work or volunteer services in a health care institution.
- 128. “Outing” means a social or recreational activity that:
 - a. Occurs away from the premises.
 - b. Is not part of a behavioral health residential facility’s daily routine, and
 - c. Lasts longer than four hours.
- 129. “Outpatient surgical center” means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the concurring opinions of the surgeon performing the surgery and the anesthesiologist, does not require inpatient care in a hospital.
- 130. “Outpatient treatment center” means a class of health care institution without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.
- 131. “Overall time-frame” means the same as in A.R.S. § 41-1072.
- 132. “Owner” means a person who appoints, elects, or designates a health care institution’s governing authority.
- 133. “Patient,” “resident,” or “participant” means an individual receiving physical health services or behavioral health services from a health care institution.
- 134. “Patient follow-up instructions” means information relevant to a patient’s medical condition or behavioral health issue that is provided to the patient, the patient’s representative, or a health care institution.
- 135. “Patient’s representative,” means a patient’s legal guardian, an individual acting on behalf of the patient with the written consent of the patient, or a surrogate as defined in A.R.S. § 36-3201.
- 136. “Person” means the same as in A.R.S. § 1-215 and includes a governmental agency.
- 137. “Personnel member” means, except as defined in specific Articles in this Chapter and excluding a medical staff member, an individual providing physical health services or behavioral health services to a patient.
- 138. “Pest control program” means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient’s health and safety is not at risk.
- 139. “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
- 140. “Physical examination” means to observe, test, or inspect an individual’s body to evaluate health or determine cause of illness, injury, or disease.
- 141. “Physical health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s medical condition.
- 142. “Physical therapist” has the same meaning as in A.R.S. § 32-2001.
- 143. “Physical therapist assistant” has the same meaning as in A.R.S. § 32-2001.
- 144. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- 145. “Premises” means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a patient.
- 146. “Professional credentialing board” means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
- 147. “Progress note” means documentation by a medical staff member, nurse, or personnel member of:
 - a. An observed patient response to a physical health service or behavioral health service provided to the patient.
 - b. A patient’s significant change in condition, or
 - c. Observed behavior of a patient related to the patient’s medical condition or behavioral health issue.
- 148. “PRN” means *pro re nata* or given as needed.
- 149. “Project” means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
- 150. “Provider” means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a children’s behavioral health respite home in the individual’s place of residence.
- 151. “Provisional license” means the Department’s written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
- 152. “Psychotropic medication” means a chemical substance that:
 - a. Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
 - b. Is provided to a patient to address the patient’s behavioral health issue.

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153. “Quality management program” means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
154. “Recovery care center” has the same meaning as in A.R.S. § 36-448.51.
155. “Referral” means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
156. “Registered dietitian” means an individual approved to work as a dietitian by the American Dietetic Association’s Commission on Dietetic Registration.
157. “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
158. “Registered nurse practitioner” has the same meaning as A.R.S. § 32-1601.
159. “Regular basis” means at recurring, fixed, or uniform intervals.
160. “Research” means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
161. “Respiratory care services” has the same meaning as “practice of respiratory care” as defined in A.R.S. § 32-3501.
162. “Restraint” means any physical or chemical method of restricting a patient’s freedom of movement, physical activity, or access to the patient’s own body.
163. “Risk” means potential for an adverse outcome.
164. “Room” means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
165. “Rural general hospital” means a subclass of hospital having 50 or fewer inpatient beds and located more than 20 surface miles from a general hospital or another rural general hospital that requests to be and is licensed as a rural general hospital rather than a general hospital.
166. “Satellite facility” has the same meaning as in A.R.S. § 36-422.
167. “Scope of services” means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
168. “Seclusion” means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.
169. “Sexual abuse” means the same as in A.R.S. § 13-1404(A).
170. “Sexual assault” means the same as in A.R.S. § 13-1406(A).
171. “Shift” means the beginning and ending time of a continuous work period established by a health care institution’s policies and procedures.
172. “Signature” means:
- a. The first and last name of an individual written with his or her own hand as a form of identification or authorization, or
 - b. An electronic signature or code.
173. “Significant change” means an observable deterioration or improvement in a patient’s physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
174. “Social worker” means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the “practice of social work” as defined in A.R.S. § 32-3251.
175. “Social work services” has the same meaning as “practice of social work” in A.R.S. § 32-3251.
176. “Special hospital” means a subclass of hospital that:
- a. Is licensed to provide hospital services within a specific branch of medicine; or
 - b. Limits admission according to age, gender, type of disease, or medical condition.
177. “Student” means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
178. “Substantial” when used in connection with a modification means:
- a. An addition or deletion of an inpatient bed or a change in the use of one or more of the inpatient beds;
 - b. A change in a health care institution’s licensed capacity;
 - c. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 - d. A change in a health care institution that affects compliance with applicable physical plant codes and standards incorporated by reference in A.A.C. R9-1-412.
179. “Substance abuse” means an individual’s misuse of alcohol or other drug or chemical that:
- a. Alters the individual’s behavior or mental functioning;
 - b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
 - c. Impairs, reduces, or destroys the individual’s social or economic functioning.
180. “Substance abuse transitional facility” means a class of health care institution that provides behavioral health ser-

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- vices to an individual who is intoxicated or may have a substance abuse problem.
181. “Supportive services” has the same meaning as in A.R.S. § 36-151.
182. “Substantive review time-frame” means the same as in A.R.S. § 41-1072.
183. “Surgical procedure” means the excision of a part of or incision in a patient’s body for the:
- a. Correction of a deformity or defect,
 - b. Repair of an injury, or
 - c. Diagnosis, amelioration, or cure of disease.
184. “Swimming pool” has the same meaning as “semipublic swimming pool” in A.A.C. R18-5-201.
185. “System” means interrelated, interacting, or interdependent elements that form a whole.
186. “Tax ID number” means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Services.
187. “Telemedicine” has the same meaning as in A.R.S. § 36-3601.
188. “Therapeutic diet” means foods or the manner in which food is to be prepared that are ordered for a patient.
189. “Time out” means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
190. “Transfer” means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
191. “Transport” means a health care institution:
- a. Sending a patient to another licensed health care institution for outpatient services with the intent of returning the patient to the sending health care institution, or
 - b. Returning a patient to a sending licensed health care institution after the patient received outpatient services.
192. “Treatment” means a procedure or method to cure, improve, or palliate an individual’s medical condition or behavioral health issue.
193. “Unclassified health care institution” means a health care institution not classified or subclassified in statute or in rule.
194. “Vascular access” means the point on a patient’s body where blood lines are connected for hemodialysis.
195. “Volunteer” means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
196. “Working day” means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

R9-10-102. Health Care Institution Classes and Subclasses; Requirements

- A.** A person may apply for a license as an unclassified health care institution; a health care institution class or subclass in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10; or one of the following classes or subclasses:
1. General hospital,
 2. Rural general hospital,
 3. Special hospital,
 4. ~~Adult day health care facility~~ Behavioral health inpatient facility,
 5. ~~Adult foster care~~ Nursing care institution,
 6. ~~Assisted living center~~ Recovery care center,
 7. ~~Assisted living home~~ Hospice inpatient facility,
 8. ~~Home health agency~~ Hospice service agency,
 9. ~~Hospice~~ Behavioral health residential facility,
 10. ~~Hospice inpatient facility~~ Assisted living center,
 11. ~~Nursing care institution~~ Assisted living home,
 12. ~~Home health agency~~ Adult foster care home,
 13. ~~Abortion clinic~~ Outpatient surgical center,
 14. Outpatient treatment center,
 - ~~14.15. Recovery care center~~ Abortion clinic,
 - ~~15.16. Outpatient surgical center, or~~ Adult day health care facility,
 - ~~16.17. Outpatient treatment center.~~ Home health agency,
 18. Substance abuse transitional facility,
 19. Behavioral health specialized transitional facility,
 20. Counseling facility,
 21. Adult behavioral health therapeutic home, or
 22. Children’s behavioral health respite home.
- B.** A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical health services or behavioral health services the proposed health care institution plans to provide. The Department shall

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review the proposed health care institution's scope of services to determine whether the requested health care institution class or subclass is appropriate.

~~B.C.~~ A health care institution shall comply with the requirements in ~~R9-10-115-9 A.A.C. 10, Article 17~~ if:

1. There are no specific rules in 9 A.A.C. 10 ~~or 9 A.A.C. 20~~ for the health care institution's class or subclass, or
2. The Department determines that the health care institution is an unclassified health care institution.

R9-10-103. Licensure Exceptions

~~A.~~ ~~Except for R9-10-122, this Article does not apply to a behavioral health service agency regulated under 9 A.A.C. 20.~~

~~B.A.~~ A health care institution license is required for each health care institution except:

1. A facility exempt from licensure under A.R.S. § 36-402, or
2. A health care institution's administrative office.

~~C.B.~~ The Department does not require a separate health care institution license for:

1. A satellite facility of a hospital under A.R.S. § 36-422(F);
- ~~1-2.~~ An accredited facility of an accredited hospital under A.R.S. § 36-422(F) or (G) 36-422(G);
- ~~2-3.~~ A facility operated by a licensed health care institution that is:
 - a. Adjacent to and contiguous with the licensed health care institution premises; or
 - b. Not adjacent to or contiguous with the licensed health care institution but is connected to the licensed health care institution facility by an all-weather enclosure and that is:
 - i. Owned by the health care institution, or
 - ii. Leased by the health care institution with exclusive rights of possession; ~~or~~
- ~~3-4.~~ A mobile clinic operated by a licensed health care institution; or
5. A facility located on grounds that are not adjacent to or contiguous with the health care institution premises where only ancillary services are provided to a patient of the health care institution.

R9-10-104. Approval of Architectural Plans and Specifications

A. For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, an applicant shall submit to the Department an application packet including:

1. An application in a format provided by the Department that contains:
 - a. For construction of a new health care institution:
 - i. The health care institution's name, street address, city, state, zip code, telephone number, and fax number;
 - ii. The name and address of the health care institution's governing authority;
 - iii. The requested health care institution class or subclass; and
 - iv. If applicable, The the requested licensed capacity and licensed occupancy for the health care institution;
 - b. For modification of a licensed health care institution:
 - i. The health care institution's license number,
 - ii. The name and address of the licensee,
 - iii. The health care institution's class or subclass, and
 - iv. The health care institution's existing licensed capacity or licensed occupancy and the requested licensed capacity or licensed occupancy for the health care institution;
 - c. The health care institution's contact person's name, street address, city, state, zip code, telephone number, and fax number;
 - d. If the application includes a copy of architectural plans and specifications:
 - i. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10 and the health care institution is ready for an onsite inspection by a Department representative;
 - ii. The project architect's name, street address, city, state, zip code, telephone number, and fax number; and
 - iii. A statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the project architect has complied with A.A.C. R4-30-301 and the architectural plans and specifications are in substantial compliance with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10;
 - e. A narrative description of the project; ~~and~~
 - f. If providing or planning to provide medical services, nursing services, or health-related services that which require compliance with specific physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services; and
 - g. If providing or planning to provide behavioral health observation/stabilization services, the number of behavioral health observation/stabilization chairs designated for providing the behavioral health observation/stabilization services;
2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the fol-

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lowing:

- a. A building permit for the construction or modification issued by the local governmental agency; or
 - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
 - i. The health care institution's name, street address, city, state, zip code, and county;
 - ii. The health care institution's class or subclass and each type of medical services, nursing services, or health-related services to be provided; and
 - iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
3. The following information on architectural plans and specifications that is necessary to demonstrate that the project described on the application ~~form~~ complies with applicable codes and standards incorporated by reference in A.A.C. R9-1-412:
- a. A table of contents containing:
 - i. The architectural plans and specifications submitted,
 - ii. The physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 that apply to the project or are required by a local governmental agency,
 - iii. An index of the abbreviations and symbols used in the architectural plans and specifications, and
 - iv. The facility's specific International Building Code construction type and International Building Code occupancy type;
 - b. If the facility is larger than 3,000 square feet and is or will be occupied by more than 20 individuals, the seal of an architect on the architectural plans and drawings according to the requirements in A.R.S. Title 32, Chapter 1;
 - c. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
 - d. For each facility, on architectural plans and specifications:
 - i. A floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
 - ii. A diagram of a section of the facility, drawn to scale, showing the vertical cross-section view from foundation to roof and specifying construction materials;
 - iii. Building elevations, drawn to scale, showing the outside appearance of each facility;
 - iv. The materials used for ceilings, walls, and floors;
 - v. The location, size, and fire rating of each door and each window and the materials and hardware used, including safety features such as fire exit door hardware and fireproofing materials;
 - vi. A ceiling plan, drawn to scale, showing the layout of each light fixture, each fire protection device, and each element of the mechanical ventilation system;
 - vii. An electrical floor plan, drawn to scale, showing the wiring diagram and the layout of each lighting fixture, each outlet, each switch, each electrical panel, and electrical equipment;
 - viii. A mechanical floor plan, drawn to scale, showing the layout of heating, ventilation, and air conditioning systems;
 - ix. A plumbing floor plan, drawn to scale, showing the layout and materials used for water and sewer systems including the water supply and plumbing fixtures;
 - x. A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;
 - xi. A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and
 - xii. Technical specifications describing installation and materials used in the health care institution;
4. The estimated total project cost including the costs of:
- a. Site acquisition,
 - b. General construction,
 - c. Architect fees,
 - d. Fixed equipment, and
 - e. Movable equipment;
5. The following, as applicable:
- a. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
 - i. A copy of the Certificate of Occupancy,
 - ii. Documentation that the facility was approved for occupancy, or
 - iii. Documentation that a certificate of occupancy for the facility is not available;
 - b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10 signed by the project archi-

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tect, the contractor, and the owner;

- c. A written description of any work necessary to complete the construction or modification submitted by the project architect;
 - d. If the construction or modification affects the health care institution's fire alarm system, a contractor certification and description of the fire alarm system ~~on a form~~ in a format provided by the Department;
 - e. If the construction or modification affects the health care institution's automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system ~~on a form~~ in a format provided by the Department;
 - f. If the construction or modification affects the health care institution's heating, ventilation, or air conditioning, a copy of the heating, ventilation, air conditioning, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning systems;
 - g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer's certification of flame spread for the draperies, cubicle curtains, or floor coverings;
 - h. For a health care institution using inhalation anesthetics or nonflammable medical gas, a copy of the Compliance Certification for Inhalation Anesthetics or Nonflammable Medical Gas System required in the National Fire Codes incorporated by reference in A.A.C. R9-1-412;
 - i. If a generator is installed, a copy of the installation acceptance required in the National Fire Codes incorporated by reference in A.A.C. R9-1-412;
 - j. For a health care institution providing radiology, a written report from a certified health physicist of the location, type, and amount of radiation protection; and
 - k. If a factory-built building is used by a health care institution:
 - i. A copy of the installation permit and the copy of a certificate of occupancy for the factory-built building from the Office of Manufactured Housing; or
 - ii. A written report from an individual registered as an architect or a professional structural engineer under 4 A.A.C. 30, Article 2, stating that the factory-built building complies with applicable design standards;
6. A statement signed by the project architect that final architectural drawings and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution; and
7. The applicable fee required by ~~R9-10-122~~ R9-10-106.
- B.** Before an applicant submits an application for approval of architectural plans and specifications for the construction or modification of a health care institution, an applicant may request an architectural evaluation by submitting the documents in subsection (A)(3) to the Department.
- C.** The Department shall approve or deny an application for approval of architectural plans and specifications of a health care institution in this Section according to R9-10-108.
- D.** In addition to obtaining an approval of a health care institution's architectural plans and specifications, a person shall obtain a health care institution license before operating the health care institution.

R9-10-105. Initial License Application

- A.** A person applying for a health care institution license shall submit to the Department an application packet that contains:
1. An application ~~form~~ in a format provided by the Department including:
 - a. The health care institution's:
 - i. Name, street address, mailing address, telephone number, fax number, and e-mail address;
 - ii. Tax ID number; and
 - iii. Class or subclass listed in R9-10-102 for which licensure is requested;
 - b. As applicable, the specific services for which authorization is requested;
 - ~~b-c.~~ Except for a home health agency, ~~or a hospice~~ service agency, or behavioral health facility, whether the health care institution is located within 1/4 mile of agricultural land;
 - ~~e-d.~~ Whether the health care institution is located in a leased facility;
 - ~~d-e.~~ Whether the health care institution is ready for a licensing inspection by the Department;
 - ~~e-f.~~ If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;
 - f-g. Owner information including:
 - i. The owner's name, address, telephone number, and fax number;
 - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
 - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
 - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
 - v. If the owner is a corporation, the name and title of each corporate officer;
 - vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;

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- vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
- viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
- ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
- ~~g-h.~~ The name and address of the governing authority;
- ~~h-l.~~ The chief administrative officer's:
 - i. Name,
 - ii. Title,
 - iii. Highest educational degree, and
 - iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
- ~~i-j.~~ Signature required in A.R.S. § 36-422(B) ~~that is notarized~~;
- 2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility;
- 3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;
- 4. If applicable, the name and address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);
- 5. Except for a home health agency or a hospice service agency, one of the following:
 - a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, documentation of the health care institution's architectural plans and specifications approval in R9-10-104; or
 - b. If a health care institution or a part of the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412:
 - i. One of the following:
 - (1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances; or
 - (2) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;
 - ii. The licensed capacity requested by the applicant for the health care institution;
 - iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;
 - iv. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and
 - v. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; ~~and~~
- 6. The health care institution's proposed scope of services; and
- ~~6-7.~~ The applicable application fee required by ~~R9-10-122~~ R9-10-106.
- B. In addition to the initial application requirements in this Section, an applicant shall comply with the initial application requirements in specific rules in 9 A.A.C. 10 for the health care institution class or subclass for which licensure is requested.
- C. The Department shall approve or deny an application in this Section according to R9-10-108.

~~R9-10-106.~~ **Reserved**

~~R9-10-122.~~ **R9-10-106, Fees**

- A. An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural drawing review fee as follows:
 - 1. Fifty dollars for a project with a cost of \$100,000 or less;
 - 2. One hundred dollars for a project with a cost of more than \$100,000 but less than \$500,000; or
 - 3. One hundred fifty dollars for a project with a cost of \$500,000 or more.
- B. An applicant submitting an initial application or a renewal application for a health care institution license shall submit to

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the Department an application fee of \$50.

- C. Except as provided in subsection (D) or (E), an applicant submitting an initial application or a renewal application for a health care institution license shall submit to the Department a licensing fee as follows:
1. For an adult day health care facility, assisted living home, or assisted living center:
 - a. For a facility with no licensed capacity, \$280;
 - b. For a facility with a licensed capacity of one to 59 beds, \$280, plus the licensed capacity times \$70;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$560, plus the licensed capacity times \$70;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$840, plus the licensed capacity times \$70; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,400, plus the licensed capacity times \$70;
 2. For a behavioral health ~~service agency~~ facility:
 - a. For a facility with no licensed capacity, \$375;
 - b. For a facility with a licensed capacity of one to 59 beds, \$375, plus the licensed capacity times \$94;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$750, plus the licensed capacity times \$94;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,125, plus the licensed capacity times \$94; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,875, plus the licensed capacity times \$94;
 3. For a nursing care institution:
 - a. For a facility with a licensed capacity of one to 59 beds, \$290, plus the licensed capacity times \$73;
 - b. For a facility with a licensed capacity of 60 to 99 beds, \$580, plus the licensed capacity times \$73;
 - c. For a facility with a licensed capacity of 100 to 149 beds, \$870, plus the licensed capacity times \$73; or
 - d. For a facility with a licensed capacity of 150 beds or more, \$1,450, plus the licensed capacity times \$73; ~~or~~
 4. For a hospital, a home health agency, a hospice service agency, a hospice inpatient facility, an abortion clinic, a recovery care center, an outpatient surgical center, an outpatient treatment center that is not a behavioral health facility, or an unclassified health care institution:
 - a. For a facility with no licensed capacity, \$365;
 - b. For a facility with a licensed capacity of one to 59 beds, \$365, plus the licensed capacity times \$91;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$730, plus the licensed capacity times \$91;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,095, plus the licensed capacity times \$91; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,825, plus the licensed capacity times \$91.
- D. Subsection (C) does not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.
- E. All fees are nonrefundable except as provided in A.R.S. § 41-1077.

R9-10-107. Renewal License Application

- A. A licensee applying to renew a health care institution license shall submit an application packet to the Department at least 60 calendar days but not more than 120 calendar days before the expiration date of the current license that contains:
1. A renewal application in a format provided by the Department including:
 - a. The health care institution's:
 - i. Name, license number, mailing address, telephone number, fax number, and e-mail address; ~~and~~
 - ii. Class or subclass; and
 - iii. Scope of services;
 - b. Owner information including:
 - i. The owner's name, address, telephone number, and fax number;
 - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
 - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
 - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
 - v. If the owner is a corporation, the name and title of each corporate officer;
 - vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the individual designated in writing by the individual in charge of the governmental agency;
 - vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
 - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
 - ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by

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- the owner to accept service of process and subpoenas;
- c. The name and address of the governing authority;
- d. The chief administrative officer's:
 - i. Name,
 - ii. Title,
 - iii. Highest educational degree, and
 - iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
- e. Signature required in A.R.S. § 36-422(B) ~~that is notarized~~;
- 2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility; and
- 3. The applicable renewal application and licensing fees required by ~~R9-10-122~~ R9-10-106.
- B.** In addition to the renewal application requirements in this Section, a licensee shall comply with the renewal application requirements in specific rules in 9 A.A.C. 10 ~~or 9 A.A.C. 20~~ for the health care institution's class or subclass.
- C.** If a licensee submits a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite compliance inspection of the health care institution ~~as part of the substantive review for a renewal license~~ during the time the accreditation report is valid.
- D.** The Department shall approve or deny a renewal license according to R9-10-108.
- E.** The Department shall issue a renewal license for:
 - 1. One year, ~~if a licensee is in substantial compliance with the applicable statutes and this Chapter, and the licensee agrees to implement a plan acceptable to the Department to eliminate any deficiencies; or~~
 - 2. Two years, ~~if a licensee has no deficiencies at the time of the Department's licensure inspection; or~~
 - 3. ~~The duration of the accreditation period~~ Three years, if:
 - a. A licensee's health care institution is a hospital accredited by a nationally recognized accreditation organization, and
 - b. The licensee submits a copy of the hospital's current accreditation report.

R9-10-108. Time-frames

- A.** The overall time-frame for each type of approval granted by the Department is listed in Table ~~† 1.1~~. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- B.** The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table ~~† 1.1~~. The administrative completeness review time-frame begins on the date the Department receives a complete application packet or a written request for a change in a health care institution license according to ~~R9-10-109(E)~~ R9-10-109(F):
 - 1. The application packet for an initial health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.
 - 2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
 - 3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
 - 4. For an initial health care institution application, the Department shall consider the application withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 180 calendar days ~~from~~ after the date of the notice described in subsection (B)(2).
 - 5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C.** The substantive review time-frame is listed in Table ~~† 1.1~~ and begins on the date of the notice of administrative completeness.
 - 1. The Department may conduct an onsite inspection of the facility:
 - a. As part of the substantive review for approval of architectural plans and specifications;
 - b. As part of the substantive review for issuing a health care institution initial or renewal license; or
 - c. As part of the substantive review for approving a change in a health care institution's license.
 - 2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
 - 3. The Department shall send a written notice of approval or a license to an applicant who is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10.

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4. After an applicant for an initial health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable license fee in ~~R9-10-122~~ R9-10-106 to the Department within 60 calendar days ~~of after~~ the date of the written notice of approval.
5. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
 - a. For an initial health care institution application, submit the information or documentation in subsection (C)(2) within 120 calendar days ~~of after~~ the Department's written request to the applicant;
 - b. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10; or
 - c. Submit the fee required in ~~R9-10-122~~ R9-10-106.
6. An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection (C)(5). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
7. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next ~~business~~ working day to be the time-frame's last day.

Table ~~1.1~~ 1.1.

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Approval of architectural plans and specifications R9-10-104	A.R.S. §§ 36-405, 36-406(1)(b), and 36-421	105 <u>calendar</u> days	45 <u>calendar</u> days	60 <u>calendar</u> days
Health care institution initial license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 <u>calendar</u> days	30 <u>calendar</u> days	90 <u>calendar</u> days
Health care institution renewal license R9-10-107	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	180 90 <u>calendar</u> days	30 <u>calendar</u> days	150 60 <u>calendar</u> days
Approval of a change to a health care institution license R9-10-109(E) <u>R9-10-109(F)</u>	A.R.S. §§ 36-405, 36-407, and 36-422	75 <u>calendar</u> days	15 <u>calendar</u> days	60 <u>calendar</u> days

R9-10-109. Changes Affecting a License

- A.** A licensee shall ensure that the Department is notified in writing at least 30 calendar days before the effective date of:
 1. A change in the name of:
 - a. A health care institution, or
 - b. The licensee; or
 2. A change in the address of a health care institution that does not provide medical services, nursing services, or health-related services on the premises.
- B.** If a licensee intends to terminate the operation of a health care institution either during or at the expiration of the health care institution's license, the licensee shall ensure that the Department is notified in writing of:
 1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 days before the termination; and
 2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.
- ~~**C.**~~ A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 shall submit an application for approval of architectural plans and specifications for a modification of the health care institution.
- ~~**D.**~~ A governing authority shall submit ~~a~~ an initial license application required in R9-10-105 for:
 1. A change in ownership of a health care institution;

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2. A change in the address or location of a health care institution that provides medical services, nursing services, ~~or~~ health-related services, or behavioral health services on the premises; or
3. A change in a health care institution's class or subclass.

~~D.E.~~ A governing authority is not required to submit documentation of a health care institution's architectural plans and specifications required in R9-10-105(A)(5) for an initial license application if:

1. The health care institution has not ceased operations for more than 30 calendar days,
2. A modification has not been made to the health care institution,
3. The services the health care institution is authorized by the Department to provide are not changed, and
4. The location of the health care institution's premises is not changed.

~~E.F.~~ A licensee of a health care institution that is not required to comply with the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 shall submit a written request for a change in the services the health care institution is authorized by the Department to provide or another modification of the health care institution including documentation of compliance with requirements in this Chapter for the change or the modification that contains:

1. The health care institution's name, address, and license number;
2. A narrative description of the change or modification;
3. The governing authority's name and dated signature; and
4. Any documentation that demonstrates that the requested change or modification complies with applicable requirements in this Chapter.

~~F.G.~~ The Department shall approve or deny a request for a change in services or another modification described in this Section subsection (C) or (F) according to R9-10-108.

~~G.H.~~ A licensee shall not implement a change in services or another modification described in this Section subsection (C) or (F) until an approval or amended license ~~or a new license~~ is issued by the Department.

R9-10-110. Enforcement Actions

~~A.~~ If the Department determines that an applicant or licensee is ~~not in substantial compliance with~~ violating applicable laws statutes and rules and the violation poses a direct risk to the life, health, or safety of a patient, the Department may:

1. Issue a provisional license to the applicant or licensee under A.R.S. § 36-425,
2. Assess a civil penalty under A.R.S. § 36-431.01,
3. Impose an intermediate sanction under A.R.S. § 36-427,
4. Remove a licensee and appoint another person to continue operation of the health care institution pending further action under A.R.S. § 36-429,
5. Suspend or revoke a license under ~~R9-10-111~~ and A.R.S. § 36-427 and R9-10-111,
6. Deny a license under A.R.S. § 36-425 and R9-10-111, or
7. Issue an injunction under A.R.S. § 36-430.

~~B.~~ In determining which action in subsection (A) is appropriate, the Department shall consider the ~~threat to the health, safety, and welfare of patients~~ the direct risk to the life, health, or safety of a patient in the health care institution based on:

1. Repeated violations of statutes or rules,
2. Pattern of ~~non-compliance~~ violations,
3. Types of violation,
4. Severity of violation, and
5. Number of violations.

R9-10-111. Denial, Revocation, or Suspension of License

The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or ~~a person with a business interest of 10% or more in the health care institution~~ an individual in a business relationship with the applicant including a stockholder or controlling person:

1. Provides false or misleading information to the Department;
2. Has had in any state or jurisdiction any of the following:
 - a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process within a required time-frame; or
 - b. A health care professional license or certificate denied, revoked, or suspended; or
3. Has operated a health care institution, within the ten years preceding the date of the license application, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, ~~endangering the health and safety of patients~~ that posed a direct risk to the life, health, or safety of a patient.

R9-10-112. Tuberculosis Screening

A health care institution's chief administrative officer shall ensure that the health care institution complies with the following if tuberculosis screening is required at the health care institution:

1. For each individual required to be screened for infectious tuberculosis, the health care institution obtains from the individual:
 - a. On or before the date the individual begins providing services at or on behalf of the health care institution or is

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- admitted to the health care institution, one of the following as evidence of freedom from infectious tuberculosis:
- i. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within six months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution that includes the date and the type of tuberculosis screening test; or
 - ii. If the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within six months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and
- b. Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis:
- i. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the CDC administered to the individual within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or
 - ii. If the individual has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement; or
2. Establish, document, and implement a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings, 2005, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333 and available at <http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf>, incorporated by reference, on file with the Department, and including no future editions or amendments and includes:
- a. Conducting tuberculosis risk assessments, conducting tuberculosis screening testing, screening for signs or symptoms of tuberculosis, and providing training and education related to recognizing the signs and symptoms of tuberculosis; and
 - b. Maintaining documentation of any:
 - i. Tuberculosis risk assessment;
 - ii. Tuberculosis screening test of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution; and
 - iii. Screening for signs or symptoms of tuberculosis of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution.

R9-10-113. Repealed

~~R9-10-112, R9-10-113, Clinical Practice Restrictions for Hemodialysis Technician Trainees~~

- A. The following definitions apply in this Section:
1. "Assess" means collecting data about a patient by:
 - a. Obtaining a history of the patient,
 - b. Listening to the patient's heart and lungs, and
 - c. Checking the patient for edema.
 2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.
 3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.
 4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.
 5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
 6. "Conductivity test" means a determination of the electrolytes in a dialysate.
 7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.
 8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
 9. ~~"Dialyzer" means a blood filter used in hemodialysis to remove wastes and excess fluid from a patient's blood.~~
 - ~~10.9.~~ "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
 - ~~11.10.~~ "Direct supervision" ~~means a nurse or a physician is physically present within sight or hearing of the patient and readily available to provide care to a patient~~ has the same meaning as "supervision" in A.R.S. § 36-401.
 - ~~12.11.~~ "Electrolytes" means ~~compounds~~ chemicals, such as sodium, potassium, and calcium, that break apart into electrically charged particles when dissolved in water.
 - ~~13.12.~~ "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to per-

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form hemodialysis.

- ~~14-13.~~ "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.
- ~~15-14.~~ "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:
- Dialyzer size,
 - Blood-flow rate,
 - Dialysate-flow rate, and
 - Hemodialysis duration.
- ~~16-15.~~ "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
- ~~17-16.~~ "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
- ~~18-17.~~ "Graft" means a type of vascular access created by a surgical connection between an artery and vein using a synthetic tube.
- ~~19.~~ "~~Hemodialysis~~" means a ~~process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.~~
- ~~20-18.~~ "Hemodialysis machine" means a mechanical pump that controls:
- The blood-flow rate,
 - The mixing and temperature of dialysate,
 - The dialysate-flow rate,
 - The addition of anticoagulant, and
 - The fluid-removal rate.
- ~~21-19.~~ "Hemodialysis technician" has the same meaning as in A.R.S. § 36-423.
- ~~22-20.~~ "Hemodialysis technician trainee" means an individual who is working in a health care institution ~~after March 31, 2003~~ to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
- ~~23-21.~~ "Inexperienced hemodialysis technician trainee" means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
- ~~24-22.~~ "Medical person" means:
- A doctor of medicine licensed under A.R.S. Title 32, Chapter 13, and experienced in dialysis;
 - A doctor of osteopathy licensed under A.R.S. Title 32, Chapter 17, and experienced in dialysis;
 - A registered nurse practitioner licensed under A.R.S. Title 32, Chapter 15, and experienced in dialysis;
 - A nurse licensed under A.R.S. Title 32, Chapter 15, and experienced in dialysis;
 - A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
 - An experienced hemodialysis technician trainee approved by the governing authority.
- ~~25.~~ "Medical records" ~~has the same meaning as in A.R.S. § 12-2291.~~
- ~~26.~~ "Nephrologist" means a ~~physician who specializes in the structure, function, and diseases of the kidney.~~
- ~~27-23.~~ "Not established" means not approved by a patient's nephrologist for use by the patient's nephrologist in hemodialysis.
- ~~28-24.~~ "Patient" means an individual who receives hemodialysis.
- ~~29-25.~~ "pH test" means a determination of the acidity of a dialysate.
- ~~30-26.~~ "Preceptor course" means a health care institution's instruction and evaluation provided to a nurse or a hemodialysis technician trainee that enables the nurse or the hemodialysis technician trainee to provide direct observation and education to other hemodialysis technician trainees.
- ~~31-27.~~ "Respond" means to mute, shut off, reset, or troubleshoot an alarm.
- ~~32-28.~~ "Safety check" means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.
- ~~33.~~ "Vascular access" means ~~the point created on a patient's body where blood lines are connected for hemodialysis.~~
- ~~34-29.~~ "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.
- B.** An experienced hemodialysis technician trainee may:
- Perform hemodialysis under direct supervision ~~after passing didactic, skills and competency examinations,~~ and
 - Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.
- C.** An experienced hemodialysis technician trainee shall not access a patient's:
- Fistula that is not established;₂ or
 - Graft that is not established;₂
- D.** An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:

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1. Access a patient's central line catheter;
 2. Respond to a hemodialysis-machine alarm;
 3. Draw blood for laboratory tests;
 4. Perform a water-contaminant test on a water system used for hemodialysis;
 5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
 6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
 7. Prime a dialyzer;
 8. Test a hemodialysis machine for germicide presence;
 9. Perform a hemodialysis machine safety check;
 10. Prepare a dialysate;
 11. Perform a conductivity test and a pH test on a dialysate;
 12. Assess a patient;
 13. Check and record a patient's vital signs, weight, and temperature;
 14. Determine the amount and rate of fluid removal from a patient;
 15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
 16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
 17. Initiate or discontinue a patient's hemodialysis;
 18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or
 19. Prepare a blood, water, or dialysate culture to determine microorganism presence.
- ~~E.~~ An inexperienced hemodialysis technician trainee may perform, under direct supervision, any of the hemodialysis tasks listed in subsection (D) after the inexperienced hemodialysis technician trainee has passed the didactic, skills and competency examination applicable to the hemodialysis task.
- ~~F.~~ An inexperienced hemodialysis technician trainee shall not:
1. Access a patient's:
 - a. Fistula that is not established, or
 - b. Graft that is not established; or
 2. Provide direct observation.
- ~~G.~~ When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:
1. The name of the hemodialysis technician trainee;
 2. The date, time, and hemodialysis task performed;
 3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and
 4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.
- ~~H.~~ If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-110.

R9-10-114. ~~Repealed Behavioral Health Paraprofessionals; Behavioral Health Technicians~~

~~If a health care institution is licensed as a behavioral health inpatient facility, behavioral health residential facility, substance abuse transitional facility, or behavioral health specialized transitional facility, or is authorized to provide behavioral health services, an administrator shall ensure that policies and procedures are established, documented, and implemented that:~~

1. ~~For a behavioral health paraprofessional providing services at the health care institution:~~
 - a. ~~Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;~~
 - b. ~~If a behavioral health paraprofessional provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health paraprofessional is under the supervision of an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health paraprofessional;~~
 - c. ~~Establish the qualifications for individuals providing supervision to a behavioral health paraprofessional; and~~
 - d. ~~Establish documentation requirements for the supervision required in subsection (1)(b);~~
2. ~~For a behavioral health technician providing services at the health care institution:~~
 - a. ~~Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;~~
 - b. ~~Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;~~
 - c. ~~If the behavioral health technician provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health technician is under the clinical oversight of a~~

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- behavioral health professional licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health technician;
- d. Delineate the methods used to provide clinical oversight including when clinical oversight is provided on an individual basis or in a group setting;
 - e. If clinical oversight is provided electronically, ensure that:
 - i. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight.
 - ii. A secure connection is used, and
 - iii. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided;
 - f. Ensure that a behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;
 - g. Establish the duration of clinical oversight provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
 - i. The scope and extent of the services provided.
 - ii. The acuity of the patients receiving services, and
 - iii. The number of patients receiving services;
 - h. Establish documentation requirements for the clinical oversight required in subsection (2)(c); and
 - i. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician.

R9-10-115. ~~Unclassified Health Care Institutions~~ Nutrition and Feeding Assistant Training Programs

~~An administrator for a health care institution not otherwise classified or subclassified in A.R.S. Title 36, Chapter 4, 9 A.A.C. 10 or 9 A.A.C. 20 shall:~~

- ~~1. Adequately equip and staff the health care institution with qualified personnel to meet the needs and ensure the health and safety of patients and comply with applicable statutes and rules for the provision of medical services, nursing services or health related services;~~
- ~~2. Establish and maintain a record of each inpatient and outpatient that documents the assessment of the patient's health needs and the medical services, nursing services and health related services the patient receives;~~
- ~~3. Ensure that the facility premises, including the facility's equipment, are clean, and free of insects, rodents, litter and rubbish;~~
- ~~4. Establish, document and implement policies and procedures for cleaning, sanitizing or sterilizing and storing equipment and supplies;~~
- ~~5. Ensure that the facility's physical plant and equipment are periodically inspected and, where appropriate, tested, calibrated, serviced or repaired so that the facility's plant and equipment are functioning properly and reliably;~~
- ~~6. Maintain physical plant and equipment inspection and maintenance records to assure that appropriate inspections and maintenance of equipment are accomplished by a qualified person;~~
- ~~7. Comply with applicable regulations adopted pursuant to A.R.S. § 36-136(G) for the control of communicable disease and maintenance of proper sanitation;~~
- ~~8. Comply with applicable fire and building codes;~~
- ~~9. Establish, document and implement policies and procedures that delineate the scope of services offered, hours of operation, admission and discharge criteria and type of personnel provided; and~~
- ~~10. If the health care institution meets the definition of "abortion clinic" in A.R.S. § 36-449.01, ensure that abortions and related services are provided in compliance with the requirements in 9 A.A.C. 10, Article 15.~~

A. For the purposes of this Section, "agency" means an entity other than a nursing care institution that provides the nutrition and feeding assistant training required in A.R.S. § 36-413.

B. An agency shall apply for approval to operate a nutrition and feeding assistant training program by submitting:

- 1. An application in a format provided by the Department that contains:
 - a. The name of the individual in charge of the proposed nutrition and feeding assistant training program;
 - b. The address where the nutrition and feeding assistant training program records are maintained;
 - c. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
 - i. The information presented for each topic,
 - ii. The amount of time allotted to each topic,
 - iii. The skills an individual is expected to acquire for each topic, and
 - iv. The testing method used to verify an individual has acquired the stated skills for each topic; and
 - d. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the

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date signed; and

2. A copy of the materials used for providing the nutrition and feeding assistant training program.

C. For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.

D. Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:

1. Issue an approval of the agency's nutrition and feeding assistant training program;

2. Provide a notice of administrative completeness to the agency that submitted the application; or

3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.

E. If the Department provides a notice of deficiencies to an applicant:

1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant;

2. If the applicant does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and

3. If the applicant submits the missing information or documents to the Department within the time-frame in subsection (E)(2), the substantive review time-frame begins on the date the Department receives the missing information or documents.

F. Within the substantive review time-frame, the Department:

1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and

2. May make one written comprehensive request for more information, unless the Department and the applicant agree in writing to allow the Department to submit supplemental requests for information.

G. If the Department issues a written comprehensive request or a supplemental request for information:

1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and

2. The applicant shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

H. The Department shall issue:

1. An approval for an agency to operate a nutrition and feeding assistant training program, if the Department determines that the agency and the application comply with A.R.S. § 36-413 and this Section; or

2. A denial for an agency that includes the reason for the denial and the process for appealing the Department's decision if:

a. The Department determines that the applicant does not comply with A.R.S. § 36-413 and this Section; or

b. The applicant does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

I. An individual in charge of a nutrition and feeding assistant training program shall ensure that:

1. The materials and coursework for the nutrition and feeding assistant training program includes the following topics:

a. Feeding techniques;

b. Assistance with feeding and hydration;

c. Communication and interpersonal skills;

d. Appropriate responses to resident behavior;

e. Safety and emergency procedures, including the Heimlich maneuver;

f. Infection control;

g. Resident rights;

h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior; and

i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;

2. An individual providing the training course is:

a. A physician.

b. A physician assistant.

c. A registered nurse practitioner.

d. A registered nurse.

e. A registered dietitian.

f. A licensed practical nurse.

g. A speech-language pathologist, or

h. An occupation therapist; and

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3. An individual taking the training course completes:
 - a. At least eight hours of classroom time, and
 - b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.
- J. An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:
 1. The name of the agency approved to operate the nutrition and feeding assistant training program;
 2. The name of the individual completing the training course;
 3. The date of completion;
 4. The name, signature, and professional license of the individual providing the training course; and
 5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.
- K. The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if an applicant for or an agency operating a nutrition and feeding assistance training program:
 1. Provides false or misleading information to the Department;
 2. Does not comply with the applicable statutes and rules;
 3. Issues a training completion certificate to an individual who did not:
 - a. Complete the nutrition and feeding assistant training program, or
 - b. Demonstrate the skills the individual was expected to acquire; or
 4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency's application.
- L. In determining which action in subsection (K) is appropriate, the Department shall consider the following:
 1. Repeated violations of statutes or rules.
 2. Pattern of non-compliance.
 3. Types of violations.
 4. Severity of violations, and
 5. Number of violations.

R9-10-116. ~~Repealed~~ Counseling Facilities

An administrator of a counseling facility shall ensure that the counseling facility complies with the requirements in this Article and 9 A.A.C. 10, Article 10.

R9-10-117. ~~Repealed~~ Collaborating Health Care Institutions

If a collaborating health care institution has an agreement with an adult behavioral health therapeutic home or children's behavioral health respite home, an administrator shall ensure that:

1. A description of the required skills and knowledge for a provider, based on the type of adult behavioral health therapeutic services or children's behavioral health respite services being provided, is established and documented;
2. A copy of an assessment or treatment plan for a resident that includes information necessary for a provider to meet the resident's needs for adult behavioral health therapeutic services or children's behavioral health respite services is completed and forwarded to the provider before the resident is admitted to the provider's behavioral health supportive home;
3. A resident's assessment or treatment plan is reviewed and updated at least once every twelve months and a copy of the resident's updated assessment or treatment plan is forwarded to the resident's provider;
4. If documentation of a significant change in a resident's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs is received by the collaborating health care institution, a behavioral health professional or behavioral health technician reviews the documentation and:
 - a. Documents the review; and
 - b. If applicable:
 - i. Updates the resident's assessment or treatment plan, and
 - ii. Forwards the updated assessment or treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;
5. If the review and updated assessment or treatment plan required in subsection (4) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated assessment or treatment plan to ensure the resident is receiving the appropriate behavioral health services:
 - a. Before the updated assessment or treatment plan is forwarded to a provider, and
 - b. Within 10 working days after receipt of the documentation of a significant change;
6. Training for a provider, other than a provider who is a medical practitioner or a nurse, in the assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or by the collaborating health care institution's personnel member trained by a medical practitioner or registered nurse;
 - b. Includes:

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- i. A demonstration of the provider's skills and knowledge necessary to provide assistance in the self-administration of medication.
- ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
- iii. The process for notifying the appropriate entities when an emergency medical intervention is needed; and
- c. Is documented;
- 7. The following documents are maintained as long as the written agreement with a provider of a behavioral health supportive home is in effect:
 - a. A copy of the written agreement with the provider;
 - b. Documentation of required skills and knowledge for the provider; and
 - c. Documentation of training in the assistance in the self-administration of medication; and
- 8. Documentation required in subsection (4) is maintained by the collaborating health care institution in the resident's medical record.

R9-10-122. Renumbered

ARTICLE 2. HOSPITALS

R9-10-201. Definitions

In addition to the definitions in A.R.S. § 36-401 and ~~9 A.A.C. 10, Article 1 R9-10-101~~, the following definitions apply in this Article unless otherwise specified:

- 1. ~~"Accredited" has the same meaning as in A.R.S. § 36-422(J)(1).~~
- 2. ~~"Activities of daily living" means bathing, dressing, grooming, eating, ambulating, and toileting.~~
- 3. ~~1. "Acuity" means a patient's need for hospital services based on the patient's medical condition.~~
- 4. ~~2. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.~~
- 5. ~~"Administrator" means a chief administrative officer, or an individual who has been designated by the governing authority to act on its behalf in the onsite direction of the hospital.~~
- 6. ~~"Admission" or "admitted" means documented acceptance by a hospital of an individual as an inpatient on the order of a medical staff member.~~
- 7. ~~3. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.~~
- 8. ~~"Adverse reaction" means an unexpected outcome that threatens the health and safety of a patient as a result of medical services provided to the patient.~~
- 9. ~~"Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.~~
- 10. ~~"Assessment" means an analysis of a patient's current medical condition and need for hospital services.~~
- 11. ~~"Attending physician" means a physician with clinical privileges who is accountable for the management of medical services delivered to a patient.~~
- 12. ~~"Attending physician's designee" means a physician, physician assistant, registered nurse practitioner, or medical staff member who has clinical privileges and is authorized by medical staff bylaws to act on behalf of the attending physician.~~
- 13. ~~"Authenticate" means to establish authorship of a document or an entry in a medical record by:~~
 - a. ~~A written signature;~~
 - b. ~~An individual's initials, if the individual's written signature already appears on the document or in the medical record;~~
 - e. ~~A rubber stamp signature; or~~
 - d. ~~An electronic signature code.~~
- 14. ~~"Available" means:~~
 - a. ~~For an individual, the ability to be contacted by any means possible such as by telephone or pager;~~
 - b. ~~For equipment and supplies, retrievable at a hospital; and~~
 - e. ~~For a document, retrievable at a hospital or accessible according to the time frames in the applicable rules in this Article.~~
- 15. ~~"Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.~~
- 16. ~~"Biologicals" mean medicinal compounds prepared from living organisms and their products such as serums, vaccines, antigens, and antitoxins.~~
- 17. ~~4. "Care plan" means a documented guide for providing nursing services and rehabilitative rehabilitation services to a patient that includes measurable objectives and the methods for meeting the objectives.~~
- 18. ~~"Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.~~
- 19. ~~"Clinical privilege" means authorization to a medical staff member to provide medical services granted by a govern-~~

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- ~~ing authority or according to medical staff bylaws.~~
20. ~~“Communicable disease” has the same meaning as in A.A.C. R9-6-101.~~
21. ~~“Consultation” means an evaluation of a patient requested by a medical staff member.~~
- 22.5. ~~“Continuing care nursery” means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.~~
23. ~~“Contracted services” means hospital services provided according to a written agreement between a hospital and the person providing the hospital services.~~
24. ~~“Controlled substance” has the same meaning as in A.R.S. § 36-2501.~~
- 25.6. ~~“Critically ill inpatient” means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:~~
- a. ~~Continuous monitoring and multi-system assessment,~~
 - b. ~~Complex and specialized rapid intervention, and~~
 - c. ~~Education of the inpatient or inpatient's representative.~~
26. ~~“Current” means up-to-date and extending to the present time.~~
- 27.7. ~~“Device” has the same meaning as in A.R.S. § 32-1901.~~
- 28.8. ~~“Diet” means food and drink provided to a patient.~~
- 29.9. ~~“Diet manual” means a written compilation of diets.~~
- 30.10. ~~“Dietary services” means providing food and drink to a patient according to an order.~~
31. ~~“Disaster” means an unexpected adverse occurrence that affects a hospital's ability to provide hospital services.~~
32. ~~“Discharge” means a hospital's termination of hospital services to an inpatient or an outpatient.~~
33. ~~“Discharge instructions” means written information relevant to a patient's medical condition provided by a hospital to the patient at the time of discharge.~~
34. ~~“Discharge planning” means a process of establishing goals and objectives for an inpatient in preparation for the inpatient's discharge.~~
- 35.11. ~~“Diversion” means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.~~
36. ~~“Documentation” or “documented” means information in written, photographic, electronic, or other permanent form.~~
37. ~~“Drill” means a response to a planned, simulated event.~~
38. ~~“Drug” has the same meaning as in A.R.S. § 32-1901.~~
- 39.12. ~~“Drug formulary” means a written compilation of medication developed according to R9-10-217 R9-10-218.~~
40. ~~“Electronic” has the same meaning as in A.R.S. § 44-7002.~~
41. ~~“Electronic signature” has the same meaning as in A.R.S. § 44-7002.~~
42. ~~“Emergency” means an immediate threat to the life or health of a patient.~~
- 43.13. ~~“Emergency services” means unscheduled medical services provided in a designated area to an outpatient in an emergency.~~
44. ~~“Environmental services” means activities such as housekeeping, laundry, and facility and equipment maintenance.~~
45. ~~“Exploitation” has the same meaning as in A.R.S. § 46-451.~~
46. ~~“General hospital” means a subclass of hospital that provides surgical services and emergency services.~~
- 47.14. ~~“Gynecological services” means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.~~
48. ~~“Health care directive” has the same meaning as in A.R.S. § 36-3201.~~
49. ~~“Hospital” means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, and continuous nursing services for the diagnosis and treatment of patients.~~
50. ~~“Hospital premises” means a hospital's licensed space excluding, if applicable, space in an accredited outpatient facility under the hospital's single group license, or space leased by the hospital to another entity according to the lease terms.~~
- 51.15. ~~“Hospital services” means medical services, nursing services, and other health-related services provided in a hospital.~~
52. ~~“Incident” means an unexpected occurrence that harms or has the potential to harm a patient while the patient is on a hospital's premises.~~
- 53.16. ~~“Infection control risk assessment” means determining the risk probability for transmission of communicable diseases.~~
54. ~~“Informed consent” means advising a patient of a proposed medical procedure, alternatives to the medical procedure, associated risks, and possible complications, and obtaining authorization of the patient or the patient's representative for the procedure.~~
- 55.17. ~~“Inpatient” means an individual who:~~
- a. ~~Is admitted to a hospital as an inpatient according to policies and procedures, or~~
 - b. ~~Is admitted to a hospital with the expectation that the individual will remain and receive hospital services for 24 consecutive hours or more, or~~

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- c. Receives hospital services for 24 consecutive hours or more.
- ~~56. "Inservice education" means organized instruction or information related to hospital services provided to a personnel member or a medical staff member.~~
- ~~57-18. "Intensive care services" means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in hospital policies and procedures.~~
- ~~58. "Interval note" means documentation updating a patient's medical condition after a medical history and physical examination are performed.~~
- ~~59. "License" means documented authorization:~~
- ~~a. Issued by the Department to operate a health care institution, or~~
 - ~~b. Issued to an individual to practice a profession in this state.~~
- ~~60. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.~~
- ~~61. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.~~
- ~~62. "Medical history" means a part of a patient's medical record consisting of an account of the patient's health, including past and present illnesses or diseases.~~
- ~~63. "Medical record" has the same meaning as in A.R.S. § 12-2291.~~
- ~~64. "Medical staff member" means a physician or other licensed individual who has clinical privileges in a hospital.~~
- ~~66. "Medical staff bylaws" means standards, approved by the medical staff and governing authority, that provides the framework for the organization, responsibilities and self-governance of the medical staff.~~
- ~~66-19. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.~~
- ~~67. "Medication" has the same meaning as drug.~~
- ~~68. "Monitor" or "monitoring" means observing a patient's medical condition.~~
- ~~69-20. "Multi-organized service unit" means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.~~
- ~~70-21. "Neonate" means an individual:~~
- ~~a. From birth until discharge following birth, or~~
 - ~~b. Who is designated as a neonate by hospital criteria.~~
- ~~71. "Nurse" has the same meaning as registered nurse or practical nurse as defined in A.R.S. § 32-1601.~~
- ~~72-22. "Nurse anesthetist" means a registered nurse who meets the requirements of A.R.S. § 32-1661 and who has clinical privileges to administer anesthesia.~~
- ~~73-23. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.~~
- ~~74-24. "Nursery" means an area in a hospital designated only for neonates.~~
- ~~75-25. "Nurse supervisor" means a registered nurse accountable for managing nursing services provided in an organized service in a hospital.~~
- ~~76. "Nursing personnel" means an individual authorized by hospital policies and procedures to provide nursing services to a patient.~~
- ~~77-26. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.~~
- ~~78. "On call" means a time during which an individual is available and required to come to a hospital when requested by the hospital.~~
- ~~27. "On duty" means that an individual is at work and performing assigned responsibilities.~~
- ~~79. "Order" means an instruction to provide medical services, as authorized by the governing authority, to a patient by:~~
- ~~a. A medical staff member,~~
 - ~~b. An individual licensed under A.R.S. Title 32 or authorized by a hospital within the scope of the individual's license, or~~
 - ~~e. A physician who is not a medical staff member.~~
- ~~80-28. "Organized service" means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.~~
- ~~81. "Orientation" means the initial instruction and information provided to an individual starting work in a hospital.~~
- ~~82-29. "Outpatient" means an individual who:~~
- ~~a. Is not admitted to a hospital with the expectation that the individual will receive hospital services for less than 24 consecutive hours; or~~
 - ~~b. Except as provided in subsection (17), Receives receives hospital services for less than 24 consecutive hours.~~
- ~~83-30. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.~~
- ~~84. "Patient" means an individual receiving hospital services.~~
- ~~85-31. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.~~

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86. ~~“Patient’s representative” means a patient’s legal guardian, an individual acting on behalf of a patient with the written consent of the patient, or a surrogate as defined in A.R.S. § 36-3201.~~
- 87-32. ~~“Pediatric” means pertaining to an individual designated by a hospital as a child based on the hospital’s criteria.~~
- 88-33. ~~“Perinatal services” means medical services for the treatment and management of obstetrical patients and neonates.~~
89. ~~“Person” has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.~~
90. ~~“Personnel member” means:~~
- a. ~~A volunteer; or~~
 - b. ~~An individual, except for a medical staff member or private duty staff, who provides hospital services for compensation, including an individual who is compensated by an employment agency.~~
91. ~~“Pharmacist” has the same meaning as in A.R.S. § 32-1901.~~
92. ~~“Physical examination” means to observe, test, or inspect an individual’s body to evaluate health or determine cause of illness or disease.~~
- 93-34. ~~“Postanesthesia Post-anesthesia care unit” means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.~~
- 94-35. ~~“Private duty staff” means an individual, excluding a personnel member, compensated by a patient or the patient’s representative.~~
- 95-36. ~~“Psychiatric services” means the diagnosis, treatment, and management of a mental illness disorder as defined in A.R.S. § 36-501.~~
96. ~~“Quality management program” means activities designed and implemented by a hospital to improve the delivery of hospital services.~~
97. ~~“Registered dietitian” means an individual approved to work as a dietitian by the American Dietetic Association’s Commission on Dietetic Registration.~~
- 98-37. ~~“Rehabilitation services” means medical services provided to a patient to restore or to optimize functional capability.~~
99. ~~“Registered nurse” has the same meaning as in A.R.S. § 32-1601.~~
100. ~~“Respiratory care services” has the same meaning as practice of respiratory care as defined in A.R.S. § 32-3501.~~
101. ~~“Restraint” means any chemical or physical method of restricting a patient’s freedom of movement, physical activity, or access to the patient’s own body.~~
102. ~~“Require” means to carry out an obligation imposed by this Article.~~
103. ~~“Risk” means potential for an adverse outcome.~~
104. ~~“Rural general hospital” means a subclass of hospital having 50 or fewer inpatient beds and located more than 20 surface miles from a general hospital or another rural general hospital, and that elects to be licensed as a rural general hospital rather than a general hospital.~~
105. ~~“Satellite facility” has the same meaning as in A.R.S. § 36-422(J)(2).~~
106. ~~“Seclusion” means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.~~
107. ~~“Shift” means the beginning and ending time of a work period established by hospital policies and procedures.~~
- 108-38. ~~“Single group license” means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).~~
- 109-39. ~~“Social services” means assistance, other than medical services or nursing services, provided by a personnel member to a patient to meet the needs of assist the patient to cope with concerns about the patient’s illness or injury while in the hospital or the anticipated needs of the patient after discharge.~~
110. ~~“Social worker” means an individual who has at least a baccalaureate degree in social work from a program accredited by the Council on Social Work Education or who is certified according to A.R.S. Title 32, Chapter 33.~~
111. ~~“Special hospital” means a subclass of hospital that:~~
- a. ~~Is licensed to provide hospital services within a specific branch of medicine; or~~
 - b. ~~Limits admission according to age, gender, type of disease, or medical condition.~~
- 112-40. ~~“Specialty” means a specific area branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific area branch in addition to the education or qualifications required for the individual’s license.~~
113. ~~“Student” means an individual attending an educational institution and working under supervision in a hospital through an arrangement between the hospital and the educational institution.~~
- 114-41. ~~“Surgical services” means medical services involving the excision or incision of a patient’s body for the: a surgical procedure.~~
- a. ~~Correction of a deformity or a defect;~~
 - b. ~~Repair of an injury; or~~
 - e. ~~Diagnosis, amelioration, or cure of disease.~~
115. ~~“Telemedicine” has the same meaning as in A.R.S. § 36-3601.~~
116. ~~“Transfer” means a hospital discharging a patient and sending the patient to another licensed health care institution as~~

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- ~~an inpatient or resident without intending that the patient be returned to the sending hospital.~~
- ~~117-42. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.~~
- ~~118. "Transport" means a hospital sending a patient to another health care institution for outpatient medical services with the intent of returning the patient to the sending hospital.~~
- ~~119. "Treatment" means a procedure or method to cure, improve, or palliate a medical condition.~~
- ~~120-43. "Unit" means a designated area of an organized service.~~
- ~~121. "Verification" means:~~
- ~~a. A documented telephone call including the information obtained, the date, and the name of the documenting individual;~~
 - ~~b. A documented observation including the information observed, the date, and the name of the documenting individual; or~~
 - ~~e. A documented confirmation of a fact including the date and the name of the documenting individual.~~
- ~~122-44. "Vital records record" has the same meaning as in A.R.S. § 36-301.~~
- ~~123. "Vital statistics" has the same meaning as in A.R.S. § 36-301.~~
- ~~124. "Volunteer" means an individual, except a student, authorized by a hospital to work in the hospital who does not receive compensation.~~
- ~~125-45. "Well-baby bassinets" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours of after birth.~~

R9-10-202. Supplemental Application Requirements

- A.** For a hospital license, in In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for an initial or renewal license shall submit the following to the Department an applicant for:
- ~~1. A statement of the licensed capacity requested for the hospital, on a form provided by the Department, including:~~
 - ~~a. The number of inpatient beds for each organized service, not including well-baby bassinets; and~~
 - ~~b. If applicable, the number of inpatient beds for each multi-organized service unit;~~
 - ~~2. A list on a form provided by the Department of medical staff specialties and subspecialties; and~~
 - ~~3. A copy of an accreditation report if the hospital is accredited and chooses to submit a copy of the report instead of receiving a compliance inspection by the Department according to A.R.S. § 36-424(C).~~
1. An initial license shall include:
- a. On the application the licensed capacity requested for the hospital, including:
 - i. The number of inpatient beds for each organized service, not including well-baby bassinets;
 - ii. If applicable, the number of inpatient beds for each multi-organized service unit; and
 - iii. If applicable, the licensed occupancy for providing observation/stabilization services to:
 - (1) Individuals who are under 18 years of age, and
 - (2) Individuals 18 years of age and older; and
 - b. A list in a format provided by the Department of medical staff specialties and subspecialties; and
2. A renewal license may submit to the Department a copy of an accreditation report if the hospital is accredited and chooses to submit a copy of the accreditation report instead of receiving a compliance inspection by the Department according to A.R.S. § 36-424(C).
- B.** For a single group license authorized in A.R.S. § 36-422(F) ~~or (G)~~, in addition to the requirements in subsection (A), a governing authority applying for an initial or renewal license shall submit the following to the Department ~~on a form~~ in a format provided by the Department, for each satellite facility under the single group license:
- ~~1. The name, address, and telephone number of each accredited facility under the single group license;~~
 - ~~2. The name of the administrator for each accredited facility; and~~
 - ~~3. The specific times each accredited hours of operation during which the satellite facility provides medical services, nursing services, or health-related services.~~
- C.** For a single group license authorized in A.R.S. § 36-422(G), in addition to the requirements in subsection (A), a governing authority applying for an initial or renewal license shall submit the following to the Department in a format provided by the Department for each accredited satellite facility under the single group license:
- 1. The name, address, and telephone number;
 - 2. The name of the administrator;
 - 3. The hours of operation during which the accredited satellite facility provides medical services, nursing services, or health-related services; and
 - 4. A copy of the accredited satellite facility's current accreditation report.
- E-D.** ~~An administrator~~ A governing authority shall:
- ~~1. Notify the Department when there is a change in administrator according to A.R.S. § 36-425(I);~~
 - ~~2-1. Notify the Department at least 30 calendar days before a satellite facility or an accredited satellite facility on a single group license terminates operations; and~~

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3-2. Submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 calendar days but not more than 120 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, or health-related services under a license separate from the single group license.

R9-10-203. Administration

A. A governing authority shall:

1. Consist of one or more individuals ~~accountable~~ responsible for the organization, operation, and administration of a hospital;
2. ~~Designate~~ Establish, in writing:
 - a. A hospital's scope of services,
 - b. Qualifications for an administrator,
 - ~~a-c.~~ Which organized services are to be provided in the hospital, and
 - ~~b-d.~~ The organized services that are to be provided in a multi-organized service unit according to R9-10-228(A);
3. ~~Appoint~~ Designate an administrator, in writing, who: has the qualifications established in subsection (A)(2)(b):
 - a. Has a baccalaureate degree or a post-baccalaureate degree in a health care-related field;
 - b. Has at least three years of experience in health care administration; or
 - e. On December 5, 2006, was currently employed as an administrator in a licensed hospital;
4. Approve hospital a hospital's policies and procedures or designate an individual to approve hospital policies and procedures;
5. Approve medical staff bylaws and medical staff regulations;
6. Approve contracted services or designate an individual to approve contracted services;
- 7-4. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff by-laws;
- 8-5. Adopt a quality management program according to R9-10-204;
- 9-6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
10. ~~Appoint an acting administrator if the administrator is expected to be absent for more than 30 days;~~
7. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a hospital's premises for more than 30 calendar days, or
 - b. Not present on a hospital's premises for more than 30 calendar days;
- 11-8. ~~Except if subsection (A)(10) applies~~ Except as provided in subsection (A)(7), notify the Department in writing within five working days according to A.R.S. § 36-425(I), if there is a change of administrator and identify the name and qualifications of the new administrator; and
- 12-9. For a health care institution under a single group license, ~~comply~~ ensure that the health care institution complies with the applicable requirements in 9 A.A.C. 10 and 9 A.A.C. 20 this Chapter for the class or subclass of the health care institution; and,
13. ~~Comply with federal and state laws, rules, and local ordinances governing operations of a health care institution.~~

B. An administrator shall:

1. ~~Be~~ Is directly accountable to the governing authority of a hospital for all the daily operation of the hospital and hospital services and environmental services provided by a or at the hospital;
2. ~~Have~~ Has the authority and responsibility to manage the hospital; and
3. ~~Act as a liaison between the governing authority and personnel; and~~
- 4-3. ~~Designate~~ Except as provided in subsection (A)(7), shall designate, in writing, an individual who is present on a hospital's premises and available and accountable for hospital services and environmental services when the administrator is not available; present on the hospital's premises.

C. An administrator shall ~~require~~ ensure that:

1. ~~Hospital policies~~ Policies and procedures are established, documented, and implemented that:
 - a. ~~Include personnel~~ Cover job descriptions, duties, and qualifications including required skills and knowledge for personnel members, employees, volunteers, and students;
 - b. Cover orientation and inservice in-service education for personnel members, employees, volunteers, and students;
 - e. ~~Include duties of volunteers and students;~~
 - ~~d-c.~~ Include how a personnel member may submit a complaint relating to patient care;
 - e-d. Cover cardiopulmonary resuscitation training required in ~~R9-10-206(6)~~ R9-10-206(5) including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies ~~personnel have~~ an individual has received cardiopulmonary resuscitation training;

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- ~~f.e.~~ Cover use of private duty staff, if applicable;
- ~~g.f.~~ Cover diversion, including:
 - i. The criteria for initiating diversion;
 - ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
 - iii. The method for notifying emergency medical services providers of initiation of diversion, the type of diversion, and termination of diversion; and
 - iv. When the need for diversion will be reevaluated;
- ~~h.g.~~ Include a method to identify a patient to ensure the patient receives ~~medical~~ hospital services as ordered;
- ~~i.h.~~ Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
- ~~j.i.~~ Cover health care directives;
- ~~k.j.~~ Cover medical records, including electronic medical records;
- ~~l.k.~~ Cover quality management, including incident report and supporting documentation;
- l. Cover contracted services;
- m. Cover tissue and organ procurement and transplant; and
- n. Cover hospital visitation, including visitations to when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable;
- 2. ~~Hospital policies~~ Policies and procedures for hospital services are established, documented, and implemented that:
 - a. Cover patient screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of hospital services;
 - ~~b.c.~~ Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients ~~at all times~~;
 - ~~e.d.~~ Include when general consent and informed consent is are required;
 - ~~d.e.~~ Include the age criteria for providing hospital services to pediatric patients;
 - ~~e.f.~~ Cover dispensing, administering, and disposing of medication;
 - ~~f.g.~~ Cover infection control;
 - ~~g.h.~~ Cover restraints that require an order, including the frequency of monitoring and assessing the restraint;
 - ~~h.i.~~ Cover seclusion of a patient including:
 - i. The requirements for an order, and
 - ii. The frequency of monitoring and assessing a patient in seclusion;
 - ~~i.j.~~ Cover telemedicine, if applicable; and
 - ~~j.k.~~ Cover environmental services that affect patient care;
- 3. ~~Hospital policies~~ Policies and procedures are reviewed at least once every 36 months and updated as needed;
- 4. ~~Hospital policies~~ Policies and procedures are available to personnel members and medical staff;
- 5. ~~Licensed~~ The licensed capacity in an organized service is not exceeded except for an emergency admission of a patient. ~~If the licensed capacity of an organized service is exceeded:~~
 - ~~a. A medical staff member reviews the medical history of a patient scheduled to be admitted to the organized service to determine whether the admission is an emergency, and~~
 - ~~b. A patient is not admitted to the organized service except in an emergency;~~
- 6. ~~A patient is free from:~~
 - ~~a. The intentional infliction of physical, mental, or emotional pain unrelated to the patient's medical condition;~~
 - ~~b. Exploitation;~~
 - ~~e. Seclusion or restraint if not medically indicated or necessary to prevent harm to self or others;~~
 - ~~d. Sexual abuse according to A.R.S. § 13-1404; and~~
 - ~~e. Sexual assault according to A.R.S. § 13-1406.~~
- 6. A patient is only admitted to an organized service that has exceeded the organized service's licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient's admission is an emergency; and
- 7. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- D. An administrator of a special hospital shall ~~require~~ ensure that:
 - 1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the medical scope of services provided by the special hospital; and
 - 2. A physician or a nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises ~~at all times~~.
- ~~E. An administrator of a hospital that meets the definition of "abortion clinic" in A.R.S. § 36-449.01 shall require that abor-~~

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~~tions and related services are provided in compliance with the requirements in 9 A.A.C. 10, Article 15.~~

R9-10-204. Quality Management

- A. A governing authority shall ~~require~~ ensure that an ongoing quality management program is established that:
1. Complies with the requirements in A.R.S. § 36-445~~;~~ and
 2. Evaluates the quality of hospital services and environmental services related to patient care.
- B. An administrator shall ~~require~~ ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate hospital services and environmental services related to patient care;
 - c. A method to evaluate the data collected to identify a concern about the delivery of hospital services or environmental services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
 - e. A method to identify and document each occurrence of exceeding licensed capacity, as described in R9-10-203(C)(5), and to evaluate the occurrences of exceeding licensed capacity, including the actions taken for resolving occurrences of exceeding licensed capacity; and
 - f. The frequency of submitting a documented report required in subsection (B)(2) to the governing authority;
 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of hospital services or environmental services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
 3. The acuity plan required in ~~R9-10-208(C)(2)~~ R9-10-214(C)(2) is reviewed and evaluated every 12 months and the results are documented and reported to the governing authority; ~~and~~
 4. The reports required in subsections (B)(2) and (3) and the supporting documentation for the reports are:
 - a. ~~Maintained on the hospital premises~~ maintained for 12 months ~~from~~ after the date the report is submitted to the governing authority; and
 - ~~b.5.~~ Except for information or documents documentation that ~~are~~ is confidential under federal or state law, a report or documentation required in this Section is provided to the Department for review ~~as soon as possible after a Department request but not more than four hours from the time of the request~~ within two hours after the Department's request.

R9-10-205. Contracted Services

An administrator shall ~~require~~ ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. ~~A contract includes the responsibilities of each contractor;~~
3. ~~2.~~ A documented list of current contracted services is maintained ~~at the hospital~~ that includes a description of the contracted services provided; ~~and~~
4. ~~A contract and the list of contracted services required in subsection (3) is provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.~~

R9-10-206. Personnel

An administrator shall ~~require~~ that:

1. ~~Personnel are available to meet the needs of a patient based on the acuity plan required in R9-10-208(C)(2);~~
2. ~~A personnel member who provides medical services or nursing services demonstrates competency and proficiency according to criteria established in hospital policies and procedures for each type of unit and each type of patient to which the personnel member is assigned;~~
3. ~~Before the initial date of providing hospital services or volunteer service, a personnel member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis according to the requirements in R9-10-229(A)(4):~~
 - a. ~~A report of a negative Mantoux skin test;~~
 - b. ~~If the individual has had a positive Mantoux skin test for tuberculosis, a physician's written statement that the individual is free from infectious pulmonary tuberculosis; or~~
 - c. ~~A report of a negative chest x-ray;~~
4. ~~Orientation occurs within the first 30 days of providing hospital services or volunteer service and includes:~~
 - a. ~~Informing personnel about Department rules for licensing and regulating hospitals and where the rules may be obtained;~~
 - b. ~~Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital; and~~
 - c. ~~Providing the information required by hospital policies and procedures;~~

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5. ~~Hospital policies and procedures designate the categories of personnel providing medical services or nursing services who are:~~
 - a. ~~Required to be qualified in cardiopulmonary resuscitation within 30 days of the individual's starting date; and~~
 - b. ~~Required to maintain current qualifications in cardiopulmonary resuscitation;~~
6. ~~Documentation of current qualifications in cardiopulmonary resuscitation is maintained at the hospital;~~
7. ~~A personnel record for each personnel member is maintained electronically or in writing or a combination of both and includes:~~
 - a. ~~Verification by the personnel member of receipt of the position job description for the position held by the personnel member;~~
 - b. ~~The personnel member's starting date;~~
 - e. ~~Verification of a personnel member's certification, license, or education, if necessary for the position held;~~
 - d. ~~Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and~~
 - e. ~~Orientation documentation;~~
8. ~~Personnel receive inservice education according to criteria established in hospital policies and procedures;~~
9. ~~Inservice education documentation for each personnel member includes:~~
 - a. ~~The subject matter;~~
 - b. ~~The date of the inservice education; and~~
 - e. ~~The signature, rubber stamp, or electronic signature code of each individual who participated in the inservice education;~~
10. ~~Personnel records and inservice education documentation are maintained by the hospital for at least two years after the last date the personnel member worked; and~~
11. ~~Personnel records and inservice education documentation are provided upon request to the Department for review:~~
 - a. ~~For a current personnel member, as soon as possible but not more than four hours from the time of the Department's request; and~~
 - b. ~~For a personnel member who is not currently working in the hospital, within 24 hours of the Department's request.~~

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
3. Personnel members are present on a hospital's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the hospital's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
4. Orientation occurs within the first 30 calendar days after a personnel member begins providing hospital services and includes:
 - a. Informing a personnel member about Department rules for licensing and regulating hospitals and where the rules may be obtained,
 - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital, and
 - c. Providing the information required by policies and procedures;
5. Policies and procedures designate the categories of personnel providing medical services or nursing services who are:
 - a. Required to be qualified in cardiopulmonary resuscitation within 30 calendar days after the individual's starting

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- date, and
- b. Required to maintain current qualifications in cardiopulmonary resuscitation;
6. A personnel record for a personnel member is established and maintained and includes:
- a. The personnel member's name, date of birth, home address, and contact telephone number;
- b. The personnel member's starting date;
- c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
- d. Documentation of evidence of freedom from infectious tuberculosis required in R9-10-230(A)(5);
- e. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
- f. Orientation documentation;
7. Personnel receive in-service education according to criteria established in policies and procedures;
8. In-service education documentation for each personnel member includes:
- a. The subject matter;
- b. The date of the in-service education; and
- c. The signature, rubber stamp, or electronic signature code of each individual who participated in the in-service education;
9. Personnel records and in-service education documentation are maintained by the hospital for at least two years after the last date the personnel member worked; and
10. Personnel records and in-service education documentation, for a personnel member who has not worked in the hospital during the previous 12 months, are provided to the Department within 72 hours after the Department's request.

R9-10-207. Medical Staff

- A. A governing authority shall ~~require~~ ensure that:
1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;
 2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
 3. A medical staff member complies with medical staff bylaws and medical staff regulations;
 4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit ~~patients~~ inpatients to the general hospital or special hospital;
 5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit ~~patients~~ inpatients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
 6. A medical staff member is available to direct patient care;
 7. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
 - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
 - b. Appointing members to the medical staff, subject to approval by the governing authority;
 - c. Establishing committees including identifying the purpose and organization of each committee;
 - d. Appointing one or more medical staff members to a committee;
 - e. Obtaining and documenting permission for an autopsy of a patient, performing an autopsy, and notifying, if applicable, the attending physician medical practitioner coordinating the patient's medical services when an autopsy is performed;
 - f. Requiring that each inpatient has ~~an attending physician~~ a medical practitioner who coordinates the inpatient's care;
 - g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
 - h. Defining a medical staff member's responsibilities for the transport or transfer of a patient;
 - i. Specifying requirements for oral, telephone, and electronic orders including which orders require identification of the time of the order;
 - j. Establishing a time-frame for a medical staff member to complete a patient's medical records;
 - k. Establishing criteria for granting, denying, revoking, and suspending clinical privileges;
 - l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and
 - m. Approving the use of medication and devices under investigation by the U.S. Department of Health and Human Services, Food and Drug Administration including:
 - i. Establishing criteria for patient selection;
 - ii. Obtaining informed consent before administering the investigational medication or device; and
 - iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device; and
 8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every 36 months and updates the bylaws and regulations as needed.
- B. An administrator shall ~~require~~ ensure that:

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1. ~~By October 1, 2003, a medical staff member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis according to the requirements in R9-10-229(A)(4):~~
 - a. ~~A report of a negative Mantoux skin test;~~
 - b. ~~If the individual has had a positive Mantoux skin test for tuberculosis, a physician's written statement that the individual is free from infectious pulmonary tuberculosis; or~~
 - e. ~~A report of a negative chest x-ray;~~
1. A medical staff member provides evidence of freedom from infectious tuberculosis according to the requirements in R9-10-230(A)(5);
2. A record for each medical staff member is established and maintained ~~electronically or in writing or a combination of both~~ that includes:
 - a. A completed application for clinical privileges;
 - b. The dates and lengths of appointment and reappointment of clinical privileges;
 - c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and
 - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
 - a. As soon as possible but not more than two hours ~~from~~ after the time of the Department's request if the individual is a current medical staff member; and
 - b. Within 72 hours ~~from~~ after the time of the Department's request if the individual is no longer a current medical staff member.

~~R9-10-210- R9-10-208, Admission Admissions~~

An administrator shall ~~require~~ ensure that:

1. A patient is admitted as an inpatient on the order of a medical staff member;
2. An individual, authorized by ~~hospital~~ policies and procedures, is available ~~at all times~~ to accept a patient for admission;
3. Except in an emergency, informed consent is obtained from a patient or the patient's representative before or at the time of admission;
4. The informed consent obtained in subsection (3) or the lack of consent in an emergency is documented in the patient's medical record;
5. A physician or other medical staff member performs a medical history and physical examination on a patient within 30 calendar days before admission or within 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours ~~of~~ after admission; and
6. If a physician or a medical staff member performs a medical history and physical examination on a patient before admission, the physician or the medical staff member enters an interval note into the patient's medical record at the time of admission.

~~R9-10-211- R9-10-209, Discharge Planning; Discharge~~

A. For an inpatient, an administrator shall ~~require~~ ensure that discharge planning:

1. Identifies the specific needs of the patient after discharge, if applicable;
2. Includes the participation of the patient or the patient's representative;
3. Is completed before discharge occurs;
4. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
5. Is documented in the patient's medical record.

B. For an inpatient discharge or a transfer of an inpatient, an administrator shall ~~require~~ ensure that:

1. There is a discharge summary that includes:
 - a. A description of the patient's medical condition and the medical services provided to the patient; and
 - b. The signature of the ~~patient's attending physician or the attending physician's designee~~ medical practitioner coordinating the patient's medical services;
2. There is a documented discharge order ~~by the attending physician or the attending physician's designee~~ for the patient by a medical practitioner coordinating the patient's medical services before discharge unless the patient leaves the hospital against a medical staff member's advice; and
3. If the patient is ~~discharged to any location other than a health care institution~~ not being transferred:
 - a. There are documented discharge instructions; and
 - b. The patient or the patient's representative is provided with a copy of the discharge instructions; and

C. Except as provided in subsection (D), an administrator shall ~~require~~ ensure that an outpatient is discharged according to ~~hospital~~ policies and procedures.

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- D.** For a discharge of an outpatient receiving emergency services, an administrator shall ~~require~~ ensure that:
1. A discharge order is documented by ~~an attending physician or the attending physician's designee~~ a medical practitioner who provided medical services to the patient before the patient is discharged unless the patient leaves against a medical staff member's advice; and
 2. Discharge instructions are documented and provided to the patient or the patient's representative before the patient is discharged unless the patient leaves the hospital against a medical staff member's advice.
- ~~**E.** A patient transferred to another hospital is exempt from the requirements in this Section. An administrator shall require that a transfer of a patient to another hospital complies with the requirements in R9-10-213.~~

~~**R9-10-212.**~~ **R9-10-210. Transport**

- A.** For a transport of a patient, the administrator of a sending hospital shall ~~require~~ ensure that:
1. ~~Hospital policies~~ Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient's return;
 - c. Specify the sending hospital's patient medical records that are required to accompany the patient, which shall include the medical records related to the medical services to be provided to the patient at the receiving health care institution; ~~and~~
 - d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and
 - e. Specify how a medical staff member explains the risks and benefits of a transport to the patient or the patient's representative based on the:
 - i. Patient's medical condition, and
 - ii. Mode of transport; and
 2. Documentation in the patient's medical record includes:
 - a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transport to the receiving health care institution;
 - d. The date and time of the patient's return to the sending hospital, if applicable;
 - e. The mode of transportation; and
 - f. The type of ~~professional personnel member or medical staff member~~ assisting in the transport if an order requires that a patient be assisted during transport.
- B.** For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall ~~require~~ ensure that:
1. ~~Hospital policies~~ Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the receiving hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending hospital unless the receiving facility is a satellite facility, as defined in A.R.S. § 36-422, and does not have a registered nurse or a medical staff member at the satellite facility;
 - c. Specify the receiving hospital's patient medical records required to accompany the patient when the patient is returned to the sending hospital, if applicable; and
 - d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending hospital that is not provided at the time of the patient's return; and
 2. Documentation in the patient's medical record includes:
 - a. The date and time the patient arrives at the receiving hospital;
 - b. The medical services provided to the patient at the receiving hospital;
 - c. Any adverse reaction or negative outcome the patient experiences at the receiving hospital, if applicable;
 - d. The date and time the receiving hospital returns the patient to the sending hospital, if applicable;
 - e. The mode of transportation to return the patient to the sending hospital, if applicable; and
 - f. The type of ~~professional personnel member or medical staff member~~ assisting in the transport if an order requires that a patient be assisted during transport.
- ~~**C.** A sending hospital and a receiving hospital that are licensed at separate locations and have the same Medicare number issued by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services are exempt from subsections (A)(1)(d), (B)(1)(e), and (B)(1)(d).~~

~~**R9-10-213.**~~ **R9-10-211. Transfer**

- ~~**A.**~~ For a transfer of a patient, the administrator of a sending hospital shall ~~require~~ ensure that:

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1. ~~Hospital policies~~ Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the sending hospital personnel members coordinate the transfer and the medical services provided to a patient to protect the health and safety of the patient during the transfer;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member of the sending hospital before the patient is transferred;
 - c. Specify how the sending hospital personnel members communicate medical record information that is not provided at the time of the transfer; and
 - d. Specify how a medical staff member explains the risks and benefits of a transfer to the patient or the patient's representative based on the:
 - i. Patient's medical condition, and
 - ii. Mode of transfer;
 2. One of the following accompanies the patient during transfer:
 - a. A copy of the patient's medical record for the current inpatient admission; or
 - b. All of the following for the current inpatient admission:
 - i. A medical staff member's summary of medical services provided to the patient;ₐ
 - ii. A care plan containing up-to-date information;ₐ
 - iii. Consultation reports;ₐ
 - iv. Laboratory and radiology reports;ₐ
 - v. A record of medications administered to the patient for the seven calendar days before the date of transfer;ₐ
 - vi. Medical staff member's orders in effect at the time of transfer;ₐ and
 - vii. Any known allergy; and
 3. Documentation in the patient's medical record includes:
 - a. Consent for transfer by the patient or the patient's representative, except in an emergency;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transfer to the receiving health care institution;
 - d. The mode of transportation; and
 - e. The type of professional personnel member or medical staff member assisting in the transfer if an order requires that a patient be assisted during transfer.
- ~~B. A sending hospital and a receiving hospital that are licensed at separate locations and have the same Medicare number issued by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services are exempt from subsections (A)(1)(c), (A)(2) and (A)(3)(a).~~

~~R9-10-209. R9-10-212. Patient Rights~~

- ~~A. An administrator shall require that:~~
1. ~~A patient:~~
 - a. ~~Is treated with consideration, respect, and dignity, and receives privacy in treatment and activities of daily living; and~~
 - b. ~~Has access to a telephone;~~
 2. ~~A patient or the patient's representative:~~
 - a. ~~Either consents to or refuses treatment, if capable of doing so;~~
 - b. ~~May refuse examination, or withdraw consent for treatment before treatment is initiated;~~
 - c. ~~May submit grievances without retaliation;~~
 - d. ~~Is informed of:~~
 - i. ~~Proposed medical procedures, alternatives to the medical procedures, associated risks, and possible complications;~~
 - ii. ~~How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);~~
 - iii. ~~The hospital's patient grievance policies and procedures, including the telephone number of hospital personnel to contact about grievances, and the Department's telephone number if the hospital is unable to resolve the patient's grievance; and~~
 - iv. ~~Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;~~
 3. ~~A patient or the patient's representative is provided a description of the hospital's health care directives policies and procedures:~~
 - a. ~~If an inpatient, at the time of admission; or~~
 - b. ~~If an outpatient:~~
 - i. ~~Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or~~
 - ii. ~~If the hospital services include a planned series of treatments, at the start of each series;~~
 4. ~~There are hospital policies and procedures that include:~~
 - a. ~~How and when a patient or the patient's representative is informed of patient rights in subsections (1) and (2); and~~
 - b. ~~Where patient rights are posted in the hospital;~~

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5. ~~A patient or the patient's representative receives a written statement of patient's rights; and~~
 6. ~~Medical record information is disclosed only with the written consent of a patient or the patient's representative or as permitted by law.~~
- B.** The requirements in subsections (A)(2)(a), (A)(2)(d)(i), (A)(3), and (A)(4) do not apply in an emergency.
- A.** An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 3. Policies and procedures are established, documented, and implemented that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a hospital's medical staff, personnel members, employees, volunteers, or students; and
 3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse examination or withdraw consent to treatment before treatment is initiated;
 - c. Is informed of:
 - i. Except in an emergency, alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
 - ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
 - iii. The patient complaint policies and procedures, including the telephone number of hospital personnel to contact about complaints, and the Department's telephone number if the hospital is unable to resolve the patient's complaint; and
 - iv. Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;
 - d. Except in an emergency, is provided a description of the health care directives policies and procedures:
 - i. If an inpatient, at the time of admission; or
 - ii. If an outpatient:
 - (1) Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or
 - (2) If the hospital services include a planned series of treatments, at the start of each series;
 - e. Consents to photographs of the patient before a patient is photographed except that a patient may be photographed when admitted to a hospital for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of the patient's:
 - i. Medical records, and
 - ii. Financial records.
- C.** A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy in treatment and care for personal needs;
 4. To have access to a telephone;
 5. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 6. To receive a referral to another health care institution if the hospital is unable to provide physical health services or behavioral health services for the patient;

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7. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
8. To participate or refuse to participate in research or experimental treatment; and
9. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

~~R9-10-228, R9-10-213, Medical Records~~

- A. An administrator shall ~~require~~ ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. § Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by ~~hospital~~ policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order ~~if required by medical staff bylaws;~~
 - b. Authenticated by a medical staff member ~~or the organized medical staff~~ according to ~~medical staff bylaws or hospital~~ policies and procedures; and
 - c. Authenticated by the individual entering the order in the medical record if the order is an oral or telephone order. If the order is a verbal order, authenticated by the medical staff member entering the order in the patient's medical record;
 4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
 5. A patient's medical record is available to personnel members and medical staff members authorized by ~~hospital~~ policies and procedures to access the medical record;
 6. ~~Information in a medical record is disclosed to an individual not authorized under subsection (5) only with the written consent of a patient or the patient's representative or as permitted by law;~~
 7. ~~A medical record is maintained under the direction of an individual:~~
 - a. ~~Who is qualified to maintain the medical record according to hospital policies and procedures; or~~
 - b. ~~Who consults with an individual qualified according to hospital policies and procedures;~~
 8. ~~There are hospital policies and procedures that include:~~
 - a. ~~The length of time a medical record is maintained on the hospital premises; and~~
 - b. ~~The maximum time frame to retrieve an onsite or off-site medical record at the request of a medical staff member or authorized personnel member;~~
 9. ~~A medical record of a patient is provided to the Department:~~
 - a. ~~As soon as possible but not more than four hours from the time of the Department's request if the patient was discharged within 12 months from the date of the Department's request; or~~
 - b. ~~Within 24 hours from the time of the Department's request if the patient was discharged more than 12 months from the date of the Department's request;~~
 10. ~~A medical record is:~~
 - a. ~~Protected from loss, damage, or unauthorized use; and~~
 - b. ~~According to A.R.S. § 12-2297;~~
 11. ~~Vital records and vital statistics are maintained for at least 10 years according to A.R.S. § 36-343; and~~
 12. ~~If a hospital discontinues hospital services, the Department is notified in writing, not less than 30 days before hospital services are discontinued, of the location where the medical records are stored.~~
 6. Policies and procedures include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff member or authorized personnel member; and
 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If a hospital maintains patient's medical records electronically, an administrator shall ~~require~~ ensure that:
1. ~~There are safeguards~~ Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C. An administrator shall ~~require~~ ensure that a hospital's medical record for an inpatient contains:
1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth;
 - d. ~~A designated~~ The name and contact information of the patient's representative, if applicable; and
 - e. Any known allergy including medication ~~or biological~~ allergies or sensitivities;
 2. Medication information that includes:

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- a. ~~The patient's weight;~~
 - ~~b. a.~~ A medication ~~or biological~~ ordered for the patient; and
 - ~~e. b.~~ A medication ~~or biological~~ administered to the patient including:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, and route of administration;
 - iii. The identification and authentication of the individual administering the medication ~~or biological~~; and
 - iv. Any adverse reaction the patient has to the medication ~~or biological~~;
 3. ~~Documented~~ Documentation of general and, if applicable, informed consent for treatment by the patient or the patient's representative except in an emergency;
 4. A medical history and results of a physical examination or an interval note;
 5. If the patient provides a health care directive, the health care directive signed by the patient;
 6. An admitting diagnosis;
 7. Names of the admitting medical staff member and ~~attending physician~~ medical practitioners coordinating the patient's care;
 8. ~~All orders~~ Orders;
 9. ~~All care~~ Care plans;
 10. ~~A record~~ Documentation of hospital services provided to the patient;
 11. ~~Notes by medical staff members, nursing or other personnel members~~ Progress notes;
 12. Disposition of the patient after discharge;
 13. Discharge planning, including discharge instructions required in R9-10-211(B)(3) R9-10-209(B)(3);
 14. A discharge summary; and
 15. If applicable:
 - a. A laboratory report ~~required in R9-10-218;~~
 - b. A pathology report;
 - c. An autopsy report;
 - ~~b. d.~~ A radiologic report ~~required in R9-10-219;~~
 - ~~e. e.~~ A diagnostic imaging report;
 - ~~d. f.~~ Documentation of restraint or seclusion; and
 - ~~e. g.~~ A consultation report.
- D. An administrator shall ~~require~~ ensure that a hospital's medical record for an outpatient contains:
1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth;
 - d. ~~A designated~~ The name and contact information of the patient's representative, if applicable; and
 - e. ~~If necessary for treatment, any~~ Any known allergy including medication ~~or biological~~ allergies or sensitivities;
 2. If necessary for treatment, medication information that includes:
 - a. ~~The patient's weight;~~
 - ~~b. a.~~ A medication ~~or biological~~ ordered for the patient; and
 - ~~e. b.~~ A medication ~~or biological~~ administered to the patient including:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, and route of administration;
 - iii. The identification and authentication of the individual administering the medication ~~or biological~~; and
 - iv. Any adverse reaction the patient has to the medication ~~or biological~~;
 3. ~~Documented~~ Documentation of general and, if applicable, informed consent for treatment by the patient or the patient's representative; except in an emergency;
 4. ~~A~~ An admitting diagnosis or reason for outpatient medical services;
 5. ~~All orders~~ Orders;
 6. ~~A record~~ Documentation of hospital services provided to the patient; and
 7. If applicable:
 - a. A laboratory report ~~required in R9-10-218;~~
 - b. A pathology report;
 - c. An autopsy report;
 - ~~b. d.~~ A radiologic report ~~required in R9-10-219;~~
 - ~~e. e.~~ A diagnostic imaging report;
 - ~~d. f.~~ Documentation of restraint or seclusion; and
 - ~~e. g.~~ A consultation report;
- E. In addition to the requirements in subsection (D), an administrator shall ~~require~~ ensure that the hospital's record of emergency services provided to a patient contains:

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1. ~~A record~~ Documentation of treatment the patient received before arrival at the hospital, if available;
2. The patient's medical history;
3. An assessment, including the name of the individual performing the assessment;
4. The patient's chief complaint;
5. The name of the individual who treated the patient in the emergency room, if applicable; and
6. The disposition of the patient after discharge.

~~R9-10-208. R9-10-214. Nursing Services~~

- A. An administrator shall ensure that:
1. ~~Require that nursing~~ Nursing services are provided 24 hours a day, and
 2. ~~Appoint a~~ A nurse executive is appointed who is qualified according to the requirements in ~~the hospital's~~ policies and procedures.
- B. A nurse executive shall designate a registered nurse who is present in the hospital to be accountable for managing the nursing services when the nurse executive is not present in the hospital.
- C. A nurse executive shall ~~require~~ ensure that:
1. Policies and procedures for nursing services are established, documented, and implemented;
 2. An acuity plan is established, documented, and implemented that includes:
 - a. A method that establishes the types and numbers of nursing personnel that are required for each unit in the hospital;
 - b. An assessment of a patient's need for nursing services made by a registered nurse providing nursing services directly to the patient; and
 - c. A policy and procedure stating the steps a hospital will take to:
 - i. ~~obtain~~ Obtain the necessary nursing personnel ~~necessary~~ to meet patient acuity, and
 - ii. Make assignments for patient care according to the acuity plan;
 3. Registered nurses, including registered nurses providing nursing services directly to a patient, are knowledgeable about the acuity plan and implement the acuity plan established under subsection (C)(2);
 4. If licensed capacity in an organized service is exceeded or patients are kept in areas without licensed beds, nursing personnel are assigned according to the specific rules for the organized service in this Chapter;
 5. There is a minimum of one registered nurse on duty in a hospital ~~at all times~~ whether or not there is a patient;
 6. A general hospital has two registered nurses on duty ~~at all times~~ when there is more than one patient;
 7. ~~A special hospital that is licensed to provide behavioral health services complies with the staffing requirements in A.A.C. Title 9, Chapters 10 and 20;~~
 8. ~~7.~~ A special hospital offering emergency services or obstetrical services has two registered nurses on duty ~~at all times~~ when there is more than one patient;
 9. ~~8.~~ A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on duty ~~at all times~~ when there is more than one patient;
 10. ~~9.~~ A rural general hospital with more than one patient has one registered nurse and at least one other nursing personnel member on duty ~~at all times~~. If there is only one registered nurse in the hospital, an additional registered nurse is ~~on~~ on-call who is able to be present in the hospital within 15 minutes ~~of~~ after being called;
 11. ~~10.~~ If a hospital has a patient in a unit, there is a minimum of one registered nurse in the unit ~~at all times~~;
 12. ~~11.~~ If a hospital has more than one patient in a unit, there is a minimum of one registered nurse and one additional nursing personnel member in the unit ~~at all times~~;
 13. ~~12.~~ At least one registered nurse is present and accountable for the nursing services provided to a patient:
 - a. During the delivery of a neonate,
 - b. In an operating room, and
 - c. In a ~~postanesthesia~~ post-anesthesia care unit;
 14. ~~13.~~ Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
 15. ~~14.~~ A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;
 16. ~~15.~~ There is a care plan for each inpatient based on the inpatient's need for nursing services; and
 17. ~~16.~~ Nursing personnel document nursing services in a patient's medical record.

~~R9-10-214. R9-10-215. Surgical Services~~

- A. An administrator of a general hospital shall ~~require~~ ensure that:
1. There is an organized service that provides surgical services under the direction of a medical staff member;
 2. There is a designated area for providing surgical services as an organized service;
 3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
 4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
 5. Postoperative orders are documented in the patient's medical record;

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6. There is a chronological log of surgical procedures performed in the surgical services area that contains:
 - a. The date of the surgical procedure;
 - b. The patient's name;
 - c. The type of surgical procedure;
 - d. The time in and time out of the operating room;
 - e. The name and title of each individual performing or assisting in the surgical procedure;
 - f. The type of anesthesia used;
 - g. An identification of the operating room used; and
 - h. The disposition of the patient after the surgical procedure;
 7. The chronological log required in subsection (A)(6) is maintained in the surgical services area for a minimum of 12 months ~~from~~ after the date of the surgical procedure and then maintained by the hospital for an additional 12 months;
 8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
 9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;
 10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
 11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 calendar days before performing a surgical procedure on a patient;
 12. Except in an emergency, a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;
 13. Except in an emergency, the following are documented in a patient's medical record before a surgical procedure:
 - a. A preoperative diagnosis;
 - b. Each diagnostic test performed in the hospital;
 - c. A medical history and physical examination as required in subsection (A)(11) and an interval note as required in subsection (A)(12);
 - d. A consent or refusal for blood or blood products signed by the patient or the patient's representative, if applicable; and
 - e. Informed consent according to policies and procedures; and
 14. Within 24 hours after a surgical procedure on a patient is completed:
 - a. The surgeon performing the surgery documents in the patient's medical record the surgical technique, findings, and tissue removed or altered, if applicable; and
 - b. The individual performing the postoperative follow-up examination completes and documents in the patient's medical record a postoperative follow-up report.
- B.** An administrator of a rural general hospital or a special hospital that provides surgical services shall comply with subsection (A).

~~R9-10-215.~~ **R9-10-216. Anesthesia Services**

An administrator shall ~~require~~ ensure that:

1. Anesthesia services provided in conjunction with surgical services performed in the operating room are provided as an organized service under the direction of a medical staff member;
2. Documentation is available in the surgical services area that specifies the medical staff member's clinical privileges to administer anesthesia;
3. Except in an emergency, an anesthesiologist or a nurse anesthetist performs a pre-anesthesia evaluation within 48 hours before anesthesia is administered in conjunction with surgical services;
4. Anesthesia administration is documented in a patient's medical record and includes:
 - a. A pre-anesthesia evaluation, if applicable;
 - b. An intra-operative anesthesia record;
 - c. The postoperative status of the patient upon leaving the operating room; and
 - d. Post-anesthesia documentation by the individual performing the post-anesthesia evaluation that includes the information required by the medical staff bylaws and medical staff regulations; and
5. A registered nurse or a physician documents resuscitative measures in the patient's medical record.

~~R9-10-216.~~ **R9-10-217. Emergency Services**

A. An administrator of a general hospital or a rural general hospital shall ~~require~~ ensure that:

1. Emergency services are provided 24 hours a day in a designated area of the hospital;
2. Emergency services are provided as an organized service under the direction of a medical staff member;
3. The scope and extent of emergency services offered are documented;
4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and

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procedures are implemented to minimize risk to the patient until the patient is transported or transferred to another hospital;

6. A roster of on-call medical staff members is available in the emergency services area;
7. There is a chronological log of emergency services that includes:
 - a. The patient's name;
 - b. The date, time, and mode of arrival; and
 - c. The disposition of the patient including discharge, transfer, or admission; and
8. The chronological log required in subsection (A)(7) is maintained:
 - a. In the emergency services area for a minimum of 12 months ~~from~~ after the date of the emergency services; and
 - b. By the hospital for an additional four years.

B. An administrator of a special hospital that provides emergency services shall comply with subsection (A).

C. An administrator of a hospital that provides emergency services, but does not provide perinatal organized services, shall ~~require~~ ensure that emergency perinatal services are provided within the hospital's capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.

~~R9-10-217. R9-10-218. Pharmaceutical Services~~

An administrator shall ~~require~~ ensure that:

1. Pharmaceutical services are provided under the direction of a pharmacist according to A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and ~~A.A.C. Title 4, Chapter 23 4 A.A.C. 23;~~
2. A copy of the pharmacy license is provided to the Department for review upon the Department's request;
3. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by ~~hospital~~ policies and procedures is established to:
 - a. Develop a drug formulary;₂
 - b. Update the drug formulary at least every 12 months;₂
 - c. Develop medication usage and medication substitution policies and procedures;₂ and
 - d. Specify which medication ~~and~~; medication categories ~~classifications, and biologicals~~ are required to be automatically stopped after a specified time period unless the ordering medical staff member specifically orders otherwise;
4. An expired, mislabeled, or unusable medication ~~or biological~~ is disposed of according to ~~hospital~~ policies and procedures;
5. A medication administration error or an adverse reaction is reported to the ordering medical staff member or the medical staff member's designee;
6. A pharmacy medication dispensing error is reported to the pharmacist;
7. In a pharmacist's absence, personnel members designated by ~~hospital~~ policies and procedures have access to a locked area containing a medication ~~or biological~~;
8. A medication ~~or biological~~ is maintained at temperatures recommended by the manufacturer;
9. A cart used for an emergency:
 - a. Contains medication, supplies, and equipment as specified in ~~hospital~~ policies and procedures;
 - b. Is available to a unit; and
 - c. Is sealed until opened in an emergency;
10. Emergency cart contents and sealing of the emergency cart are verified and documented according to ~~hospital~~ policies and procedures;
11. ~~There are hospital policies~~ Policies and procedures ~~that~~ specify individuals who may:
 - a. Order medication ~~and biologicals~~; and
 - b. Administer medication ~~and biologicals~~;
12. A medication ~~or biological~~ is administered in compliance with an order;
13. A medication ~~or a biological~~ administered to a patient is documented as required in ~~R9-10-228 R9-10-213;~~
14. If pain medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An assessment of the patient's pain before administering the medication;₂ and
 - b. The effect of the pain medication administered; and
15. ~~Hospital policies~~ Policies and procedures specify a process for review through the quality management program of:
 - a. A medication administration error;₂
 - b. An adverse reaction to a medication;₂ and
 - c. A pharmacy medication dispensing error.

~~R9-10-218. R9-10-219. Clinical Laboratory Services and Pathology Services~~

An administrator shall ~~require~~ ensure that:

1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Ser-

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- vices under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation or compliance in subsection (1) is provided to the Department for review upon the Department's request;
 3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day within the hospital to meet the needs of a patient in an emergency;
 4. A special hospital whose patients require clinical laboratory services:
 - a. Is able to provide clinical laboratory services when needed by the patients,
 - b. Obtains specimens for clinical laboratory services without transporting the patients from the special hospital's premises, and
 - c. Has the examination of the specimens performed by a clinical laboratory on the special hospital's premises or by arrangement with a clinical laboratory not on the premises;
 5. A hospital that provides clinical laboratory services 24 hours a day has on duty or ~~on-call at all times~~ on-call laboratory personnel authorized by ~~hospital~~ policies and procedures to perform testing;
 6. A hospital that offers surgical services ~~shall provide~~ provides pathology services within the hospital or by contracted service to meet the needs of a patient;
 7. Clinical laboratory and pathology test results are:
 - a. Available to the medical staff:
 - i. Within 24 hours after the test is completed if the test is performed at a laboratory on the hospital premises, or
 - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the hospital premises; and
 - b. Documented in a patient's medical record;
 8. If a test result is obtained that indicates a patient may have an emergency medical condition, as defined by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient's assigned unit;
 9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient's medical record;
 10. ~~There are hospital policies~~ Policies and procedures are established, documented, and implemented for:
 - a. Procuring, storing, transfusing, and disposing of blood and blood products;
 - b. Blood typing, antibody detection, and blood compatibility testing; and
 - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;
 11. If blood and blood products are provided by contract, the contract includes:
 - a. The availability of blood and blood products from the contractor; and
 - b. The process for delivery of blood and blood products from the contractor; and
 12. Expired laboratory supplies are discarded according to ~~hospital~~ policies and procedures.

~~R9-10-219, R9-10-220, Radiology Services and Diagnostic Imaging Services~~

- A.** An administrator shall ~~require~~ ensure that:
1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and ~~A.A.C. Title 12, Chapter 1~~ 12 A.A.C. 1;
 2. A copy of a certificate documenting compliance with subsection (1) is provided to the Department for review upon the Department's request;
 3. A general hospital or a rural general hospital provides radiology services 24 hours a day within the hospital to meet the emergency needs of a patient;
 4. A hospital that provides surgical services has radiology services and diagnostic imaging services on the hospital's premises to meet the needs of patients;
 5. A general hospital or a rural general hospital has a radiologic technologist on duty or ~~on-call at all times~~ on-call; and
 6. Except as provided in subsection (A)(4), a special hospital whose patients require radiology services and diagnostic imaging services is able to provide the radiology services and diagnostic imaging services when needed by the patients:
 - a. On the special hospital's premises, or
 - b. By arrangement with a radiology and diagnostic imaging facility that is not on the special hospital's premises.
- B.** An administrator of a hospital that provides radiology services ~~and~~ or diagnostic imaging services in the hospital shall ~~require~~ ensure that:
1. Radiology services and diagnostic imaging services are provided:
 - a. Under the direction of a medical staff member; and
 - b. According to an order that includes:
 - i. The patient's name; and
 - ii. The name of the ordering individual; and
 - iii. The radiological or diagnostic imaging procedure ordered; and

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- iv. The reason for the procedure;
2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
3. A radiologic or diagnostic imaging patient report is prepared that includes:
 - a. The patient's name;
 - b. The date of the procedure;
 - c. A medical staff member's or radiologist's interpretation of the image;
 - d. The type and amount of radiopharmaceutical used, if applicable; and
 - e. The adverse reaction to the radiopharmaceutical, if any; and
4. A radiologic or diagnostic imaging patient report is included in the patient's medical record.

~~R9-10-220.~~ **R9-10-221. Intensive Care Services**

~~A. A general hospital or special hospital may provide intensive care services. A rural general hospital shall not provide intensive care services.~~

~~B. An administrator of a hospital that provides intensive care services shall require that:~~

Except for a special hospital that provides only psychiatric services, an administrator of a hospital that provides intensive care services shall ensure that:

1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
2. ~~A patient~~ An inpatient admitted for intensive care services is personally visited by a physician at least once every 24 hours;
3. Admission and discharge criteria for intensive care services are established;
4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are defined and documented in ~~hospital~~ policies and procedures;
5. In addition to the requirements in ~~R9-10-208(C)~~ R9-10-214(C), an intensive care unit is staffed:
 - a. With a minimum of one registered nurse assigned for every two patients, and
 - b. According to an acuity plan as required in ~~R9-10-208~~ R9-10-214;
6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients ~~at all times~~;
7. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
8. Private duty staff do not provide hospital services in an intensive care unit;
9. At least one registered nurse assigned to a patient in an intensive care unit is ~~qualified~~ certified in advanced ~~cardiopulmonary resuscitation~~ cardiac life support specific to the age of the patient;
10. Resuscitation, emergency, and other equipment are available ~~at all times~~ to meet the needs of a patient including:
 - a. Ventilatory assistance equipment,;
 - b. Respiratory and cardiac monitoring equipment,;
 - c. Suction equipment,;
 - d. Portable radiologic equipment,; and
 - e. A patient weighing device for patients restricted to a bed; and
11. An intensive care unit has at least one emergency cart that is maintained according to ~~R9-10-217~~ R9-10-218.

~~R9-10-221.~~ **R9-10-222. Respiratory Care Services**

An administrator of a hospital that provides respiratory care services shall ~~require~~ ensure that:

1. Respiratory care services are provided under the direction of a medical staff member;
2. Respiratory care services are provided according to an order that includes:
 - a. The patient's name;
 - b. The name and signature of the ordering individual;
 - c. The type, frequency, and, if applicable, duration of treatment;
 - d. The type and dosage of medication and diluent; and
 - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a patient are documented in the patient's medical record and include:
 - a. The date and time of administration;
 - b. The type of respiratory care services;
 - c. The effect of respiratory care services;
 - d. The adverse reaction to respiratory care services, if any; and
 - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in ~~R9-10-218~~ R9-10-219.

~~R9-10-222.~~ **R9-10-223. Perinatal Services**

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- A.** An administrator of a hospital that provides perinatal organized services shall ~~require~~ ensure that:
1. Perinatal services are provided in a designated area under the direction of a medical staff member;
 2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;
 3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in ~~hospital~~ policies and procedures;
 4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;
 5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;
 6. A chronological log of perinatal services is maintained that includes:
 - a. The patient's name;
 - b. The date, time, and mode of the patient's arrival;
 - c. The disposition of the patient including discharge, transfer, or admission time; and
 - d. The following information for a delivery of a neonate:
 - i. The neonate's name or other identifier;
 - ii. The name of the medical staff member who delivered the neonate;
 - iii. The delivery time and date; and
 - iv. Complications of delivery, if any;
 7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for a minimum of 12 months ~~from~~ after the date the perinatal services are provided and then maintained by the hospital for an additional 12 months;
 8. The perinatal services unit provides fetal monitoring;
 9. The perinatal services unit has ultrasound capability;
 10. Except in an emergency, a neonate is identified as required by ~~hospital~~ policies and procedures before moving the neonate from a delivery area;
 11. ~~There are hospital policies~~ Policies and procedures ~~that~~ specify:
 - a. Security measures to prevent neonatal abduction, and
 - b. How the hospital determines to whom a neonate may be discharged;
 12. A neonate is discharged only to an individual who is:
 - a. ~~Authorized~~ Is authorized according to subsection (A)(11), and
 - b. Provides identification;
 13. A neonate's medical record identifies the individual to whom the neonate is discharged;
 14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in ~~R9-10-214~~ R9-10-209;
 15. Intensive care services for neonates comply with the requirements in ~~R9-10-220~~ R9-10-221;
 16. A minimum of one registered nurse is on duty in a nursery ~~at all times~~ when there is a neonate in the nursery except as provided in subsection (A)(17);
 17. A nursery occupied only by a neonate, who is placed in the nursery for the convenience of the neonate's mother and does not require treatment as defined in this Article, is staffed by a licensed nurse;
 18. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and
 19. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.
- B.** An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in ~~R9-10-216(C)~~ R9-10-217(C).

~~R9-10-223.~~ **R9-10-224. Pediatric Services**

- A.** ~~An administrator of a hospital that provides pediatric organized services shall require that:~~
1. ~~Pediatric services are provided in a designated area under the direction of a medical staff member;~~
 2. ~~Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of a pediatric patient to stay overnight; and~~
 3. ~~There are policies and procedures for:~~
 - a. ~~Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and~~
 - b. ~~Visitation of a pediatric patient, including age limits, if applicable.~~
- B.** ~~An administrator of a hospital that provides pediatric intensive care services shall require that the pediatric intensive care services comply with intensive care services requirements in R9-10-220.~~
- C.** ~~An administrator of a hospital that does not provide pediatric organized services may admit a pediatric patient only in an emergency and shall require that:~~
1. ~~The pediatric patient is not placed in a patient room with an adult patient; and~~
 2. ~~Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of a pediatric patient to stay overnight.~~

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- A.** An administrator of a hospital that provides pediatric services or organized pediatric services according to the requirements in this Section shall ensure that:
1. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or guardian of the pediatric patient to stay overnight;
 2. Policies and procedures are established, documented, and implemented for:
 - a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
 - b. Visitation of a pediatric patient, including age limits if applicable;
 3. The hospital only admits a pediatric inpatient if the hospital has the staff, equipment, and supplies available to meet the needs of the pediatric patient based on the pediatric patient's medical condition and the hospital's scope of services; and
 4. If the hospital provides pediatric intensive care services, the pediatric intensive care services comply with intensive care services requirements in R9-10-221.
- B.** An administrator of a hospital that provides pediatric organized services shall ensure that pediatric services are provided in a designated area under the direction of a medical staff member.
- C.** An administrator shall ensure that in a multi-organized service unit or a patient care unit that is providing medical and nursing services to an adult patient and a pediatric patient according to this Section:
1. A pediatric patient is not placed in a patient room with an adult patient, and
 2. A medication for a pediatric patient that is stored in the patient care unit is stored separately from a medication for an adult patient.
- D.** Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.
- E.** A hospital may use a bed in a pediatric organized services patient care unit for an adult patient if an administrator establishes, documents, and implements policies and procedures that:
1. Delineate the specific conditions under which an adult patient is placed in a bed in the pediatric organized services unit, and
 2. Except as provided in subsection (H) and (I), ensure that an adult patient is:
 - a. Not placed in a pediatric organized services patient care unit if a pediatric patient is admitted to and present in the pediatric organized services patient care unit, and
 - b. Transferred out of the pediatric organized services patient care unit to an appropriate level of care when a pediatric patient is admitted to the pediatric organized services patient care unit.
- F.** Subsection (G) only applies to a general hospital or rural general hospital that:
1. Does not provide pediatric organized services;
 2. Has designated in the general hospital or rural general hospital's scope of services, inpatient services that are available to a pediatric patient;
 3. Has a licensed capacity of less than 100; and
 4. Is located in a county with a population of less than 500,000.
- G.** An administrator of a general hospital or rural general hospital that meets the criteria in subsection (F) shall ensure that:
1. There are pediatric-appropriate equipment and supplies available based on the hospital services designated for pediatric patients in the general hospital or rural general hospital's scope of services; and
 2. Personnel members that are or may be assigned to provide hospital services to a pediatric patient have the appropriate skills and knowledge for providing hospital services to a pediatric patient based on the general hospital or rural general hospital's scope of services.
- H.** Subsection (I) only applies to a general hospital or a rural general hospital that:
1. Provides organized pediatric services in a patient care unit;
 2. Has designated in the general hospital or rural general hospital's scope of services, inpatient services that are available to an adult patient in an organized pediatric services patient care unit;
 3. Has a licensed capacity of less than 100; and
 4. Is located in a county with a population of less than 500,000.
- I.** An administrator of a general hospital or rural general hospital that meets the criteria in subsection (H) shall comply with the requirements in subsection (E)(1).

R9-10-224, R9-10-225, Psychiatric Services

- A.** For purposes of this Section, the following definitions apply:
1. "Behavioral health technician" means an individual who provides hospital services in an organized psychiatric services unit or a special hospital licensed to provide psychiatric services with clinical oversight from a medical staff member or a personnel member.
 2. "Clinical oversight" means:
 - a. Monitoring the hospital services provided by a behavioral health technician to ensure that the behavioral health technician is providing the hospital services according to hospital policies and procedures,
 - b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of

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- hospital services;
 - e. Providing guidance to improve a behavioral health technician's skill and knowledge related to the provision of hospital services; and
 - d. Recommending training for a behavioral health technician to improve the behavioral health technician's skill and knowledge related to the provision of hospital services.
3. "Informed consent" means:
- a. Advising a patient of a proposed medical procedure or proposed administration of a drug, alternatives to the medical procedure or drug, associated risks, and possible complications; and
 - b. Obtaining authorization from the patient or the patient's representative for the medical procedure or drug.
4. "Time out" means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
- B.** An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ~~require~~ ensure that in the organized psychiatric unit or special hospital:
- 1. Psychiatric services are provided under the direction of a medical staff member;
 - 2. A patient An inpatient admitted to the organized psychiatric services unit or special hospital has a principle diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
 - 3. ~~The hospital complies with the client rights in A.A.C. R9-20-203(C) for a patient in the organized psychiatric services unit or special hospital;~~
 - 4.3. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;
 - 5.4. ~~An individual is not admitted to an organized psychiatric services unit or special hospital and a patient in an organized psychiatric services unit or special hospital is transferred out of the organized psychiatric services unit or special hospital if the individual's or patient's medical needs cannot be met while admitted to the organized psychiatric services unit or special hospital whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or special hospital~~ whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or special hospital is not admitted to or is transferred out of the organized psychiatric services unit or special hospital;
 - 6.5. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a patient or the patient's representative ~~signs an informed consent form~~ for a psychotropic drug and documented in the patient's medical record before the psychotropic drug is administered to the patient;
 - 7. A behavioral health technician:
 - a. ~~Is at least 21 years old; and~~
 - b. Meets one of the following qualifications:
 - i. Has a master's degree or bachelor's degree in a field related to behavioral health;
 - ii. Has a bachelor's degree;
 - iii. Has an associate's degree; or
 - iv. Has a high school diploma or a high school equivalency diploma;
 - 8. ~~When a behavioral health technician provides services under the practice of marriage and family therapy as defined in A.R.S. § 32-3251, the practice of professional counseling as defined in A.R.S. § 32-3251, the practice of social work as defined in A.R.S. § 32-3251, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health technician is under the clinical oversight of an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health technician;~~
 - 9. ~~Clinical oversight provided as required in subsection (B)(8) is documented in the personnel file of the behavioral health technician receiving the clinical oversight and includes:~~
 - a. ~~The date of any clinical oversight discussion;~~
 - b. ~~The name of the behavioral health technician receiving clinical oversight;~~
 - e. ~~The name and signature of the medical staff member or personnel member providing clinical oversight; and~~
 - d. ~~Identification of additional training that may enhance the behavioral health technician's skills or knowledge;~~
 - 10. ~~A personnel member who provides hospital services in an organized psychiatric services unit or special hospital demonstrates competency and proficiency according to criteria established in hospital policies and procedures for each type of hospital service the personnel member provides and each type of patient to which the personnel member is assigned;~~
 - 11.6. ~~Hospital policies~~ Policies and procedures for the organized psychiatric services unit or special hospital are established, documented, and implemented that:
 - a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;
 - b. Establish the process for patient assessment including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - c. Establish the process for developing and implementing a patient's care plan including:

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- i. Obtaining the patient's or the patient's representative's participation in the development of the patient's care plan;
 - ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;
 - iii. Informing the patient that the patient has the right to refuse any treatment;
 - iv. Updating the patient's care plan and informing the patient of any changes to the patient's care plan; and
 - v. Documenting the actions in subsection ~~(B)(1)(e)(i)~~ (6)(c)(i) through ~~(B)(1)(e)(iv)~~ (6)(c)(iv) in the patient's medical record;
 - d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
 - e. Establish the criteria for determining when ~~a patient's~~ an inpatient's absence is unauthorized, including whether the ~~patient~~ inpatient:
 - i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
 - ii. Is absent against medical advice; or
 - iii. Is under the age of 18;
 - f. Identify each type of restraint and seclusion used in the organized psychiatric services unit or special hospital and include for each type of restraint and seclusion used:
 - i. The qualifications of a medical staff member or personnel member who can:
 - (1) Order the restraint or seclusion,
 - (2) Place a patient in the restraint or seclusion,
 - (3) Monitor a patient in the restraint or seclusion,
 - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
 - (5) Renew the order for restraint or seclusion;
 - ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and
 - iii. Criteria for monitoring and assessing a patient including:
 - (1) Frequencies of monitoring and assessment based on a patient's condition, cognitive status, situational factors, and risks associated with the specific restraint or seclusion;
 - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
 - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
 - (5) A process for meeting a patient's nutritional needs and elimination needs;
 - g. Establish the criteria and procedures for renewing an order for restraint or seclusion;
 - h. Establish procedures for internal review of the use of restraint or seclusion;
 - i. Establish requirements for notifying the parent or guardian of a patient who is less than 18 years of age and who is restrained or secluded; and
 - j. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
- ~~12. For a patient admitted to the organized psychiatric services unit or special hospital who:~~
- ~~a. Dies, written notification of the patient's death is submitted to the Department within one working day after the patient's death; or~~
 - ~~b. Attempts suicide or inflicts a self-injury that requires medical services or immediate intervention by an emergency response team or a medical practitioner, written notification of the patient's suicide attempt or self-injury is submitted to the Department within two working days after the patient's suicide attempt or self-injury;~~
- ~~13.7.~~ If time out is used in the organized psychiatric services unit or special hospital, a time out:
- a. Takes place in an area that is unlocked, lighted, quiet, and private;
 - b. Does not take place in the room approved for seclusion by the Department under R9-10-104;
 - c. Is time-limited and does not exceed two hours per incident or four hours per day;
 - d. Does not result in a patient's missing a meal if the patient is in time out at mealtime;
 - e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave time out; and
 - f. Is documented in the patient's medical record, to include:

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- i. The date of the time out,
 - ii. The reason for the time out,
 - iii. The duration of the time out, and
 - iv. The action planned and taken to address the reason for the time out;
- ~~14. Restraint is only used in an emergency situation when needed to ensure a patient's physical safety and less restrictive interventions have not been effective;~~
- ~~15. Seclusion is only used for the management of a patient's violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient or other individuals;~~
- ~~16. Restraint or seclusion is not used as a means of coercion, discipline, convenience, or retaliation;~~
8. Restraint or seclusion is:
- a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (9), after obtaining an order for the restraint or seclusion;
 - ii. For the management of a patient's violent or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
9. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
- a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
 - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
- ~~17-10. Restraint or seclusion is:~~
- a. Only ordered by a physician or a nurse practitioner, and
 - b. Not written as a standing order or on an as-needed basis;
- ~~18-11. An order for restraint or seclusion includes:~~
- a. The name of the individual ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint or seclusion without an additional order; and
 - f. The maximum duration authorized for the restraint or seclusion;
- ~~19-12. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:~~
- a. Four continuous hours for a patient who is 18 years of age or older;
 - b. Two continuous hours for a patient who is between the ages of nine and 17, or
 - c. One continuous hour for a patient who is younger than nine;
- ~~20-13. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:~~
- a. Face-to-face monitoring by a medical staff member or personnel member, or
 - b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;
- ~~21-14. If an order for restraint or seclusion of a patient is not provided by a medical practitioner coordinating the patient's attending physician medical services, the patient's attending physician medical practitioner is notified as soon as possible;~~
- ~~22-15. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion and a physician or nurse practitioner does not order restraint or seclusion until the medical staff member, or personnel member, physician, or nurse practitioner completes education and training that:~~
- a. Includes:
 - i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
 - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
 - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer

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- necessary;
 - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to ~~hospital~~ policies and procedures; and
 - vii. Training exercises in which medical staff members and personnel members successfully demonstrate the techniques that the medical staff members and personnel members have learned for managing emergency situations; and
 - b. Is provided by individuals qualified according to ~~hospital~~ policies and procedures;
- ~~23-16.~~ When a patient is placed in restraint or seclusion:
- a. The restraint or seclusion is conducted according to ~~hospital~~ policies and procedures;
 - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;
 - iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
 - d. A patient is monitored and assessed according to ~~hospital~~ policies and procedures;
 - e. A physician or other health professional authorized by ~~hospital~~ policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
 - i. The patient's current behavior,
 - ii. The patient's reaction to the restraint or seclusion used,
 - iii. The patient's medical and behavioral condition, and
 - iv. Whether to continue or terminate the restraint or seclusion;
 - f. The patient is given the opportunity:
 - i. To eat during mealtime, and
 - ii. To use the toilet, and
 - f.g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
- ~~24-17.~~ If a patient is placed in seclusion, the room used for seclusion:
- a. Is approved for use as a seclusion room by the Department under R9-10-104;
 - b. Is not used as a patient's bedroom or a sleeping area;
 - c. Allows full view of the patient in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Except as provided in subsection (18), ~~Contains~~ contains a non-adjustable bed that:
 - i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material; and
 - (2) Raised off of the floor;
 - ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;
18. If a non-adjustable bed required in subsection (17)(f) is not in a room used for seclusion:
- a. A piece of equipment is available for use in the room used for seclusion that:
 - i. Is commercially manufactured to safely and humanely restrain a patient's body;
 - ii. Provides support to the trunk and head of a patient's body;
 - iii. Provides restraint to the trunk of a patient's body;
 - iv. Is able to restrict movement of a patient's arms, legs, trunk, and head;
 - v. Allows a patient's body to recline; and
 - vi. Does not inflict harm on a patient's body; and
 - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (18)(a) is maintained;
19. A seclusion room may be used for services or activities other than seclusion if:
- a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
 - b. No permanent equipment other than the bed required in subsection (17)(f) is in the room;
 - c. Policies and procedures are established, documented, and implemented that:

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- i. Delineate which services or activities other than seclusion may be provided in the room.
 - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
 - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
 - d. The sign required in subsection (19)(a) and equipment and supplies in the room, other than the bed required in subsection (17)(f), are removed before a patient is placed in seclusion in the room.
- ~~25-20.~~ A medical staff member or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
- a. The emergency situation that required the patient to be restrained or put in seclusion;
 - b. The times the patient's restraint or seclusion actually began and ended;
 - c. The time of the face-to-face assessment required in subsection ~~(B)(23)(e)~~ (13)(a);
 - d. The monitoring required in subsection ~~(B)(20) or (B)(23)d)~~ (13)(b) or (16)(d), as applicable;
 - e. The times the patient was given the opportunity to eat or use the toilet according to subsection (16)(f); and
 - f. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
- ~~26-21.~~ If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to ~~hospital~~ policies and procedures.

R9-10-226. Behavioral Health Observation/Stabilization Services

An administrator of a hospital that provides behavioral health observation/stabilizations services shall ensure that:

- 1. Behavioral health observation/stabilization services are provided according to the requirements in R9-10-1012, and
- 2. Restraint and seclusion are provided according to the requirements for restraint and seclusion in R9-10-225.

R9-10-225, R9-10-227, Rehabilitation Services

An administrator shall ~~require~~ ensure that:

- 1. If rehabilitation services are provided as an organized service, the rehabilitation services are provided under the direction of an individual qualified according to ~~hospital~~ policies and procedures;
- 2. Rehabilitation services are provided according to an order; and
- 3. The medical record of a patient receiving rehabilitation services includes:
 - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis;
 - b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services;
 - c. The rehabilitation services provided;
 - d. The patient's response to the rehabilitation services; and
 - e. The authentication of the individual providing the rehabilitation services.

R9-10-234, R9-10-228, Multi-organized Service Unit

A. A governing authority may designate the following as a multi-organized service unit:

- 1. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services,
- 2. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services,
- 3. A unit that provides both perinatal services and intensive care services for obstetrical patients, or
- 4. A unit that provides both intensive care services for neonates and a continuing care nursery; or
- 5. A unit that provides medical and nursing services to adult and pediatric patients.

B. An administrator shall ~~require~~ ensure that:

- 1. For a patient in a multi-organized service unit, a medical staff member designates in the patient's medical record which organized service is to be provided to the patient;
- 2. A multi-organized service unit is in compliance with the requirements in this Article that would apply if each organized service were offered as a single organized service unit; and
- 3. A multi-organized service unit and each bed in the unit are in compliance with physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 for all organized services provided in the multi-organized service unit.

R9-10-226, R9-10-229, Social Services

An administrator of a hospital that provides social services shall ~~require~~ ensure that:

- 1. A social worker or a registered nurse designated by the administrator coordinates social services;
- 2. A medical staff member, nurse, patient, patient's representative, or a member of the patient's family may request social services;
- 3. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a

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patient;

4. The patient has privacy when communicating with a personnel member providing social services; and
5. Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

~~R9-10-229, R9-10-230, Infection Control~~

- A. An administrator shall ~~require~~ ensure that:
1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to ~~hospital~~ policies and procedures;
 2. An infection control program has a procedure for documenting:
 - a. The collection and analysis of infection control data.
 - b. The actions taken relating to infections and communicable diseases, and
 - c. Reports of communicable diseases to the governing authority and state and county health departments;
 3. Infection control documents are maintained for at least two years after the date of the document;
 - ~~2-4. There are hospital policies~~ Policies and procedures are established, documented, and implemented:
 - a. To prevent or minimize, identify, report, and investigate infections and communicable diseases that include:
 - i. Isolating a patient;
 - ii. Sterilizing equipment and supplies;
 - iii. Maintaining and storing sterile equipment and supplies;
 - iv. Use of personal protective equipment such as gowns, masks, or face protection;
 - ~~iv.v.~~ Disposing of biohazardous medical waste; and
 - ~~v.vi.~~ Transporting and processing soiled linens and clothing;
 - b. That specify communicable diseases, medical conditions, or criteria that prevent an individual, a personnel member, or a medical staff member from:
 - i. Working in the hospital,
 - ii. Providing patient care, or
 - iii. Providing environmental services;
 - c. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious ~~pulmonary~~ tuberculosis based on:
 - i. The level of risk in the area of the hospital premises where the medical staff member practices, and
 - ii. The work that the medical staff member performs; and
 - d. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;
 3. ~~An infection control program includes an infection control risk assessment that is reviewed and updated at least every 12 months;~~
 - ~~4-5. A tuberculosis~~ Tuberculosis screening is performed:
 - a. As part of a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-care Settings according to R9-10-112; or
 - b. Using a screening method described in R9-10-112, as follows:
 - ~~a.i.~~ For a personnel member, at least once every 12 months or more frequently if the personnel member is determined by an infection control risk assessment to be at an increased risk of exposure based on the criteria in subsection (A)(4)(c);
 - ~~b.ii.~~ Except as required in subsection (A)(4)(d), for a medical staff member, at least once every ~~24 months~~ two years; and
 - ~~e.iii.~~ For a medical staff member at an increased risk of exposure based on the criteria in subsection (A)(2)(e) (A)(4)(c), at the frequency required by the hospital's policies and procedures, but no less frequently than every ~~24 months~~ two years;
 - ~~5-6. Soiled linen and clothing are:~~
 - a. Collected in a manner to minimize or prevent contamination,
 - b. Bagged at the site of use, and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
 - ~~6-7. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material;~~
 7. ~~An infection control program has a procedure for documenting:~~
 - a. ~~The collection and analysis of infection control data;~~
 - b. ~~The actions taken relating to infections and communicable diseases; and~~
 - e. ~~Reports of communicable diseases to the governing authority and state and county health departments;~~
 8. ~~Infection control documents are maintained in the hospital for two years and are provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request;~~
 - ~~9-8. An infection control committee is established according to hospital policies and procedures that~~ and consists of:

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- a. At least one medical staff member;
 - b. The individual directing the infection control program; and
 - c. Other personnel identified in policies and procedures; and
- 10.9 The infection control committee:
- a. Develops a plan for preventing, tracking, and controlling infections;
 - b. Reviews the type and frequency of infections and develops recommendations for improvement;
 - c. Meets and provides a quarterly written report for inclusion by the quality management program; and
 - d. Maintains a record of actions taken and minutes of meetings.

B. An administrator shall comply with communicable disease control and reporting requirements in ~~A.A.C. Title 9, Chapter 6~~ 9 A.A.C. 6.

~~R9-10-227, R9-10-231, Dietary Services~~

An administrator shall ~~require~~ ensure that:

1. Dietary services are provided according to ~~A.A.C. Title 9, Chapter 8, Article 1~~ 9 A.A.C. 8, Article 1;
2. A copy of the hospital's food establishment license under ~~A.A.C. Title 9, Chapter 8, Article 1~~ 9 A.A.C. 8, Article 1, is ~~provided to the Department for review upon the Department's request~~ maintained;
3. For a hospital that contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospital, a copy of the contracted food establishment's license under ~~A.A.C. Title 9, Chapter 8, Article 1~~ 9 A.A.C. 8, Article 1, is: maintained;
 - a. ~~Maintained on the hospital premises, and~~
 - b. ~~Provided to the Department for review upon the Department's request;~~
4. If a hospital contracts with a food establishment to prepare and deliver food to the hospital, the hospital is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
5. Dietary services are provided under the direction of an individual qualified to direct the provision of dietary services according to ~~hospital~~ policies and procedures;
6. There are personnel members on duty to meet the dietary needs of all patients;
7. Personnel members providing dietary services are qualified to provide dietary services according to ~~hospital~~ policies and procedures;
8. A nutrition assessment of a patient is:
 - a. Performed according to ~~hospital~~ policies and procedures; and
 - b. Communicated to the ~~attending physician or the attending physician's designee~~ medical practitioner coordinating the patient's medical services if the nutrition assessment reveals a specific dietary need;
9. A medical staff member documents an order for a diet for each patient in the patient's medical record;
10. A current diet manual approved by a registered dietitian is available to personnel members and medical staff members; and
11. A patient's dietary needs are met 24 hours a day.

~~R9-10-231, R9-10-232, Disaster Management~~

An administrator shall ~~require~~ ensure that:

1. A disaster plan is developed and documented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals;
 - b. Assigned personnel responsibilities; and
 - c. Instructions for the evacuation, transport, or transfer of patients, maintenance of medical records, and arrangements to provide any other hospital services to meet the patients' needs;
2. A plan exists for back-up power and water supply;
3. A fire drill is performed on each shift at least once every three months;
4. A disaster drill is performed on each shift at least once every 12 months;
5. Documentation of a fire drill required in subsection (3) and a disaster drill required in subsection (4) includes:
 - a. The date and time of the drill;
 - b. A critique of the drill; and
 - c. Recommendations for improvement, if applicable; and
6. Documentation of a fire drill or a disaster drill is maintained by the hospital for 12 months ~~from~~ after the date of the drill ~~and provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.~~

~~R9-10-230, R9-10-233, Environmental Standards~~

An administrator shall ~~require~~ ensure that:

1. An individual providing environmental services who has the potential to transmit pulmonary infectious tuberculosis to patients, as determined by the infection control risk assessment ~~shall comply with the requirements in R9-10-206(3) criteria in R9-10-230(A)(4)(c)~~, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112;

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2. The hospital premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures ~~designed to prevent or control illness or infection or manufacturer's instructions to prevent, minimize, and control infection or illness~~; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program is ~~used to control insects and rodents~~ implemented and documented;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous medical waste ~~and hazardous waste are~~ is identified, stored, ~~used~~, and disposed of according to ~~A.A.C. Title 18, Chapter 13, Article 14~~ 18 A.A.C. 13, Article 14 and hospital policies and procedures;
6. Equipment used to provide hospital services is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in ~~hospital~~ policies and procedures; and
 - c. Used according to the manufacturer's recommendations; and
7. Documentation of equipment testing, calibration, and repair is maintained ~~on the hospital premises for one year from~~ for at least 12 months after the date of the testing, calibration, or repair ~~and provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.~~

~~R9-10-232, R9-10-234, Physical Plant Standards~~

- A. An administrator shall ~~require~~ ensure that:
 1. A hospital complies with the applicable physical plant health and safety codes and standards ~~that are~~, incorporated by reference in A.A.C. R9-1-412 ~~at the time the hospital is licensed, in effect on the date the hospital submitted architectural plans and specifications for approval to the Department;~~
 2. ~~Architectural plans and specifications for construction, modification, or change in licensed capacity or inpatient beds are submitted to the Department for approval;~~
 3. ~~Construction, a modification, or a change in inpatient beds complies with the requirements of this Article and the physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 at the time the construction, modification, or change in licensed capacity or inpatient beds is approved by the Department;~~
 4. ~~The licensed hospital premises or any part of the licensed hospital premises is not leased to or used by another person;~~
 5. ~~A unit with inpatient beds is not used as a passageway to another health care institution; and~~
 6. ~~Hospital premises are not licensed as more than one health care institution except as provided in A.R.S. Title 36, Chapters 4 and 5, and 9 A.A.C. 20.~~
- B. ~~An administrator shall provide to the Department for review as soon as possible but not more than four hours from the time of the Department's request, documentation of a current fire inspection conducted by a local jurisdiction.~~
- B. An administrator shall:
 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the inspection report, and
 3. Maintain documentation of a current fire inspection report.

ARTICLE 3. ~~REPEALED~~ BEHAVIORAL HEALTH INPATIENT FACILITIES

R9-10-301. ~~Reserved~~ Definitions

The definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

R9-10-302. ~~Reserved~~ Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health inpatient facility shall include on the application whether the applicant is requesting authorization to provide:

1. Inpatient services to individuals under 18 years of age, including the licensed capacity requested;
2. Inpatient services to individuals 18 years of age and older, including the licensed capacity requested;
3. Detoxification services;
4. Court-ordered pre-petition screening;
5. Court-ordered evaluation;
6. Court-ordered treatment;
7. Behavioral health observation/stabilization services including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals:
 - a. Under 18 years of age, and
 - b. 18 years of age and older;
8. Surgical services;
9. Clinical laboratory services;
10. Radiology services;
11. Diagnostic imaging services;

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12. Intensive care services; or
13. Perinatal services.

R9-10-303. Reserved Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health inpatient facility;
2. Establish, in writing:
 - a. A behavioral health inpatient facility's scope of services, and
 - b. Qualifications for an administrator;
3. Designate an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-304;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Not expected to present on the behavioral health inpatient facility's premises for more than 30 calendar days, or
 - b. Not present on the behavioral health inpatient facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to § A.R.S. 36-425(I) when there is a change in the administration and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority of a behavioral health inpatient facility for the operation of the behavioral health inpatient facility and for the behavioral health services and physical health services provided by or at the behavioral health inpatient facility;
2. Has the authority and responsibility to manage the behavioral health inpatient facility; and
3. Except as provided in subsection (A)(8), designates, in writing, an individual who is available and accountable for services when the administrator is not present on the behavioral health inpatient facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - e. Cover first aid training;
 - f. Include a method to identify a patient to ensure the patient receives physical health and behavioral health services as ordered;
 - g. Cover patient rights including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - h. Cover specific steps and deadlines for:
 - i. A patient to file a complaint;
 - ii. The behavioral health inpatient facility to respond to and resolve a patient's complaint; and
 - iii. The behavioral health inpatient facility to obtain documentation of fingerprint clearance, if applicable;
 - i. Cover health care directives;
 - j. Cover medical records, including electronic medical records;
 - k. Cover quality management, including incident report and supporting documentation;
 - l. Cover contracted services; and
 - m. Cover when an individual may visit a patient in the behavioral health inpatient facility;
2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented that:
 - a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of behavioral health services and physical health services;
 - c. Include when general consent and informed consent are required;
 - d. Cover restraint and seclusion;
 - e. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;

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- f. Cover infection control;
 - g. Cover telemedicine, if applicable;
 - h. Cover environmental services that affect patient care;
 - i. Cover patient outings;
 - j. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of patients or the public;
 - k. If the behavioral health inpatient facility is involved in research, cover the establishment or use of a Human Subject Review Committee;
 - l. Cover the process for receiving a fee from a patient and refunding a fee to a patient;
 - m. Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - n. Cover the security of a patient's possessions that are allowed on the premises; and
 - o. Cover smoking and use of tobacco products on the premises;
 - 3. Policies and procedures are reviewed at least once every two years and updated as needed;
 - 4. Policies and procedures are available to personnel members, employees, volunteers and students; and
 - 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health inpatient facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health inpatient facility.
- D.** An administrator shall designate a:
- 1. Medical director who:
 - a. Provides direction for physical health services provided by or at the behavioral health inpatient facility, and
 - b. Is a physician or registered nurse practitioner;
 - 2. Clinical director who:
 - a. Provides direction for the behavioral health services provided by or at the behavioral health inpatient facility;
 - b. Is a behavioral health professional; and
 - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(2)(a) and (b); and
 - 3. Registered nurse to provide direction for nursing services provided by or at the behavioral health inpatient facility.
- E.** An administrator shall provide written notification to the Department:
- 1. If a patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
 - 2. Within two working days after a patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F.** If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a behavioral health inpatient facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the patient as follows.
- 1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a patient under 18 years of age, according to A.R.S. § 13-3620;
- G.** If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred on the premises or while the patient is receiving services from a behavioral health inpatient facility's employee or personnel member, an administrator shall:
- 1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 - 2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the patient:
 - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a patient 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document the action in subsection (G)(1) and the report in subsection (G)(2) and maintain the documentation for 12 months after the date of the report;
 - 4. Investigate the suspected or alleged abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in subsection (G)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. Description of any injury to the patient and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
 - 5. Submit a copy of the investigation report required in subsection (G)(4) to the Department within 10 working days

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after submitting the report in subsection (G)(2); and

6. Maintain a copy of the investigation report required in subsection (G)(4) for 12 months after the date of the investigation report.

H. An administrator shall establish and document the criteria for determining when a resident's absence is unauthorized, including whether the resident was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3, is absent against medical advice, or is under the age of 18.

I. An administrator shall:

1. If a resident's absence is unauthorized as determined according to the criteria in subsection (H), submit a written report within an hour of determining whether the resident's absence is unauthorized to:
 - a. For a resident who is less than 18 years of age, the resident's parent or legal guardian; and
 - b. For a resident who is under a court's jurisdiction, the appropriate court;
2. Maintain a written log of unauthorized absences for two years after the date of a resident's absence that includes:
 - a. The name of a resident absent without authorization;
 - b. Name of the person to whom the report required in subsection (I)(1) was submitted; and
 - c. Date of report; and
3. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-304.

R9-10-304. Reserved Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patient;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-305. Reserved Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-306. Reserved Personnel

A. An administrator shall ensure that:

1. A personnel member is at least 21 years old,
2. A student is at least 18 years old, and
3. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health

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- services listed in the established job description:
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
 3. Personnel members are present on a behavioral health inpatient facility's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the behavioral health inpatient facility's scope of services.
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.
- C.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-114.
- D.** An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in A.A.C. R4-6-101.
- E.** An administrator shall ensure that a personnel member or an employee, volunteer, or student who has direct interaction with a patient, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- F.** An administrator shall ensure that a personnel record is maintained for each employee, volunteer, and student that contains:
 1. The individual's name, date of birth, home address, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the employee's job duties;
 - b. The individual's education and experience applicable to the employee's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. The individual's qualifications and on-going training for each type of restraint or seclusion used required in R9-10-316;
 - f. If the behavioral health residential facility provides serves to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
 - g. If the individual is a behavioral health technician, clinical oversight required in R9-10-114;
 - h. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-303(C)(1)(d);
 - i. First aid training, if required for the individual according to this Article or policies and procedures; and
 - j. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E).
- G.** An administrator shall ensure that personnel records are maintained:
 1. Throughout an individual's period of providing services in or for the behavioral health inpatient facility, and
 2. For at least two years after the last date the individual provided services in or for the behavioral health inpatient facility.
- H.** An administrator shall ensure that:
 1. A plan to provide orientation specific to the duties of a personnel member, employees, volunteers, and students is developed, documented, and implemented;
 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 4. A clinical director develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member; and
 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- I.** An administrator shall ensure that sufficient personnel members are present at the behavioral health inpatient facility to provide general patient supervision and treatment, and sufficient personnel members or employees are present to provide ancillary services to meet the scheduled and unscheduled needs of a patient.
- J.** An administrator shall ensure that a behavioral health inpatient facility has a daily staffing schedule that:
 1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and

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3. Is maintained for at least 12 months after the last date on the daily staffing schedule.

K. An administrator shall ensure that:

1. A physician or registered nurse practitioner is present on the behavioral health inpatient facility's premises or on-call,
2. A registered nurse is present on the behavioral health inpatient facility's premises, and
3. A registered nurse who provides direction for the nursing services provided at the behavioral health inpatient facility is present at the behavioral health inpatient facility at least 40 hours every week.

L. An administrator shall ensure that:

1. If a patient requires medical services that the behavioral health inpatient facility is not authorized or not able to provide, a personnel member arranges for the patient to be transported to a hospital or another health care institution where the services can be provided; and
2. The behavioral health inpatient facility has a written agreement with a hospital near the behavioral health inpatient facility's location to provide medical services for patients who require medical services that the behavioral health inpatient facility is not authorized or able to provide.

R9-10-307. Reserved Admissions: Assessment

Except as provided in R9-10-315(E) and (F), an administrator shall ensure that:

1. A patient is admitted based upon the patient's presenting behavioral health issue and treatment needs and the behavioral health inpatient facility's ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient's treatment needs;
2. A patient is admitted on the order of a medical practitioner;
3. A medical practitioner, authorized by policies and procedures to accept a patient for admission, is available;
4. Except in an emergency or as provided in subsections (6) and (7), general consent is obtained from an adult patient or the patient's representative before or at the time of admission;
5. The general consent obtained in subsection (4) or the lack of consent in an emergency is documented in the patient's medical record;
6. General consent is not required from a patient receiving a court-ordered treatment;
7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;
8. A medical practitioner performs a medical history and physical examination on a patient within 30 calendar days before admission or within 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient's medical record at the time of admission;
10. Except when a patient needs crisis services, an assessment of a patient is completed before treatment for the patient is initiated;
11. If an assessment is conducted by a:
 - a. Behavioral health technician, within 24 hours a behavioral health professional reviews and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
12. When a patient is admitted, a registered nurse:
 - a. Assesses a patient's medical condition and history;
 - b. Determines whether the:
 - i. Patient requires immediate physical health services, and
 - ii. Patient's behavioral health issue may be related to the patient's medical condition and history;
 - c. Documents the patient's medical condition and history and the determinations required in subsection (12)(b) in the patient's medical record; and
 - d. Signs the patient's medical record;
13. A patient's assessment:
 - a. Addresses the patient's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - v. Court-ordered evaluation;
 - vi. Court-ordered treatment;
 - vii. Criminal justice record;

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1. Except for subsection (A)(3), completed according to the requirements in subsection (A); and
2. Documented in the patient's medical record within 24 hours after the patient no longer needs crisis services.

R9-10-309. ~~Reserved~~ Discharge

- A.** An administrator shall ensure that a discharge plan for a patient is:
1. Developed that:
 - a. Identifies any specific needs of the patient after discharge;
 - b. If the discharge date has been determined, includes the discharge date;
 - c. Is completed before discharge occurs;
 - d. Includes a description of the level of care that may meet the patient's assessed and anticipated needs after discharge; and
 - e. Is documented in the patient's medical record within 48 hours after the discharge plan is completed; and
 2. Provided to the patient or the patient's representative before the discharge occurs.
- B.** An administrator shall ensure that:
1. A request for participation in developing a patient's discharge plan is made to the patient or the patient's representative,
 2. An opportunity for participation in developing the patient's discharge plan is provided to the patient or the patient's representative, and
 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.
- C.** An administrator shall ensure that a patient is discharged from a behavioral health inpatient facility:
1. When the patient's treatment goals are achieved, as documented in the patient's treatment plan; or
 2. When the patient's treatment needs are not consistent with the services that the behavioral health inpatient facility is authorized or able to provide.
- D.** An administrator shall ensure that there is a documented discharge order by a medical practitioner before a patient is discharged unless the patient leaves the behavioral health inpatient facility against a medical practitioner's advice.
- E.** An administrator shall ensure that, at the time of discharge, a patient receives a referral for treatment or ancillary services that the patient may need after discharge, if applicable.
- F.** If a patient is discharged to any location other than a health care institution, an administrator shall ensure that:
1. Discharge instructions are documented, and
 2. The patient or the patient's representative is provided with a copy of the discharge instructions.
- G.** An administrator shall ensure that a discharge summary:
1. Is entered into the medical record within 10 working days after a patient's discharge; and
 2. Includes:
 - a. The following information completed by a medical practitioner or a behavioral health professional:
 - i. The patient's presenting issue and other physical health and behavioral health issues identified in the patient's assessment or treatment plan;
 - ii. A summary of the treatment provided to the patient;
 - iii. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
 - iv. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge by a medical practitioner at the behavioral health inpatient facility; and
 - b. A description of the disposition of the patient's possessions, funds, or medications brought to the behavioral health inpatient facility by the patient.
- H.** An administrator shall ensure that a patient who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the patient is discharged from the behavioral health inpatient facility if a medical practitioner for the behavioral health inpatient facility will not be prescribing the medication for the patient at or after discharge.

R9-10-310. ~~Repealed~~ Transport; Transfer

- A.** Except for a transport of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;
 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before and after the transport.
 - b. Medical records are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and

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- d. If applicable, the personnel member accompanying the patient during a transport.
- B.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
 - 1. A personnel member coordinates the transfer and the services provided to the patient;
 - 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer.
 - b. Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
 - 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, a personnel member accompanying the patient during a transfer.

R9-10-311. Repealed Patient Rights

- A.** An administrator shall ensure that:
 - 1. The requirements in subsection (B) and the patient rights in subsection (D) are conspicuously posted on the premises;
 - 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (D); and
 - 3. Policies and procedures are established, documented, and implemented that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
 - 1. A patient is treated with dignity, respect, and consideration;
 - 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by a behavioral health inpatient facility's personnel members, employees, volunteers, or students;
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative; or
 - m. Treatment that involves the denial of:
 - i. Food.
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet; and
 - 3. Except as provided in subsection (C) is allowed to:
 - a. Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the behavioral health inpatient facility;
 - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
 - 4. A patient or, if the patient is under 18 years of age, the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the patient's life or physical health, or is provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and the associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. The policy on health care directives; and
 - ii. The patient complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of the patient's:

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- i. Medical records, and
- ii. Financial records.

C. If a medical director or clinical director determines that a patient's treatment requires the behavioral health inpatient facility to restrict the patient's ability to participate in the activities in subsection (B)(2), the medical director or clinical director shall:

- 1. Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity.
- 2. Inform the patient of the reason why the activity is being restricted, and
- 3. Inform the patient of the patient's right to file a complaint and the procedure for filing a complaint.

D. A patient has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that:
 - a. Supports and respects the patient's individuality, choices, strengths, and abilities;
 - b. Supports the patient's personal liberty and only restricts the patient's personal liberty according to a court order, by the patient's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the patient's treatment needs;
- 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A patient may be photographed when admitted to a behavioral health inpatient facility for identification and administrative purposes;
 - b. For a patient receiving treatment according to A.R.S. Title 36, Chapter 37;
 - c. For video recordings used for security purposes that are maintained only on a temporary basis; or
 - d. As provided in R9-10-316(7);
- 4. Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is unable to exercise a specific right or category of rights;
- 5. To review, upon written request, the patient's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
- 6. To receive a referral to another health care institution if the behavioral health inpatient facility is unable to provide physical health services or behavioral health services for the patient;
- 7. To participate or have the patient's representative participate in the development of or decisions concerning treatment;
- 8. To participate or refuse to participate in research or experimental treatment; and
- 9. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-312. ~~Repealed~~ Medical Records

A. An administrator shall ensure that:

- 1. A medical record is established and maintained for each patient according to the requirements in A.R.S. Title 12, Chapter 13, Article 7.1;
- 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
- 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
- 4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
- 5. A patient's medical record is available to personnel members, medical practitioners, and behavioral health professional authorized by policies and procedures to access the patient's medical record;
- 6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law; and
- 7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health inpatient facility maintains a patient's medical records electronically, an administrator shall ensure that:

- 1. Safeguards exist to prevent unauthorized access, and

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2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a behavioral health inpatient facility's medical record for a patient contains:
 1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth;
 - d. The name and contact information of the patient's representative, if applicable; and
 - e. Any known allergy including medication allergies;
 2. Medication information that includes:
 - a. A medication ordered for the patient; and
 - b. A medication administered to the patient including:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, and route of administration;
 - iii. The identification and authentication of the individual administering the medication; and
 - iv. Any adverse reaction the patient has to the medication;
 3. If required, documented general and informed consent by the patient or the patient's representative;
 4. The patient's medical history and results of a physical examination or an interval note;
 5. If the patient provides a health care directive, the health care directive signed by the patient or the patient's representative;
 6. An admitting diagnosis or presenting symptoms;
 7. The name of the admitting medical practitioner or behavioral health professional;
 8. Orders;
 9. Patient assessment;
 10. Treatment plans;
 11. Documentation of behavioral health services and physical health services provided to the patient;
 12. Progress notes;
 13. Disposition of the patient after discharge;
 14. Discharge plan;
 15. Discharge summary; and
 16. If applicable:
 - a. A laboratory report.
 - b. A radiologic report.
 - c. A diagnostic report.
 - d. Documentation of restraint or seclusion, and
 - e. A consultation report.

R9-10-313. ~~Repealed Patient Outings~~

- A. An administrator shall ensure that a behavioral health inpatient facility that uses a vehicle owned or leased by the behavioral health inpatient facility to provide transportation to a patient shall ensure that:
 1. The vehicle:
 - a. Is safe and in good repair.
 - b. Contains a first aid kit.
 - c. Contains drinking water sufficient to meet the needs of each patient present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
 2. Documentation of vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
 3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;
 - d. Does not leave in the vehicle an unattended:
 - i. Child;
 - ii. Patient who may be a threat to the health, safety, or welfare of the patient or another individual; or
 - iii. Patient who is incapable of independent exit from the vehicle; and
 - e. Ensures the safe and hazard-free loading and unloading of patients; and
 4. Transportation safety is maintained as follows:
 - a. An individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. A seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.
- B. An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each patient participating in the outing.

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C. An administrator shall ensure that:

1. At least two personnel members are present on an outing;
2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a patient on the outing;
3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-303(C)(1)(d) and first aid training;
4. Documentation is developed before an outing that includes:
 - a. The name of each patient participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and
 - f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
5. The documentation described in subsection (A)(2) and (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for a patient participating in the outing is maintained in the vehicle used to provide transportation for the outing and includes:
 - a. The patient's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the patient during the anticipated duration of the outing;
 - c. The patient's allergies; and
 - d. The name and telephone number of a designated individual to notify in case of an emergency who is present on the behavioral health inpatient facility's premises.

R9-10-314. ~~Repealed Physical Health Services~~

An administrator shall ensure that:

1. Medical services are provided under the direction of a physician;
2. Nursing services are provided under the direction of a registered nurse; and
3. If a behavioral health inpatient facility provides:
 - a. Surgical services as defined in R9-10-215, the behavioral health inpatient facility complies with:
 - i. The applicable standards for an inpatient surgical services suite and anesthesia services in the physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412, and
 - ii. The requirements in R9-10-215 and R9-10-216;
 - b. Clinical laboratory services as defined in R9-10-101, the behavioral health inpatient facility complies with the requirements for clinical laboratory services in R9-10-219;
 - c. Radiology services or diagnostic imaging services, the behavioral health inpatient facility complies with the requirements in R9-10-220;
 - d. Intensive care services as defined in R9-10-221, the behavioral health inpatient facility complies with:
 - i. The applicable standards for inpatient intensive care services in the physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412, and
 - ii. The requirements in R9-10-221; and
 - e. Perinatal services as defined in R9-10-223, the behavioral health inpatient facility complies with:
 - i. The applicable standards for inpatient perinatal services in the physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412, and
 - ii. The requirements in R9-10-223.

R9-10-315. ~~Repealed Behavioral Health Services~~

A. An administrator shall ensure that:

1. Behavioral health services listed in the behavioral health inpatient facility's scope of services are provided to meet the needs of a patient;
2. When behavioral health services are:
 - a. Listed in the behavioral health inpatient facility's scope of services, the behavioral health services are provided on the behavioral health inpatient facility's premises; and
 - b. Provided in a setting or activity with more than one patient participating, the patients participating have similar diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories including any history of physical abuse or sexual abuse to ensure that the:
 - i. Health and safety of a patient is protected, and
 - ii. Treatment needs of a patient participating in the setting or activity are being met; and
3. A patient does not share any space, participate in any activity or treatment, or verbally or physically interact with any other patient that, based on the other patient's documented diagnosis, treatment needs, developmental levels, social

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- skills, verbal skills, and personal history, may present a threat to the patient.
- B.** An administrator shall ensure that counseling is:
1. Offered as described in the behavioral health inpatient facility's scope of services,
 2. Provided according to the frequency and number of hours identified in the patient's treatment plan, and
 3. Provided by a behavioral health professional or a behavioral health technician.
- C.** An administrator shall ensure that each counseling session is documented in the patient's medical record to include:
1. The date of the counseling session;
 2. The amount of time spent in the counseling session;
 3. Whether the counseling was individual counseling, family counseling, or group counseling;
 4. The treatment goals addressed in the counseling session; and
 5. The signature who provided the counseling and the date signed.
- D.** An administrator that provides pre-petition screening shall ensure pre-petition screening is provided according to the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.
- E.** An administrator that provides court-ordered evaluation shall ensure that court-ordered evaluation is provided according to the court-evaluation requirements in A.R.S. Title 36, Chapter 5.
- F.** An administrator is not required to comply with the following provisions in this Chapter for a patient receiving court-ordered evaluation:
1. Admission requirements in R9-10-307,
 2. Patient assessment requirements in R9-10-307,
 3. Treatment plan requirements in R9-10-308, and
 4. Discharge requirements in R9-10-309.
- G.** An administrator of a behavioral health inpatient facility that provides court-ordered treatment shall ensure that court-ordered treatment is provided according to the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5.
- H.** An administrator of a behavioral health inpatient facility that provides inpatient services to individuals under 18 years of age:
1. May continue to provide behavioral health services to a patient who is 18 years of age or older:
 - a. If the patient:
 - i. Was admitted to the behavioral health inpatient facility before the patient's 18th birthday,
 - ii. Is not 21 years of age or older, and
 - iii. Is completing high school or a high school equivalency diploma or participating in a job training program; or
 - b. Through the last calendar day of the month of the patient's 18th birthday; and
 2. Shall ensure that:
 - a. A patient does not receive the following from other patients at the behavioral health inpatient facility:
 - i. Threats,
 - ii. Ridicule,
 - iii. Verbal harassment,
 - iv. Punishment, or
 - v. Abuse;
 - b. The interior of the behavioral health inpatient facility has furnishings and decorations appropriate to the ages of the patients receiving services at the behavioral health inpatient facility;
 - c. A patient older than three years of age does not sleep in a crib;
 - d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to patients in a quantity sufficient to meet each patient's needs and are appropriate to each patient's age, developmental level, and treatment needs; and
 - e. A patient's educational needs are met by establishing and providing an educational component, approved in writing by the Arizona Department of Education.

R9-10-316. ~~Repealed~~ Restraint and Seclusion

An administrator shall ensure that:

1. Policies and procedures for providing restraint and seclusion are established, documented, and implemented that:
 - a. Establish the process for patient assessment including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - b. Identify each type of restraint and seclusion used and include for each type of restraint and seclusion used:
 - i. The qualifications of a personnel member who can:
 - (1) Order the restraint or seclusion,
 - (2) Place a patient in the restraint or seclusion,
 - (3) Monitor a patient in the restraint or seclusion,
 - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
 - (5) Renew the order for restraint or seclusion;

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- ii. On-going training requirements for a personnel member who has direct patient contact while a patient is in a restraint or seclusion; and
- iii. Criteria for monitoring and assessing a patient including:
 - (1) Frequencies of monitoring and assessment based on a patient's medical condition and risks associated with the specific restraint or seclusion;
 - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
 - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
 - (5) A process for meeting a patient's nutritional needs and elimination needs;
- c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
- d. Establish procedures for internal review of the use of restraint or seclusion;
- e. Establish requirements for notifying the parent or guardian of a patient who is less than 18 years of age and who is restrained or secluded; and
- f. Establish patient record and personnel record documentation requirements for restraint and seclusion, if applicable;
- 2. An order for restraint or seclusion is:
 - a. Written by a physician or registered nurse practitioner, and
 - b. Not written as a standing order or an as-needed basis;
- 3. Restraint or seclusion is:
 - a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (4), after obtaining an order for the restraint or seclusion;
 - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
- 4. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to a patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
 - a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
 - b. Shall obtain an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
- 5. An order for restraint or seclusion includes:
 - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint or seclusion without an additional order; and
 - f. The maximum duration authorized for the restraint or seclusion;
- 6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
 - a. Three continuous hours for a patient who is 18 years of age or older;
 - b. Two continuous hours for a patient who is between the ages of nine and 17; or
 - c. One continuous hour for a patient who is younger than nine;
- 7. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:
 - a. Face-to-face monitoring by a medical practitioner or personnel member, or
 - b. Video and audio monitoring by a medical practitioner or personnel member who is in close proximity to the patient;
- 8. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;
- 9. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion and a physician or registered nurse practitioner does not order restraint or seclusion until the medical practitioner or personnel member, completes education and training that:
 - a. Includes:
 - i. Techniques to identify medical practitioner, personnel member, and patient behaviors, events, and environ-

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- mental factors that may trigger circumstances that require restraint or seclusion;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
 - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
 - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
 - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
 - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
 - b. Is provided by individuals qualified according to policies and procedures;
- 10. When a patient is placed in restraint or seclusion:
 - a. The restraint or seclusion is conducted according to policies and procedures;
 - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;
 - iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
 - d. The patient is monitored and assessed according to policies and procedures;
 - e. A physician or registered nurse assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
 - i. The patient's current behavior;
 - ii. The patient's reaction to the restraint or seclusion used;
 - iii. The patient's medical and behavioral condition, and
 - iv. Whether to continue or terminate the restraint or seclusion;
 - f. The patient is given the opportunity:
 - i. To eat during mealtime, and
 - ii. To use the toilet; and
 - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
- 11. If a patient is placed in seclusion, the room used for seclusion:
 - a. Is approved for use as a seclusion room by the Department;
 - b. Is not used as a patient's bedroom or a sleeping area;
 - c. Allows full view of the patient in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Except as provided in subsection (12), contains a non-adjustable bed that:
 - i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material, and
 - (2) Raised off of the floor;
 - ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;
- 12. If a non-adjustable bed required in subsection (11)(f) is not in a room used for seclusion:
 - a. A piece of equipment is available that:
 - i. Is commercially manufactured to safely and humanely restrain a patient's body;
 - ii. Provides support to the trunk and head of a patient's body;
 - iii. Provides restraint to the trunk of a patient's body;
 - iv. Is able to restrict movement of a patient's arms, legs, body, and head;
 - v. Allows a patient's body to recline; and

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- vi. Does not inflict harm on a patient's body; and
 - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (12)(a) is maintained;
13. A seclusion room may be used for services or activities other than seclusion if:
- a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
 - b. No permanent equipment other than the bed required in subsection (11)(f) is in the room;
 - c. There are policies and procedures that:
 - i. Delineate which services or activities other than seclusion may be provided in the room;
 - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
 - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
 - d. The sign required in subsection (13)(a) and equipment and supplies in the room other than the bed required in subsection (11)(f) are removed before a patient is placed in seclusion in the room;
14. A medical practitioner or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
- a. The emergency situation that required the patient to be restrained or put in seclusion;
 - b. The times the patient's restraint or seclusion actually began and ended;
 - c. The time of the assessment required in subsection (10)(e);
 - d. The monitoring required in subsection (7) or (10)(d), as applicable;
 - e. The names of the medical practitioners and personnel members with direct patient contact while the patient was in the restraint or seclusion;
 - f. The times the patient was given the opportunity to eat or use the toilet according to subsection (10)(f); and
 - g. The patient evaluation required in subsection (16);
15. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
- a. The specific criteria for release from restraint or seclusion without an additional order, and
 - b. The maximum duration authorized for the restraint or seclusion; and
16. A patient is evaluated after restraint or seclusion is no longer being used for the patient.

R9-10-317. ~~Repealed Behavioral Health Observation/Stabilization Services~~

An administrator of a behavioral health inpatient facility that provides behavioral health observation/stabilization services shall comply with the requirements for behavioral health observation/stabilization services in R9-10-1012.

R9-10-318. ~~Repealed Detoxification Services~~

An administrator of a behavioral health inpatient facility licensed to provide detoxification services shall ensure that:

- 1. Detoxification services are available;
- 2. Policies and procedures state:
 - a. Whether the behavioral health inpatient facility provides involuntary, court-ordered alcohol treatment;
 - b. Whether the behavioral health inpatient facility includes a local alcoholism reception center, as defined in A.R.S. § 36-2021;
 - c. The types of substances for which the behavioral health inpatient facility provides detoxification services; and
 - d. The detoxification process or processes used by the behavioral health inpatient facility;
- 3. A physician with skills and knowledge in providing detoxification services is present at the behavioral health inpatient facility or on-call; and
- 4. A patient who needs immediate medical services the behavioral health inpatient facility is unable to provide is transferred to a health care institution capable of meeting the patient's immediate needs for medical services.

R9-10-319. ~~Repealed Medication Services~~

A. If a behavioral health inpatient facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:

- 1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or

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by policies and procedures is established to:

- i. Develop a drug formulary;
 - ii. Update the drug formulary at least every 12 months;
 - iii. Develop medication usage and medication substitution policies and procedures; and
 - iv. Specify which medication and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical staff member specifically orders otherwise;
- b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a behavioral health inpatient facility, an administrator shall ensure that:

1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
2. If medication is stored in a separate room or closet, a locked cabinet or container is used for medication storage;
3. Medication is stored according to the instructions on the medication container; and
4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health inpatient facility's clinical director.

R9-10-320. ~~Repealed Food Services~~

A. An administrator shall ensure that:

1. The behavioral health inpatient facility is licensed as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the behavioral health inpatient facility's food establishment license is maintained;
3. If a behavioral health inpatient facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health inpatient facility:
 - a. A copy of the contracted food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the behavioral health inpatient facility; and
 - b. The behavioral health inpatient facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.

B. A registered dietitian or director of food services shall ensure that:

1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the behavioral health inpatient facility are served according to posted menus;
3. Meals for each day are planned using:
 - a. The applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm; and
 - b. Preferences for meals and snacks obtained from patients;
4. A patient is provided:
 - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A patient group agrees; and
 - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and

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6. Water is available and accessible to patients.
- C. An administrator 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. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 6. Frozen foods are stored at a temperature of 0° F or below; and
 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

R9-10-321. ~~Repealed~~ Emergency and Safety Standards

- A. An administrator shall ensure that a behavioral health inpatient facility has:
 1. 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. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.
- B. An administrator shall ensure that:
 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where patients will be relocated;
 - b. How a patient's medical record will be available to personnel providing services to the patient during a disaster;
 - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the behavioral health inpatient facility or the behavioral health inpatient facility's relocation site during a disaster;
 2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
 3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, volunteer, or student participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 4. An evacuation drill for employees is conducted on each shift at least once every three months;
 5. An evacuation drill for employees and patients:
 - a. Is conducted at least once every six months; and
 - b. Except for a patient whose treatment plan contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, includes all individuals in the behavioral health inpatient facility;
 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. Whether the evacuation drill was for employees only or for both employees and patients;
 - c. The amount of time taken for all employees and, if applicable, patients to evacuate to a designated area;
 - d. If applicable:
 - i. An identification of patients needing assistance for evacuation, and
 - ii. An identification of patients who were not evacuated;
 - e. Any problems encountered in conducting the evacuation drill; and
 - f. Recommendations for improvement, if applicable; and

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7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health inpatient facility.
- C.** An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal.
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-322. ~~Repealed~~ Environmental Standards

- A.** An administrator shall ensure that:

1. The premises and equipment are:
 - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
2. A pest control program is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment used at the behavioral health inpatient facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse is:
 - a. In areas used for food storage, food preparation, or food service, stored in covered containers lined with plastic bags;
 - b. In areas not used for food storage, food preparation, or food service, stored:
 - i. According to the requirements in subsection (6)(a), or
 - ii. In a paper-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
 - c. Is removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health inpatient facility at a temperature between 70° F and 84° F;
8. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health inpatient facility used by patients;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
11. Soiled linen and soiled clothing stored by the behavioral health inpatient facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
12. Oxygen containers are secured in an upright position;
13. Poisonous or toxic materials stored by the behavioral health inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
14. Combustible or flammable liquids and hazardous materials stored by a behavioral health inpatient facility are stored in the original labeled containers or safety containers outside the behavioral health inpatient facility or in an attached garage that is locked and are inaccessible to patients;
15. Pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. Vaccinated as follows:
 - i. A dog is vaccinated against rabies and leptospirosis, and
 - ii. A cat is vaccinated against rabies;
16. If a non-municipal water source is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or E. coli bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is maintained for two years after the date of the test; and

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17. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.

B. An administrator shall ensure that:

1. Smoking or the use of tobacco products is not permitted within a behavioral health inpatient facility; and
2. Smoking and the use of tobacco products may be permitted on the premises outside a behavioral health inpatient facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:

1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-303(C)(1)(d) is present in the pool area when a patient is in the pool area, and
2. At least two personnel members are present in the pool area when two or more patients are in the pool area.

R9-10-323. ~~Repeated~~ Physical Plant Standards

A. An administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services stated in the behavioral health inpatient facility's scope of services, and
2. An individual accepted as a patient by the behavioral health inpatient facility.

B. An administrator shall ensure that:

1. A behavioral health inpatient facility has a:
 - a. Waiting area with seating for patients and visitors;
 - b. Room that provides privacy for a patient to receive treatment or visitors; and
 - c. Common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the patients and other individuals in the behavioral health inpatient facility;
2. A bathroom is available for use by visitors during the behavioral health inpatient facility's hours of operation and:
 - a. Provides privacy; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
3. For every six patients, there is at least one working toilet that flushes and has a seat and one sink with running water;
4. For every eight patients, there is at least one working bathtub or shower with a slip-resistant surface;
5. A patient bathroom complies with the following:
 - a. Provides privacy when in use;
 - b. Contains:
 - i. A shatterproof mirror, unless the patient's treatment plan requires otherwise;
 - ii. A window that opens or another means of ventilation; and
 - iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
 - c. Has plumbing, piping, ductwork, or other potentially hazardous elements concealed above a ceiling;
 - d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access;
 - e. If grab bars for the toilet and tub or shower or other assistive devices are identified in the patient's treatment plan, has grab bars or other assistive devices to provide for patient safety;
 - f. If a grab bar is provided, has the space between the grab bar and the wall filled to prevent a cord being tied around the grab bar;
 - g. Does not contain a towel bar, a shower curtain rod, or a lever handle that is not a specifically designed anti-ligature lever handle;
 - h. Has tamper-resistant lighting fixtures, sprinkler heads, and electrical outlets; and
 - i. For a bathroom with a sprinkler head where a patient is not supervised while the patient is in the bathroom, has a sprinkler head that is recessed or designed to minimize patient access;
6. If a patient bathroom door locks from the inside, an employee has a key and access to the bathroom;
7. Each patient is provided a bedroom for sleeping;
8. A patient bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;

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- c. Contains a door that opens into a hallway, common area, or outdoors and, except as provided in subsection (C), another means of egress;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide patient privacy;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than four patients;
 - (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - (3) Provides at least three feet of floor space between beds;
 - h. Contains for each patient occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
 - i. Has clean linen for each bed 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 patient;
 - j. Has sufficient lighting for a patient occupying the bedroom to read; and
 - k. If applicable, has a drawer pull that is recessed to eliminate the possibility of use as a tie-off point;
9. In a patient bathroom or a patient bedroom:
- a. The ceiling is secured from access or at least 9 feet in height; and
 - b. A ventilation grille is:
 - i. Secured and has perforations that are too small to use as a tie-off point, or
 - ii. Of sufficient height to prevent patient access;
10. For a door located in an area of the behavioral health inpatient facility that is accessible to patients:
- a. A door closing device, if used on a patient bedroom door, is mounted on the public side of the door;
 - b. A door's hinges are designed to minimize points for hanging;
 - c. Except for a door lever handle that contains specifically designed anti-ligature hardware, a door lever handle points downward when in the latched or unlatched position; and
 - d. Hardware has tamper-resistant fasteners; and
11. A window located in an area of the behavioral health inpatient facility that is accessible to patients is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.
- C.** A bedroom in a behavioral health inpatient facility licensed before October 1, 2013, is not required to have a second means of egress if an administrator ensures that policies and procedures are established, documented, and implemented that provide for the safe evacuation of a patient in the bedroom based on the patient's physical and mental limitations and the location of the bedroom.
- D.** If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (C)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least five feet from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 - 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- E.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(1) is covered and locked when not in use.

ARTICLE 4. ~~REPEALED~~ NURSING CARE INSTITUTIONS

R9-10-401. Reserved Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

- 1. "Administrator" has the meaning in A.R.S. § 36-446.
- 2. "Care plan" means a documented description of nursing services expected to be provided to a resident, based on the

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- resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.
3. "Direct care" means medical services, nursing services, or medically-related social services provided to a resident.
 4. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
 5. "Full-time" means 40 hours or more every consecutive seven calendar days.
 6. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
 7. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment.
 8. "Medical director" means a physician who is responsible for the coordination of medical services provided to residents in a nursing care institution.
 9. "Medically-related social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
 10. "Nursing care institution services" means medical services, nursing services, health-related services, medically-related social services, and environmental services provided to a resident.
 11. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
 12. "Resident" means a patient admitted to a nursing care institution with the expectation that the patient will be present in the nursing care institution for more than 24 hours.
 13. "Resident group" means residents or residents' family members who:
 - a. Plan and participate in resident activities, or
 - b. Meet to discuss nursing care institution issues and policies.
 14. "Resident's representative" means a resident's legal guardian, an individual acting on behalf of a resident with the written consent of the resident, or a surrogate under A.R.S. § 36-3201.
 15. "Secured" means the use of a method, device, or structure that:
 - a. Prevents a resident from leaving an area of the nursing care institution's premises, or
 - b. Alerts a personnel member of a resident's departure from the nursing care institution.
 16. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
 17. "Unnecessary drug" means a medication that is not required because:
 - a. There is no documented indication for a resident's use of the medication;
 - b. The medication is excessive or duplicative;
 - c. The medication is administered before determining whether the resident requires the medication; or
 - d. The resident has experienced an adverse reaction from the medication, indicating that the medication should be reduced or discontinued.

R9-10-402. ~~Reserved~~ Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for an initial license as a nursing care institution shall include:

1. On the application whether the nursing care institution:
 - a. Has:
 - i. A secured area for a resident with Alzheimer's disease or other dementia, or
 - ii. An area for a resident on a ventilator;
 - b. Is requesting authorization to provide to a resident:
 - i. Behavioral health services,
 - ii. Clinical laboratory services,
 - iii. Dialysis services,
 - iv. Radiology services and diagnostic imaging services,
 - v. Respiratory care services, or
 - vi. Rehabilitation services, and
 - c. Is requesting authorization to operate a nutrition and feeding assistant training program; and
2. If the governing authority is requesting authorization to operate a nutrition and feeding assistant training program, the information in R9-10-115(B)(1)(a), (B)(1)(c) and (B)(2).

R9-10-403. ~~Reserved~~ Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
2. Establish, in writing, the nursing care institution's scope of services;
3. Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;

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4. Adopt a quality management program according to R9-10-404;
 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 6. Designate an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6 if the administrator is:
 - a. Expected not to be on the nursing care institution's premises for more than 30 calendar days, or
 - b. Is not on the nursing care institution's premises for more than 30 calendar days; and
 7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department.
- B. An administrator:**
1. Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
 2. Has the authority and responsibility to administer the nursing care institution;
 3. Except as provided in subsection (A)(7), designates an individual, in writing, who is available and accountable for the nursing care institution when the administrator is not present on the nursing care institution's premises;
 4. Ensure the nursing care institution's compliance with A.R.S. § 36-411; and
 5. If the nursing care institution provides feeding and nutrition assistant training, ensures the nursing care institution complies with the requirements for the operation of a feeding and nutrition assistant training program in R9-10-115.
- C. An administrator shall ensure that:**
1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to resident care;
 - d. Cover cardiopulmonary resuscitation training including:
 - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
 - ii. The method and content of cardiopulmonary resuscitation training,
 - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
 - e. Cover first aid training;
 - f. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - g. Cover resident rights including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
 - h. Cover specific steps and deadlines for:
 - i. A resident to file a complaint;
 - ii. The nursing care institution to respond to and resolve a resident's complaint; and
 - iii. The nursing care institution to obtain documentation of fingerprint clearance, if applicable;
 - i. Cover health care directives;
 - j. Cover medical records, including electronic medical records;
 - k. Cover a quality management program, including incident reports and supporting documentation;
 - l. Cover contracted services;
 - m. Cover resident's personal accounts;
 - n. Cover petty cash funds;
 - o. Cover fees and refund policies;
 - p. Cover misappropriation of resident property; and
 - q. Cover when an individual may visit a resident in a nursing care institution;
 2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented that:
 - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of physical health services and behavioral health services;
 - c. Include when general consent and informed consent are required;
 - d. Cover dispensing, administering, and disposing of medication;
 - e. Cover infection control;
 - f. Cover restraints that require an order, including the frequency of monitoring and assessing the restraint;
 - g. Cover seclusion of a resident including:
 - i. The requirements for an order, and
 - ii. The frequency of monitoring and assessing a resident in seclusion;
 - h. Cover telemedicine, if applicable;

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5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative on request and at least every three months;
 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
 7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- I.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection (C)(1)(k) include:
 - a. A prescribed cash limit of the petty cash fund; and
 - b. The hours of the day a resident may access the petty cash fund; and
 2. A resident's written acknowledgment is obtained for a petty cash transaction.

R9-10-404. Reserved Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care; and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-405. Reserved Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-406. Reserved Personnel

A. An administrator shall ensure that:

1. A behavioral health technician is at least 21 years old, and
2. A behavioral health paraprofessional is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the residents receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
3. Personnel members are present on a nursing care institution's premises with the qualifications, skills, and knowledge

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necessary to:

- a. Provide the services in the nursing care institution's scope of services.
- b. Meet the needs of a resident, and
- c. Ensure the health and safety of a resident.

C. An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

D. An administrator shall ensure that a personnel member or an employee or volunteer that has direct interaction with a resident provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.

E. An administrator shall ensure that a personnel record is maintained for an employee, volunteer, and student that contains:

1. The individual's name, date of birth, home address, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's compliance with the requirements in A.R.S. § 36-411;
 - d. Orientation and in-service education as required by policies and procedures;
 - e. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-114;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-403(C)(1)(d);
 - h. First aid training, if required for the individual according to this Article or policies and procedures; and
 - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D); and
 - j. If the individual is a nutrition and feeding assistant,
 - i. Completion of the nutrition and feeding assistant training course required in R9-10-115, and
 - ii. A nurse's observations required in R9-10-423(C)(6).

F. An administrator shall ensure that personnel records are maintained:

1. Throughout the individual's period of providing services in or for the nursing care institution, and
2. For at least two years after the last date the individual provided services in or for the nursing care institution.

G. An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
4. A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member;
5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
6. A work schedule of each personnel member is developed and maintained at the nursing care institution for at least 12 months after the date of the work schedule.

H. An administrator shall designate:

1. A qualified individual to provide:
 - a. Medically-related social services, and
 - b. Recreational activities; and
2. A full-time social worker if the nursing care institution has a licensed capacity of 120 or more.

R9-10-407. Reserved Admissions

An administrator shall ensure that:

1. A resident is admitted only on a physician's order;
2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident such as medication and food services;
3. A resident's needs do not exceed the medical services and nursing services available at the nursing care institution as established in the nursing care institution's scope of services;
4. Before or at the time of admission, a resident or the resident's representative:
 - a. Signs a written agreement with the nursing care institution that includes rates and charges,

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- b. Is informed of third-party coverage for rates and charges.
- c. Is informed of the nursing care institution's refund policy and nursing care institution guidelines concerning resident conduct and responsibilities, and
- d. Receives written information concerning the nursing care institution's policies and procedures related to a resident's health care directives;
- 5. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
 - a. A physician, or
 - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
- 6. Except as specified in subsection (7), a resident provides evidence of freedom from infectious tuberculosis as specified in R9-10-112;
- 7. A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10-112(1) if:
 - a. Fewer than 12 months have passed since the resident was screened for tuberculosis or since the date of the written statement; and
 - b. The documentation of freedom from infectious tuberculosis required in subsection (6) accompanies the resident at the time of transfer; and
- 8. Compliance with the requirements in subsection (4) is documented in the resident's medical records.

R9-10-408. Reserved Discharge

A. An administrator shall ensure that:

- 1. A resident is transferred or discharged if:
 - a. The nursing care institution is unable to meet the needs of the resident.
 - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution, or
 - c. The resident's health has improved and the resident no longer requires nursing care institution services; and
- 2. Documentation of a resident's transfer or discharge includes:
 - a. The date of the transfer or discharge;
 - b. The reason for the transfer or discharge;
 - c. A 30-day written notice except in an emergency;
 - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
 - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.

B. An administrator may transfer or discharge a resident for failure to pay for residency if:

- 1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and
- 2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.

C. Except in an emergency, a director of nursing shall ensure that before a resident is discharged:

- 1. Written follow-up instructions are developed with the resident or the resident's representative that includes:
 - a. Information necessary to meet the resident's need for medical services and nursing services; and
 - b. The state long-term care ombudsman's name, address, and telephone number;
- 2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
- 3. A discharge summary is developed by a personnel member and authenticated by the resident's attending physician or designee and includes:
 - a. The resident's medical condition at the time of transfer or discharge,
 - b. The resident's medical and psychosocial history,
 - c. The date of the transfer or discharge, and
 - d. The location of the resident after discharge.

R9-10-409. Reserved Transport: Transfer

A. Except for a transport of a resident due to an emergency, an administrator shall ensure that:

- 1. A personnel member coordinates the transport and the services provided to the resident;
- 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Medical records are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
- 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;

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- b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the personnel member accompanying the resident during a transport.
- B.** Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
- 1. A personnel member coordinates the transfer and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer.
 - b. Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, a personnel member accompanying the resident during a transfer.

R9-10-410. Reserved Resident Rights

- A.** An administrator shall ensure that:
- 1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
 - 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
 - 3. That policies and procedures that include:
 - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
- 1. A resident has privacy in:
 - a. Treatment,
 - b. Bathing and toileting,
 - c. Room accommodations, and
 - d. A visit or meeting with another resident or an individual;
 - 2. A resident is treated with dignity, respect, and consideration;
 - 3. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and
 - 4. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication or a surgical procedure and the associated risks and possible complications of the psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. The health care institution's policy on health care directives, and
 - ii. The resident complaint process;
 - e. Consents to photographs of the resident before a resident is photographed except that the resident may be photographed when admitted to a nursing care institution for identification and administrative purposes;
 - f. May manage the resident's financial affairs;
 - g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;
 - h. Has access to and may communicate with any individual, organization, or agency;

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- i. May participate in a resident group;
- j. May review the resident's financial records within two working days and medical records within one working day after the resident or the resident's representative's request;
- k. May obtain a copy of the resident's financial records and medical records within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
- l. May select a pharmacy of choice if the pharmacy complies with nursing care institution policies and procedures and does not pose a risk to the resident;
- m. Is informed of the method for contacting the resident's attending physician;
- n. Is informed of the resident's total health condition;
- o. Is provided with a copy of those sections of the resident's medical records that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged;
- p. Is informed in writing of a change in rates and charges at least 60 calendar days before the effective date of the change; and
- q. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical records.

C. A resident has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
- 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
- 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
- 5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
- 6. To share a room with the resident's spouse if space is available and the spouse consents;
- 7. To receive a referral to another health care institution if the nursing care institution is unable to provide physical health services or behavioral health services for the resident;
- 8. To participate or have the resident's representative participate in the development of, or decisions concerning, treatment;
- 9. To participate or refuse to participate in research or experimental treatment; and
- 10. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-411. ~~Repealed~~ Medical Records

A. An administrator shall ensure that:

- 1. A medical record is established and maintained for a resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
- 2. An entry in a resident's medical record is:
 - a. Recorded only by a personnel member authorized by nursing care institution policies and procedures to make entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
- 3. An order is:
 - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
- 4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
- 5. A resident's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by nursing care institution policies and procedures;
- 6. Information in a resident's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a resident or the resident's representative or as permitted by law; and
- 7. A resident's medical record is:
 - a. Protected from loss, damage or unauthorized use; and
 - b. Maintained according to A.R.S. § 12-2297.

B. If a nursing care institution keeps a resident's medical records electronically, an administrator shall ensure that:

- 1. Safeguards exist to prevent unauthorized access, and
- 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a resident's medical record contains:

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1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth;
 - c. The name and contact information of the resident's representative, if applicable; and
 - d. Any known allergy including medication allergies;
2. Admission date;
3. Admitting diagnosis or presenting symptoms;
4. Documentation of general consent and, if applicable, informed consent;
5. The medical history and physical examination required in R9-10-407(5);
6. Copy of the resident's living will, health care power of attorney, or other health care directive, if applicable;
7. The name and telephone number of the resident's attending physician;
8. Orders;
9. Care plans;
10. Behavioral care plans, if a resident is receiving behavioral care;
11. Documentation of nursing care institution services provided to a resident;
12. Progress notes;
13. Disposition of the resident after discharge;
14. Discharge plan;
15. Discharge summary;
16. Transfer documentation;
17. If applicable:
 - a. A laboratory report;
 - b. A radiologic report;
 - c. A diagnostic report;
 - d. Documentation of restraint or seclusion, and
 - e. A consultation report;
18. Documentation of freedom from infectious tuberculosis required in R9-10-407(6);
19. Documentation of a medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The type of vaccine, if applicable;
 - d. For a medication administered for pain:
 - i. An assessment of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - e. For a psychotropic medication:
 - i. An assessment of the resident's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - f. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - g. Any adverse reaction a resident has to the medication;
20. If the resident has been assessed for receiving nutrition and feeding assistance, documentation of the assessment and the determination of eligibility; and
21. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

R9-10-412. ~~Repealed~~ Nursing Services

A. An administrator shall ensure that:

1. Nursing services are provided 24 hours a day in a nursing care institution;
2. A director of nursing is appointed who:
 - a. Is a registered nurse;
 - b. Works full-time at the nursing care institution, and
 - c. Is responsible for the direction of nursing services;
3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
4. If the daily census of the nursing care institution is not more than 60, the director of nursing may provide direct care to residents on a regular basis.

B. A director of nursing shall ensure that:

1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution's scope of services;

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2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are on the nursing care institution premises to meet the needs of a resident for nursing services;
3. At least one nurse is present and responsible for providing direct care to not more than 64 residents;
4. Documentation of nursing personnel on duty each day is maintained at the nursing care institution and includes:
 - a. The date;
 - b. The number of residents;
 - c. The name and license or certification title of each nursing personnel who worked that day, and
 - d. The actual number of hours each nursing personnel worked that day;
5. The documentation of nursing personnel required in subsection (B)(4) is maintained for at least 12 months after the date of the documentation;
6. At the time of a resident's admission, an initial assessment is performed on the resident to ensure the resident's immediate needs, such as medication and food services, are met;
7. A comprehensive assessment is performed by a registered nurse and coordinated by the registered nurse in collaboration with an interdisciplinary team;
8. The comprehensive assessment required in subsection (B)(7) is performed on a resident:
 - a. Within 14 calendar days after admission to a nursing care institution, and
 - b. No later than 12 months after the date of the last comprehensive assessment;
9. A comprehensive assessment includes the resident's:
 - a. Heart rate, respiratory rate, blood pressure, and body temperature;
 - b. Diagnosis;
 - c. Medical history;
 - d. Treatment;
 - e. Dental condition;
 - f. Nutritional condition and nutritional needs;
 - g. Medications;
 - h. Clinical laboratory reports;
 - i. Diagnostic reports;
 - j. Capability to perform activities of daily living;
 - k. Psychosocial condition;
 - l. Cognitive condition;
 - m. Impairments in physical and sensory functioning;
 - n. Potential for recreational activities;
 - o. Potential for rehabilitation; and
 - p. Potential for discharge;
10. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, a physician's designee, or a registered nurse determines the resident has a significant change in condition;
11. A care plan is developed, documented, and implemented for a resident within seven calendar days after completing the comprehensive assessment required in subsection (B)(7);
12. The care plan required in subsection (B)(11):
 - a. Is reviewed and revised as necessary if a resident has had a significant change in condition, and
 - b. Ensures that a resident is provided nursing services to maintain the resident's highest practicable well-being according to the resident's comprehensive assessment;
13. A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and revised if there is a significant change in the resident's condition;
14. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:
 - a. Is injured;
 - b. Is involved in an incident that may require medical services, or
 - c. Has a significant change in condition; and
15. An unnecessary drug is not administered to a resident.

R9-10-413. ~~Repealed~~ Medical Services

A. An administrator shall appoint a medical director.

B. A medical director shall ensure that:

1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident at least once every 12 months after the date of admission by an individual listed in R9-10-407(5);

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5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
 - a. The attending physician provides documentation that the vaccination is medically contraindicated;
 - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical records that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
 - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
6. If the any of the following services are not provided by the nursing care institution and needed by a resident, the resident is assisted in obtaining, at the resident's expense:
 - a. Vision services;
 - b. Hearing services;
 - c. Dental services;
 - d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
 - e. Psychosocial services;
 - f. Physical therapy;
 - g. Speech therapy;
 - h. Occupational therapy;
 - i. Behavioral health services; and
 - j. Services for an individual who has a developmental disability, as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

R9-10-414. ~~Repealed Behavioral Care~~

An administrator shall ensure that, for a resident who requests or receives behavioral care from a nursing care institution:

1. A behavioral health professional or medical practitioner:
 - a. Evaluates the resident:
 - i. Within 30 calendar days before admitting the resident or before the resident begins receiving behavioral care, and
 - ii. At least once every six months throughout the duration of the resident's need for behavioral care;
 - b. Reviews the nursing care institution's scope of services;
 - c. Signs and dates a determination stating that the resident's need for behavioral care can be met by the nursing care institution within the nursing care institution's scope of services and, for retention of a resident, are being met by the nursing care institution; and
 - d. Reviews, signs, and dates a behavioral care plan required in subsection (2);
2. A behavioral care plan is developed, documented, and implemented that includes any of the following that are necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior:
 - a. The psychosocial interactions or behaviors for which the resident requires assistance,
 - b. Psychotropic medications ordered for the resident,
 - c. Planned strategies and actions for changing the resident's psychosocial interactions or behaviors, and
 - d. Goals for changes in the resident's psychosocial interactions or behaviors; and
3. At least once every six months and when there is a significant change in the resident's psychosocial interactions, a medical practitioner or behavioral health professional:
 - a. Reviews and documents the review of the resident's behavioral care plan,
 - b. Updates the resident's behavioral care plan, and
 - c. Signs and dates the review of and updates to the resident's behavioral care plan.

R9-10-415. ~~Repealed Behavioral Health Services~~

Except as provided in R9-10-414, if a nursing care institution provides behavioral health services, an administrator shall ensure that:

1. The behavioral health services are provided:
 - a. Under the direction of a behavioral health professional, and
 - b. In compliance with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-114; and
 - ii. For an assessment, in R9-10-1011(B);
2. A behavioral health technician or a behavioral health paraprofessional complies with the requirements in R9-10-114;
3. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotro-

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pic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident; and

4. If the nursing care institution provides assistance in the self-administration of medication to a resident receiving behavioral health services:
 - a. The resident's interdisciplinary team determines that the resident is capable of self-administration and the attending physician documents authorization for medication self-administration in the resident's medical records;
 - b. A resident's medication is stored by the nursing care institution;
 - c. The following assistance is provided to a resident:
 - i. A reminder when it is time to take the medication;
 - ii. Opening the medication container for the resident;
 - iii. Observing the resident while the resident removes the medication from the container;
 - iv. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - (1) The resident taking the medication is the individual stated on the medication container label.
 - (2) The dosage of the medication is the same as stated on the medication container label, and
 - (3) The medication is being taken by the resident at the time stated on the medication container label; or
 - v. Observing the resident while the resident takes the medication;
 - d. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
 - e. Training for a personnel member, other than a medical practitioner, nurse, or medication assistant, in the self-administration of medication:
 - i. Is provided by a medical practitioner or nurse or an individual trained by a medical practitioner or nurse; and
 - ii. Includes:
 - (1) A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication.
 - (2) Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - (3) Process for notifying the appropriate entities when an emergency medical intervention is needed;
 - f. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (4)(e) before the personnel member provides assistance in the self-administration of medication; and
 - g. Assistance with the self-administration of medication provided to a resident:
 - i. Is in compliance with an order, and
 - ii. Is documented in the resident's medical record.

R9-10-416. ~~Repealed~~ Clinical Laboratory Services

If clinical laboratory services are provided on the premises of the nursing care institution, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. A nursing care institution:
 - a. Is able to provide the clinical laboratory services delineated in the nursing care institution's scope of services when needed by the residents.
 - b. Obtains specimens for the clinical laboratory services delineated in the nursing care institution's scope of services without transporting the residents from the nursing care institution's premises, and
 - c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
 - a. Available to the ordering physician:
 - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing care institution's premises, or
 - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing care institution's premises; and
 - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as defined in the nursing care institution's policies and procedures, laboratory personnel notify:
 - a. The ordering physician.
 - b. A registered nurse in the resident's assigned unit.
 - c. The nursing care institution's administrator, or
 - d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical

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record;

7. If the nursing care institution provides blood or blood products, policies and procedures are established, documented, and implemented for:
 - a. Procuring, storing, transfusing, and disposing of blood or blood products;
 - b. Blood typing, antibody detection, and blood compatibility testing; and
 - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

R9-10-417. ~~Repealed~~ Dialysis Services

If dialysis services are provided on the premises of the nursing care institution, an administrator shall ensure that the dialysis services are provided in compliance with the requirements in R9-10-1018.

R9-10-418. ~~Repealed~~ Radiology Services and Diagnostic Imaging Services

If radiology services or diagnostic imaging services are provided on the premises of the nursing care institution, an administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 12 A.A.C. 1;
2. A copy of a certificate documenting compliance with subsection (1) maintained by the nursing care institution;
3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided on the nursing care institution's premises;
4. Radiology services and diagnostic imaging services are provided:
 - a. Under the direction of a physician; and
 - b. According to an order that includes:
 - i. The resident's name,
 - ii. The name of the ordering individual,
 - iii. The radiological or diagnostic imaging procedure ordered, and
 - iv. The reason for the procedure;
5. A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
6. A radiologic or diagnostic imaging report is prepared that includes:
 - a. The resident's name;
 - b. The date of the procedure;
 - c. A medical director, attending physician, or radiologist's interpretation of the image;
 - d. The type and amount of radiopharmaceutical used, if applicable; and
 - e. The adverse reaction to the radiopharmaceutical, if any; and
7. A radiologic or diagnostic imaging report is included in the resident's medical record.

R9-10-419. ~~Repealed~~ Respiratory Care Services

If respiratory care services are provided on the premises of a nursing care institution, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a medical director or attending physician;
2. Respiratory care services are provided according to an order that includes:
 - a. The resident's name;
 - b. The name and signature of the ordering individual;
 - c. The type, frequency, and, if applicable, duration of treatment;
 - d. The type and dosage of medication and diluent; and
 - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
 - a. The date and time of administration;
 - b. The type of respiratory care services;
 - c. The effect of respiratory care services;
 - d. The adverse reaction to respiratory care services, if any; and
 - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-416.

R9-10-420. ~~Repealed~~ Rehabilitation Services

If rehabilitation services are provided on the premises of a nursing care institution, an administrator shall ensure that:

1. Rehabilitation services are provided:
 - a. Under the direction of an individual qualified according to policies and procedures,
 - b. By an individual licensed to provide the rehabilitation services, and
 - c. According to an order; and
2. The medical record of a resident receiving rehabilitation services includes:

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- a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis.
- b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services.
- c. The rehabilitation services provided.
- d. The resident's response to the rehabilitation services, and
- e. The authentication of the individual providing the rehabilitation services.

R9-10-421. Repealed Medication Services

A. If a nursing care institution provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:

1. Include:

- a. A process for providing information to a resident about medication prescribed for the resident including:
 - i. The prescribed medication's anticipated results.
 - ii. The prescribed medication's potential adverse reactions.
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
- b. Procedures for preventing, responding to, and reporting:
 - i. A medication error.
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
- c. Procedures to ensure that a pharmacist reviews a resident's medications at least every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
- d. Procedures for documenting medication services and assistance in the self-administration of medication; and
- e. Procedures for assisting a resident in obtaining medication; and

2. Specify a process for review through the quality management program of:

- a. A medication administration error, and
- b. An adverse reaction to a medication.

B. If a nursing care institution provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:

- a. Are reviewed and approved by the director of nursing;
- b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
- c. Ensure that medication is administered to a resident only as prescribed; and
- d. A resident's refusal to take prescribed medication is documented in the resident's medical record;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;

3. A medication administered to a resident:

- a. Is administered in compliance with an order, and
- b. Is documented in the resident's medical record;

4. If pain medication is administered to a resident, documentation in the resident's medical record includes:

- a. An identification of the resident's pain before administering the medication, and
- b. The effect of the pain medication administered; and

5. If a psychotropic medication is administered to a resident:

- a. Is only administered to a resident for a diagnosed medical condition;
- b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage; and
- c. Is documented as required in the resident's medical record and includes the resident's response to the medication.

C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;

2. A current toxicology reference guide is available for use by personnel members; and

3. If pharmaceutical services are provided:

- a. The pharmaceutical services are provided under the direction of a pharmacist;
- b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
- c. A copy of the pharmacy license is provided to the Department upon request;

D. When medication is stored at a nursing care institution, an administrator shall ensure that:

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1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
 2. If medication is stored in a room or closet, a locked cabinet is used for medication storage;
 3. Medication is stored according to the instructions on the medication container; and
 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- E.** An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and the nursing care institution's director of nursing.

R9-10-422. ~~Repealed~~ Infection Control

- A.** An administrator shall ensure that:
1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the nursing care institution;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing care institution;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and
 - d. Documentation of infection control activities including:
 - i. The collection and analysis of infection control data.
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
 2. Infection control documentation is maintained for at least two years after the date of the documentation;
 3. Policies and procedures are established, documented, and implemented that cover:
 - a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
 - b. Handling and disposal of biohazardous medical waste;
 - c. Sterilization, disinfection, and storage of medical equipment and supplies;
 - d. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - e. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
 - f. Training of personnel members, employees, and volunteers in infection control practices; and
 - g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
 5. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas; and
 6. A personnel member, an employee, or a volunteer washes hands or use a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.
- B.** An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.

R9-10-423. ~~Repealed~~ Food Services

- A.** An administrator shall ensure that:
1. The nursing care institution is licensed as a food establishment under 9 A.A.C. 8, Article 1;
 2. A copy of the nursing care institution's food establishment license is maintained;
 3. If a nursing care institution contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution:
 - a. A copy of the contracted food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the nursing care institution; and
 - b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
 4. A registered dietitian:
 - a. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
 - b. Documents the review of a food menu, and
 - c. Is available for consultation regarding a resident's nutritional needs; and

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5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.
- B.** A registered dietitian or director of food services shall ensure that:
 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
 2. A food menu:
 - a. Is prepared at least one week in advance.
 - b. Includes the foods to be served on each day.
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served.
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 3. Meals for each day are planned and served using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
 4. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A resident group agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 5. A resident is provided with food substitutions of similar nutritional value if:
 - a. The resident refuses to eat the food served, or
 - b. The resident requests a substitution;
 6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
 7. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
 8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair;
 9. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the resident's medical records; and
 10. Water is available and accessible to residents.
- C.** If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:
 1. A nutrition and feeding assistant:
 - a. Is at least 16 years of age;
 - b. If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;
 - c. Completes a nutrition and feeding assistant training course within 12 months before initially providing nutrition and feeding assistance;
 - d. Provides nutrition and feeding assistance where nursing personnel are present;
 - e. Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel; and
 - f. If the nutrition and feeding assistant observes a change in a resident's physical condition or behavior, reports the change to a nurse or, if a nurse is not present in the common area, to nursing personnel;
 2. A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:
 - a. Has difficulty swallowing.
 - b. Has had recurrent lung aspirations.
 - c. Requires enteral feedings.
 - d. Requires parenteral feedings, or
 - e. Has any other eating or drinking difficulty that may cause the resident's health or safety to be compromised if the resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
 3. Only an eligible resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
 4. A nurse determines if a resident is eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant, based on:
 - a. The resident's comprehensive assessment.
 - b. The resident's care plan, and
 - c. An assessment conducted by the nurse when making the determination;

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5. A method is implemented that identifies eligible residents that ensures only eligible residents receive nutrition and feeding assistance from a nutrition and feeding assistant;
6. When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes the nutrition and feeding assistant while the nutrition and feeding assistant is providing nutrition and feeding assistance to ensure that the nutrition and feeding assistant is providing nutrition and feeding assistance appropriately;
7. A nurse documents the nurse's observations required in subsection (C)(6); and
8. A nutrition and feeding assistant is provided additional training:
 - a. According to the nursing care institution's policies and procedures, and
 - b. If a nurse identifies a need for additional training based on the nurse's observation in subsection (C)(6).

R9-10-424. ~~Repealed~~ Emergency and Safety Standards

A. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated, including:
 - i. Instructions for the evacuation, transport, or transfer of residents;
 - ii. Assigned responsibilities for each employee and personnel member; and
 - iii. A plan for continuing to provide services to meet a resident's needs;
 - b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
 - c. A plan for back-up power and water supply;
 - d. A plan to ensure a resident's medication will be available to administer to the resident during a disaster;
 - e. A plan to ensure a resident is provided nursing services and other services required by the resident during a disaster; and
 - f. A plan for obtaining food and water for individuals present in the nursing care institution or the nursing care institution's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
4. An evacuation drill for employees is conducted on each shift at least once every three months;
5. An evacuation drill for employees and residents:
 - a. Is conducted at least once every six months, and
 - b. Except for a resident whose care plan contains documentation that evacuation from the nursing care institution would cause harm to the resident, includes all individuals in the nursing care institution;
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. Whether the evacuation drill was for employees only or for both employees and residents;
 - c. The amount of time taken for all employees and, if applicable, residents to evacuate the nursing care institution;
 - d. If applicable:
 - i. An identification of residents needing assistance for evacuation, and
 - ii. An identification of residents who were not evacuated;
 - e. Any problems encountered in conducting the evacuation drill; and
 - f. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.

B. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.

C. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-425. ~~Repealed~~ Environmental Standards

A. An administrator shall ensure that:

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1. A nursing care institution's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
 - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
 2. A pest control program is implemented and documented;
 3. Equipment used to provide direct care is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 5. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 6. Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F at all times;
 7. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;
 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 9. Linens are clean before use, without holes and stains, and not in need of repair;
 10. Oxygen containers are secured in an upright position;
 11. Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to residents;
 12. Combustible or flammable liquids and hazardous materials stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area outside the nursing care institution and inaccessible to residents;
 13. If pets or animals are allowed in the nursing care institution, pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. Vaccinated as follows:
 - i. A dog is vaccinated against rabies and leptospirosis; and
 - ii. A cat is vaccinated against rabies;
 14. If a non-municipal water source is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or E. coli bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least two years after 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.
- B.** An administrator shall ensure that:
1. Smoking or the use of tobacco products is not permitted within a nursing care institution, and
 2. Smoking and the use of tobacco products may be permitted outside a nursing care institution if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-403(C)(1)(d) is present in the pool area when a resident is in the pool area, and
 2. At least two personnel members are present in the pool area when two or more residents are in the pool area.
- R9-10-426. Repealed Physical Plant Standards**
- A.** An administrator shall ensure that:
1. A nursing care institution complies with:
 - a. The applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, in effect on the date the nursing care institution submitted architectural plans and specifications to the Department for approval; and
 - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412;

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2. The premises and equipment are sufficient to accommodate:
 - a. The services stated in the nursing care institution's scope of services; and
 - b. An individual accepted as a resident by the nursing care institution;
 3. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
 4. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
 5. No more than two individuals reside in a resident room unless:
 - a. The nursing care institution was operating before October 31, 1982, and
 - b. The resident room has not undergone a modification as defined in 9 A.A.C. 10, Article 1;
 6. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs in a resident room or suite of rooms;
 7. A resident room has:
 - a. A window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
 - b. A closet with clothing racks and shelves accessible to the resident; and
 - c. If the resident room contains more than one bed, a curtain or similar type of separation between the beds for privacy; and
 8. A resident room or a suite of rooms:
 - a. Is accessible without passing through another resident's room; and
 - b. Does not open into any area where food is prepared, served, or stored.
- B.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (B)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least five feet from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- C.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (B)(1) is covered and locked when not in use.

R9-10-427. Repealed Quality Rating

- A.** As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a compliance survey.
- B.** The following quality ratings are established:
1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points;
 2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points;
 3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points; and
 4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.
- C.** The quality rating is determined by the total number of points awarded based on the following criteria:
1. Nursing Services:
 - a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
 - b. 5 points: The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.
 - c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
 2. Resident Rights:
 - a. 10 points: The nursing care institution is implementing a system that ensures a resident's privacy needs are met.
 - b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
 - c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.

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3. Administration:
 - a. 10 points. The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last survey or other survey or complaint investigation conducted between the last survey and the current survey.
 - b. 5 points. The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Department and as required by A.R.S. § 46-454.
 - c. 5 points. The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.
 - d. 1 point. The nursing care institution is implementing a system to provide medically-related social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.
 - e. 1 point. The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.
 - f. 2 points. The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
 - g. 1 point. The nursing care institution is implementing a system to ensure a personnel member attends 12 hours of in-service education every 12 months after the starting date of employment.
 4. Environment and Infection Control:
 - a. 5 points. The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.
 - b. 1 point. The nursing care institution establishes and maintains a pest control program.
 - c. 1 point. The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.
 - d. 1 point. The nursing care institution ensures orientation to the disaster plan for each personnel member is completed within the first scheduled week of employment.
 - e. 1 point. The nursing care institution maintains a clean and sanitary environment.
 - f. 5 points. The nursing care institution is implementing a system to prevent and control infection.
 - g. 1 point. An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.
 5. Food Services:
 - a. 1 point. The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.
 - b. 3 points. The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.
 - c. 2 points. The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.
 - d. 2 points. The nursing care institution provides assistance to a resident who needs help in eating so that the individual's nutritional, physical, and social needs are met.
 - e. 1 point. The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.
 - f. 1 point. The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.
- D.** A nursing care institution's quality rating remains in effect until a survey is conducted by the Department for the next renewal period except as provided in subsection (E).
- E.** If the Department issues a provisional license, the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance survey. If the Department determines that, as a result of a substantial compliance survey, the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).
- F.** The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

ARTICLE 5. ~~ADULT DAY HEALTH~~ RECOVERY CARE FACILITIES CENTERS

R9-10-501. Definitions

In this Article, unless the context otherwise requires:

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1. "Abuse" means the same as defined in A.R.S. § 46-451(A)(1).
2. "Activities of daily living" means ambulating, bathing, toileting, shaving, brushing teeth, combing hair, dressing, and eating.
3. "Advance directives" means a living will, prehospital medical care directive, or a health care power of attorney.
4. "Caregiver" means an adult who provides functionally impaired adults with supervision and assistance in the preparation of meals, housework, and personal grooming.
5. "Care Plan" means a written program of action for each participant's care based upon an assessment of that person's physical, nutritional, psychosocial, economic, environmental strengths and needs and implemented pursuant to established short- and long-term goals.
6. "Communicable disease" means the same as defined in A.R.S. § 36-661(4).
7. "Licensed nurse" means a nurse licensed pursuant to A.R.S. Title 32, Chapter 15.
8. "Medical provider" means a physician licensed pursuant to A.R.S. Title 32, Chapters 13 and 17, a physician's assistant licensed pursuant to A.R.S. Title 32, Chapter 25, or a nurse practitioner licensed pursuant to A.R.S. Title 32, Chapter 15.
9. "Medication" means a drug, prescription or nonprescription, administered to or self-administered by a participant to maintain health or to prevent or treat an illness or disease.
10. "Participant" means a person enrolled in an adult day health care facility.
11. "Participant's representative" means a person acting on behalf of a participant, under the written consent of the participant or the participant's legal guardian.
12. "Personal living skills training" means teaching a participant techniques in order to maintain or improve the participant's independence in performing activities of daily living.
13. "Personnel" means all staff, including employees and volunteers, who perform services for an adult day health care facility and have direct or indirect contact with the participants at the facility.
14. "Physical restraint" means confinement in a locked room or the use of any article, device, or garment which interferes with freedom of movement that cannot be easily removed by the participant and is used to control the participant's mobility.
15. "Significant change in condition" means a life-threatening or clinical complication.
16. "Volunteer" means a person who provides services at an adult day health care facility without compensation.

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definition applies in this Article unless otherwise specified:

1. "Recovery care services" has the same meaning as in A.R.S. § 36-448.51.

R9-10-502. Administration

- A.** The governing authority shall consist of one or more persons responsible for organizing and managing the facility, establishing policies and procedures, establishing facility rules, and ensuring compliance with state laws, rules, and local ordinances.
- B.** The governing authority shall appoint an administrator who shall have the authority and responsibility to operate the facility. The Administrator shall:
1. Be 21 years of age or older;
 2. Remain on the premises, or ensure that a designee is present, whenever participants are present in the facility; and
 3. Designate, in writing, a staff person who is 21 years of age or older to act as administrator when the administrator is absent.
- C.** The administrator shall be responsible for:
1. Managing adult day health services;
 2. Staffing and conducting employee orientation;
 3. In-service training;
 4. Recordkeeping;
 5. Supervising and evaluating staff performance;
 6. Ensuring that participants receive services which are offered by the facility and specified in the participants' care plan;
 7. Ensuring that a monthly calendar of planned activities is posted and that materials, supplies, and equipment are provided for the activities which are clean, safe, and in working condition;
 8. Assisting in the formation of a participants' council pursuant to R9-10-506 and maintaining communication with the council;
 9. Ensuring that facility rules are followed and assisting participants in exercising their rights pursuant to R9-10-505;
 10. Ensuring that all participants in the facility annually provide the same type of evidence of being free from pulmonary tuberculosis as required of personnel in R9-10-503(A); and
 11. Maintaining the following documents and references in the facility:
 - a. Operating licenses and permits,

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- ~~b. Schedules of rates and charges;~~
- ~~e. Policies and procedures;~~
- ~~d. Monthly activity calendars for the preceding 90 days;~~
- ~~e. Menus for the preceding 60 days;~~
- ~~f. Incident reports;~~
- ~~g. Current fire and sanitation reports;~~
- ~~h. Records of fire and disaster drills;~~
- ~~i. Orientation and in-service program records;~~
- ~~j. Personnel records; and~~
- ~~k. Participant records.~~

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a recovery care center;
2. Establish in writing:
 - a. A recovery care center's scope of services, and
 - b. Qualifications for an administrator;
3. Designate as administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
4. Grant, deny, suspend, or revoke the clinical privileges of a medical staff member according to medical staff bylaws;
5. Adopt a quality management program according to R9-10-503;
6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
7. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a recovery care center's premises for more than 30 calendar days; or
 - b. Not present on a recovery care center's premises for more than 30 calendar days; and
8. Except as provided in subsection (A)(7), notify the Department according to § A.R.S. 36-425(I) when there is a change in the administrator and provide the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority of a recovery care center for the daily operation of the recovery care center and for services provided by or at the recovery care center;
2. Has the authority and responsibility to manage a recovery care center; and
3. Except as provided in subsection (A)(8), shall designate, in writing, an individual who is on a recovery care center's premises and is available and accountable for recovery care services when the administrator is not present on the recovery care center premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and recovery care center education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Cover cardiopulmonary resuscitation training required in R9-10-505(5) including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
 - e. Cover first aid training;
 - f. Include a method to identify a patient to ensure the patient receives services as ordered;
 - g. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - h. Cover specific steps and deadlines for:
 - i. A patient to file a complaint, and
 - ii. The recovery care center to respond to and resolve a patient's complaint;
 - i. Cover health care directives;
 - j. Cover medical records, including electronic medical records;
 - k. Cover a quality management program, including incident report and supporting documentation;
 - l. Cover contracted services;
 - m. Cover tissue and organ procurement and transplant; and
 - n. Cover when an individual may visit a patient in a recovery care center;

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2. Policies and procedures for recovery care services are established, documented, and implemented that:
 - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
 - b. Cover the provision of recovery care services;
 - c. Include when general consent and informed consent are required;
 - d. Cover dispensing, administering, and disposing of medications;
 - e. Cover infection control; and
 - f. Cover environmental services that affect patient care;
3. Policies and procedures are reviewed at least once every two years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a recovery care center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the recovery care center.

R9-10-503. Personnel Quality Management

- A.** ~~Personnel, 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 medical provider stating that, upon an evaluation of a positive Mantoux skin test taken within six months of submitting the medical provider's statement or a history of a positive Mantoux skin test, the individual was found to be free from tuberculosis.~~
- B.** ~~All personnel shall meet the following requirements:~~
1. ~~Be 18 years of age or older.~~
 2. ~~Not be a participant of the facility as defined in R9-10-501(10).~~
 3. ~~Within the first week of employment, attend orientation that includes:~~
 - a. ~~Policies and procedures, including personnel procedures;~~
 - b. ~~Participant rights and facility rules;~~
 - c. ~~Protection of participant privacy and confidentiality;~~
 - d. ~~Basic infection control techniques, including hand washing and prevention of communicable diseases; and~~
 - e. ~~Fire, safety, and emergency procedures.~~
 4. ~~Attend 10 hours of in-service training per year which may include time spent in orientation.~~
- C.** ~~Personnel providing direct care to participants shall attend four or more hours of orientation, in addition to complying with subsection (B)(3), before providing care to participants. The orientation shall include:~~
1. ~~Communication skills,~~
 2. ~~Assistance with the activities of daily living,~~
 3. ~~Personal living skills training, and~~
 4. ~~Special needs of the elderly and functionally impaired.~~
- D.** ~~The administrator shall maintain personnel records which include:~~
1. ~~Application for employment,~~
 2. ~~Verification of training and certification,~~
 3. ~~Initial proof of freedom from tuberculosis and annual verification statement thereafter, and~~
 4. ~~Orientation and in-service training records that include:~~
 - a. ~~Class content,~~
 - b. ~~Instructor's name, and~~
 - c. ~~Signatures and job titles of those who attend.~~

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care; and

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- b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-504. Staffing Contracted Services

- ~~A. The administrator shall ensure that staffing provides:
 - 1. Adult day health services;
 - 2. Nutritional services;
 - 3. Activities program;
 - 4. Social services;
 - 5. Housekeeping services; and
 - 6. Safety program.~~
- ~~B. The administrator shall ensure that two staff members are on duty at all times when two or more participants are in the facility. One staff member, certified in cardiopulmonary resuscitation and first-aid training, shall be on duty at all times.~~
- ~~C. A registered nurse shall supervise health care needs of participants.~~
- ~~D. A licensed nurse shall be on duty daily to perform the following functions:
 - 1. Administer medications and treatments;
 - 2. Monitor participant's health status; and
 - 3. Conduct initial health assessments.~~
- ~~E. Each facility which is operated by a nursing care institution shall not share staff with the nursing care institution during the course of a day.~~

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-505. Participant Rights Personnel

- ~~A. The administrator shall establish and implement a written policy regarding participant rights and facility rules.~~
- ~~B. The administrator shall give each participant or participant's representative a list of participant rights and a copy of facility rules at the time of enrollment. The receipt of the documents shall be acknowledged in writing.~~
- ~~C. The administrator shall post the participant rights and facility rules in a conspicuous area.~~
- ~~D. The administrator and staff shall ensure that language barriers or physical handicaps do not prevent each participant or participant's representative from becoming aware of participant rights.~~
- ~~E. A participant shall have the following rights:
 - 1. To be treated with consideration, respect, and full recognition of the dignity and individuality of each participant;
 - 2. To be free from the following:
 - a. Medical, psychological, physical, and chemical abuse;
 - b. Physical restraints; and
 - c. Use of psychoactive drugs administered for the purposes of discipline or convenience and not required to treat the participant's medical symptoms;
 - 3. To refuse treatment or withdraw consent for treatment;
 - 4. To participate in the development of and receive the services specified in the care plan.
 - 5. To have medical and financial records kept in confidence. The release of such records shall be by written consent of the participant or participant's representative, except as otherwise required or permitted by law;
 - 6. To inspect the participant's own records at a time agreed upon by the participant and the facility;
 - 7. To be informed of the following:
 - a. Rates and charges for the use of the facilities; and
 - b. The process for contacting the local office of adult protective services;
 - 8. To communicate, associate, and meet privately with persons of the participant's choice;
 - 9. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the facility;
 - 10. To arrive and depart from the facility freely, consistent with the participant's care plan and personal safety; and
 - 11. To exercise other civil rights and religious liberties, including the right to make personal decisions and to submit grievances without retaliation.~~

A. An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:

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G. An administrator shall ensure that a nursing personnel member:

1. Is 18 years of age or older;
2. Is certified in cardiopulmonary resuscitation within the first month of employment;
3. Maintains current certification in cardiopulmonary resuscitation; and
4. Attends additional orientation that includes patient care and infection control policies and procedures.

R9-10-506. Participants' Council Medical Staff

~~A.~~ The participants' council shall:

1. Be composed of participants who are willing to serve on the council and take part in scheduled meetings;
2. Develop guidelines that govern the council's activities;
3. Meet quarterly and record minutes of the meeting; and
4. Provide written input to the facility staff on planned activities and facility policies.

~~B.~~ The participants' council may invite facility staff or the administrator to attend their meetings.

A. A governing authority shall require that:

1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a recovery care center;
2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
3. A medical staff member complies with medical staff bylaws and medical staff regulations;
4. The medical staff includes at least two physicians who have clinical privileges to admit patients to the recovery care center;
5. A medical staff member is available to direct patient care;
6. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
 - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
 - b. Appointing members to the medical staff, subject to approval by the governing authority;
 - c. Establishing committees including identifying the purpose and organization of each committee;
 - d. Appointing one or more medical staff members to a committee;
 - e. Requiring that each patient has a medical staff member who coordinates the patient's care;
 - f. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
 - g. Defining a medical staff member's responsibilities for the transfer of a patient;
 - h. Specifying requirements for oral, telephone, and electronic orders including which orders require identification of the time of the order;
 - i. Establishing a time-frame for a medical staff member to complete patient medical records; and
 - j. Establishing criteria for granting, denying, revoking, and suspending clinical privileges; and
7. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every 36 months and updates the bylaws and regulations as needed.

B. An administrator shall ensure that:

1. A medical staff member provides evidence of freedom from infectious tuberculosis as specified in R9-10-112;
2. A record for each medical staff member is established and maintained that includes:
 - a. A completed application for clinical privileges;
 - b. The dates and lengths of appointment and reappointment of clinical privileges;
 - c. The specific clinical privileges granted to the medical staff member including revision or revocation dates for each clinical privilege; and
 - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
 - a. For a current medical staff member, within 2 hours after the Department's request, or
 - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

R9-10-507. Enrollment Admissions

~~A.~~ Prior to enrollment, and annually thereafter, the administrator shall ensure that each participant provides to the facility the same type of evidence of being free from pulmonary tuberculosis as required of personnel in R9-10-503(A).

~~B.~~ The administrator shall enroll a participant in the facility upon written agreement between the participant or the participant's representative and the facility. The agreement shall include:

1. Enrollment requirements;
2. Statement of the customary services that the facility provides;
3. Statement of services that are available at an additional cost.

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4. Statement of all fees and charges;
 5. Procedures for termination of an enrollment agreement;
 6. Copy of participant rights and facility rules;
 7. Persons to be notified in the event of an emergency, and
 8. Copy of facility procedure on advanced directives.
- C.** The administrator shall give one copy of the enrollment agreement to the participant or participant's representative and keep the original in the participant's record.
- D.** The administrator shall ensure that each participant enrolled in the facility shall have a signed written medical assessment completed by the participant's medical provider within 60 days prior to enrollment. The assessment shall include:
1. Information that addresses the participant's health and mental status and cognitive impairments;
 2. Physical, mental, and emotional problems including medications, treatments, special dietary needs, and allergies; and
 3. Evidence of freedom from communicable diseases.
- E.** At the time of enrollment, the participant or participant's representative, in consultation with the administrator, shall determine if the participant is capable of signing in and out of the facility. This determination shall be documented in the participant's record.
- F.** The administrator shall ensure that a comprehensive written assessment of the participant is completed by the participant's 10th visit or within 30 calendar days of enrollment, whichever comes first. The assessment shall include the participant's:
1. Physical health;
 2. Mental and emotional status;
 3. Social history;
 4. Medical provider orders;
 5. Adult day health services to be provided, and
 6. Emergency information that includes the following:
 - a. Name and telephone number of participant's medical provider;
 - b. Hospital choice;
 - c. Participant's representative, family member, or care giver; and
 - d. Any advance directives.
- A.** An administrator shall ensure that a physician only admits patients to the recovery care center who require recovery care services as defined in A.R.S. § 36-448.51.
- B.** An administrator shall ensure that the following documents are in a patient's medical record at the time the patient is admitted to the recovery care center:
1. A medical history and physical examination performed or approved by a member of the recovery care center's medical staff within 30 calendar days before the patient's admission to the recovery care center.
 2. A discharge summary from the referring health care institution or physician.
 3. Physician orders, and
 4. Documentation concerning health care directives.

R9-10-508. Discharge

- A.** The administrator may terminate an enrollment agreement after giving the participant or participant's representative a five-day written notice for any of the following reasons:
1. Evidence of repeated failure to abide by the facility's rules;
 2. Documented proof of failure to pay;
 3. Behavior which is dangerous to self or which interferes with the physical or psychological well-being of other residents, or
 4. Participant's service requirements exceed those services for which the facility is licensed to provide.
- B.** The administrator shall ensure that a discharge plan is included in the care plan when the discharge is anticipated and shall include recommendations for continuing care and referrals to community service agencies.
- A.** For a patient, an administrator shall ensure that discharge planning:
1. Identifies the specific needs of the patient after discharge, if applicable;
 2. Includes the participation of the patient or the patient's representative;
 3. Is completed before discharge occurs;
 4. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
 5. Is documented in the patient's medical record.
- B.** For a patient discharge or a transfer of the patient, an administrator shall ensure that:
1. There is a discharge summary that includes:
 - a. A description of the patient's medical condition and the medical services provided to the patient, and

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- b. The signature of the medical practitioner coordinating the patient's medical services;
- 2. There is a documented discharge order for the patient by a medical practitioner coordinating the patient's medical services before discharge unless the patient leaves the recovery care center against a medical staff member's advice;
- 3. There are documented discharge instructions; and
- 4. The patient or the patient's representative is provided with a copy of the discharge instructions.

R9-10-509. Adult Day Health Services Transfer

- ~~A. The staff shall be responsible for the supervision of the participants except for the periods of the day the participant signs out or is signed out according to the facility's policies and procedures.~~
- ~~B. Staff shall provide assistance with activities of daily living and supervision of personal hygiene in accordance with the participant's care plan. Where bathing is required in the care plan, only trained staff shall provide the assistance in bathing.~~
- ~~C. Staff shall provide planned therapeutic individual and group activities in accordance with the participant's care plan. The activities shall include:
 - 1. Physical activities,
 - 2. Group discussion,
 - 3. Personal living skills training,
 - 4. Reality orientation,
 - 5. Activity daily living skills,
 - 6. Participants' council meetings, and
 - 7. Leisure time.~~
- ~~D. The administrator shall ensure that each participant's health status is monitored by a licensed nurse as follows:
 - 1. Observe changes in a participant's mental and physical condition, including monthly monitoring of participant's vital signs and nutritional status;
 - 2. Document changes in the participant's record; and
 - 3. Report changes to each participant's medical provider or representative.~~
- ~~E. The administrator shall ensure that medications are ordered, administered, stored, and destroyed as follows:
 - 1. The participant's medical provider shall order, in writing, all medications and treatments. The orders shall include the name of the medication or treatment, method of administration, dosage, and frequency.
 - 2. A licensed nurse, medical provider, or an individual as provided by law shall administer medications which cannot be self-administered.
 - 3. A licensed nurse, family member, or an individual as provided by law may prepare patient medication organizers one month in advance for self-administration by participants.
 - 4. Staff may remind and supervise a participant who is functionally capable in the self-administration of medication according to the order of the medical provider and instruction of the pharmacist as indicated on the label of the individual container of medication. Supervision may include:
 - a. Opening a bottle cap for a participant,
 - b. Reading the medication label to the participant,
 - c. Checking the self-administration dosage against the label of the container and reassuring the participant that the dosage is correct, and
 - d. Observing the participant while the medication is taken.
 - 5. Medications shall be stored as follows:
 - a. 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.
 - b. All medications, with the exception of patient medication organizers, shall be stored in their original labeled containers.
 - c. Medications requiring refrigeration shall be kept in a separate locked container within the refrigerator.
 - d. Medications for external use shall be stored separately from medications for internal use.
 - 6. All expired or discontinued medications, including those of deceased participants, shall be disposed of according to the facility's policies and procedures.
 - 7. An updated drug reference source shall be available for use by staff.~~
- ~~F. The administrator shall ensure that injuries from an accident or incident that affect the participant's health status are reported, investigated, and documented as follows:
 - 1. Participant's medical provider and representative shall be notified immediately of the injuries.
 - 2. Injuries shall be reported to Adult Protective Services pursuant to A.R.S. § 46-454, when applicable.
 - 3. A written accident or incident report shall be prepared on the day of occurrence or when any injury of unknown origin is detected. The report shall include:
 - a. Name of the participant,
 - b. Date and time of the accident or incident,
 - c. Type of accident or incident,
 - d. Injury sustained,~~

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- e. Names of witnesses, and
- f. Action taken by the facility.
- 4. The accident or incident shall be investigated within 24 hours and any corrective action documented on the report form which shall be retained by the facility for one year.
- G. The administrator shall designate a food service supervisor who shall be responsible for nutrition services that provide for the following:
 - 1. The menu pattern for each meal shall consist of:
 - a. Two servings of whole grain or enriched cereals and bread. A serving size is one slice of bread, 1/2 to 1 cup of cereal or 1/2 cup enriched grain products.
 - b. One serving of vegetables. A serving size is 1/2 (4 ounces) to 1 cup (8 ounces) of all juices and vegetables.
 - e. One serving of fruits. A serving size is 1/2 (4 ounces) to 1 cup (8 ounces) of all juices and fruits.
 - d. One serving 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.
 - e. One serving 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 or peanut butter, or two eggs.
 - 2. Two snacks a day shall be offered to participants. Snacks shall consist of a serving of each of two of the food groups listed in subsection (E)(1).
 - 3. Meals, including therapeutic meals, shall be served in accordance with preplanned menus that are prepared one week in advance and posted in an area accessible to participants.
 - 4. 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.
 - 5. If a participant requires a therapeutic diet, the administrator shall ensure that the diet shall be prescribed in writing by the participant's medical provider.
 - 6. An updated therapeutic diet reference manual shall be available for use by staff, if the facility provides therapeutic diets.
 - 7. Self-help devices that include plate guards, rocking forks, and assistive hand devices shall be available to participants who need them.
 - 8. Onsite or catered food preparation, storage, and handling shall comply with applicable food and drink regulations of 9 A.A.C. 8, Article 1.
- H. The administrator shall ensure that social services as specified in the participant's care plan are provided to each participant. The services shall include the following:
 - 1. Counseling of an individual or group basis according to the needs of the participant and the person's family, and
 - 2. Referral to therapeutic counseling services, if such services are not available at the facility.

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

- 1. A personnel member coordinates the transfer and the services provided to the patient;
- 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer,
 - b. Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
- 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, a personnel member accompanying the patient during a transfer.

R9-10-510. Care Plan Patient Rights

- A. An interdisciplinary team shall develop a care plan within seven days after the completion of the comprehensive assessment prepared in accordance with R9-10-507(F). The team shall be comprised of:
 - 1. The participant or participant's representative,
 - 2. Representatives of staff, and
 - 3. Service providers.
- B. The interdisciplinary team shall base the care plan on the participant's comprehensive assessment. The care plan shall include:
 - 1. Medical or health problems, including physical, mental, and emotional disabilities or impairments;
 - 2. Adult day health services to be provided;
 - 3. Goals and objectives of care that are time limited and measurable;

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4. ~~Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers;~~
 5. ~~Any advance directives; and~~
 6. ~~Discharge plan pursuant to R9-10-508(B).~~
- ~~C.~~ ~~The interdisciplinary team shall review and update a participant's care plan every six months or earlier when there is a significant change in the participant's condition.~~
- A.** An administrator shall ensure:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 3. There are policies and procedures that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a recovery care center's medical staff, personnel members, employees, volunteers, or students; and
 3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The recovery care center's policy on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before a patient is photographed except that a patient may be photographed when admitted to a recovery care center for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of the patient's:
 - i. Medical records, and
 - ii. Financial records.
- C.** A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy in treatment and care for personal needs;
 4. Has access to a telephone;
 5. Is advised of the recovery care center's policy regarding health care directives;
 6. May associate and communicate privately with individuals of the patient's choice;
 7. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 8. To receive a referral to another health care institution if the health care institution is unable to provide physical health services or behavioral health services for the patient;
 9. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
 10. To participate or refuse to participate in research or experimental treatment; and
 11. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

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R9-10-511. Participant Medical Records

- ~~A. The administrator shall ensure that up-to-date participant records are available to the participant or participant's representative upon 48 hours' written notice to the facility, excluding weekends and holidays.~~
- ~~B. Records for each participant shall include the following:~~
- ~~1. Full name, date of birth, Social Security number, and address;~~
 - ~~2. Names, addresses, telephone numbers of participant's representative, medical provider, and other medical and non-medical providers involved in the care of the participant;~~
 - ~~3. Enrollment agreement;~~
 - ~~4. Emergency information;~~
 - ~~5. Written acknowledgment of the receipt of copies of participant rights and facility rules;~~
 - ~~6. Signed medical provider's assessment;~~
 - ~~7. Medical provider's orders;~~
 - ~~8. Evidence of freedom from tuberculosis;~~
 - ~~9. Comprehensive assessment;~~
 - ~~10. Records of medical care and medications provided by the facility;~~
 - ~~11. Vital signs and nutritional status;~~
 - ~~12. Care plan;~~
 - ~~13. Documentation of any significant changes in participant behavior or condition, including injuries and accidents, and notification of the participant's medical provider and participant's representative;~~
 - ~~14. Signed authorization if medical information is released;~~
 - ~~15. Determination of participant's capability of signing in or out of the facility; and~~
 - ~~16. Discharge date, if applicable.~~
- ~~C. Records shall be legibly recorded in ink. Each entry shall be dated and signed. Records shall be protected at all times from possible loss, damage, or unauthorized use.~~
- ~~D. Records shall be retained for three years.~~
- ~~E. If the facility ceases operation, copies of records shall be available upon the request of the participant or participant's representative for three years from the date of closure.~~
- A. An administrator shall ensure that:**
- 1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;**
 - 2. An entry in a patient's medical record is:**
 - a. Recorded only by an individual authorized by policies and procedures to make entry;**
 - b. Dated, legible, and authenticated; and**
 - c. Not changed to make the initial entry illegible;**
 - 3. An order is:**
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;**
 - b. Authenticated by a medical staff according to policies and procedures; and**
 - c. If the order is a verbal order, authenticated by the medical staff issuing the order;**
 - 4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;**
 - 5. A patient's medical record is available to personnel member and medical staff authorized by policies and procedures;**
 - 6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law;**
 - 7. Policies and procedures that include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff or authorized personnel member; and**
 - 8. A patient's medical record is protected from loss, damage or unauthorized use.**
- B. If a recovery care center keeps patient's medical records electronically, an administrator shall ensure that:**
- 1. Safeguards exist to prevent unauthorized access, and**
 - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.**
- C. An administrator shall ensure that a recovery care center medical record for a patient contains:**
- 1. Patient information that includes:**
 - a. The patient's name;**
 - b. The patient's address;**
 - c. The patient's date of birth;**
 - d. The name and contact information of the patient's representative, if applicable; and**
 - e. Any known allergies;**
 - 2. The admission date;**
 - 3. The admitting diagnosis;**

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4. Documentation of general consent, and if applicable, informed consent;
 5. The medical history and physical examination required in R9-10-407(5);
 6. A copy of the patient's health care directive, if applicable;
 7. The name and telephone number of the patient's physician;
 8. Orders;
 9. Nursing assessment;
 10. Treatment plans;
 11. Progress notes;
 12. Documentation of recovery care center services provided to a patient;
 13. Disposition of the patient after discharge;
 14. Discharge plan;
 15. Discharge summary;
 16. Transfer documentation from referring health care institution or physician;
 17. If applicable:
 - a. A laboratory reports,
 - b. A radiologic reports,
 - c. A diagnostic reports,
 - d. Documentation of restraint or seclusion, and
 - e. A consultation report; and
 18. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The signature of the individual administering or observing the patient self-administer the medication; and
 - f. Any adverse reaction a patient has to the medication.
- D.** An administrator shall ensure that a patient's medical record is completed within 30 calendar days after the patient's discharge.

R9-10-512. Physical Plant Requirements Nursing Services

- A.** Existing facilities licensed prior to the adoption of these rules shall conform to the requirements of A.A.C. R9-1-412(B), Life Safety Code, Chapter 11, "Existing Educational Occupancies."
- B.** Facilities licensed after the effective date of these rules shall conform to the requirements applicable to educational occupancies in the codes adopted by reference in A.A.C. R9-1-412, excluding A.A.C. R9-1-412(B), Life Safety Code, Chapter 11, "Existing Educational Occupancies."
- C.** The facility shall have space to accommodate adult day health services including:
 1. Individual and group activities;
 2. Special therapies, if provided;
 3. Storage areas for program and operating supplies; and
 4. A quiet rest area for participants.
- D.** If the facility is operated by a nursing care institution, the facility shall be physically and functionally separate from the nursing care institution.
- E.** If any portion of a building is used for purposes other than adult day health care, that portion of the building which participants regularly occupy shall be used only for adult day health care purposes during operational hours.
- F.** There shall be 40 square feet or more of indoor activity space for each participant. Floor space of bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for staff use shall be excluded when computing the minimum activity space.
- G.** An outside activity space shall be provided which:
 1. Is accessible to the building without crossing thorough fares;
 2. Is free from hazards;
 3. Has a hard surfaced section for wheelchairs, and
 4. Has an available shaded area.
- H.** The facility temperature shall be maintained at a range from 68° to 82° F.
- I.** All stairs used by participants shall:
 1. Be edge-marked with high contrast color;
 2. Be slip resistant, and

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- ~~3. Have a tactile warning at the top of the stair run.~~
- ~~J. Each facility shall have bathrooms with one toilet and a sink for each 10 participants. Bathrooms shall also have toilet and bathroom fixtures, towel bars, towel and soap dispensers, and mirrors accessible and usable for all participants.~~
- ~~K. If bathing facilities are provided, all tub and shower floors shall have slip-resistant surfaces.~~
- ~~L. Dining areas shall be furnished with dining tables and chairs and large enough to accommodate all participants.~~
- ~~M. There shall be a physical separation of dining facilities from food preparation areas.~~
- ~~N. There shall be food preparation, storage, and handling areas in facilities serving food. These areas shall not be used as a passageway by participants.~~
- ~~O. All flooring shall be slip-resistant.~~
- ~~P. All swimming pools shall, unless otherwise required in 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.~~~~
- ~~Q. Swimming pools which are used by participants 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.~~~~
- A. An administrator shall appoint a registered nurse as the director of nursing who has the authority and responsibility to manage nursing services at a recovery care center.
- B. A director of nursing shall:
 - 1. Ensure that policies and procedures are developed, documented, and implemented that cover nursing assessments;
 - 2. Designate, in writing, a registered nurse to manage nursing services when the director of nursing is not present on a recovery care center's premises;
 - 3. Ensure that a recovery care center is staffed with nursing personnel according to the number of patients and their health care needs;
 - 4. Ensure that a patient receives medical services, nursing services, and health-related services based on the patient's nursing assessment and the physician's orders; and
 - 5. Ensure that medications are administered by a nurse licensed according to A.R.S. Title 32, Chapter 15 or as otherwise provided by law.
- C. An administrator shall ensure that a registered nurse completes a nursing assessment of each patient, which addresses patient care needs, when the patient is admitted to the recovery care center.
- D. An administrator shall ensure that a licensed nurse provides a patient with written discharge instructions, based on the patient's health care needs and physician's instructions, before the patient is discharged from the recovery care center.

R9-10-513. Environmental Standards Medication Services

- ~~A. The facility shall be maintained free from offensive odors, hazards, insects, rodents, and accumulations of dirt, garbage, and other refuse.~~
- ~~B. Combustible liquids, hazardous materials, and house and garden insecticides shall be safely stored in their original labeled containers, outside of the facility, in a locked area inaccessible to participants.~~
- ~~C. All windows and doors opening to the outside shall be screened if they are kept open at any time for ventilation or other purposes.~~
- ~~D. The use of a common drinking utensil is prohibited. When paper cups are used, clean single-use cups are required.~~
- ~~E. If laundry facilities are provided on the premises, soiled and clean laundry areas shall be separately maintained.~~
- ~~F. There shall be no pets allowed in treatment, food storage, food preparation, and dining areas.~~
- A. An administrator shall ensure that a recovery care center has policies and procedures in medication administration that:
 - 1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose; and
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs; and
- 2. Specify a process for review through the quality management program of:

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- a. A medication administration error, and
- b. An adverse reaction to a medication.
- B.** An administrator shall ensure that:
 - 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. A patient's refusal to take prescribed medication is documented in the patient's medical record;
 - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 - 3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record; and
 - 4. If pain medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An identification of the patient's pain before administering the medication, and
 - b. The effect of the pain medication administered.
- C.** An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members; and
 - 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medication and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- D.** When medication is stored at a recovery care center, an administrator shall ensure that:
 - 1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
 - 2. If medication is stored in a room or closet, a locked cabinet or self-contained unit is used for medication storage;
 - 3. Medication is stored according to the instructions on the medication container; and
 - 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- E.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the recovery care center's director of nursing.

R9-10-514. Safety Standards Ancillary Services

- A.** The administrator shall develop a written plan of operation with procedures to be followed in the event of fire, disaster, or threat to participant's safety. The plan shall include:
 - 1. Telephone numbers for contacting local emergency medical, fire, and other service agencies;
 - 2. The route to be used when evacuating participants; and
 - 3. Designation of the specific places to which participants will be evacuated.
- B.** The administrator shall ensure that each participant receives orientation to the facility's exits within two visits of the person's enrollment. This orientation shall be documented in the participant's record.
- C.** A current floor plan shall be posted in a central location on each floor and shall include an emergency exit plan.
- D.** A fire evacuation drill shall be conducted once every three months.
- E.** A disaster drill shall be conducted once every six months. Disaster drills may include the involvement of participants.
- F.** Records of fire and evacuation drills shall be retained for one year and include the date, time, length of time for full evacuation, and a critique of the drill.

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An administrator shall ensure that:

1. Laboratory services are provided on the premises, or are available through contract, with a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967; and
2. Pharmaceutical services are provided on the premises, or are available through contract, by a pharmacy licensed according to A.R.S. Title 32, Chapter 18.

R9-10-515. ~~Repealed Food Services~~

A. An administrator shall ensure that:

1. The recovery care center is licensed as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the recovery care center's food establishment license is maintained; and
3. If a recovery care center contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the recovery care center:
 - a. A copy of the contracted food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the recovery care center; and
 - b. The recovery care center is able to store, refrigerate, and reheat food to meet the dietary needs of a patient.

B. An administrator shall:

1. Designate a food service manager who is responsible for food service in the recovery care center; and
2. Ensure that a current therapeutic diet reference manual is available to the food service manager.

C. A food service manager shall ensure that:

1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
 - a. Is prepared at least one week in advance.
 - b. Includes the foods to be served each day.
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served.
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks provided by the recovery care center are served according to posted menus;
4. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
5. A patient is provided:
 - a. A diet that meets the patient's nutritional needs and, if applicable, the orders of the patient's physician;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (C)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (C)(4)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A patient agrees; and
 - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
6. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to a patient.

R9-10-516. ~~Repealed Emergency and Safety Standards~~

A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:

1. Basic life support procedures, including the administration of oxygen and cardiopulmonary resuscitation; and
2. Transfer arrangements for patients who require care not provided by the recovery care center.

B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the recovery care center according to policies and procedures.

C. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained, and, if necessary, implemented that includes:
 - a. When, how, and where patients will be relocated, including:
 - i. Instructions for the evacuation or transfer of patients.
 - ii. Assigned responsibilities for each personnel member, and
 - iii. A plan for providing continuing services to meet patient's needs;
 - b. How each patient's medical record will be available to personnel providing services to the patient during a disaster;

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- c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the recovery care center or the recovery care center's relocation site during a disaster;
 - 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
 - 3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 - 4. An evacuation drill for employees is conducted on each shift at least once every three months;
 - 5. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the drill;
 - b. The amount of time taken for employees to evacuate the recovery care center;
 - c. A list of the individuals who took part in the drill;
 - d. A critique of the drill, including any problems encountered in conducting the drill; and
 - e. Recommendations for improvement, if applicable; and
 - 6. An evacuation path is conspicuously posted on each hallway of each floor of the recovery care center.
- D.** An administrator shall:
- 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal.
 - 2. Make any repairs or corrections stated on the inspection report, and
 - 3. Maintain documentation of a current fire inspection.

R9-10-517. ~~Repealed~~ Environmental Standards

- A.** An administrator shall ensure the recovery care center's infection control policies and procedures include:
- 1. Development and implementation of a written plan for preventing, detecting, reporting, and controlling communicable diseases and infection;
 - 2. Handling and disposal of biohazardous medical waste; and
 - 3. Sterilization, disinfection, and storage of medical equipment and supplies.
- B.** An administrator shall ensure that:
- 1. A recovery care center's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
 - 2. A pest control program is implemented and documented;
 - 3. Equipment used to provide direct care is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 - 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 - 5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
 - 6. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
 - 7. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 - 8. Heating and cooling systems maintain the recovery care center at a temperature between 70° F and 84° F;
 - 9. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
 - 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
 - 11. Oxygen containers are secured in an upright position;

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12. Poisonous or toxic materials stored by the recovery care center are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
 13. Combustible or flammable liquids and hazardous materials stored by the recovery care center are stored in the original labeled containers or safety containers in a locked area outside the recovery care center and are inaccessible to patients;
 14. If pets or animals are allowed in the recovery care center, pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. Vaccinated as follows:
 - i. A dog is vaccinated against rabies and leptospirosis, and
 - ii. A cat is vaccinated against rabies;
 15. If a non-municipal water source is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or E. coli bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for two years after the date of the test; and
 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- C.** An administrator shall ensure that:
1. Smoking or the use of tobacco products is not permitted within a recovery care center; and
 2. Smoking and the use of tobacco products may be permitted outside a recovery care center if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.

R9-10-518. ~~Repealed Physical Plant Standards~~

- A.** An administrator shall ensure that a recovery care center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, in effect on the date the recovery care center submitted architectural plans and specifications to the Department for approval.
- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the recovery care center's scope of services; and
 2. An individual accepted as a patient by the recovery care center.
- C.** An administrator shall ensure that the recovery care center does not allow more than two beds per room.

ARTICLE 6. ~~REPEALED HOSPICES~~

R9-10-601. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Medical social services" means activities that assist a patient or the patient's family to cope with concerns about the patient's illness, finances, or personal issues and may include problem-solving, interventions, and identification of resources to address the patient's or the patient's family's concerns.
2. "Palliative care" means medical services or nursing services provided to a patient that is not curative and is designed for pain control or symptom management.

R9-10-602. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a hospice service facility or hospice inpatient facility shall include on the application:

1. For an application as a hospice service agency:
 - a. The hours of operation for the hospice's administrative office, and
 - b. The geographic region to be served by the hospice service agency; and
2. For an application as a hospice inpatient facility, the requested licensed capacity.

R9-10-603. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of the hospice;
2. Establish, in writing:
 - a. A hospice's scope of services, and
 - b. Qualifications for an administrator;
3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management plan that complies with R9-10-604;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate an acting administrator, in writing, who has the qualifications establish in subsection (A)(2)(b), if the

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administrator is:

- a. Expected not to be present:
 - i. At a hospice service agency's administrative office for more than 30 calendar days; or
 - ii. On a hospice inpatient facility's premises for more than 30 calendar days; or
- b. Not present:
 - i. At a hospice service agency's administrative office for more than 30 calendar days; or
 - ii. On a hospice inpatient facility's premises for more than 30 calendar days; and

7. Except as provided in subsection (A)(6), notify the Department according to § A.R.S. 36-425(I) when there is a change in the administrator and provide the name and qualifications of the new administrator.

B. An administrator is:

1. Directly accountable to the governing authority of a hospice for the daily operation of the hospice and services provided by or through the hospice;
2. Have the authority and responsibility to manage the hospice;
3. Except as provided in subsection (A)(6), shall designate, in writing, an individual who is responsible for services provided by the:
 - a. Hospice service agency when the administrator is not present at the hospice service agency's administrative office; or
 - b. Inpatient hospice facility when the administrator is not on inpatient hospice facility's premises; and
4. Designate a personnel member to provide direction for volunteers.

C. An administrator shall:

1. Establish, document, and implement policies and procedures that:
 - a. Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Include a method to identify a patient to ensure the patient receives hospice services as ordered;
 - e. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - f. Cover specific steps and deadlines for:
 - i. A patient to file a complaint, and
 - ii. The hospice service agency to respond to and resolve a patient's complaint;
 - g. Cover health care directives;
 - h. Cover medical records, including electronic medical records;
 - i. Cover a quality management program, including incident report and supporting documentation; and
 - j. Cover contracted services;
2. Policies and procedures for hospice services are established, documented, and implemented that:
 - a. Cover patient screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of hospice services;
 - c. Include when general consent and informed consent are required;
 - d. Cover dispensing, administering, and disposing of medication;
 - e. Cover infection control; and
 - f. Cover telemedicine, if applicable;
3. For a hospice inpatient facility, establish, document, and implement policies and procedures that:
 - a. Cover visitation of a patient, including:
 - i. Allowing visitation by individuals 24 hours a day, and
 - ii. Allowing a visitor to bring a pet to visit the patient;
 - b. Cover the use and display of a patient's personal belongings; and
 - c. Cover environmental services that affect patient care;
4. Policies and procedures are reviewed at least once every two years and updated as needed;
5. Policies and procedures are available to personnel members, employees, volunteers, and students; and
6. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospice, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospice.

D. An administrator shall ensure that the following are conspicuously posted:

1. The current Department-issued license;
2. The current telephone number of the Department; and

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3. The location at which the following are available for review:
 - a. A copy of the most recent Department inspection report;
 - b. A list of the services provided by the hospice;
 - c. A written copy of rates and charges, as required in A.R.S. § 36-436.03; and
 - d. A list of patient rights.

R9-10-604. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care; and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-605. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-606. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
3. Personnel members are present on a hospice's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the hospice's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
4. Orientation occurs within the first week of providing hospice services and includes:
 - a. Informing personnel about Department rules for licensing and regulating hospices and where the rules may be obtained,
 - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospice, and
 - c. Providing the information required by hospice policies and procedures;
5. Personnel receive in-service education according to criteria established in hospice policies and procedures;

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6. In-service education documentation for a personnel member includes:
 - a. The subject matter;
 - b. The date of the in-service education; and
 - c. The signature, rubber stamp, or electronic signature code of each individual who participated in the in-service education; and
7. A personnel member, or an employee or a volunteer who has direct interaction with a patient, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- B.** An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student:
 1. The individual's name, date of birth, home address, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date;
 3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures; and
 - e. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(7);
 4. Is maintained:
 - a. Throughout the individual's period of providing services in or for the hospice, and
 - b. For at least two years after the last date the individual provided services in or for the hospice; and
 5. For an individual who has not worked in the hospice during the previous 12 months, is provided to the Department within 72 hours after the Department's request.

R9-10-607. Admissions

- A.** Before admitting an individual as a patient, an administrator shall obtain:
 1. The name of the individual's physician;
 2. Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that is likely to cause the individual's death in six months or less; and
 3. Documentation from the individual or the individual's representative acknowledging that:
 - a. Hospice service includes palliative care and supportive care and is not curative, and
 - b. The individual or individual's representative has received:
 - i. A list of services to be provided by the hospice, and
 - ii. A list of patient rights.
- B.** At the time of admission, a physician or registered nurse shall:
 1. Assess a patient's medical, social, nutritional, and psychological needs; and
 2. As applicable, obtain informed consent or general consent.
- C.** Before or at the time of admission, a social worker shall assess the social and psychological needs of a patient's family, if applicable.

R9-10-608. Transfer

- Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer,
 - b. Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, a personnel member accompanying the patient during a transfer.

R9-10-609. Patient Rights

- A.** An administrator shall ensure that:
 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 3. There are policies and procedures that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).

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B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a hospice's personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;
 - d. Consents to photographs of the patient before a patient is photographed except that a patient may be photographed when admitted to a hospice for identification and administrative purposes;
 - e. Except as otherwise permitted by law, provides written consent to the release of the patient's:
 - i. Medical records, and
 - ii. Financial records;
 - f. Is informed of:
 - i. The components of hospice service provided by the hospice;
 - ii. The rates and charges for the components of hospice service before the components are initiated and before a change in rates, charges, or services;
 - iii. The hospice's policy on health care directives; and
 - iv. The patient complaint process; and
 - g. Is informed that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the hospice inpatient facility is unable to provide physical health services or behavioral health services for the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-610. Medical Records

A. An administrator shall ensure that:

1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner issuing the order;

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4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
5. A patient's medical record is available to a personnel member, medical practitioner, or behavioral health professional authorized by policies and procedures to access the patient's medical record;
6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law; and
7. A patient's medical record is protected from loss, damage or unauthorized use.
- B.** If a hospice keeps a patient's medical records electronically, an administrator shall ensure that:
 1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
 1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's telephone number;
 - d. The patient's date of birth;
 - e. The name and contact information of the patient's representative, if applicable; and
 - f. Any known allergy;
 2. Admission date and date that the patient stopped receiving services from the hospice;
 3. Name and telephone number of the patient's physician;
 4. Admitting diagnosis;
 5. Documentation of general consent, and if applicable informed consent, for treatment by the patient or the patient's representative except in an emergency;
 6. Documentation of medical history;
 7. Copy of the patient's living will, health care power of attorney, or other health care directive, if applicable;
 8. Orders;
 9. Assessment required in R9-10-607;
 10. Care plans;
 11. Progress notes for each patient contact including:
 - a. The date of the patient contact,
 - b. The services provided,
 - c. A description of the patient's condition, and
 - d. Instructions given to the patient or patient's representative;
 12. Documentation of hospice services provided to a patient;
 13. Documentation of restraint or seclusion, if applicable;
 14. Documentation of coordination of patient care;
 15. Documentation of contacts with the patient's physician by a personnel member;
 16. Discharge summary, if applicable;
 17. If applicable, transfer documentation from a sending health care institution; and
 18. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain when initially administered or when administered PRN:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication when initially administered or when administered PRN:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a patient has to the medication.

R9-10-611. Repealed Care Plan

- A.** An administrator shall ensure that a care plan is developed for each patient:
 1. Based on the:
 - a. Assessment of the:
 - i. Patient; and
 - ii. Patient's family, if applicable;
 - b. Hospice service agency's or inpatient hospice facility's scope of service;
 2. With participation from a:

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- a. Physician;
- b. Registered nurse, and
- c. Social worker; and
- 3. That includes:
 - a. The patient's diagnosis;
 - b. The patient's health care directives;
 - c. The patient's cognitive awareness of self, location, and time;
 - d. The patient's functional abilities and limitations;
 - e. Goals for pain control and symptom management;
 - f. The type, duration, and frequency of services to be provided to the patient and, if applicable, the patient's family;
 - g. Treatments the patient is receiving from a health care institution or health care professional other than the hospice, if applicable;
 - h. Medications ordered for the patient;
 - i. Any known allergies;
 - j. Nutritional requirements and preferences; and
 - k. Specific measures to improve the patient's safety and protect the patient against injury.

B. An administrator shall ensure that:

- 1. A request for participation in a patient's care plan is made to the patient or patient's representative;
- 2. An opportunity for participation in the patient's care plan is provided to the patient, patient's representative, or patient's family; and
- 3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the patient's medical record.

C. An administrator shall ensure that:

- 1. Hospice service is provided to a patient and, if applicable, the patient's family according to the patient's care plan;
- 2. A patient's care plan is reviewed and updated:
 - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
 - b. If the patient's physician orders a change in the care plan; and
 - c. At least every 30 calendar days; and
- 3. A patient's physician authenticates the care plan with a signature within 14 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

R9-10-612. Repealed Hospice Services

A. An administrator shall ensure that the following are included in the hospice service provided by the hospice:

- 1. Medical services;
- 2. Nursing services;
- 3. Nutritional services, including menu planning and the designation of the kind and amount of food appropriate for a patient;
- 4. Medical social services, provided as follows:
 - a. For medical social services under the practice of social work as defined in A.R.S. § 32-3251, by a clinical social worker, licensed according to A.R.S. § 32-3293, or a licensed baccalaureate social worker according to A.R.S. § 32-3291; and
 - b. For other medical social services, by an individual with a master's or higher degree in social work who has at least one year of social work experience in a health care setting or by a licensed baccalaureate social worker, according to A.R.S. § 32-3291;
- 5. Bereavement counseling for a patient's family for at least one year after the death of a patient; and
- 6. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity.

B. In addition to the services specified in subsection (A), an administrator of a hospice service agency shall ensure that the following are included in the hospice service provided by the hospice:

- 1. Home health aide services;
- 2. Respite care services; and
- 3. Supportive services, as defined in A.R.S. § 36-151.

C. An administrator shall ensure that the medical director provides direction for medical services provided by or through the hospice.

D. A medical director shall ensure that:

- 1. A patient's need for medical services is met, according to the patient's care plan and a hospice's scope of services; and
- 2. If a patient is receiving medical services not provided by or through the hospice, hospice services are coordinated with the physician providing medical services to the patient.

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E. A director of nursing shall ensure that:

1. A registered nurse or practical nurse provides nursing services according to the hospice's policies and procedures;
2. A sufficient number of nurses are available to provide the nursing services identified in each patient's care plan;
3. The care plan for a patient is implemented;
4. A personnel member is only assigned to provide services the personnel member can competently perform;
5. A registered nurse:
 - a. Assigns tasks in writing to a home health aide who is providing home health aide service to a patient.
 - b. Provides direction for the home health aide services provided to a patient, and
 - c. Verifies the competency of the home health aide in performing assigned tasks;
6. A registered dietitian or a personnel member under the direction of a registered dietitian plans menus for a patient;
7. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact;
8. A patient's physician is immediately informed of a change in the patient's condition that requires medical services; and
9. The implementation of a patient's care plan is coordinated among the personnel members providing hospice service to the patient.

R9-10-613. ~~Repealed~~ Medication Services

A. If a hospice provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:

1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results.
 - ii. The prescribed medication's potential adverse reactions.
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error.
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
 - d. Procedures for documenting medication services and assistance in the self-administration of medication;
 - e. Procedures for assisting a patient in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. If a hospice provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. A patient's refusal to take prescribed medication is documented in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record; and
4. If pain medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An identification of the patient's pain before administering the medication, and
 - b. The effect of the pain medication administered.

C. If a hospice provides assistance in the self-administration of medication, an administrator shall ensure that:

1. A patient's medication is stored by the hospice;
2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;

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- d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the patient at the time stated on the medication container label; or
 - e. Observing the patient while the patient takes the medication;
 - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner, a pharmacist, or a registered nurse;
 - 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse;
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
 - 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 - 6. Assistance with the self-administration of medication provided to a patient:
 - a. Is in compliance with an order, and
 - b. Is documented in the patient's medical record.
 - D.** An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members;
 - 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by the hospice's policies and procedures is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medication and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
 - E.** When medication is stored at a hospice inpatient facility, an administrator shall ensure that:
 - 1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
 - 2. If a room or closet is used to store medication, a locked cabinet or self-contained unit is used for medication storage;
 - 3. Medication is stored according to the instructions on the medication container; and
 - 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
 - F.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the hospice's director of nursing.
- R9-10-614. ~~Repealed~~ Infection Control**
- A.** An administrator shall ensure that:
 - 1. An infection control program is established, under the direction of an individual qualified according to the hospice's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases; and

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- d. Documenting infection control activities including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken relating to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
 - 2. Infection control documents are maintained for at least two years after the date of the documents;
 - 3. Policies and procedures are established, documented, and implemented that cover:
 - a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
 - b. Handling and disposal of biohazardous medical waste;
 - c. Sterilization and disinfection of medical equipment and supplies;
 - d. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - e. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a patient;
 - f. Training of personnel members in infection control practices; and
 - g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
 - 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
 - 5. A personnel member washes hands or use a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.
- B.** An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.

R9-10-615. ~~Repealed~~ Food Services for a Hospice Inpatient Facility

- A.** An administrator of a hospice inpatient facility shall ensure that:
- 1. A food menu:
 - a. Is prepared at least one week in advance.
 - b. Includes the foods to be served each day.
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served.
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 - 2. Meals and snacks provided by the hospice inpatient facility are served according to posted menus;
 - 3. Meals for each day are planned using:
 - a. The applicable meal planning guides in <http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/MealPattern.htm>; and
 - b. Preferences for meals and snacks obtained from patients;
 - 4. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 - 5. Water is available and accessible to patients at all times, unless otherwise stated in a patient's care plan.
- B.** An administrator of a hospice inpatient facility 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. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient, such as cut, chopped, ground, pureed, or thickened;
 - 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 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 - 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
 - 6. Frozen foods are stored at a temperature of 0° F or below; and
 - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

C. An administrator shall ensure that:

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1. For a hospice inpatient facility with a licensed capacity of more than 20 beds, the hospice inpatient facility:
 - a. Is licensed as a food establishment under 9 A.A.C. 8, Article 1, and
 - b. Maintains a copy of the hospice inpatient facility's food establishment license;
2. If the hospice inpatient facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospice inpatient facility a copy of the contracted food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the hospice inpatient facility; and
3. Food is stored, refrigerated, and reheated to meet the dietary needs of a patient.

R9-10-616. ~~Repealed~~ Emergency and Safety Standards for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where patients will be relocated, including:
 - i. Instructions for the evacuation, transport, or transfer of patients,
 - ii. Assigned responsibilities for each personnel member, and
 - iii. A plan for providing continuing services to meet patient's needs;
 - b. How each patient's medical record will be available to personnel providing services to the patient during a disaster;
 - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the hospice inpatient facility or the hospice inpatient facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. An evacuation drill for employees is conducted on each shift at least once every three months;
4. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees to evacuate the hospice inpatient facility;
 - c. Any problems encountered in conducting the evacuation drill; and
 - d. Recommendations for improvement, if applicable; and
5. An evacuation path is conspicuously posted on each hallway of each floor of the hospice inpatient facility.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-617. ~~Repealed~~ Environmental Standards for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover:
 - a. Transport, storage, and cleaning of soiled linens and clothing;
 - b. Housekeeping procedures that ensure a clean environment; and
 - c. Isolation of a patient who may spread an infection;
2. The premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury or illness;
3. A pest control program is implemented and documented;
4. Equipment used at the hospice inpatient facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in the hospice inpatient facility's policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
7. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and

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- c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
- 8. Heating and cooling systems maintain the hospice inpatient facility at a temperature between 70° F and 84° F at all times;
- 9. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
- 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
- 11. Oxygen containers are secured in an upright position;
- 12. Poisonous or toxic materials stored in the hospice inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to patients;
- 13. Except for medical supplies needed by a patient, combustible or flammable liquids and hazardous materials are stored outside the hospice inpatient facility in the original labeled containers or safety containers in a storage area that is locked and inaccessible to patients;
- 14. If pets or animals are allowed in the hospice inpatient facility, pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. Vaccinated as follows:
 - i. A dog is vaccinated against rabies and leptospirosis; and
 - ii. A cat is vaccinated against rabies;
- 15. If a non-municipal water source is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coli form or E. coli bacteria and corrective action is taken to ensure the water is safe to drink, and
 - b. Documentation of testing is retained for two years after the date of the test; and
- 16. 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.
- B.** An administrator of a hospice inpatient facility shall ensure that a patient is allowed to use and display personal belongings.

R9-10-618. ~~Repealed~~ Physical Plant Standards for a Hospice Inpatient Facility

- A.** An administrator shall ensure that a hospice inpatient facility complies with applicable requirements for Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412.
- B.** An administrator of a hospice inpatient facility shall ensure that the premises and equipment are sufficient to accommodate:
 - 1. The services stated in the hospice inpatient facility's scope of services, and
 - 2. An individual accepted as a patient by the hospice inpatient facility.
- C.** An administrator of a hospice inpatient facility shall ensure that a patient's sleeping area:
 - 1. Is shared by no more than four patients;
 - 2. Measures at least 80 square feet of floor space per patient, not including a closet;
 - 3. Has walls from floor to ceiling;
 - 4. Contains a door that opens into a hallway, common area, or outdoors;
 - 5. Is at or above ground level;
 - 6. Is vented to the outside of the hospice inpatient facility;
 - 7. Has a working thermometer for measuring the temperature in the sleeping area;
 - 8. For each patient, has a:
 - a. Bed.
 - b. Bedside table.
 - c. Bedside chair.
 - d. Reading light.
 - e. Privacy screen or curtain, and
 - f. Closet or drawer space;
 - 9. Is equipped with a bell, intercom, or other mechanical means for a patient to alert a personnel member;
 - 10. Is no farther than 20 feet from a room containing a toilet and a sink;
 - 11. Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
 - 12. Contains one of the following to provide sunlight:
 - a. A window to the outside of the hospice inpatient facility, or
 - b. A transparent or translucent door to the outside of the hospice inpatient facility; and
 - 13. Has coverings for windows and for transparent or translucent doors that provide patient privacy.
- D.** An administrator of a hospice inpatient facility shall ensure that there is:

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1. For every six patients, a toilet room that contains:
 - a. At least one working toilet that flushes;
 - b. At least one working sink with running water;
 - c. Soap for hand washing;
 - d. Paper towels or a mechanical air hand dryer;
 - e. Grab bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect;
 - f. A mirror;
 - g. Lighting;
 - h. Space for a personnel member to assist a patient;
 - i. A bell, intercom, or other mechanical means for a patient to alert a personnel member; and
 - j. An operable window to the outside of the hospice inpatient facility or other means of ventilation;
2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip-resistant surface, located in a toilet room or in a separate bathing room;
3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;
4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;
5. A room other than a sleeping area that can be used for social activities;
6. Sleeping accommodations for family members;
7. A designated toilet room, other than a patient toilet room, for personnel and visitors that:
 - a. Provides privacy; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
8. If the hospice inpatient facility has a kitchen with a stove or oven, a mechanism to vent the stove or oven to the outside of the hospice inpatient facility; and
9. Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas.

ARTICLE 7. ASSISTED LIVING BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

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;~~

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- 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. "Bed bound" 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.
 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 A.R.S. 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.

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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 one 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.
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 onsite 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.

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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.
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 eight 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.

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- 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.

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

- 1. "Emergency safety response" means physically holding a resident to manage the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.
- 2. "Resident" means a patient admitted to a behavioral health residential facility:
 - a. With the expectation that the patient will be present in the behavioral health residential facility for more than 24 hours; or
 - b. For respite services.
- 3. "Resident's representative" means:
 - a. The resident's legal guardian;
 - b. If the resident is under 18 years of age and not an emancipated minor, the resident's parent;
 - c. If the resident is 18 years of age or older or an emancipated minor, an individual acting on behalf of the resident with the written consent of the resident or the resident's legal guardian; or
 - d. A surrogate as defined in A.R.S. § 36-3201.
- 4. "Treatment plan" means a description of the specific services that a behavioral health residential facility plans to provide to a resident.

R9-10-702. Licensing Classifications Supplemental Application Requirements

- ~~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 one 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 onsite 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)(e), or R9-10-720(C)(2)(e) 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~~

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- e. 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;
 - e. 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;
 - e. 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.
 - e. 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.
 - e. 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 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
 - e. The Department determines that the health, safety, or welfare of residents is not protected by the exception.

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant shall include on the application:

- 1. For the licensed capacity for a behavioral health residential facility:
 - a. The requested licensed capacity for providing behavioral health services to individuals under 18 years of age, and
 - b. The requested licensed capacity for providing behavioral health residential services to individuals 18 years of age and older;
- 2. For the licensed capacity for an outdoor behavioral health care program:
 - a. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 12 to 17 years of age, and
 - b. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 18 to 24

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- years of age;
3. Whether the applicant is requesting authorization to provide:
 - a. Residential services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently, or
 - b. Personal care services;
 4. For a behavioral health residential facility providing respite services, the requested number of individuals the behavioral health residential facility plans to admit for respite services who do not stay overnight in the behavioral health residential facility; and
 5. For an outdoor behavioral health care program, a copy of the outdoor behavioral health care program's accreditation report.

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;~~
 2. ~~Designate an onsite 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:~~

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- 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;
 - e. 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, one 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;
 - e. 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 two 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:
 - 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 three months.
- A.** A governing authority shall:
1. Consist of one or more individuals accountable for the organization, operation, and administration of a behavioral health residential facility;

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2. Establish in writing:
 - a. A behavioral health residential facility's scope of services, and
 - b. Qualifications for an administrator;
 3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
 4. Adopt a quality management program according to R9-10-704;
 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 6. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Not expected to be present on a behavioral health residential facility's premises for more than 30 calendar days,
or
 - b. Not present on a behavioral health residential facility's premises for more than 30 calendar days; and
 7. Except as provided in subsection (A)(6), notify the Department according to § A.R.S. 36-425(I) when there is a change in the administrator.
- B. An administrator:**
1. Is directly accountable to the governing authority for the operation of a behavioral health residential facility and services provided by or at the behavioral health residential facility;
 2. Has the authority and responsibility to manage the behavioral health residential facility; and
 3. Except as provided in subsection (A)(7), designates, in writing, an individual who is on the behavioral health residential facility's premises and is available and accountable for the services provided by the behavioral health residential facility when the administrator is not present on the behavioral health residential facility's premises.
- C. An administrator shall ensure that:**
1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a resident;
 - d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - e. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - f. Cover first aid training;
 - g. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
 - h. Cover specific steps and deadlines for:
 - i. A resident to file a complaint;
 - ii. The behavioral health residential facility to respond to and resolve a resident complaint; and
 - iii. The behavioral health residential facility to obtain documentation of fingerprint clearance, if applicable;
 - i. Cover medical records, including electronic medical records;
 - j. Cover a quality management program, including incident report and supporting documentation;
 - k. Cover contracted services; and
 - l. Cover when an individual may visit a resident in a behavioral health residential facility;
 2. Policies and procedures for behavioral health residential facility services and physical health services are established, documented, and implemented that:
 - a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge plan, and discharge;
 - b. Cover resident outings;
 - c. Include when general consent and informed consent are required;
 - d. Cover the provision of behavioral health services and physical health services;
 - e. Cover administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - f. Cover respite services;
 - g. Cover services provided by an outdoor behavioral health care program, if applicable;
 - h. Cover infection control;
 - i. Cover resident time out;
 - j. Cover environmental services that affect resident care;

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- I.** An administrator shall:
 - 1. Establish and document requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
 - 2. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
 - 3. If children under the age of 12, who are not admitted to a behavioral health residential facility, are residing at the behavioral health residential facility and being cared for by employees or personnel members, ensure that:
 - a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the age of children being cared for, and
 - b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained based on the age of the youngest child in the group;
 - 4. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
 - 5. Establish and document the criteria for determining when a resident's absence is unauthorized, including whether the resident was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3, is absent against medical advice, or is under the age of 18;
 - 6. If a resident's absence is unauthorized as determined according to the criteria in subsection (I)(5), submit a written report within an hour of the determination to:
 - a. For a resident who is less than 18 years of age, the resident's parent or legal guardian; and
 - b. For a resident who is under a court's jurisdiction, the appropriate court;
 - 7. Maintain a written log of unauthorized absences for 2 years after the date of a resident's absence that includes:
 - a. The name of a resident absent without authorization;
 - b. Name of person to whom the report required in subsection (I)(6) was submitted; and
 - c. Date of report; and
 - 8. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.
- J.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
 - 1. The resident rights listed in R9-10-711.
 - 2. The behavioral health residential facility's current license,
 - 3. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and
 - 4. The calendar days and times when a resident may accept visitors or make telephone calls.
- K.** An administrator shall ensure that:
 - 1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;
 - 2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
 - 3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
 - 4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.
- L.** An administrator shall:
 - 1. If the administrator determines that a resident is incapable of handling the resident's financial affairs:
 - a. Notify the resident's representative or contacts a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
 - b. Maintain documentation of the notification required in subsection (L)(1)(a) in the resident's medical record for 12 months after the date of the notification; and
 - 2. If a resident refuses medical services or nursing services:
 - a. Notify the resident's primary care provider or other medical practitioner, and
 - b. Maintain documentation of the notification required in subsection (L)(2)(a) in the resident's medical record for at least 12 months after the date of notification.
- M.** If an administrator manages a resident's money through a personal funds account, the administrator shall ensure:
 - 1. Policies and procedure are established, developed, and implemented for:
 - a. Using resident's funds in a personal funds account,
 - b. Protecting resident's funds in a personal funds account,
 - c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
 - d. Processing each deposit into and withdrawal from a personal funds account, and
 - e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
 - 2. The personal funds account is only initiated after receiving a written request that:

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- a. Is provided:
 - i. Voluntarily by the resident.
 - ii. By the resident's representative, or
 - iii. By a court of competent jurisdiction;
- b. May be withdrawn at any time; and
- c. Is maintained in the resident's record.

R9-10-704. ~~Abuse, Neglect, and Exploitation Prevention and Reporting Quality Management~~

~~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.~~

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-705. ~~Limitations on Level of Contracted 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.~~

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

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

~~A. A licensee shall ensure that:~~

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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 one of the following as evidence of being free from pulmonary tuberculosis:~~
 - a. ~~A report of a negative Mantoux skin test administered within six months of submitting the report; or~~
 - b. ~~A written physician's statement dated within six 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~~
 - e. ~~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 one 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 one 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;~~
 - e. ~~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 one 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;~~
 - e. ~~For supervisory care services, personal care services, or directed care services, one of the following:~~
 - 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 three 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);~~
 - e. ~~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~~

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- 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 two personal and two 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.~~
- A.** An administrator shall ensure that:
 - 1. A personnel member is at least 21 years old.
 - 2. An employee is at least 18 years old.
 - 3. A student is at least 18 years old, and
 - 4. A volunteer is at least 21 years old.
- B.** An administrator shall ensure that:
 - 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the residents receiving behavioral health services or physical health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description.
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
 - 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
 - 3. The behavioral health residential facility has personnel members with the qualifications, experience, skills, and knowledge necessary to:
 - a. Provide the behavioral health services, physical health services, and ancillary services in the behavioral health residential facility's scope of services;
 - b. Meet the needs of a resident; and
 - c. Ensure the health and safety of a resident.
- C.** For a behavioral health paraprofessional and a behavioral health technician, an administrator shall comply with the requirements in R9-10-114.
- D.** An administrator shall ensure that:
 - 1. A written plan is developed and implemented to provide orientation specific to the duties of the personnel member, employee, volunteer, or student;
 - 2. A personnel member completes orientation before providing services related to resident care;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A written plan is developed and implemented to provide personnel member in-service education specific to the duties of the personnel member; and
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- E.** An administrator shall ensure that a personnel member or an employee, volunteer, or student who has direct interaction

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with a resident, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.

- F.** An administrator shall ensure that a personnel member or employee record is maintained for each that contains:
1. The individual's name, date of birth, home address, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. If the behavioral health residential facility provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
 - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-114;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(d);
 - h. First aid training, if required for the individual according to this Article or policies and procedures; and
 - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E).
- G.** An administrator shall ensure that personnel records are maintained:
1. Throughout an individual's period of providing services in or for the behavioral health residential facility; and
 2. For at least two years after the last date the individual provided services in or for the behavioral health residential facility.
- H.** An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the behavioral health residential facility:
1. At least one personnel member who is present at the behavioral health residential facility during hours of behavioral health residential facility operation, and
 2. Each personnel member participating in an outing.
- I.** An administrator shall ensure that:
1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
 2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
 3. The behavioral health residential facility has sufficient personnel members to provide general resident supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each resident;
 4. There is a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 - b. Includes documentation of the employees who work each calendar day and the hours worked by each employee;
 - c. Is maintained for 12 months after the last date on the documentation; and
 - d. Is provided to the Department for review within two hours of the Department's request;
 5. A behavioral health professional is present at the behavioral health residential facility or on-call;
 6. A registered nurse is present at the behavioral health residential facility or on-call; and
 7. If a resident requires services that the behavioral health residential facility is not licensed or able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

R9-10-707. ~~Employee Orientation and Ongoing Training~~ Admission; Assessment

- 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.
- B.** A licensee shall ensure that each manager and caregiver completes a minimum of six hours of ongoing training every 12

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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 CPR 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.

A. An administrator shall ensure that:

1. A resident is admitted based upon the resident's presenting behavioral health issue and treatment needs and the behavioral health residential facility's scope of services;
2. A behavioral health professional, authorized by policies and procedures to accept a resident for admission, is available;
3. General consent is obtained from:
 - a. An adult resident or the resident's representative before or at the time of admission, or
 - b. A resident's representative, if the resident is not an adult;
4. The general consent obtained in subsection (A)(3) is documented in the resident's medical record;
5. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within seven calendar days after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within seven calendar days after admission;
6. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note into or a nurse enters a progress note in the resident's medical record at the time of admission;
7. Except as provided in subsection (A)(8), an assessment for a resident is completed before treatment for the resident is initiated;
8. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains an assessment that was completed within 12 months before the date of the resident's current admission:
 - a. The resident's assessment information is reviewed and updated if additional information that affects the resident's assessment is identified, and
 - b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;
9. An assessment:
 - a. Documents a resident's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history;
 - ix. Symptoms reported by the resident; and
 - x. Referrals needed by the resident, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the resident's needs,
 - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
 - iii. The signature and date signed of the personnel member conducting the assessment; and
 - c. Is documented in resident's medical record; and

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10. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition.
- B.** An administrator shall ensure that:
 1. A request for participation in a resident's assessment is made to the resident or the resident's representative.
 2. An opportunity for participation in the resident's assessment is provided to the resident or the resident's representative, and
 3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the resident's medical record.
- C.** An administrator shall ensure that a resident's assessment information is documented in the medical record within 48 hours after completing the assessment.
- D.** An administrator shall ensure that:
 1. A resident's assessment information is reviewed and updated when additional information that affects the resident's assessment is identified, and
 2. A resident's assessment information is completed and documented in the resident's medical record within 48 hours after completing the resident's assessment.
- E.** If a behavioral health residential facility provides respite services, an administrator shall ensure that:
 1. Upon admission of a resident for respite services:
 - a. A medical history and physical examination of the resident:
 - i. Is performed; or
 - ii. Dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
 - b. A treatment plan that meets the requirements in R9-10-708:
 - i. Is developed; or
 - ii. Dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility; and
 - c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record;
 2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident including residents who do not stay overnight; and
 3. In addition to the requirements in R9-10-722(B)(3), toilets and hand washing sinks are available to residents, including residents who do not stay overnight, as follows:
 - a. There is at least one working toilet that flushes and one sink with running water for every 10 residents;
 - b. There are at least two working toilets that flush and two sinks with running water if there are 11 to 25 residents; and
 - c. There is at least one additional working toilet that flushes and one additional sink with running water for each additional 20 residents.

R9-10-708. Personnel Requirements Treatment Plan

- 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.
- A.** An administrator shall ensure that a treatment plan is developed and implemented for each resident that is:
 1. Based on the assessment and on-going changes to the assessment of the resident;
 2. Completed:
 - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
 - b. Before the resident receives physical health services or behavioral health services or within 48 hours after the

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- assessment is completed;
3. Documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;
 4. Includes:
 - a. The resident's presenting issue;
 - b. The physical health services or behavioral health services to be provided to the resident;
 - c. The signature of the resident or the resident's representative, and date signed, or documentation of the refusal to sign;
 - d. The date when the resident's treatment plan will be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge; and
 - f. The signature of the personnel member who developed the treatment plan and the date signed;
 5. If the treatment plan was completed by a behavioral health technician, reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and
 6. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan.
 - b. When a treatment goal is accomplished or changed.
 - c. When additional information that affects the resident's assessment is identified, and
 - d. When a resident has a significant change in condition or experiences an event that affects treatment.
- B.** An administrator shall ensure that:
1. A request for participation in developing a resident's treatment plan is made to the resident or the resident's representative.
 2. An opportunity for participation in developing the resident's treatment plan is provided to the resident or the resident's representative, and
 3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the resident's medical record.

R9-10-709. Residency Agreements Discharge

- 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;~~
 - 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 five 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 one 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~~

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- e. 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
 - e. 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 one 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 subsections (E)(1) and (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;
 - e. 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), (2), or (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 subsections (H)(1) and (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
 - e. An accounting of any deduction from fees or deposits; and
 - 2. All fees or deposits required by this Section and personal funds.
- A.** An administrator shall ensure that a discharge plan for a resident is:
 - 1. Developed that:
 - a. Identifies any specific needs of the resident after discharge,
 - b. Is completed before discharge occurs,
 - c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
 - 2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
 - 3. Provided to the resident or the resident's representative before the discharge occurs.
- B.** An administrator shall ensure that:
 - 1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
 - 2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resi-

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- dent's representative, and
3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the resident's medical record.
- C.** An administrator shall ensure that a resident is discharged from a behavioral health residential facility:
1. When the resident's treatment goals are achieved, as documented in the resident's treatment plan; or
 2. When the resident's treatment needs are not consistent with the services that the behavioral health residential facility is authorized or able to provide.
- D.** An administrator shall ensure that there is a documented discharge order by a medical practitioner before a resident is discharged unless the resident leaves the behavioral health residential facility against a medical practitioner's advice.
- E.** An administrator shall ensure that at the time of discharge a resident receives a referral for treatment or ancillary services that the resident may need after discharge, if applicable.
- F.** If a resident is discharged to any location other than a health care institution, an administrator shall ensure that:
1. Discharge instructions are documented, and
 2. The resident or the resident's representative is provided with a copy of the discharge instructions.
- G.** An administrator shall ensure that a discharge summary for a resident:
1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
 2. Includes:
 - a. The following information completed by a medical practitioner or a behavioral health professional:
 - i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
 - ii. A summary of the treatment provided to the resident;
 - iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
 - iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the behavioral health residential facility at the time of the resident's discharge; and
 - b. A description of the disposition of the resident's possessions, funds, or medications brought to the behavioral health residential facility by the resident.
- H.** An administrator shall ensure that a resident who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment, before the resident is discharged from the behavioral health residential facility if a medical practitioner for the behavioral health residential facility will not be prescribing the medication for the resident at or after discharge.

R9-10-710. Resident Rights Transport; Transfer

- 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;~~

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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.~~

A. Except for a transport of a resident due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transport and the services provided to the resident;
2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Medical records are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative;
and
3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the personnel member accompanying the resident during a transport.

B. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the resident;
2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer,
 - b. Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative;
and
3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, a personnel member accompanying the resident during a transfer.

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

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;~~

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- b. The manager or manager's designee;
 - e. 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
 - e. 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;
 - e. 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 six months for a resident receiving personal care services; and
 - iii. At least once every three 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;
 - 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.
- A.** An administrator shall ensure that:
- 1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
 - 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
 - 3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of the resident rights in subsection (E), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
- 1. A resident is treated with dignity, respect, and consideration;
 - 2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by a behavioral health residential facility's personnel members, employees, volunteers, or students;
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs,

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- except as established in a fee agreement signed by the resident or the resident's representative; or
- m. Treatment that involves the denial of:
 - i. Food;
 - ii. The opportunity to sleep; or
 - iii. The opportunity to use the toilet;
 - 3. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, is allowed to:
 - a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;
 - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
 - 4. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the resident's life or physical health, or is provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The behavioral health residential facility's policy on health care directives, and
 - ii. The resident complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of the resident's:
 - i. Medical records, and
 - ii. Financial records.
 - C. For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:
 - 1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity;
 - 2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
 - 3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.
 - D. For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsection (C)(1) through (3).
 - E. A resident has the following rights:
 - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that:
 - a. Supports and respects the resident's individuality, choices, strengths, and abilities;
 - b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or resident's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the resident's treatment needs;
 - 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes;
 - b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
 - 4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is unable to exercise a specific right or category of rights;
 - 5. To review, upon written request, the resident's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
 - 6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
 - 7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
 - 8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
 - 9. To receive a referral to another health care institution if the behavioral health residential facility is unable to provide

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physical health services or behavioral health services for the resident;

10. To participate or have the resident's representative participate in the development of or decisions concerning treatment;
11. To participate or refuse to participate in research or experimental treatment; and
12. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-712. Activity Programs Medical Records

~~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 one week in advance from the date the activity is provided;~~
 - b. ~~Is conspicuously posted;~~
 - e. ~~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.~~

A. An administrator shall ensure that:

1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
5. A resident's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;
6. Information in a resident's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a resident or the resident's representative, or as permitted by law;
7. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
8. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health residential facility maintains a resident's medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a resident's medical record contains:

1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's address;
 - c. The resident's date of birth;
 - d. The name and contact information of the resident's representative, if applicable; and
 - e. Any known allergies, including medication;
2. The name of the admitting medical practitioner or behavioral health professional;
3. An admitting diagnosis or presenting behavioral health issues;
4. Documentation of general consent, and if applicable informed consent, for treatment by the resident or the resident's representative except in an emergency;
5. Documentation of medical history and results of a physical examination;
6. A copy of resident's health care directive, if applicable;
7. Orders;

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8. Assessment;
9. Treatment plans;
10. Interval note;
11. Progress notes;
12. Documentation of behavioral health services and physical health services provided to the resident;
13. Disposition of the resident after discharge;
14. Discharge plan;
15. A discharge summary, if applicable;
16. If applicable:
 - a. Laboratory reports;
 - b. Radiologic reports;
 - c. Diagnostic reports, and
 - d. Consultation reports; and
17. Documentation of a medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain when initially administered or PRN:
 - i. An assessment of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication when initially administered or PRN:
 - i. An assessment of the resident's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a resident has to the medication.

R9-10-713. Medications Resident Outings

- 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 one 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 two 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

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- ~~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 four weeks in advance by the following individuals:~~
 - ~~a. A resident or the representative;~~
 - ~~b. A resident's relatives;~~
 - ~~e. 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;~~
 - ~~e. 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.~~

A. An administrator shall ensure that:

- 1. A vehicle owned or leased by a behavioral health residential facility to transport a resident:
 - a. Is safe and in good repair.
 - b. Contains a first aid kit.
 - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
- 2. Documentation of current vehicle insurance for a vehicle owned or leased by the behavioral health residential facility is maintained;
- 3. A driver of a vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Does not wear headphones or operate any hand-held wireless communication devices or hand-held electronic entertainment devices while operating the vehicle;
 - d. Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;
 - e. Does not leave in the vehicle an unattended:
 - i. Child,
 - ii. Resident who may be a threat to the health or safety of the resident or another individual, or
 - iii. Resident who is incapable of independent exit from the vehicle; and
 - f. Ensures the safe and hazard-free loading and unloading of residents; and
- 4. Transportation safety is maintained as follows:
 - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.

B. An administrator shall ensure that:

- 1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing;
- 2. At least two personnel members are present on an outing;
- 3. In addition to the personnel members required in subsection (B)(2), a sufficient number of personnel members are present to ensure each resident's health and safety on the outing;
- 4. Documentation is developed before an outing that includes:
 - a. The name of each resident participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and
 - f. If applicable, the license plate number of each vehicle used to transport a resident;
- 5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
- 6. Emergency information for each resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to transport the resident on the outing and includes:

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- a. The resident's name;
- b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
- c. The resident's allergies; and
- d. The name and telephone number of the individual to notify at the behavioral health residential facility in case of medical emergency or other emergency.

R9-10-714. Resident Records Time Out

- 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
 - 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 three 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.

An administrator shall ensure that a time out:

1. Is provided to a resident who voluntary decides to go in a time out;
2. Takes place in an area that is unlocked, lighted, quiet, and private;
3. Is time limited and does not exceed the amount of time as determined by the resident;
4. Does not result in a resident missing a meal if the resident is in time out at mealtime;
5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time out; and
6. Is documented in the resident's medical record, to include:
 - a. The date of the time out,
 - b. The reason for the time out,
 - c. The duration of the time out, and

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d. The action planned and taken by the administrator to prevent the use of time out in the future.

R9-10-715. Food Physical Health 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 one 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 one 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 three-day supply of perishable and a three-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 five 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° F;
5. A refrigerator contains a thermometer, accurate to plus or minus 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 six 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 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.

An administrator of a behavioral health residential facility that provides personal care services shall ensure that:

1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5); and
2. Residents receive personal care services according to the requirements in R9-10-813(A), (C), (D), and (E).

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R9-10-716. ~~Physical Plant Requirements~~ Behavioral Health Services

- 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 one 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 two 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 two individuals living in a unit or bedroom may continue to allow more than two 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 five-foot solid wall, fence, or barrier with either vertical or horizontal open spaces that do not exceed four 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.~~
- A.** An administrator shall ensure that:
1. If a behavioral health residential facility is licensed to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently, a resident admitted to the behavioral health residential facility with limited ability to function independently, in addition to behavioral health services and personnel care services as indicated in the resident's treatment plan, receives continuous protective oversight;
 2. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident's ability to function independently, in addition to receiving behavioral health services, and, if indicated in the resident's treatment plan, personal care services, is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while caring for the resident's health, safety, or personal hygiene or performing homemaking functions;
 3. Behavioral health services are provided to meet the needs of a resident and consistent with a behavioral health residential facility's scope of services;
 4. Behavioral health services:
 - a. Listed in the behavioral health residential facility's scope of services are provided on the premises; and
 - b. When in a setting or activity with more than one resident participating, are provided to residents having similar diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, to ensure that the:
 - i. Health and safety of each resident is protected, and
 - ii. Treatment needs of each resident participating are being met; and
 5. A resident does not:

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- a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
 - b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.
- B.** An administrator shall ensure that counseling is:
- 1. Offered as described in the behavioral health residential facility's scope of services.
 - 2. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
 - 3. Provided by a behavioral health professional or a behavioral health technician.
- C.** An administrator shall ensure that:
- 1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 - 2. Each counseling session is documented in a resident's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.
- D.** An administrator of a behavioral health residential facility that provides behavioral health residential services to individuals under 18 years of age:
- 1. May continue to provide behavioral health services to a resident who is 18 years of age:
 - a. If the resident:
 - i. Was admitted to the behavioral health residential facility before the resident's 18th birthday;
 - ii. Is not 21 years of age or older; and
 - iii. Is:
 - (1) Attending classes or completing coursework to obtain a high school or a high school equivalency diploma, or
 - (2) Participating in a job training program; or
 - b. Through the last calendar day of the month of the resident's 18th birthday; and
 - 2. Shall ensure that:
 - a. A resident does not receive the following from other residents at the behavioral health residential facility:
 - i. Threats,
 - ii. Ridicule,
 - iii. Verbal harassment,
 - iv. Punishment, or
 - v. Abuse;
 - b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the resident receiving services at the behavioral health residential facility;
 - c. A resident older than three years of age does not sleep in a crib;
 - d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and
 - e. A resident's educational needs are met, including providing or arranging for transportation:
 - i. By establishing and providing an educational component, approved in writing by the Arizona Department of Education; or
 - ii. As arranged and documented by the administrator through the local school district.
- E.** An administrator shall ensure that an emergency safety response is:
- 1. Only used:
 - a. By a personnel member trained to use an emergency safety response,
 - b. For the management of a resident's violent or self-destructive behavior, and
 - c. When less restrictive interventions have been determined to be ineffective;
 - 2. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated; and
 - 3. Documented as follows:
 - a. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
 - i. The date and time the emergency safety response was used;
 - ii. The name of each personnel member who used an emergency safety response;

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- iii. The specific emergency safety response used;
 - iv. Personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - v. Any injury that resulted from the emergency safety response;
 - b. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical director reviews the information in subsection (E)(3)(a); and
 - c. After the review required in subsection (E)(3)(b), the following information is entered into the resident's medical record:
 - i. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident.
 - ii. A determination of whether the resident is appropriately placed at the behavioral health residential facility, and
 - iii. Whether the resident's treatment plan was reviewed or needs to be reviewed and amended to ensure that the resident's treatment plan is meeting the resident's treatment needs.
- F.** An administrator shall ensure that:
- 1. A personnel member whose job description includes the ability to use an emergency safety response:
 - a. Completes training in crisis intervention that includes:
 - i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
 - iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
 - b. Completes training required in subsection (F)(1)(a):
 - i. Before providing behavioral health services, and
 - ii. At least once every 12 months after the date the personnel member completed the initial training;
 - 2. Documentation of the completed training in subsection (F)(1)(a) includes:
 - a. The name and credentials of the individual providing the training.
 - b. Date of the training, and
 - c. Verification of a personnel member's ability to use the training; and
 - 3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

R9-10-717. Fire and Safety Requirements Outdoor Behavioral Health Care Programs

- 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 three 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 six 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.~~
- A.** An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:
- 1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
 - 2. Continuous protective oversight is provided to a resident;
 - 3. Transportation is provided to a resident from the behavioral health residential facility's administration office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behavioral health care program is provided to the behavioral health residen-

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- tial facility's administration office for the outdoor behavioral health care program; and
4. Communication is available between the outdoor behavioral health care program personnel and:
 - a. A behavioral health professional,
 - b. A registered nurse,
 - c. An emergency medical response team, and
 - d. The behavioral health residential facility's administration office for the outdoor behavioral health care program.
- B.** An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:
1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
 2. A food menu is prepared based on the number of calendar days scheduled for the behavioral health care program;
 3. Meals and snacks provided are served according to menus;
 4. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
 5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
 6. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan;
 7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 8. Food is protected from potential contamination; and
 9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food's packaging, wrapping, or container or the positioning of the food in the ice or water.
- C.** An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:
1. The location and equipment, if applicable, used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
 2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
 3. Garbage and refuse are:
 - a. Stored in plastic bags in covered containers, and
 - b. Removed from the location used by the outdoor behavioral health care program at least once a week;
 4. Common areas:
 - a. Are lighted when in use to assure the safety of residents, and
 - b. Have sufficient lighting to allow personnel members to monitor resident activity;
 5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 6. Soiled clothing is stored in closed containers away from food storage, medications, and eating area;
 7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
 8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
 9. If a non-municipal water source is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coli form or E. coli bacteria and corrective action is taken to ensure the water is safe to drink, and
 - b. Documentation of testing is retained for two years after the date of the test; and
 10. Smoking or the use of tobacco products may be permitted away from the residents.

R9-10-718. Environmental Medication Services

A licensee shall ensure that:

1. A facility and facility grounds are:
 - a. In good repair;
 - b. Clean;
 - e. Free of odors;

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- 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;
 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 band-aids, 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.
- A.** If a behavioral health residential facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:
1. Include:
 - a. A process for providing information to a resident about medication prescribed for the resident including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner and meets the resident's needs;
 - d. Procedures for documenting medication services and assistance in the self-administration of medication;
 - e. Procedures for assisting a resident in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B.** If a behavioral health residential facility provides medication administration, an administrator shall ensure that:

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1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a resident only as prescribed; and
 - d. A resident's refusal to take prescribed medication is documented in the resident's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 3. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the resident's medical record;
 4. If pain medication is administered to a resident, documentation in the resident's medical record includes:
 - a. An identification of the resident's pain before administering the pain medication, and
 - b. The effect of the pain medication administered; and
 5. If a psychotropic medication is administered to a resident, documentation in the resident's medical record includes:
 - a. An identification of the resident's behavior before administering the psychotropic medication, and
 - b. The effect of the psychotropic medication administered.
- C.** If behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the behavioral health residential facility;
 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the resident;
 - c. Observing the resident while the resident removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the resident at the time stated on the medication container label; or
 - e. Observing the resident while the resident takes the medication;
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 6. Assistance with the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.
- D.** An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
 2. A current toxicology reference guide is available for use by personnel members; and
 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least on physician, one pharmacist, and other personnel members as determined by policies and procedures is established to:
 - i. Develop a drug formulary;
 - ii. Update the drug formulary at least every 12 months;
 - iii. Develop medication usage and medication substitution policies and procedures; and
 - iv. Specify which medication and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C.

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23; and

d. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a behavioral health residential facility, an administrator shall ensure that:

1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
2. If medication is stored in a separate room or closet, a locked cabinet is used for medication storage;
3. Medication is stored according to the instructions on the medication container; and
4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health residential facility's clinical director.

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

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 one 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 needed, and blankets to ensure warmth and comfort for each resident;
 - 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 one working flushable toilet and one working sink for each eight individuals living in the home;
 - b. There is one working tub or shower for each eight 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 five feet from the floor and the

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- bottom of the fire extinguisher is at least four 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;~~
 - e. ~~Storage rooms and laundry rooms;~~
 - d. ~~Attached garages;~~
 - 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 two 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.~~

A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. For a behavioral health residential facility that has more than 10 residents:
 - a. The behavioral health residential facility is licensed as a food establishment under 9 A.A.C. 8, Article 1; and
 - b. A copy of the behavioral health residential facility's food establishment license is maintained;
2. If a behavioral health residential facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential facility, a copy of the food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;
3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.

B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:

1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last calendar day included in the food menu;
3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;
4. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. The resident agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.

C. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator 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. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:

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- i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
- 4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 - 5. Frozen foods are stored at a temperature of 0° F or below; and
 - 6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

R9-10-720. Supplemental Requirements for an Assisted Living Center Emergency and Safety Standards

- ~~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 one 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;~~
 - e. ~~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 a 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~~

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- ~~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 one 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;~~
 - e. ~~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;~~
 - v. ~~Individual storage space for personal effects; and~~
 - vi. ~~Adjustable window covers that provide resident privacy;~~
 - e. ~~Bathroom requirements:~~
 - i. ~~At least one working flushable toilet and one working sink for each eight individuals living in the center;~~
 - ii. ~~One working tub or shower for each eight 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.
- A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:
 - 1. 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. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.
- B.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
 - 1. An evacuation drill for employees and residents on the premises is conducted at least once every three months on each shift;
 - 2. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;
 - c. Names of employees participating in the evacuation drill;
 - d. An identification of residents needing assistance for evacuation;
 - e. Any problems encountered in conducting the evacuation drill; and
 - f. Recommendations for improvement, if applicable;
 - 3. A written evacuation plan is developed and maintained in a location accessible to personnel members and other

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employees:

4. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility; and
5. A written disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated;
 - b. How each resident's medical record will be available to personnel providing services to the resident during a disaster;
 - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility's relocation site during a disaster.

C. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-721. ~~Supplemental Requirements for an Assisted Living Facility Licensed to Provide Supervisory Care Services~~ **Environmental Standards**

~~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.~~

A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. The premises and equipment are:
 - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
 - b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
2. A pest control program is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment is:
 - a. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - b. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the behavioral health residential facility used by residents;
11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
12. Soiled linen and soiled clothing stored by the behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
15. Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored

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in the original labeled containers or safety containers in a storage area outside the behavioral health residential facility or in an attached garage that is locked and inaccessible to residents;

16. Pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. Vaccinated as follows:
 - i. A dog is vaccinated against rabies; and
 - ii. A cat is vaccinated against rabies;
17. If a non-municipal water source is used:
 - a. 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;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for 24 months after the date of the test; and
18. 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.

B. An administrator shall ensure that:

1. Smoking or the use of tobacco products is not permitted within a behavioral health residential facility; and
2. Smoking and the use of tobacco products may be permitted on the premises outside a behavioral health residential facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:

1. On each day that a resident uses the swimming pool, an employee:
 - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
 - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
 - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
 - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
 - b. Records the results of the water quality tests in a log that includes each testing date and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
4. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-703(C)(1)(d), is present in the pool area when a resident is in the pool area; and
5. At least two personnel members are present in the pool area if two or more residents are in the pool area.

R9-10-722. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Personal Care Services Physical Plant Standards

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
 - e. 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;

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- 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 two 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 provider, 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

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

A. Except for a behavioral health outdoor program, an administrator shall ensure that the premises and equipment are sufficient to accommodate:

- 1. The services in the behavioral health residential facility's scope of services, and
- 2. An individual accepted as a resident by the behavioral health residential facility.

B. An administrator shall ensure that:

- 1. A behavioral health residential facility has a:
 - a. Room that provides privacy for a resident to receive treatment or visitors; and
 - b. Common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;
- 2. A bathroom is available for use by visitors during the behavioral health residential facility's hours of operation that:
 - a. Provides privacy; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
- 3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one working toilet that flushes and one sink with running water;
- 4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;
- 5. A resident bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror, unless the resident's treatment plan requires otherwise;
 - b. A window that opens or another means of ventilation; and
 - c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
- 6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
- 7. Each resident is provided a bedroom for sleeping; and
- 8. A resident bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 - c. Contains a door that opens into a hallway, common area, or outdoors;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide resident privacy;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than eight residents;
 - (2) Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
 - (3) Provides at least three feet of floor space between beds or bunk beds;
 - h. Contains for each resident occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
 - i. Has clean linen for each bed 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;
 - j. Has sufficient lighting for a resident occupying the bedroom to read; and
 - k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.

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- C. A behavioral health residential facility that was licensed as a Level 4 transitional agency before October 1, 2013 may continue to use a shared bedroom that provides at least 40 square feet of floor space, not including a closet, for each individual occupying the shared bedroom. If there is a modification to the shared bedroom, the behavioral health residential facility shall comply with the requirement in subsection (B)(8)(g).
- D. If a swimming pool is located on the premises, an administrator shall ensure that:
 - 1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational vacuum cleaning system;
 - 2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (D)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least five feet from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 - 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- E. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(2) is covered and locked when not in use.

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

- ~~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 four 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~~~~~~

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- e. Documentation of any instructions for the resident's care in the resident's service plan; and
- 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 one 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 Repealed

- 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 two 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 two 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 two years experience serving as a manager in a residential care institution;
 - 2. If an instructor does not meet 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
 - e. 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 verification 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;

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- iii. Managing personal stress;
 - iv. Preventing abuse, neglect, and exploitation and reporting requirements;
 - v. Controlling the spread of disease and infection;
 - vi. Recordkeeping 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 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: eight 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 (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 five 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

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- g. The signature of the following:
 - h. If an individual, the signature of the individual;
 - i. If a partnership, the signatures of two of the partners;
 - j. If a corporation, the signatures of two officers of the corporation;
 - k. If a limited liability company, the designated manager, or if no manager is designated, the signatures of any two 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 one 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. 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 subsection (C)(2) for an instructor before the instructor provides training for the training program.

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- 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 8. HOSPICES; HOSPICE INPATIENT ASSISTED LIVING FACILITIES

R9-10-801. Definitions

In this Article, unless the context otherwise requires:

- 1. "Abuse" has the meaning in A.R.S. § 46-451.
- 2. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a hospice service provided to the patient.
- 3. "Admission" or "admitted" means documented acceptance by a hospice of an individual as a patient.
- 4. "Assessment" means an analysis of a patient's hospice service needs.
- 5. "Attending physician" means an individual licensed under A.R.S. Title 32, Chapter 13 or 17 and designated by a patient or a patient representative to participate in the hospice care the patient receives.
- 6. "Biohazardous medical waste" has the meaning in A.A.C. R18-13-1401.
- 7. "Biologicals" has the meaning in A.A.C. R18-13-1401.
- 8. "Clinical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
- 9. "Communicable disease" has the meaning in A.A.C. R9-6-101.
- 10. "Conspicuously post" means to make visible to patients, patients' families, staff, and hospice visitors by displaying on an object, such as a wall or bulletin board.
- 11. "Continuing education" means instruction that satisfies a requirement for renewing an individual's certification or licensure.
- 12. "Counseling" means advice or guidance provided to a hospice patient by a counselor.
- 13. "Counselor" means a qualified individual who offers advice or guidance to a patient or a patient's family.
- 14. "Department" means the Arizona Department of Health Services.
- 15. "Direction" has the meaning in A.R.S. § 36-401.
- 16. "Disaster" means an unexpected occurrence that adversely affects a hospice's ability to provide hospice services.
- 17. "Discarded drug" has the meaning in A.A.C. R18-13-1401.
- 18. "Document" means to create, sign, and date information in written, photographic, electronic, or other permanent form.
- 19. "Documentation" or "documented" means signed and dated information in written, photographic, electronic, or other permanent form.
- 20. "Drug" has the meaning in A.R.S. § 32-1901.
- 21. "Electronic" has the meaning in A.R.S. § 44-7002.
- 22. "Evacuation drill" means a response to a planned, simulated event.
- 23. "Exploitation" has the meaning in A.R.S. § 46-451.
- 24. "Family" means a patient's spouse, sibling, child, parent, or grandparent or an individual designated by the patient.
- 25. "Garbage" has the meaning in A.A.C. R18-13-302.
- 26. "Governing authority" has the meaning in A.R.S. § 36-401.
- 27. "Health care institution" has the meaning in A.R.S. § 36-401.
- 28. "Highly susceptible populations" has the meaning in § 1-201.10 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107.
- 29. "Home health aide services" means assistance with bathing, dressing, grooming, eating, ambulating, or toileting.
- 30. "Homemaker services" means assistance with food preparation, cleaning, laundry, and housekeeping provided to a patient or a patient's family.
- 31. "Hospice" has the meaning in A.R.S. § 36-401.
- 32. "Hospice inpatient facility" means a health care institution licensed under this Article that provides hospice services to a patient requiring inpatient services.
- 33. "Hospice service" means an action identified in R9-10-808 that hospice staff provide for a hospice patient.

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34. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient during the provision of a hospice service.
35. "Informed consent" means documented authorization by a patient or a patient's representative for the provision of hospice services to the patient after a hospice staff member informs the patient or the patient's representative of the following:
 - a. A description of the hospice services;
 - b. A description of the expected benefits of the hospice services;
 - c. Alternatives to the hospice services;
 - d. Associated risks of the hospice services, including potential side effects and complications; and
 - e. The patient's right to withdraw authorization for the hospice services at any time.
36. "Inpatient beds" or "resident beds" has the meaning in A.R.S. § 36-401.
37. "Inpatient services" means sleeping accommodations and assistance, such as personal care and food preparation, provided to a patient at one of the following health care institutions:
 - a. A hospice inpatient facility licensed under A.R.S. Title 36, Chapter 4 and this Article; or
 - b. A hospital or nursing care institution licensed under A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10.
38. "In-service education" means organized instruction or information related to hospice services provided to hospice staff under the direction of a hospice licensee.
39. "Interdisciplinary group" means a team composed of a physician, registered nurse, counselor, and social worker.
40. "Medical history" means the part of a patient's clinical record consisting of an account of the patient's health, including past and present illnesses or diseases.
41. "Neglect" means a pattern of conduct, without informed consent as defined in A.R.S. § 46-451(A), resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.
42. "Nonprescription drug" has the meaning in A.R.S. § 32-1901.
43. "Nurse" means an individual licensed to practice practical or professional nursing under A.R.S. Title 32, Chapter 15.
44. "Nursing services" means hospice services provided according to R9-10-808(B)(2).
45. "Order" means a documented instruction given by a physician to provide a hospice service to a patient.
46. "Orientation" means initial instruction, information, and palliative care training provided to a new hospice staff member.
47. "Palliative" means care of a terminally ill patient that is not curative and is designed for pain control or symptom management.
48. "Patient" means a terminally ill individual who is receiving hospice services from a hospice.
49. "Pharmacist" has the meaning in A.R.S. § 32-1901.
50. "Physician" means an individual licensed under A.R.S. Title 32, Chapter 13 or 17.
51. "Prescription drug" has the same meaning as "prescription" in A.R.S. § 32-1901.
52. "Provider pharmacist" means a pharmacist who supplies medication to a long-term care facility and maintains patient profiles.
53. "Qualified" means meeting the requirements specified in a hospice's written job description for a staff position.
54. "Refuse" has the meaning in A.A.C. R18-13-302.
55. "Registered nurse" means an individual licensed to practice professional nursing under A.R.S. Title 32, Chapter 15.
56. "Representative" means a legal guardian, an individual acting on behalf of another individual under written authorization from the individual, or a surrogate as defined in A.R.S. § 36-3201.
57. "Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, and understanding of an illness.
58. "Residence" means a place where a patient is living or regularly staying, other than a health care institution at which a patient is receiving inpatient services.
59. "Respite" has the same meaning as "respite care services" in A.R.S. § 36-401.
60. "Service area" means the geographical boundary surrounding a hospice's administrative office in which the hospice provides hospice services, including inpatient services.
61. "Social worker" means an individual with a baccalaureate degree in social work in a program accredited or approved by the Council on Social Work Education.
62. "Staff" or "staff member" means an employee of a hospice, a volunteer for a hospice, or an agency or individual under contract with a hospice to provide a hospice service.
63. "Supervise" or "supervised" has the same meaning as "supervision" in A.R.S. § 36-401.
64. "Terminally ill" means a medical diagnosis by a physician that an individual has a specific, progressive, normally irreversible disease that will cause the individual's death in six months or less.
65. "Therapeutic diet manual" means a written guidebook that designates the kind and amount of food intended to treat or ease a specific human disease or medical disorder.
66. "Volunteer" means a person who provides services to a hospice without compensation.

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In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless the context otherwise requires:

1. "Accept" or "acceptance" means:
 - a. An individual begins living in and receiving assisted living services from an assisted living facility; or
 - b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
2. "Assistant caregiver" means an employee or volunteer who helps a manager or caregiver provide supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
3. "Assisted living services" means supervisory care services, personal care services, directed care services, behavioral health services, or ancillary services provided to a resident by or on behalf of an assisted living facility.
4. "Behavioral care" means assistance with a resident's psychosocial interactions to manage the resident's behavior that can be performed by an individual without professional skills and may include direction provided by a behavioral health professional and medication ordered by a medical practitioner or behavioral health professional.
5. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
6. "Manager" means an individual designated by a governing authority to act on behalf of the governing authority in the onsite management of the assisted living facility.
7. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
8. "Primary care provider" means a physician, a physician's assistant, or registered nurse practitioner who directs a resident's medical services.
9. "Residency agreement" means a document signed by a resident or the resident's representative and a manager, detailing the terms of residency.
10. "Resident's representative" means a resident's legal guardian, an individual acting on behalf of the resident with the written consent of the resident, or a surrogate as defined in A.R.S. § 36-3201.
11. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, directed care services, ancillary services, or behavioral health services and the specific assisted living services to be provided to the resident.
12. "Termination of residency" or "terminate residency" means a resident is no longer living in and receiving assisted living services from an assisted living facility.

R9-10-802. Hospice General Supplemental Application Requirements

- A.** A person shall not operate a hospice without a hospice license from the Department.
- B.** A hospice licensee shall comply with:
 1. The requirements in 9 A.A.C. 10, Article 1 and Article 8; and
 2. Federal and state laws, rules, and local ordinances related to the operation of a hospice.
- C.** A hospice licensee shall:
 1. Have a governing authority;
 2. Provide hospice services required in R9-10-808, and
 3. Operate only in the hospice's service area.
- D.** A hospice licensee engaged in medical research shall develop, implement, follow, review, and update written policies and procedures for:
 1. Securing informed consent, before involving the patient in medical or experimental research;
 2. Conducting medical or experimental research;
 3. Ensuring that a patient's participation in medical or experimental research remains confidential; and
 4. Disclosing research data.
- E.** A hospice licensee shall establish in writing and enforce a patient rights policy that includes the right to:
 1. Be treated with dignity, respect, and consideration;
 2. Receive individualized treatment according to a patient plan of care;
 3. Be free from:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Retaliation for submitting a complaint against the hospice; and
 - e. Discrimination based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
 4. Be afforded privacy in correspondence, communication, visitation, financial affairs, hygiene, and receipt of hospice services;
 5. Be photographed only with authorization from the patient or the patient's representative; and

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6. File a complaint against the hospice.
- F. A hospice licensee shall conspicuously post in the reception area of the hospice's administrative office:
 1. The current Department-issued license;
 2. The current telephone number of the Department; and
 3. The location at which the following are available for review:
 - a. A copy of the most recent Department inspection report;
 - b. A list of hospice services;
 - c. A written copy of rates and charges, as required in A.R.S. § 36-436.03; and
 - d. The written patient rights policy required in subsection (E).

In addition to the application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an assisted living facility shall:

1. Indicate on the application which of the following levels of assisted living services the applicant is requesting authorization to provide:
 - a. Supervisory care services,
 - b. Personal care services, or
 - c. Directed care services; and
2. Include on the application whether the applicant is requesting authorization to provide:
 - a. Adult day health care services, or
 - b. Behavioral health services other than behavioral care.

R9-10-803. Application for an Initial Hospice License; Application for Renewal of a Hospice License Administration

- A. ~~In addition to complying with the initial license application requirements in 9 A.A.C. 10, Article 1, an applicant for an initial hospice license shall submit to the Department an application form provided by the Department that includes:~~
 1. ~~The hours of operation for the hospice's administrative office;~~
 2. ~~A description of the hospice's service area;~~
 3. ~~For each hospice service required in R9-10-808, other than inpatient services, whether a hospice employee, a hospice volunteer, or an agency or individual under contract with the hospice provides the hospice service;~~
 4. ~~For each health care institution providing inpatient services:~~
 - a. ~~The name, address, and telephone number of the health care institution;~~
 - b. ~~Whether the health care institution is:~~
 - i. ~~A hospice inpatient facility operated by the applicant and licensed under this Article, or~~
 - ii. ~~A hospital or nursing care institution licensed under 9 A.A.C. 10;~~
 - e. ~~A copy of the health care institution's current Department license; and~~
 - d. ~~The number of hospice inpatient beds; and~~
 5. ~~Acknowledgment that a copy of each contract for provision of a hospice service, including inpatient services, is available for review by the Department.~~
- B. ~~In addition to complying with the license renewal application requirements in 9 A.A.C. 10, Article 1, an applicant for renewal of a hospice license shall submit to the Department a renewal application form that includes:~~
 1. ~~The information required in R9-10-803(A)(1) through R9-10-803(A)(5);~~
 2. ~~The applicant's current hospice license number; and~~
 3. ~~For the 12 months before the date on the renewal application, the total number of patients served.~~

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility;
2. Establish an assisted living facility's scope of services;
3. Designate, in writing, a manager who:
 - a. Is 21 years of age or older;
 - b. Except for the manager of an adult foster care home, has either a:
 - i. Certificate as an assisted living facility manager issued under A.R.S. § 36-446.04(C), or
 - ii. A temporary certificate as an assisted living facility manager issued under A.R.S. § 36-446.06;
4. Adopt a quality management program that complies with R9-10-804;
5. Designate an acting manager who meets the requirements in subsection (A)(3) when the manager is:
 - a. Expected to not be present on an assisted living facility's premises for more than 30 calendar days, or
 - b. Is not present on an assisted living facility's premises for more than 30 calendar days;
6. Except as provided in subsection (A)(6), notify the Department according to § A.R.S. 36-425(I) when there is a change in the manager and provide the name of the new manager;
7. Ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an

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assisted living facility's premises; and

8. Ensure compliance with A.R.S. § 36-411.

B. A manager:

1. Is directly accountable to the governing authority of an assisted living facility for the operation of the assisted living facility and services provided by or at the assisted living facility;

2. Has the authority and responsibility to manage an assisted living facility;

3. Designates, in writing, a caregiver who is:

a. At least 21 years of age, and

b. On an assisted living facility premises and available and accountable for services provided by the assisted living facility when the manager is not on the assisted living facility premises.

C. A manager shall ensure that policies and procedures are:

1. Established, documented, and implemented that:

a. Include job descriptions, duties, and qualifications, including required skills and knowledge, education, and experience for employees and volunteers;

b. Cover orientation and in-service education for employees and volunteers;

c. Include how an employee may submit a complaint related to resident care;

d. Cover cardiopulmonary resuscitation and first aid training for applicable employees and volunteers, including:

i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the employee's or volunteer's ability to perform cardiopulmonary resuscitation.

ii. The qualifications for an individual to provide cardiopulmonary resuscitation training.

iii. The time-frame for renewal of cardiopulmonary resuscitation training, and

iv. The documentation that verifies that the employee or volunteer has received cardiopulmonary resuscitation training;

e. Cover first aid training;

f. Cover staffing and recordkeeping;

g. Cover resident acceptance, resident rights, and termination of residency;

h. Cover the provision of assisted living services, including:

i. Coordinating the provision of assisted living services.

ii. Making vaccination for influenza available to residents according to A.R.S. § 36-406(1)(d), and

iii. Obtaining resident preferences for food and the provision of assisted living services;

i. Cover the provision of respite services or adult day health services, if applicable;

j. Cover resident records, including electronic records;

k. Cover personal funds accounts, if applicable;

l. Cover specific steps and deadlines for:

i. A resident to file a complaint;

ii. The assisted living facility to respond to a resident's complaint; and

iii. The assisted living facility to obtain documentation of fingerprint clearance, if applicable;

m. Cover health care directives;

n. Cover assistance in the self-administration of medication, and medication administration;

o. Cover food services;

p. Cover contract services;

q. Cover equipment inspection and maintenance, if applicable;

r. Cover infection control; and

s. Cover a quality management program, including incident report and supporting documentation;

2. Available to employees and volunteers of the assisted living facility; and

3. Reviewed at least once every two years and updated as needed.

D. A manager shall ensure that the following are conspicuously posted:

1. A list of resident rights.

2. The assisted living facility's license.

3. Current phone numbers of:

a. The Arizona Department of Health Services' Office of Assisted Living Licensing,

b. Adult Protective Services in the Department of Economic Security,

c. The Department of Economic Security Long-Term Care Ombudsman,

d. The Arizona Center for Disability Law, and

e. The Governor's Office for Americans with Disabilities, and

4. The location at which a copy of the most recent Department inspection report and any plan of correction resulting from the Department inspection.

E. A manager shall ensure, unless otherwise stated:

1. Documentation required by this Article is provided to the Department within two hours after a Department request;

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- and
2. When documentation or information is required by this Chapter to be submitted on behalf of an assisted living facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the assisted living facility.
- F.** If a requirement in this Article states that a manager shall ensure an action or condition or sign a document:
1. A governing authority or licensee may ensure the action or condition or sign the document and retain the responsibility to ensure compliance with the requirement in this Article;
 2. The manager may delegate ensuring the action or condition or signing the document to another individual but the manager retains the responsibility to ensure compliance with the requirement in the Article;
 3. If the manager delegates ensuring an action or condition or signing a document, the delegation is documented and the documentation includes the name of the individual to whom the action, condition, or signing is delegated and the effective date of the delegation.
- G.** A manager shall:
1. Not act as a representative and not allow an employee or a family member of an employee to act as a representative of a resident who is not a family member of the employee;
 2. If the assisted living facility administers personal funds accounts for residents and if authorized in writing by a resident or resident's representative to administer a personal funds account for the resident:
 - a. Ensure that the resident's personal funds account does not exceed \$2,000;
 - b. Maintain a separate record for each resident's personal funds account, including receipts and expenditures;
 - c. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
 - d. Provide a copy of the record of the resident's personal funds account to the resident or resident's representative at least once every three months;
 3. Notify a resident's representative, family member, public fiduciary, or a trust officer if the manager determines that the resident is incapable of handling financial affairs; and
 4. Except when a resident's need for assisted living services change, as documented in the resident's service plan, ensure that a resident receives at least 30 calendar days written notice before any increase in a fee or charge.
- H.** A manager shall permit the Department to interview an employee, volunteer, or resident as part of a compliance survey or a complaint investigation.
- I.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not on the premises and not receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall immediately report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- J.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred on the premises or while the resident is receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall:
1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454;
 3. Document the action in subsection (J)(1) and the report in subsection (J)(2) and maintain the documentation for 12 months after the date of the report;
 4. Investigate the alleged or suspected abuse, neglect, or exploitation and develop a written report of the investigation within five working days after the report required in subsection (J)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the manager to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
 5. Submit a copy of the investigation report required in subsection (J)(4) to the Department within 10 working days after submitting the report in subsection (J)(2); and
 6. Maintain a copy of the investigation report required in subsection (J)(4) for 12 months after the date of the investigation report.
- K.** A manager shall provide written notification to the Department:
1. If a resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 2. Within two working days after a resident inflicts a self-injury that requires immediate intervention by an emergency services provider.

R9-10-804. Hospice Administration Quality Management

A. A hospice licensee shall:

1. Appoint in writing a chief administrative officer, who may be the same individual as the governing authority, and who

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is either:

- a. A physician;
- b. A registered nurse with at least one year of experience in health care administration;
- c. An individual with a baccalaureate degree in human services or administration and at least one year of health care administration experience; or
- d. An individual with five years of administrative experience, including at least two years of experience in health care administration;

- 2. Appoint in writing, or require that the chief administrative officer appoint in writing:
 - a. A medical director who is a physician, and who may be the same individual as the chief administrative officer; and
 - b. At least one nursing supervisor who is a registered nurse, and who may be the same individual as the chief administrative officer;
- 3. Approve, implement, and annually review all policies and procedures governing the hospice; and
- 4. Approve, or require that the chief administrative officer approve, each contract with an agency or individual to provide a hospice service.

B. A hospice's chief administrative officer shall:

- 1. Supervise the day-to-day operation of the hospice;
- 2. Designate, in writing, a staff member who meets one of the requirements in subsection (A)(1) to act as the chief administrative officer when the chief administrative officer is absent for more than seven continuous days; and
- 3. Designate a hospice staff member to supervise volunteers.

C. A hospice's medical director shall:

- 1. Provide medical services to a patient if the:
 - a. Patient does not have an attending physician; or
 - b. Medical director determines that the patient has a medical need that is not met by the patient's attending physician;
- 2. Serve as a consultant to each interdisciplinary group; and
- 3. Serve as the physician member of each interdisciplinary group that would otherwise not have a physician member.

D. A hospice's nursing supervisor shall:

- 1. Determine the number of nurses required to provide the nursing services identified in each patient's plan of care;
- 2. Review and adjust nursing work schedules to ensure that nursing services identified in each patient's plan of care are provided to patients; and
- 3. Ensure that the registered nurse on each interdisciplinary group coordinates the implementation of the plan of care for each patient assigned to that interdisciplinary group.

A manager shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (3) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care; and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-805. Hospice Staff Contracted Services

A. A hospice licensee shall:

- 1. ~~Form at least one interdisciplinary group;~~
- 2. ~~Ensure that each patient receives the services designated in the patient's plan of care;~~
- 3. ~~Have staff to meet the hospice needs of a patient and the patient's family 24 hours a day, seven days a week;~~
- 4. ~~Have at least one registered nurse physically present 24 hours a day, seven days a week at a health care institution where a patient receives inpatient services;~~
- 5. ~~Have a written job description for each staff position that identifies duties, skills, and qualification and education requirements;~~

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6. Provide a staff orientation program;
7. Provide each staff member a minimum of two clock hours of annual in-service education in palliative care;
8. Have a written statement identifying the philosophy, objectives, and scope of the hospice's volunteer services; and
9. Maintain a personnel record for each staff member containing:
 - a. A copy of the staff member's license or certificate, if applicable;
 - b. A completed application form or contract for the provision of services;
 - c. A job description;
 - d. A record of all orientation, in-service education, and continuing education; and
 - e. Evidence of compliance with subsection (B)(2).

B. A hospice staff member shall:

1. Complete orientation and in-service education required in subsections (A)(6) and (A)(7);
2. Before initially providing hospice services and every 12 months thereafter, submit one of the following as evidence of being free from infectious pulmonary tuberculosis:
 - a. A report of a negative Mantoux skin test or other test for tuberculosis recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer, as defined in A.R.S. § 36-711, administered within the last six months; or
 - b. If the staff member has had a positive test for tuberculosis, a physician's written statement dated within the last six months, verifying that the staff member is free from infectious pulmonary tuberculosis.

A manager shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-806. Patient Admissions Personnel

A. Before admitting an individual as a patient, a hospice's chief administrative officer or designee shall require that the hospice obtain:

1. The name of the individual's attending physician;
2. Documentation that the individual is terminally ill, provided by:
 - a. The individual's attending physician, and
 - b. The hospice medical director or a physician member of a hospice interdisciplinary group; and
3. Documentation from the individual or the individual's representative acknowledging that:
 - a. Hospice care is palliative rather than curative;
 - b. The individual or individual's representative has received:
 - i. A list of hospice services, and
 - ii. The written patient rights policy required in R9-10-802(E); and
 - c. The individual or individual's representative knows that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.

B. At the time of patient admission, a hospice physician or a registered nurse shall:

1. Assess a patient's medical, social, nutritional, and psychological needs; and
2. Obtain informed consent.

A. A manager shall ensure that:

1. A caregiver:
 - a. Is 18 years of age or older, and
 - b. Has documentation of completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers;
2. An assistant caregiver:
 - a. Is 16 years of age or older, and
 - b. Interacts with residents under the supervision of a manager or caregiver;
3. The qualifications, skills, and knowledge required for a caregiver or assistant caregiver:
 - a. Are based on:
 - i. The type of assisted living services, behavioral health services, or behavioral care expected to be provided by the caregiver or assistant caregiver according to the established job description, and
 - ii. The acuity of the residents receiving assisted living services, behavioral health services, or behavioral care expected provided by the caregiver or assistant caregiver according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description;

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- ii. The type and duration of education that may allow the caregiver or assistant caregiver to acquire the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description; and
- iii. The type and duration of experience that may allow the caregiver or assistant caregiver to acquire the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services or behavioral care listed in the established job description;
- 4. A caregiver's or assistant caregiver's skills and knowledge are verified and documented:
 - a. Before the caregiver or assistant caregiver provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
- 5. An assisted living facility has a manager, caregivers, and assistant caregivers with the qualifications, experience, skills, and knowledge necessary to:
 - a. Provide the assisted living services, behavioral health services, behavioral care, and ancillary services in the assisted living facility's scope of services;
 - b. Meet the needs of a resident; and
 - c. Ensure the health and safety of a resident;
- 6. At least one manager or caregiver is present and awake at the assisted living facility when a resident is on the premises;
- 7. A manager, a caregiver, and an assistant caregiver, or an employee or volunteer who has or is expected or scheduled to have more than 8 hours of direct interaction per week with residents, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112;
- 8. Before providing assisted living services to a resident, a caregiver or an assistant caregiver receives orientation that is specific to the duties to be performed by the caregiver or assistant caregiver; and
- 9. Before providing personal care services or directed care services to a resident, a manager or caregiver provides current documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults.
- B.** A manager of an assisted living home shall ensure that:
 - 1. An individual residing in an assisted living home, who is not a resident, a manager, a caregiver, or an assistant caregiver:
 - a. Either:
 - i. Complies with the fingerprinting requirements in A.R.S. § 36-411, or
 - ii. Interacts with residents only under the supervision of an individual who has a valid fingerprint clearance card; and
 - b. If the individual is 12 years of age or older, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112; and
 - 2. Documentation of compliance with the requirements in subsection (B)(1)(a) and evidence of freedom from infectious tuberculosis, if required under subsection (B)(1)(b), is maintained for an individual residing in the assisted living home who is not a resident, a manager, a caregiver, or an assistant caregiver.
- C.** A manager shall ensure that a personnel record for each employee or volunteer:
 - 1. Includes:
 - a. The individual's name, date of birth, and contact telephone number;
 - b. The starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. Documentation of:
 - i. The individual's qualifications, including skills, and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education required by policies and procedures;
 - iv. If the individual is a behavioral health technician, clinical oversight required in R9-10-114;
 - v. Evidence of freedom from infectious tuberculosis, if infectious tuberculosis screening for the individual is required in this Article;
 - vi. Cardiopulmonary resuscitation training, if required for the individual in this Article or policies and procedures;
 - vii. First aid training, if required for the individual in this Article or policies and procedures; and
 - viii. Documentation of compliance with the requirements in A.R.S. § 36-411(A) and (C); and
 - 2. Is maintained:
 - a. Throughout the employee's or volunteer's period of providing services in or for the assisted living facility; and
 - b. For at least two years after the last date the employee or volunteer provided services in or for the assisted living facility.

R9-10-807. Patient Plan of Care Residency and Residency Agreements

- A.** For each patient, the medical director, the patient's interdisciplinary group, and the patient's attending physician shall:
 - 1. Establish a documented plan of care based upon an assessment of the patient's medical, social, nutritional, and psychological needs;

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- ~~2. Attempt to involve the patient and the patient's family in the preparation of the plan of care;~~
- ~~3. Review the plan of care as often as necessary, but at least monthly; and~~
- ~~4. Revise the plan of care as necessary to meet the patient's care needs.~~
- B.** ~~The plan of care shall contain:~~
 - ~~1. A complete assessment of the patient's care needs; and~~
 - ~~2. Types and frequencies of planned hospice services.~~
- A.** A manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- B.** A manager shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that is dated within 90 calendar days before the individual is accepted by an assisted living facility and:
 1. If an individual is requesting or is expected to receive supervisory care services, personal care services, or directed care services:
 - a. Includes whether the individual requires:
 - i. Continuous medical services,
 - ii. Continuous or intermittent nursing services, or
 - iii. Restraints; and
 - b. Is dated and signed by a:
 - i. Physician,
 - ii. Registered nurse practitioner,
 - iii. Registered nurse, or
 - iv. Physician assistant; and
 2. If an individual is requesting or is expected to receive behavioral health services other than behavioral care in addition to supervisory care services, personal care services, or directed care services from an assisted living facility:
 - a. Includes whether the individual requires continuous behavioral health services, and
 - b. Is signed and dated by a behavioral health professional.
- C.** A manager shall not accept or retain an individual if:
 1. The individual requires continuous:
 - a. Medical services;
 - b. Nursing services unless the assisted living facility complies with A.R.S. § 36-401(C); or
 - c. Behavioral health services;
 2. The assisted living services needed by the individual are not within the assisted living facility's scope of services;
 3. The assisted living facility does not have the ability to provide the assisted living services needed by the individual;
or
 4. The individual requires restraints, including the use of bedrails.
- D.** Before or at the time of an individual's acceptance by an assisted living facility, a manager shall ensure that the individual or individual's representative signs and dates a written residency agreement with the assisted living facility that includes:
 1. Terms of occupancy, including:
 - a. Resident responsibilities, and
 - b. Responsibilities of the assisted living facility;
 2. A list of the services to be provided by the assisted living facility to the resident;
 3. A list of the services available from the assisted living facility at an additional fee or charge;
 4. The policy for refunding fees, charges, or deposits;
 5. The policy and procedure for a resident to terminate residency including terminating residency because services were not provided to the resident according to the resident's service plan;
 6. The policy and procedure for an assisted living facility to terminate residency;
 7. The complaint process; and
 8. The manager's signature and date signed.
- E.** A manager shall:
 1. Before or at the time of an individual's acceptance by an assisted living facility, provide to the resident or resident's representative a copy of:
 - a. The residency agreement in subsection (D),
 - b. Resident's rights, and
 - c. The policy and procedure on health care directives; and
 2. Maintain the original of the residency agreement in subsection (D) in the resident's record.
- F.** A manager may terminate residency of a resident as follows:
 1. Without notice, if the resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in an assisted living facility;
 2. With a 14 day written notice of termination of residency;

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- a. Nonpayment of fees, charges, or deposit; or
- b. Under any of the conditions in subsection (C); or
- 3. With a 30 day written notice of termination of residency, for any other reason.
- G.** A manager shall ensure that a written notice of termination of residency includes:
 - 1. The date of notice;
 - 2. The reason for termination;
 - 3. The policy for refunding fees, charges, or deposits;
 - 4. The disposition of a resident's fees, charges, and deposits; and
 - 5. Contact information for the Department of Economic Security Long-Term Care Ombudsman.
- H.** A manager shall provide the following to a resident when the manager provides a written notice of termination of residency:
 - 1. A copy of the resident's current service plan; and
 - 2. Documentation of the resident's freedom from infectious tuberculosis.
- I.** If an assisted living facility issues a written notice of termination of residency to a resident or the resident's representative because the resident needs services the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, a manager shall ensure that the written notice of termination of residency includes a description of the specific services that the resident needs that the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide.

R9-10-808. Hospice Services Service Plans

- A.** A hospice licensee shall provide a hospice service:
 - 1. Through an employee of the hospice, a volunteer for the hospice, or an agency or individual under contract with the hospice to provide a hospice service;
 - 2. Specified in a patient's plan of care; and
 - 3. Twenty-four hours a day, seven days a week as necessary to meet the needs of a patient and the patient's family.
- B.** A hospice licensee shall provide the following hospice services:
 - 1. Physician services that are within the scope of practice of a physician, provided by a physician;
 - 2. Nursing services that are within the scope of practice of a nurse, provided by:
 - a. A registered nurse; or
 - b. An individual:
 - i. Licensed or certified under A.R.S. Title 32, Chapter 15 and 4 A.A.C. 19; and
 - ii. Operating under the direction of a registered nurse;
 - 3. Pharmaceutical services, including the administration of drugs or biologicals, provided according to R9-10-809;
 - 4. Dietary counseling services, including menu planning and the designation of the kind and amount of food appropriate for a patient, provided by a registered dietitian approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration;
 - 5. Home health aide services provided:
 - a. Through a home health agency licensed under 9 A.A.C. 10, Article 1 and Article 11; or
 - b. By a qualified individual authorized to provide nursing assistant services under A.R.S. Title 32, Chapter 15;
 - 6. Homemaker services, provided by a qualified individual;
 - 7. Occupational therapy services provided by an occupational therapist licensed under and operating within the scope of practice authorized by A.R.S. Title 32, Chapter 34 and 4 A.A.C. 43;
 - 8. Physical therapy services provided by a physical therapist licensed under and operating within the scope of practice authorized by A.R.S. Title 32, Chapter 19 and 4 A.A.C. 24;
 - 9. Social services, including advocacy, referral, problem-solving, and intervention functions related to personal, family, business, and financial issues, provided by a social worker;
 - 10. Speech and language pathology services provided by a speech and language pathologist licensed under and operating within the scope of practice authorized by A.R.S. Title 36, Chapter 17 and 9 A.A.C. 16;
 - 11. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity, provided by a qualified individual;
 - 12. Volunteer services, supervised by a designated hospice staff member;
 - 13. Counseling services other than spiritual and dietary counseling, provided by a qualified individual; and
 - 14. Inpatient services as defined in R9-10-801 provided to a patient for respite purposes, pain control, or symptom management.
- C.** A hospice licensee shall ensure that the following services are provided to a patient's family:
 - 1. Hospice respite services at the patient's residence or through inpatient services;
 - 2. Bereavement counseling, including social and emotional support, provided by a qualified individual for at least one year after the death of the patient; and
 - 3. Counseling determined by the interdisciplinary group to be:
 - a. Necessary while the patient is receiving services from the hospice, and

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b. ~~Related to the patient's illness.~~

A. Except as required in subsection (B), a manager shall ensure that a resident has a written service plan that:

1. Is completed no later than 14 calendar days after the resident's date of acceptance;
2. Is developed with assistance and review from:
 - a. The resident or resident's representative.
 - b. The manager, and
 - c. Any individual requested by the resident or the resident's representative;
3. Includes the following:
 - a. A summary of the resident's medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments;
 - b. The level of service the resident is expected to receive;
 - c. The amount, type, and frequency of assisted living services being provided to the resident, including medication administration or assistance the resident requires with the self-administration of medications;
 - d. For a resident who requires intermittent nursing services or medication administration, review by a nurse;
 - e. For a resident who requires behavioral care:
 - i. Any of the following that are necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior:
 - (1) The psychosocial interactions or behaviors for which the resident requires assistance;
 - (2) Psychotropic medications ordered for the resident;
 - (3) Planned strategies and actions for changing the resident's psychosocial interactions or behaviors; and
 - (4) Goals for changes in the resident's psychosocial interactions or behaviors; and
 - ii. Review by a medical practitioner or behavioral health professional;
 - f. If applicable, a determination by a medical practitioner that evacuation from the assisted living facility during a drill would cause harm to the resident; and
 - g. For a resident who will be storing medication in the resident's bedroom or residential unit, how the medication will be stored and controlled;
4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (g):
 - a. No later than 14 calendar 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 six months for a resident receiving personal care services, and
 - iii. At least once every three months for a resident receiving directed care services; and
5. When initially developed and when updated, is signed and dated by:
 - a. The resident or resident's representative;
 - b. The manager;
 - c. If a review is required in subsection (A)(3)(d), the nurse who reviewed the service plan;
 - d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.

B. For a resident receiving respite care services, a manager shall ensure that a written service plan is:

1. Based on a determination of the resident's current needs and:
 - a. Is completed no later than three working days after the resident's date of acceptance; or
 - b. If the resident has a service plan in the resident's record that was developed within the previous 12 months, is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (g) within three working days after the resident's date of acceptance; and
2. If a significant change in the resident's physical, cognitive, or functional condition occurs while the resident is receiving respite care services, updated based on changes in the requirements in subsections (A)(3)(a) through (g) within three working days after the significant change occurs.

C. A manager shall ensure that:

1. A caregiver or an assistant caregiver:
 - a. Provides a resident with the assisted living services in the resident's service plan;
 - b. Is only assigned to provide the assisted living services the caregiver or assistant caregiver has the documented skills and knowledge to perform;
 - c. Provides assistance with activities of daily living according to the resident's service plan;
 - d. If applicable, suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living;
 - e. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's service plan;

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- f. Encourages a resident to participate in activities planned according to subsection (E); and
- g. Documents the services provided in the resident's medical record; and
- 2. A volunteer or an assistant caregiver who is 16 or 17 years of age does not provide:
 - a. Assistance to a resident for:
 - i. Bathing.
 - ii. Toileting.
 - iii. Moving the resident's body from one surface to another surface, or
 - iv. Self-administration of medication;
 - b. Medication administration, or
 - c. Nursing services.
- D.** A manager of an assisted living facility that provides adult day health services shall ensure that the adult day health care services are provided as specified in R9-10-1112.
- E.** A manager shall ensure that:
 - 1. Daily social, recreational, or rehabilitative activities are planned according to residents' preferences, needs, and abilities;
 - 2. A calendar of planned activities is:
 - a. Prepared at least one week in advance of the date the activity is provided.
 - b. Posted in a location that is easily seen by residents.
 - c. Updated as necessary to reflect substitutions in the activities provided, and
 - d. Maintained for 12 months after the last scheduled activity;
 - 3. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity; and
 - 4. Daily newspapers, current magazines, and a variety of reading materials are available and accessible to a resident.

R9-10-809. Hospice Pharmaceutical Services Transport; Transfer

- A.** Drugs or biologicals may be administered to a patient by:
 - 1. A physician;
 - 2. A registered nurse;
 - 3. A physician assistant licensed under A.R.S. Title 32, Chapter 25 and acting within the physician assistant's scope of practice;
 - 4. A practical nurse licensed under A.R.S. Title 32, Chapter 15 and acting within the practical nurse's scope of practice;
 - 5. The patient, if pre-approved by the patient's attending physician; or
 - 6. Any other individual according to applicable state and local laws, if the patient's plan of care specifies:
 - a. That the individual may administer a drug or biological, and
 - b. The drug or biological the individual may administer.
- B.** For each dose of drug or biological a hospice staff member administers to a patient, the hospice staff member shall document in the patient's clinical record:
 - 1. The date and time of administration;
 - 2. The name, strength, dosage, amount, and method of administration;
 - 3. The ordering physician's name;
 - 4. The signature of the individual administering the drug or biological;
 - 5. Any contraindications, such as symptoms or circumstances, that render the use of the drug or biological for the patient inadvisable because of risk; and
 - 6. Any adverse reaction of the patient.
- C.** A registered nurse shall:
 - 1. Report to the interdisciplinary group physician and the attending physician a patient's adverse reaction to a drug or biological or an error in administering a patient's drug or biological no later than 24 hours after identifying the adverse reaction or the error, and
 - 2. Submit an incident report to the hospice's medical director no later than 24 hours after identifying the adverse reaction or the error.
- D.** A hospice licensee shall ensure that a health care institution providing inpatient services:
 - 1. Has a documented agreement with a pharmacist or provider pharmacist to assist in ordering, storing, administering, and disposing of and recordkeeping for drugs or biologicals according to A.R.S. Title 32, Chapter 18, A.R.S. Title 36, Chapter 27, and 4 A.A.C. 23, Article 7;
 - 2. Stores nonprescription drugs or biologicals in the original manufacturer's package;
 - 3. Stores a patient's prescription drugs or biologicals in the original prescription containers, labeled for the patient, in a separate storage space reserved for the patient;
 - 4. Writes on a package or container in which a drug or biological is stored the date the package or container is first opened;
 - 5. Stores drugs or biologicals according to the manufacturer's recommended temperatures;

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- 6. ~~Stores drugs or biologicals in a locked:~~
 - a. ~~Room;~~
 - b. ~~Cabinet;~~
 - e. ~~Refrigerator; or~~
 - d. ~~Box that is securely fastened within a refrigerator; and~~
- 7. ~~Stores drugs or biologicals for external use and eye, ear, and rectal medications separate from other drugs and biologicals.~~
- E.** ~~A hospice licensee shall dispose of discarded drugs according to 18 A.A.C. 13, Article 14.~~
- A.** Except for a transport of a resident due to an emergency, a manager shall ensure that:
 - 1. A caregiver coordinates the transport and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Medical records are provided to a receiving health care institution, and
 - c. A caregiver explains risks and benefits of the transport to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the caregiver accompanying the resident during a transport.
- B.** Except for a transfer of a resident due to an emergency, a manager shall ensure that:
 - 1. A caregiver coordinates the transfer and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer.
 - b. Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution, and
 - c. A caregiver explains risks and benefits of the transfer to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the caregiver accompanying the resident during a transfer.

**R9-10-810. ~~Hospice Dietary Counseling and Nutrition Services Required For a Patient Receiving Inpatient Services~~
Resident Rights**

- A.** ~~A hospice licensee shall ensure that a registered dietitian or a staff member under the direction of a registered dietitian plans menus for a patient that:~~
 - 1. ~~Meet the nutritional needs of the patient based upon the patient's age, health needs, and patient plan of care;~~
 - 2. ~~Are developed with consideration for the patient's:~~
 - a. ~~Food preferences;~~
 - b. ~~Customs;~~
 - e. ~~Religious background;~~
 - d. ~~Cultural background; and~~
 - e. ~~Ethnic background;~~
 - 3. ~~Are conspicuously posted at the health care institution providing inpatient services at least 24 hours before the meal is served; and~~
 - 4. ~~Are maintained at the health care institution providing inpatient services for at least 30 days after the meal is served.~~
- B.** ~~A hospice licensee shall ensure that, unless otherwise required by a patient's plan of care and specified in a patient's menu, the patient is provided 48 to 64 ounces of water, three meals, and one snack a day, with not more than a 14-hour time span between the evening meal and the morning meal, including:~~
 - 1. ~~Three servings of at least one-half cup of vegetables or six ounces of vegetable juice;~~
 - 2. ~~Two servings of at least one-half cup of fruit or six ounces of fruit juice;~~
 - 3. ~~Six servings of whole grain or enriched grain products, such as cereal, bread, rice, or pasta, with a serving consisting of one slice of bread or one-half to one cup of cereal or other grain product;~~
 - 4. ~~Two servings of milk, yogurt, cottage cheese, or cheese, with a serving consisting of one cup of milk or yogurt, one and one-half ounces of cheese, or six ounces of cottage cheese; and~~
 - 5. ~~Two servings of protein, neither of which can be the same as a serving in subsection (B)(4), such as meat, fish, poultry, cheese, egg, peanut butter, peas, beans, or lentils, with a serving consisting of two to three ounces of lean meat without bone, one cup dry beans or legumes, four tablespoons of peanut butter or other nut butter, or two eggs.~~

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- A.** A manager shall ensure that at the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C).
- B.** A manager shall ensure that:
1. A resident is treated with dignity, respect, and consideration;
 2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by an assisted living facility's manager, caregivers, assistant caregivers, employees, or volunteers; and
 3. A resident or the resident's representative:
 - a. Is informed of the following:
 - i. The policy on health care directives, and
 - ii. The resident complaint process;
 - b. Consents to photographs of the resident before a resident is photographed, except that a resident may be photographed when admitted to an assisted living facility for identification and administrative purposes;
 - c. Except as otherwise permitted by law, provides written consent to the release of the resident's:
 - i. Medical records, and
 - ii. Financial records;
 - d. May:
 - i. Request or consent to relocation within the assisted living facility; and
 - ii. Except when relocation is necessary based on a change in the resident's condition as documented in the resident's service plan, refuse relocation within the assisted living facility;
 - e. Has access to the resident's records during normal business hours or at a time agreed upon by the resident or resident's representative and the manager; and
 - f. Is informed of:
 - i. The rates and charges for services before the services are initiated;
 - ii. A change in rates or charges at least 30 calendar days before the change is implemented, unless the change in rates or charges results from a change in services; and
 - iii. A change in services at least 30 calendar days before the change is implemented, unless the resident's service plan changes.
- C.** A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive assisted living services that support and respect the resident's individuality, choices, strengths, and abilities;
 3. To receive privacy in:
 - a. Care for personal needs;
 - b. Correspondence, communications, and visitation; and
 - c. Financial and personal affairs;
 4. To maintain, use, and display personal items unless the personal items constitute a hazard;
 5. To choose to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities;
 6. To review, upon written request, the resident's own medical record;
 7. To receive a referral to another health care institution if the assisted living facility is unable to provide physical health services or behavioral health services for the resident;
 8. To choose to access services from a health care provider, health care institution, or pharmacy other than the assisted living facility where the resident is residing and receiving services or a health care provider, health care institution, or pharmacy recommended by the assisted living facility;
 9. To participate or have the resident's representative participate in the development of, or decisions concerning the resident's service plan; and
 10. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exer-

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cising the resident's rights.

R9-10-811. Hospice Infection Control, Environmental Safety, and Sanitation Medical Records

- A.** A hospice licensee shall develop and implement communicable disease and infection control policies and procedures including:
1. Using standard and contact precautions that comply with the control measures in 9 A.A.C. 6, Article 3;
 2. Reporting communicable diseases according to 9 A.A.C. 6;
 3. For patients receiving inpatient services, isolating a patient who has a communicable disease from other patients;
 4. Transporting and processing soiled linens and clothing;
 5. Sterilizing equipment and supplies;
 6. Maintaining and storing sterile equipment and supplies; and
 7. Ensuring that a staff member is free from communicable diseases when providing a hospice service.
- B.** A hospice licensee shall dispose of biohazardous medical waste according to 18 A.A.C. 13, Article 14.
- C.** A hospice licensee shall ensure that a reusable item:
1. Is sterilized before the item is assigned to a patient for use;
 2. Is assigned to only one patient for continuous personal use; and
 3. Is cleaned after each use.
- D.** A staff member providing hospice services shall wash the staff member's hands and exposed arms with soap and water:
1. Immediately before and after providing hospice services to a patient;
 2. After using the toilet; and
 3. As often as necessary to remove soil and contamination;
- E.** A hospice licensee shall ensure that food is free from spoilage, filth, or other contamination and is safe for human consumption when served to a patient by a staff member.
- F.** A staff member handling food shall:
1. Clean the staff member's hands and forearms as required in subpart 2-301 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107; and
 2. Keep the staff member's hair from contacting food or food contact surfaces.
- A.** A manager shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a resident's medical record is:
 - a. Only recorded by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the entry illegible;
 3. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
 4. A resident's medical record is available to individuals authorized by policies and procedures or state law;
 5. Information in a resident's medical record is disclosed to an individual not authorized under subsection (A)(4) only with the written consent of a resident or the resident's representative or as permitted by law; and
 6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If an assisted living facility maintains a resident's medical record electronically, a manager shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** A manager shall ensure that a resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth;
 - c. The name and contact information of the resident's representative, if applicable;
 2. The names, addresses, and telephone numbers of:
 - a. The resident's primary care provider;
 - b. Other persons, such as a home health agency or hospice service agency, involved in the care of the resident;
 - c. An individual to be contacted in the event of emergency, significant change in the resident's condition, or termination of residency;
 3. Date of the resident's acceptance by the assisted living facility;
 4. Documentation of the resident's needs required in R9-10-807(B);
 5. Documentation of general consent and informed consent, if applicable;
 6. Documentation of freedom from infectious tuberculosis as required in R9-10-807(A);
 7. A copy of resident's health care directive, if applicable;

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8. Resident's agreement and any amendments;
9. Resident's service plan and updates;
10. Documentation of assisted living services provided to the resident;
11. A medication order from a medical practitioner for each medication that is administered to the resident or for which the resident receives assistance in the self-administration of the medication;
12. Documentation of a medication administered to the resident or for which the resident received assistance in the self-administration of the medication that includes:
 - a. The date and time of administration or assistance;
 - b. The name, strength, dosage, and route of administration;
 - c. The name and signature of the individual administering or providing assistance in the self-administration of the medication; and
 - d. An unexpected reaction a resident has to the medication;
13. Documentation of the resident's refusal of a medication, if applicable;
14. Documentation of notification of the resident of the availability of vaccination for influenza and pneumonia, according to A.R.S. § 36-406(1)(d);
15. Documentation of the resident's orientation to exits from the assisted living facility required in R9-10-818(B);
16. If a resident is receiving behavioral health services other than behavioral care, documentation of the determination in R9-10-813(3);
17. If a resident is receiving behavioral care, documentation of the determination in R9-10-812(3);
18. If applicable, documentation that evacuation from the assisted living facility during a drill may cause physical harm to the resident;
19. If applicable, for a resident who is unable to direct self-care, the information required in R9-10-815(F);
20. Documentation of any significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a manager or caregiver to address the resident's changing needs;
21. Documentation of the notification required in R9-10-803(G) if the resident is incapable of handling financial affairs; and
22. If the resident no longer resides and receives assisted living services from the assisted living facility, a written notice of termination of residency.

R9-10-812. Hospice Recordkeeping; Patient Clinical Record Behavioral Care

A hospice licensee shall:

1. ~~Develop, implement, follow, and annually review and update documented policies and procedures for recordkeeping, including electronic recordkeeping, if applicable;~~
2. ~~Maintain confidentiality of patient records, as required in A.R.S. Title 12, Chapter 13, Article 7;~~
3. ~~Establish and maintain a clinical record for each patient containing:~~
 - a. ~~Name and age;~~
 - b. ~~Drug or biological allergies or sensitivities;~~
 - e. ~~Informed consent forms and authorization forms;~~
 - d. ~~Medical history;~~
 - e. ~~Physician orders, signed and dated by the physician;~~
 - f. ~~Documentation of the assessment required in R9-10-806(B)(1) and R9-10-807(B)(1);~~
 - g. ~~Plan of care; and~~
 - h. ~~Documentation of all hospice services provided to the patient; and~~
4. ~~Maintain for Department review and inspection documentation or verification required by this Article.~~

A manager shall ensure that for a resident who requests or receives behavioral care from the assisted living facility, a behavioral health professional or medical practitioner:

1. Evaluates the resident:
 - a. Within 30 calendar days before acceptance of the resident or before the resident begins receiving behavioral care, and
 - b. At least once every six months throughout the duration of the resident's need for behavioral care.
2. Reviews the assisted living facility's scope of services, and
3. Signs and dates a determination stating that the resident's need for behavioral care can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

R9-10-813. Hospice Quality Assurance Behavioral Health Services

A hospice licensee shall have a documented quality assurance plan that identifies procedures for:

1. ~~Collecting data on the hospice services provided;~~
2. ~~Interpreting the data collected to determine the:~~

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- a. ~~Adequacy of the hospice services provided;~~
- b. ~~Efficiency of the systems used by the hospice to deliver hospice services; and~~
- c. ~~Effectiveness of hospice staff in meeting the needs of a patient and the patient's family;~~
- 3. ~~Identifying, documenting, and evaluating an incident; and~~
- 4. ~~As a result of the data collected or the incidents identified:~~
 - a. ~~Making changes or taking corrective action;~~
 - b. ~~Reporting findings, changes made, and corrective actions taken to the governing authority; and~~
 - c. ~~Evaluating the effectiveness of the changes made.~~

If an assisted living facility provides behavioral health services other than behavioral care, a manager shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when general consent and informed consent is required and by whom general consent and informed consent may be given; and
2. The behavioral health services:
 - a. Are provided under the direction of a behavioral health professional; and
 - b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-114, and
 - ii. For an assessment, in R9-10-1011(B); and
3. For a resident who requests or receives behavioral health services from the assisted living facility, a behavioral health professional:
 - a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for behavioral health services.
 - b. Reviews the assisted living facility's scope of services, and
 - c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

R9-10-814. Hospice Inpatient Facility General Requirements Personal Care Services

- A.** ~~A person shall not operate a hospice inpatient facility without a hospice license and a hospice inpatient facility license from the Department.~~
- B.** ~~A hospice inpatient facility licensee shall:~~
1. ~~Have one governing authority that is the same as the governing authority of the hospice;~~
 2. ~~Provide hospice services only to a patient admitted to the hospice according to R9-10-806;~~
 3. ~~Conspicuously post in the reception area of the hospice inpatient facility:~~
 - a. ~~The current Department issued license;~~
 - b. ~~The current telephone number of the Department; and~~
 - c. ~~The location at which the following are available for review:~~
 - i. ~~A copy of the most recent Department inspection report;~~
 - ii. ~~A list of hospice services;~~
 - iii. ~~A written copy of rates and charges, as required in A.R.S. § 36-436.03; and~~
 - iv. ~~The written patient rights policy required in R9-10-802(E); and~~
 4. ~~Comply with all applicable requirements in R9-10-802, R9-10-804, R9-10-805, R9-10-807, R9-10-808, R9-10-809, R9-10-810, R9-10-811, R9-10-812, and R9-10-813.~~
- C.** ~~A hospice inpatient facility licensee shall:~~
1. ~~Establish and implement a visitation policy that allows individuals of all ages to visit a patient 24 hours a day, and~~
 2. ~~Allow a visitor to bring a domesticated animal to visit a patient.~~
- A.** A manager of an assisted living facility licensed to provide personal care services shall not accept or retain a resident who:
1. Is unable to direct self-care;
 2. Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance; or
 3. Except as specified in subsection (C), has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- B.** A manager of an assisted living facility licensed to provide personal care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if:
1. The condition is a result of a short-term illness or injury; or
 2. The following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:
 - a. The resident or resident's representative requests that the resident be accepted by or remain in the assisted living facility;
 - b. The resident's primary care provider or other medical practitioner:

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- i. Examines the resident at the onset of the condition or within 30 calendar days before acceptance and at least once every six months throughout the duration of the resident's condition;
 - ii. Reviews the assisted living facility's scope of services; and
 - iii. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility; and
 - c. The resident's service plan is revised to include the resident's increased need for personal care services.
- C.** A manager of an assisted living facility licensed to provide personal care services may accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner, if the requirements in subsection (B)(2) are met.
- D.** A manager of an assisted living facility licensed to provide personal care services may accept or retain a resident who requires intermittent nursing services if the resident's condition for which nursing services are required is a result of a short-term illness or injury.
- E.** A manager shall ensure that a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom or residential unit being used by a resident receiving personal care services.
- F.** In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving personal care services includes:
- 1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
 - 2. Offering sufficient fluids to maintain hydration;
 - 3. Incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting;
 - 4. If the resident is receiving assistance in the self-administration of medication or medication administration, a written medication order from the resident's primary care provider or other medical practitioner; and
 - 5. If applicable, the determination in subsection (B)(2)(b).
- G.** A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving personal care services unless the resident has an order from the resident's primary care provider or medical practitioner for the non-prescription medication.

R9-10-815. ~~Application for an Initial Hospice Inpatient Facility License; Application for Renewal of a Hospice Inpatient Facility License~~ Directed Care Services

- A.** ~~In addition to complying with the initial license application requirements in 9 A.A.C. 10, Article 1, an applicant for an initial hospice inpatient facility license shall submit to the Department the applicant's current hospice license number.~~
- B.** ~~In addition to complying with the license renewal application requirements in 9 A.A.C. 10, Article 1, an applicant for renewal of a hospice inpatient facility license shall submit to the Department:~~
- 1. ~~The applicant's current hospice inpatient facility license number;~~
 - 2. ~~The applicant's current hospice license number; and~~
 - 3. ~~The number of inpatient beds.~~
- A.** A manager shall ensure that a representative is designated for a resident who is unable to direct self-care.
- B.** A manager of an assisted living facility licensed to provide directed care services shall not accept or retain a resident who except as provided in R9-10-814(B)(2):
- 1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or
 - 2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- C.** In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:
- 1. The requirements in R9-10-814(F)(1) through (4);
 - 2. If applicable, the determination in R9-10-814(B)(2)(b);
 - 3. Cognitive stimulation and activities to maximize functioning;
 - 4. Strategies to ensure a resident's personal safety;
 - 5. Encouragement to eat meals and snacks; and
 - 6. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan.
- D.** A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving directed care services unless the resident has an order from a medical practitioner for the non-prescription medication.
- E.** A manager shall ensure that:
- 1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or
 - 2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.
- F.** If a resident who is unable to direct self-care is receiving services from a home health agency or hospice service agency, a manager shall ensure that:

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1. The resident's medical record contains documentation of services provided to the resident by the home health agency or hospice service agency, including:
 - a. The name, address, and phone number of the home health agency or hospice service agency; and
 - b. A description of the services provided to the resident by the home health agency or hospice service agency and the date and time provided; and
 2. Any instructions for the resident's care are:
 - a. Communicated to a caregiver, and
 - b. Documented in the resident's service plan.
- G.** A manager of an assisted living facility licensed to provide directed care services shall ensure that:
1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;
 2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:
 - a. Provides access to an outside area that:
 - i. Allows the resident to be at least 30 feet away from the facility, and
 - ii. Controls or alerts employees of the egress of a resident from the facility;
 - b. Provides access to an outside area:
 - i. From which a resident may exit to a location at least 30 feet away from the facility, and
 - ii. Controls or alerts employees of the egress of a resident from the facility; or
 - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-1-412; and
 3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.

R9-10-816. Hospice Inpatient Facility Physical Plant Standards Medication Services

- ~~**A.** A hospice inpatient facility licensee shall comply with:~~
- ~~1. All applicable local, state, and federal physical plant codes and standards; and~~
 - ~~2. Life Safety Code requirements in A.A.C. R9-1-412(A)(8).~~
- ~~**B.** A hospice inpatient facility licensee shall ensure that the hospice inpatient facility has a design and decor that:~~
- ~~1. De-emphasizes the institutional character of the hospice inpatient facility;~~
 - ~~2. Has characteristics that are comparable to those found in domestic settings, and~~
 - ~~3. Allows the patient to use and display personal belongings.~~
- C.** A hospice inpatient facility licensee shall provide a patient a sleeping area that:
1. Is shared by no more than four patients;
 2. Measures at least 80 square feet per patient;
 3. Has walls from floor to ceiling and at least one doorway;
 4. Is at or above ground level;
 5. Is vented to the outside of the hospice inpatient facility;
 6. Has a working thermometer for measuring the temperature in the sleeping area;
 7. For each patient, has a:
 - a. Bed;
 - b. Bedside table;
 - c. Bedside chair;
 - d. Reading light;
 - e. Privacy screen or curtain, and
 - f. Closet or drawer space;
 8. Is equipped with a bell, intercom, or other mechanical means for a patient to alert a staff member;
 9. Has at least one doorway no more than 20 feet from a room containing a toilet and a sink;
 10. Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
 11. Contains one of the following to provide sunlight:
 - a. A window to the outside of the hospice inpatient facility, or
 - b. A transparent or translucent door to the outside of the hospice inpatient facility; and
 12. Has coverings for windows and for transparent or translucent doors that provide patient privacy.
- ~~**D.** A hospice inpatient facility licensee shall provide:~~
- ~~1. For every six patients, a toilet room that contains:
 - a. At least one working toilet that flushes;
 - b. At least one sink with running water;
 - c. Grab bars;
 - d. A mirror;
 - e. Space for staff to assist a patient;~~

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- ~~f. A bell, intercom, or other mechanical means for a patient to alert a staff member; and~~
- ~~g. An operable window to the outside of the hospice inpatient facility or other form of ventilation;~~
- ~~2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip resistant surface, located in a toilet room or in a separate bathing room;~~
- ~~3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;~~
- ~~4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;~~
- ~~5. A room other than a sleeping area that can be used for social activities;~~
- ~~6. Sleeping accommodations for family members;~~
- ~~7. For staff and visitors, a designated toilet room other than a patient toilet room that contains:
 - ~~a. At least one working toilet that flushes, and~~
 - ~~b. At least one sink with running water;~~~~
- ~~8. If the hospice inpatient facility has a kitchen with a cooking unit, a cooking unit vented to the outside of the hospice inpatient facility; and~~
- ~~9. Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas.~~

A. If an assisted living facility provides medication administration or assistance in the self-administration of medication, a manager shall ensure that:

- 1. Policies and procedures include:
 - a. Procedures for preventing, responding to, and reporting a medication error;
 - b. Procedures for responding to and reporting an unexpected reaction to a medication;
 - c. Procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner and meets the resident's needs;
 - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
 - e. Procedures for assisting a resident in procuring medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- 2. If a verbal order for a resident's medication is received from a medical practitioner by the assisted living facility:
 - a. The manager or a caregiver takes the verbal order from the medical practitioner;
 - b. The verbal order is documented in the resident's medical record; and
 - c. A written order verifying the verbal order is obtained from the medical practitioner within 14 days after receiving the verbal order.

B. If an assisted living facility provides medication administration, a manager shall ensure that:

- 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner, registered nurse, or pharmacist;
 - b. Includes a process for identifying an individual designated by a physician to administer medication under the direction of the physician;
 - c. Ensure that medication is administered to a resident as prescribed; and
 - d. Ensure that a resident's refusal to take prescribed medication is documented in the resident's medical record; and
- 2. A medication administered to a resident:
 - a. Is administered by an individual under direction of a physician.
 - b. Is administered in compliance with a medication order, and
 - c. Is documented in the resident's medical record.

C. If an assisted living facility provides assistance in the self-administration of medication, a manager shall ensure that:

- 1. A resident's medication is stored by the assisted living facility;
- 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container or medication organizer for the resident;
 - c. Observing the resident while the resident removes the medication from the container or medication organizer;
 - d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label or if a medication organizer is used, on the medical practitioner's order,
 - ii. The dosage of the medication is the same as stated on the medication container label or if a medication organizer is used, on the medical practitioner's order, and
 - iii. The medication is being taken by the resident at the time stated on the medication container label or if a medication organizer is used, on the medical practitioner's order; or
 - e. Observing the resident while the resident takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medi-

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- cal practitioner or a nurse; and
- 4. Assistance with the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.
- D.** A manager shall ensure that the manager, a caregiver, or an assistant caregiver does not fill a resident's medication organizer unless the manager, caregiver, or assistant has been designated and is under the direction of a physician according to subsection (B)(2)(a);
- E.** When medication is stored by an assisted living facility, a manager shall ensure that:
 - 1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
 - 2. If medication is stored in a room or closet, there is a locked cabinet that is used for medication storage;
 - 3. Medication is stored according to the instructions on the medication container; and
 - 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- F.** A manager shall ensure that a caregiver immediately reports a medication error or a resident's unexpected reaction to a medication to the medical practitioner who ordered the medication or, if the medical practitioner who ordered the medication is not available, another medical practitioner.
- G.** If medication is stored by a resident in the resident's bedroom or residential unit, a manager shall ensure that:
 - 1. The medication is stored according to the resident's service plan; or
 - 2. If the medication is not being stored according to the resident's service plan, update the resident's service plan to include how the medication is being stored by the resident.

R9-10-817. Hospice Inpatient Facility Food Service Food Services

- A.** A hospice inpatient facility licensee shall:
 - 1. Prepare and serve meals to a patient as specified in the patient's menu required in R9-10-810(A), or
 - 2. Contract with a food establishment licensed under 9 A.A.C. 8, Article 1 to prepare and deliver meals to be served to a patient as specified in the patient's menu required in R9-10-810(A).
- B.** If a hospice inpatient facility with more than 20 patients prepares and serves food to a patient, the hospice inpatient facility licensee shall:
 - 1. Be licensed under 9 A.A.C. 8, Article 1; and
 - 2. Maintain at the hospice inpatient facility a copy of the hospice inpatient facility's food establishment license.
- C.** If a hospice inpatient facility with 20 or fewer patients prepares and serves food to a patient, the hospice inpatient facility licensee shall:
 - 1. Have a therapeutic diet manual with a copyright date not more than five years old available for use by a staff member who prepares food;
 - 2. Maintain at least a one-day supply of perishable food and at least a three-day supply of non-perishable food;
 - 3. If canned food is served, serve only commercially canned food;
 - 4. Rinse raw fruits and raw vegetables with water before cooking or serving;
 - 5. Maintain a thermometer accurate to $\pm 3^{\circ}$ F in each refrigerator;
 - 6. Maintain foods requiring refrigeration at 41° F or below;
 - 7. Maintain frozen foods as required in §§ 3-402.11, 3-501.11, and 3-501.12 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
 - 8. Cook food as required in §§ 3-401.11, 3-401.12, and 3-401.13 and reheat food as required in § 3-403.11 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
 - 9. Thaw food as required in § 3-501.13, cool food as required in §§ 3-501.14 and 3-501.15, and maintain hot and cold holding temperatures as required in § 3-501.16 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
 - 10. Follow the requirements for highly susceptible populations in subpart 3-801 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
 - 11. Store food that has been opened or removed from its original container in a dated covered container, a minimum of six inches off the floor, and protected from contamination; and
 - 12. Keep tableware and eating utensils clean and in good repair.
- D.** If a hospice inpatient facility contracts for the preparation and delivery of patient meals to the hospice inpatient facility,

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~~the hospice inpatient facility licensee shall:~~

- ~~1. Maintain at the hospice inpatient facility a copy of the food establishment's license; and~~
- ~~2. Maintain at the hospice inpatient facility equipment necessary to store, refrigerate, and reheat a patient's meal to meet the dietary needs of the patient.~~

A. A manager shall ensure that:

1. A food menu:
 - a. Is prepared at least one week in advance.
 - b. Includes the foods to be served each day.
 - c. Is conspicuously posted at least one day before the first meal on the food menu is served.
 - d. Includes a food substitution no later than the morning of the day of meal service that includes the food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the assisted living facility are served according to posted menus;
3. If the assisted living facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the assisted living facility;
4. The assisted living facility is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
5. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
6. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan;
7. Water is available and accessible to residents at all times, unless otherwise stated in a medical practitioner's order; and
8. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the provision of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.

B. If the assisted living facility offers therapeutic diets, a manager shall ensure that:

1. A current therapeutic diet manual is available for use by employees; and
2. The therapeutic diet is provided to a resident according to a written order from the resident's primary care provider or a medical practitioner.

C. A manager 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. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
5. A refrigerator used by an assisted living facility to store food or medication contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
6. Frozen foods are stored at a temperature of 0° F or below; and
7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

D. A manager of an assisted living center shall ensure that:

1. The assisted living center is licensed as a food establishment under 9 A.A.C. 8, Article 1; and
2. A copy of the assisted living center's food establishment license is maintained.

R9-10-818. Hospice Inpatient Facility Environmental Emergency and Safety and Sanitation Standards

A hospice inpatient facility licensee shall:

1. ~~Store a toxic substance as defined in A.R.S. § 49-961 or a hazardous material as defined in A.R.S. § 26-301 in a labeled container in a locked area other than a food preparation or storage area, a dining area, a medication storage~~

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- ~~area, or a sleeping area;~~
- 2. ~~Except for medical supplies needed for a patient, such as oxygen, store a flammable liquid as defined in A.R.S. § 28-601:~~
 - a. ~~In the original labeled container or a safety container;~~
 - b. ~~In a locked area inaccessible to a patient, and~~
 - e. ~~Outside of the hospice inpatient facility;~~
- 3. ~~Provide water sufficient to meet the hygiene needs of each patient;~~
- 4. ~~Provide hot water at a temperature between 90° F and 120° F for patient use;~~
- 5. ~~Maintain the temperature of the hospice inpatient facility between 70° F and 82° F;~~
- 6. ~~Keep garbage and refuse in covered containers lined with plastic bags while inside the hospice inpatient facility;~~
- 7. ~~Remove garbage and refuse from the inside of the hospice inpatient facility at least once every 24 hours;~~
- 8. ~~Dispose of garbage and refuse according to A.A.C. 18 A.A.C. 13, Article 3;~~
- 9. ~~Keep the hospice inpatient facility free from:~~
 - a. ~~A condition or situation that may cause a patient or an individual to suffer physical injury;~~
 - b. ~~Accumulations of dirt, debris, dust, lint, or discarded equipment and materials; and~~
 - e. ~~Insects and rodents;~~
- 10. ~~Develop and implement policies and procedures specifying:~~
 - a. ~~A cleaning schedule for at least the following:~~
 - i. ~~Laundry;~~
 - ii. ~~Toilet rooms;~~
 - iii. ~~Bathing rooms;~~
 - iv. ~~Sleeping areas, and~~
 - v. ~~Kitchens; and~~
 - b. ~~Types of cleaning products and equipment to be used;~~
- 11. ~~Store, launder, and transport linens away from food storage, kitchen, and dining areas; and~~
- 12. ~~Provide, continuously stock, and maintain a working soap dispenser and either a dispenser with disposable paper towels or a working hand-drying device in each toilet room located in the hospice inpatient facility.~~

A. A manager shall ensure that:

- 1. A disaster plan is developed, documented, maintained in a location accessible to caregivers and assistant caregivers, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated;
 - b. How a resident's record will be available to caregivers and assistant caregivers providing services to the resident during a disaster;
 - c. A plan to ensure a resident's medication will be available to administer to the resident during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility's relocation site during a disaster;
- 2. The disaster plan required in subsection (A)(1) is reviewed and the review is documented at least once every 12 months and includes:
 - a. The date and time of the disaster plan review,
 - b. The name of each employee or volunteer participating in the disaster plan review,
 - c. A critique of the disaster plan review, and
 - d. If applicable, recommendations for improvement;
- 3. Documentation of a disaster plan review required in subsection (A)(2), is maintained for at least 12 months after the date of the disaster plan review;
- 4. An evacuation drill for employees and residents:
 - a. Is conducted at least once every six months;
 - b. Except for a resident whose service plan contains documentation that evacuation from the assisted living facility would cause harm to the resident, includes individuals in the assisted living facility; and
 - c. Is documented;
- 5. In addition to the evacuation drill in subsection (A)(4), an evacuation drill for employees is conducted on each shift at least once every three months and documented;
- 6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. Whether the evacuation drill was for employees only or for both employees and residents;
 - c. The amount of time taken for employees and, if applicable, residents to evacuate the assisted living facility;
 - d. If applicable:
 - i. An identification of residents needing assistance for evacuation, and

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- ~~other disaster or threat to patient safety that includes:~~
 - ~~a. Assigned staff responsibilities;~~
 - ~~b. Procedures for transportation of patients and, if possible, records;~~
 - ~~c. Location of and instructions for use of alarm systems;~~
 - ~~d. Location of and instructions for use of fire-fighting equipment, including methods of containing fires;~~
 - ~~e. Procedures for notification of local, state, or federal agencies appropriate to respond to the disaster;~~
 - ~~f. An evacuation map;~~
 - ~~g. Procedures for arranging adequate shelter, beds, food, water, and essential nursing care, including drugs and biologicals, for patients at an alternative location; and~~
 - ~~h. Location and list of emergency supplies on the premises;~~
- ~~2. Conspicuously post written evacuation maps at the hospice inpatient facility;~~
- ~~3. Require that staff review an evacuation plan and conduct an evacuation drill, without patient participation, at least once every six months during each shift;~~
- ~~4. Maintain for 24 months at the hospice inpatient facility records of each evacuation drill including:~~
 - ~~a. The date and time of the evacuation drill;~~
 - ~~b. The names of staff participating in the evacuation drill;~~
 - ~~c. A critique of the drill; and~~
 - ~~d. Recommendations for improvement, if applicable;~~
- ~~5. Train all staff on the evacuation plan during the first seven days of employment; and~~
- ~~6. Require one staff member who has received evacuation plan training to be present at the hospice inpatient facility at all times.~~

A. A manager shall ensure that:

- 1. The premises and equipment are:
 - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
- 2. A pest control program is implemented and documented;
- 3. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
- 4. Heating and cooling systems maintain the assisted living facility at a temperature between 70° F and 84° F at all times, unless individually controlled by the resident;
- 5. Common areas:
 - a. Are lighted to ensure the safety of residents, and
 - b. Have lighting sufficient to allow caregivers and assistant caregivers to monitor resident activity;
- 6. Hot water temperatures are maintained between 95° F and 120° F in areas of an assisted living facility used by residents;
- 7. The supply of hot and cold water is sufficient to meet the hygiene needs of the residents and the cleaning and sanitation requirements in this Article;
- 8. A resident has access to a laundry service or a washing machine and dryer in the assisted living facility;
- 9. Soiled linen and soiled clothing stored by the assisted living facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
- 10. Oxygen containers are secured in an upright position;
- 11. 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 and are inaccessible to residents;
- 12. Combustible or flammable liquids and hazardous materials stored by the assisted living facility are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to residents;
- 13. Pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. Vaccinated as follows:
 - i. A dog is vaccinated against rabies, and
 - ii. A cat is vaccinated against rabies;
- 14. If a non-municipal water source is used:
 - a. 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;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for two years after the date of the test; and

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15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.

B. If a swimming pool is located on the premises, a manager shall ensure that:

1. On a day that a resident uses the swimming pool, an employee:

a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:

i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;

ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or

iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and

b. Records the results of the water quality tests in a log that includes the date tested and test result;

2. Documentation of the water quality test is maintained for at least 12 months after the date of the test; and

3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a).

R9-10-820. Physical Plant Standards

A. A manager shall ensure that an assisted living center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval.

B. A manager shall ensure that:

1. The premises and equipment are sufficient to accommodate:

a. The services stated in the assisted living facility's scope of services, and

b. An individual accepted as a resident by the assisted living facility;

2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;

3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;

4. At least one bathroom is accessible from a common area and:

a. May be used by residents and visitors,

b. Provides privacy when in use, and

c. Contains the following:

i. At least one working sink with running water,

ii. At least one working toilet that flushes and has a seat,

iii. Toilet tissue for each toilet,

iv. Soap in a dispenser accessible from each sink,

v. Paper towels in a dispenser or a mechanical air hand dryer,

vi. Lighting, and

vii. A window that opens or another means of ventilation;

5. An outside activity space is provided and available that:

a. Is on the premises,

b. Has a hard-surfaced section for wheelchairs, and

c. Has an available shaded area;

6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and

7. The key to the door of a lockable bathroom, bedroom, or residential unit is available to a manager, caregiver, and assistant caregiver.

C. A manager shall ensure that:

1. For every eight residents there is at least one flushable toilet and one sink with running water;

2. For every eight residents there is at least one working bathtub or shower; and

3. A resident bathroom provides privacy when in use and contains:

a. A mirror;

b. Toilet tissue for each toilet;

c. Soap accessible from each sink;

d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is not in a residential unit and used by more than one resident;

e. A window that opens or another means of ventilation;

f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and

g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.

D. A manager shall ensure that:

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1. Each resident is provided with a sleeping area in a residential unit or a bedroom:
2. For an assisted living home, a resident's sleeping area is on the ground floor of the assisted living home unless:
 - a. The resident is able to direct self-care;
 - b. The resident is ambulatory without assistance; and
 - c. There are at least two unobstructed, usable exits to the outside from the sleeping area that the resident is capable of using;
3. Except as provided in subsection (E), no more than two individuals reside in a residential unit or bedroom:
4. A resident's sleeping area:
 - a. Is not used as a common area;
 - b. Is not used as a passageway to a common area, another sleeping area, or common bathroom;
 - c. Is constructed and furnished to provide unimpeded access to the door;
 - d. Has floor-to-ceiling walls with at least one door;
 - e. Has access to natural light through a window or a glass door to the outside; and
 - f. Has a means of direct egress to the outside through a window or door that the resident is capable of using;
5. If a resident's sleeping area is in a bedroom, the bedroom has:
 - a. For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom;
 - b. For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom; and
 - c. A door that opens into a hallway, common area, or outdoors;
6. If a resident's sleeping area is in a residential unit, the residential unit has:
 - a. Except as provided in subsection (E)(2), at least 220 square feet of floor space, not including a closet or bathroom, for one individual residing in the residential unit and an additional 100 square feet of floor space, not including a closet or bathroom, for each additional individual residing in the residential unit;
 - b. An individually keyed entry door;
 - c. A bathroom that provides privacy when in use and contains:
 - i. A working toilet that flushes and has a seat;
 - ii. A working sink with running water;
 - iii. A working bathtub or shower;
 - iv. Lighting;
 - v. A mirror;
 - vi. A window that opens or another means of ventilation;
 - vii. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
 - viii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in bathtubs and showers;
 - d. A resident-controlled thermostat for heating and cooling;
 - e. A kitchen area equipped with:
 - i. A working sink and refrigerator;
 - ii. A cooking appliance that can be removed or disconnected;
 - iii. Space for food preparation, and
 - iv. Storage for utensils and supplies; and
 - f. If not furnished by a resident:
 - i. An armchair, and
 - ii. A table where a resident may eat a meal; and
7. If not furnished by a resident, each sleeping area has:
 - a. A bed, at least 36 inches in width and 72 inches in length, consisting of at least a frame and mattress that is clean and in good repair;
 - b. Clean linen including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
 - c. Sufficient light for reading;
 - d. Storage space for clothing;
 - e. Individual storage space for personal effects; and
 - f. Adjustable window covers that provide resident privacy.
- E.** A manager may allow more than two individuals to reside in a residential unit or bedroom if:
 1. There is at least 60 square feet for each individual living in the bedroom;
 2. There is at least 100 square feet for each individual living in the residential unit; and
 3. The manager has documentation that the assisted living facility has been operating since before October 2, 1998 with more than two individuals living in the residential unit or bedroom.
- F.** If there is a swimming pool on the premises of the assisted living facility, a manager shall ensure that:
 1. Unless the assisted living facility has documentation of having received an exception from the Department before the

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effective date of these rules, the swimming pool is enclosed by a wall or fence that:

- a. Is at least five feet in height as measured on the exterior of the wall or fence;
- b. Has no vertical openings greater than four inches across;
- c. Has no horizontal openings, except as described in subsection (F)(1)(e);
- d. Is not chain-link;
- e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
- f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least five feet from the ground, and
 - iii. Is locked when the swimming pool is not in use;

2. A life preserver or shepherd's crook is available and accessible in the swimming pool area; and

3. Pool safety requirements are conspicuously posted in the swimming pool area.

G. A manager shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

ARTICLE 9. NURSING CARE INSTITUTIONS OUTPATIENT SURGICAL CENTERS

R9-10-901. Definitions

In addition to the definitions in A.R.S. § 36-401 and Title 9, Chapter 10, Article 1, the following definitions apply in this Article:

1. "Abuse" has the meaning in A.R.S. § 46-451 and includes emotional abuse as defined in A.R.S. § 13-3623.
2. "Activities of daily living" means ambulating, bathing, dressing, grooming, toileting, eating, and getting in or out of a bed or a chair.
3. "Administrator" has the meaning in A.R.S. § 36-446.
4. "Admission" or "admitted" means documented acceptance by a nursing care institution of an individual as a resident of the nursing care institution.
5. "Adverse reaction" means an unexpected outcome that threatens the health and safety of a resident as a result of medical services or nursing services provided to the resident.
6. "Anniversary date" means the annual recurrence of the date of an event.
7. "Attending physician" means a physician designated by a resident or the resident's representative who is responsible for the coordination of medical services provided to the resident.
8. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
 - a. A written signature;
 - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
 - c. A rubber stamp signature; or
 - d. An electronic signature code.
9. "Available" means:
 - a. For an individual, the ability to be contacted by any means possible such as by telephone or pager;
 - b. For equipment and supplies, physically retrievable at a nursing care institution; and
 - c. For a document, retrievable at a nursing care institution or accessible according to the time frames in the applicable rules of this Article.
10. "Behavioral health service" has the meaning in A.A.C. R9-20-101.
11. "Biohazardous medical waste" has the meaning in A.A.C. R18-13-1401.
12. "Biological" means a medicinal compound prepared from living organisms and their products such as serums, vaccines, antigens, and antitoxins.
13. "Business day" means Monday through Friday, 8:00 a.m. to 5:00 p.m.
14. "Care plan" means a documented guide for providing nursing services to a patient that includes measurable objectives and the methods for meeting the objectives based on the resident's comprehensive assessment.
15. "Cognitive status" means a resident's level of awareness including perception, reasoning, judgment, intuition, and memory.
16. "Communicable disease" has the meaning in A.A.C. R9-6-101.
17. "Comprehensive assessment" means an analysis of a resident's need for nursing care institution services that is performed according to R9-10-906(B).
18. "Conspicuously posted" means placed within a nursing care institution at a location that is visible and accessible to residents and the public.
19. "Contracted services" means nursing care institution services provided according to a written agreement between a nursing care institution and the person providing the nursing care institution services.
20. "Controlled substance" has the meaning in A.R.S. § 36-2501.
21. "Corporal punishment" means physical action that causes suffering or pain, and serves as retribution.
22. "Current" means up-to-date and extending to the present time.

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23. "Dignity" means the quality or condition of esteem or worth.
24. "Direct care" means medical services, nursing services, or medically-related social services provided to a resident.
25. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
26. "Disaster" means an unexpected adverse occurrence that affects the nursing care institution's ability to provide nursing care institution services.
27. "Discharge" means a nursing care institution's termination of nursing care institution services to a resident.
28. "Discipline" means any verbal or physical action taken by a staff member or volunteer to punish or penalize a resident.
29. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
30. "Drill" means a response to a planned, simulated event.
31. "Drug" has the meaning in A.R.S. § 32-1901.
32. "Electronic" has the meaning in A.R.S. § 44-7002.
33. "Electronic signature" has the meaning in A.R.S. § 44-7002.
34. "Emergency" means an immediate threat to the life or health of a resident.
35. "Environmental services" means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
36. "Exploitation" has the meaning in A.R.S. § 46-451.
37. "Family" means an individual related to a resident by blood, marriage, or adoption or other individual designated by the resident.
38. "Food services" means the storage, preparation, and serving of food intended for consumption in a nursing care institution.
39. "Full time" means 40 hours or more every consecutive seven days.
40. "Health care directive" has the meaning in A.R.S. § 36-3201.
41. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
42. "Hospital-based nursing care institution" means an area within or on a contiguous portion of a licensed hospital's premises, or not more than 250 yards from the licensed hospital premises, where nursing care institution services are provided in coordination with hospital services.
43. "Hospital services" has the meaning in R9-10-201.
44. "Incident" means an unexpected occurrence that poses a threat to the health and safety of residents.
45. "Injury" means trauma or damage to some part of the human body.
46. "In-service education" means organized instruction or information related to nursing care institution services that is provided to a staff member.
47. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment.
48. "Medical director" means a physician who is responsible for the coordination of medical services provided to residents in a nursing care institution.
49. "Medically-related social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
50. "Medical history" means a part of a resident's medical records consisting of an account of the resident's health, including past and present illnesses, diseases, or medical conditions.
51. "Medical records" has the meaning in A.R.S. § 12-2291.
52. "Medication" has the same meaning as drug.
53. "Medication error" means:
 - a. The failure to administer an ordered medication;
 - b. The administration of a medication not ordered; or
 - c. A medication administered:
 - i. In an incorrect dosage,
 - ii. More than 60 minutes from the ordered time of administration unless ordered to do so, or
 - iii. By an incorrect route of administration.
54. "Medication error rate" means the percentage of medication errors, which is calculated by the number of medication errors divided by the opportunities for errors.
55. "Misappropriation of resident property" means the intentional use of a resident's belongings or money without the resident's consent.
56. "Monitor" means the ongoing observation of a resident's behavior or medical condition.
57. "Nurse" has the same meaning as registered nurse or practical nurse defined in A.R.S. § 32-1601.
58. "Nursing care institution services" means medical services, nursing services, medically-related social services, and environmental services.

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59. "Nursing personnel" means an individual authorized under A.R.S. Title 32, Chapter 15, to provide nursing services.
60. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
61. "Opportunities for errors" means the time during a Department survey in which a Department representative:
 - a. Observes the number of medication doses administered to residents in a nursing care institution; and
 - b. Ascertains the number of medication doses ordered but not administered.
62. "Order" means an instruction to provide medical services or nursing services to a resident in a nursing care institution by:
 - a. A physician; or
 - b. An individual licensed under A.R.S. Title 32 or authorized by the nursing care institution within the scope of the individual's license.
63. "Orientation" means the initial instruction and information provided to an individual starting work or volunteer services in a nursing care institution.
64. "Person" has the meaning in A.R.S. § 1-215 and includes governmental agencies.
65. "Pharmacist" has the meaning in A.R.S. § 32-1901.
66. "Physician" means an individual licensed under A.R.S. Title 32, Chapters 13, 14, 17, or 29.
67. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25.
68. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness or disease.
69. "Qualified" means meeting the requirements specified in a nursing care institution's written job description for a job position.
70. "Quality management program" means ongoing activities designed and implemented by a nursing care institution to improve the delivery of nursing care institution services.
71. "Reasonable accommodation" means an adaptation of a resident's environment based on the resident's preferences, comprehensive assessment, and care plan, to assist the resident in achieving or maintaining independent functioning.
72. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
73. "Registered nurse" has the meaning in A.R.S. § 32-1601.
74. "Registered nurse practitioner" has the meaning in A.R.S. § 32-1601.
75. "Registry staff member" means an individual licensed or certified by a regulatory agency who receives compensation from a third party to work at a nursing care institution.
76. "Regular basis" means at recurring, fixed, or uniform intervals.
77. "Resident" means an admitted individual receiving nursing care institution services.
78. "Resident advocate" means an individual who acts on behalf of a resident regarding the resident's legal or personal issues.
79. "Resident group" means residents or residents' family members who:
 - a. Plan and participate in resident activities; or
 - b. Meet to discuss nursing care institution issues and policies.
80. "Resident's representative" means a resident's legal guardian, an individual acting on behalf of a resident with the written consent of the resident, or a surrogate under A.R.S. § 36-3201.
81. "Restraint" means any chemical or physical method of restricting a resident's:
 - a. Freedom of movement;
 - b. Physical activity; or
 - c. Access to the resident's own body.
82. "Risk" means potential for an adverse outcome.
83. "Seclusion" means the involuntary solitary confinement of a resident, when not medically indicated, in a room or an area where the resident is prevented from leaving.
84. "Secured" means the use of a method, device, or structure that:
 - a. Prevents a resident from leaving an area of a nursing care institution's premises; or
 - b. Alerts a staff member of a resident's departure from a nursing care institution.
85. "Semipublic swimming pool" has the meaning in A.A.C. R18-5-201.
86. "Significant change in condition" means an improvement or a deterioration in a resident's physical or mental condition that causes the resident's need for direct care to decrease or increase.
87. "Significant medication error" means the administration of a medication, or omission of a medication, that endangers the health or safety of a resident.
88. "Social worker" means an individual who:
 - a. Has a baccalaureate degree in social work from a program accredited by the Council on Social Work Education;
 - b. Has a baccalaureate degree in a human services field such as sociology, special education, rehabilitation counseling, or psychology; or
 - c. Is certified under A.R.S. Title 32, Chapter 33;

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- 89. ~~“Staff member” means an individual who receives wages from a nursing care institution.~~
- 90. ~~“Survey” means a license inspection of a nursing care institution by the Department.~~
- 91. ~~“Total health condition” means a resident’s overall physical and psychosocial well-being as determined by the resident’s comprehensive assessment.~~
- 92. ~~“Tuberculosis control officer” has the meaning in A.R.S. § 36-711.~~
- 93. ~~“Transfer” means relocating a resident from a nursing care institution to another health care institution.~~
- 94. ~~“Unnecessary drug” means a medication is not required because:~~
 - a. ~~There is no documented indication for its use;~~
 - b. ~~The medication is excessive or duplicative;~~
 - c. ~~The medication is administered before determining whether the resident requires it; or~~
 - d. ~~The resident has experienced an adverse reaction from the medication indicating that the medication should be reduced or discontinued.~~
- 95. ~~“Verification” means:~~
 - a. ~~A documented telephone call including the date and the name of the documenting individual;~~
 - b. ~~A documented observation including the date and the name of the documenting individual; or~~
 - c. ~~A documented confirmation of a fact including the date and the name of the documenting individual.~~
- 96. ~~“Vital signs” means an individual’s heart rate, respiratory rate, blood pressure, and body temperature.~~
- 97. ~~“Volunteer” means an individual, not including a resident’s family member providing direct care to the resident, authorized by a nursing care institution to work on a regular basis who does not receive compensation.~~
- 98. ~~“Work” means employment by, or providing volunteer services for, a nursing care institution.~~

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless otherwise specified:

- 1. “Inpatient care” means postsurgical services provided in a hospital.
- 2. “Outpatient surgical services” means anesthesia and surgical services provided to a patient in an outpatient surgical center.
- 3. “Surgical suite” means an area of an outpatient surgical center that includes one or more operating rooms and one or more recovery rooms.

R9-10-902. Application Requirements Administration

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for an initial or renewal license shall submit the following to the Department:

- 1. A copy of the nursing care institution administrator’s license under A.R.S. Title 36, Chapter 4, Article 6; and
- 2. A form provided by the Department that contains:
 - a. The name and the classification or subclassification of a health care institution operated by the same governing authority as the nursing care institution, if applicable; and
 - b. Whether the nursing care institution has:
 - i. A secured area for residents with Alzheimer’s disease or other dementia;
 - ii. A secured behavioral health services area; or
 - iii. An area for residents on ventilators.

A. A governing authority shall:

- 1. Consist of one or more individuals responsible for the organization, operation, and administration of an outpatient surgical center;
- 2. Establish, in writing:
 - a. An outpatient surgical center’s scope of services, and
 - b. Qualifications for an administrator;
- 3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
- 4. Grant, deny, suspend, or revoke clinical privileges of a physician and other members of the medical staff and delineate, in writing, the clinical privileges of each medical staff member, according to the medical staff by-laws;
- 5. Adopt a quality management plan according to R9-10-903;
- 6. Review and evaluate the effectiveness of the quality management plan at least once every 12 months;
- 7. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on an outpatient surgical center’s premises for more than 30 calendar days, or
 - b. Not present on an outpatient surgical center’s premises for more than 30 calendar days; and
- 8. Except if subsection (A)(7) applies, notify the Department according to A.R.S. § 36-425(I), if there is a change of administrator and identify the name and qualifications of the new administrator.

B. An administrator:

- 1. Is directly accountable to the governing authority for the operation of an outpatient treatment center and services pro-

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vided by or at the outpatient surgical center:

2. Has the authority and responsibility to manage the outpatient surgical center; and
3. Except as provided in subsection (A)(8), shall designate, in writing, an individual who is on an outpatient surgical center's premises and is available and accountable for services when the administrator is not present on the outpatient surgical center's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Include a method to identify a patient to ensure that the patient receives services as ordered;
 - e. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - f. Cover specific steps and deadlines for:
 - i. A patient to file a complaint; and
 - ii. The outpatient surgical center to respond to and resolve a patient complaint;
 - g. Cover health care directives;
 - h. Cover medical records, including electronic records;
 - i. Cover a quality management program, including incident report and supporting documentation; and
 - j. Cover contracted services;
2. Policies and procedures for medical services and nursing services provided by an outpatient surgical center are established, documented, and implemented that:
 - a. Cover patient screening, admission, transport, transfer, and discharge;
 - b. Cover the provision of medical services, nursing services, and health-related services in the outpatient surgical center's scope of services;
 - c. Include when general consent and informed consent are required;
 - d. Cover dispensing, administering, and disposing of medical;
 - e. Cover infection control; and
 - f. Cover environmental services that affect patient care;
3. Ensure that policies and procedures are:
 - a. Available to personnel members, employees, volunteers, and students of the outpatient surgical center, and
 - b. Reviewed at least once every two years and updated as needed;
4. Ensure that a pharmacy maintained by the outpatient surgical center is licensed according to A.R.S. Title 32, Chapter 18;
5. Ensure that pathology services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Act of 1967;
6. If the outpatient surgical center meets the definition of "abortion clinic" in A.R.S. § 36-449.01, ensure that abortions and related services are provided in compliance with the requirements in Article 15; and
7. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient surgical center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient surgical center.

R9-10-903. ~~Contracted Services~~ Quality Management

An administrator shall ensure that:

1. A contractor provides contracted services according to the requirements in this Article;
2. A contract includes the responsibilities of each contractor;
3. A copy of the contract is maintained at the nursing care institution;
4. A documented list of current contracted services is maintained at the nursing care institution that includes a description of the contracted services provided; and
5. A contract and the list of contracted services required in subsections (3) and (4) are provided to the Department for review within two hours of the Department's request.

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:

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- a. A method to identify, document, and evaluate incidents;
- b. A method to collect data to evaluate services provided to patients;
- c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care; and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-904. Administration Contracted Services

- A.** A governing authority shall:
1. ~~Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;~~
 2. ~~Approve or designate an individual to approve the nursing care institution policies and procedures required in subsection (E);~~
 3. ~~Comply with applicable federal and state laws, rules, and local ordinances governing operations of a nursing care institution;~~
 4. ~~Appoint a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;~~
 5. ~~Appoint an acting licensed administrator if the administrator is absent for more than 30 consecutive days;~~
 6. ~~Except as permitted in subsection (A)(5), when there is a change of administrator, submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department;~~
 7. ~~Adopt a quality management program according to R9-10-918;~~
 8. ~~Review and evaluate the effectiveness of the quality management program at least once every 12 months;~~
 9. ~~Approve contracted services or designate an individual to approve contracted services;~~
 10. ~~Notify the Department immediately if there is a change in administrator according to A.R.S. § 36-425(E);~~
 11. ~~Notify the Department at least 30 days before the nursing care institution terminates operations according to A.R.S. § 36-422(D); and~~
 12. ~~Notify the Department of a planned change in ownership at least 30 days before the change according to A.R.S. § 36-422(D).~~
- B.** ~~Except as provided in subsection (C), a governing authority may not appoint an administrator to provide direction in more than one health care institution.~~
- C.** ~~A single governing authority may appoint an administrator to provide direction in:~~
1. ~~Both a hospital and a hospital-based nursing care institution if the licensed capacity in the hospital-based nursing care institution does not exceed 60; or~~
 2. ~~Not more than two nursing care institutions if:~~
 - a. ~~The distance between the two nursing care institutions does not exceed 25 miles; and~~
 - b. ~~Neither nursing care institution is operating under a provisional license issued by the Department under A.R.S. § 36-425;~~
- D.** ~~An administrator shall:~~
1. ~~Be responsible to the governing authority for the operation of the nursing care institution;~~
 2. ~~Have the authority and responsibility to administer the nursing care institution;~~
 3. ~~Designate an individual, in writing, who is available and responsible for the nursing care institution when the administrator is not available; and~~
 4. ~~Ensure the nursing care institution's compliance with the fingerprinting requirements in A.R.S. § 36-411.~~
- E.** ~~An administrator shall ensure that:~~
1. ~~Nursing care institution policies and procedures are established, documented, and implemented that cover:~~
 - a. ~~Abuse of residents and misappropriation of resident property;~~
 - b. ~~Health care directives;~~
 - c. ~~Job descriptions, qualifications, duties, orientation, and in-service education for each staff member;~~
 - d. ~~Orientation and duties of volunteers;~~
 - e. ~~Admission, transfer, and discharge;~~
 - f. ~~Disaster plans;~~
 - g. ~~Resident rights;~~
 - h. ~~Quality management including incident documentation;~~
 - i. ~~Personal accounts;~~

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- j. Petty cash funds;
 - k. The nursing care institution's refund policy;
 - l. Food services;
 - m. Nursing services;
 - n. Dispensation, administration, and disposal of medication and biologicals;
 - o. Infection control; and
 - p. Medical records including oral, telephone, and electronic records;
2. An allegation of abuse of a resident or misappropriation of resident property is:
- a. Investigated by an individual designated by the administrator;
 - b. Reported to the Department within five calendar days of the allegation; and
 - e. Reported to Adult Protective Services of the Department of Economic Security if required by A.R.S. § 46-454;
3. During an investigation conducted according to subsection (E)(2), further abuse of a resident or misappropriation of resident property is prevented;
4. Nursing care institution policies and procedures are reviewed at least once every 24 months and updated as needed;
5. Nursing care institution policies and procedures are available to each staff member;
6. A known criminal conviction of a staff member who is licensed, certified, or registered in this state is reported to the appropriate licensing or regulatory agency;
7. An injury to a resident from an unknown source that requires medical services, a disaster, or an incident is investigated by the nursing care institution and reported to the Department within 24 hours or the first business day after the injury, disaster, or incident occurs;
8. A resident advocate assists a resident, the resident's representative, or a resident group with a request or recommendation, and responds in writing to any complaint submitted to the nursing care institution;
9. The following are conspicuously posted on the premises:
- a. The current nursing care institution license and quality rating issued by the Department;
 - b. The name, address, and telephone number of:
 - i. The Department's Office of Long Term Care;
 - ii. The State Long Term Care Ombudsman Program; and
 - iii. Adult Protective Services of the Department of Economic Security;
 - e. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
 - d. A map for evacuating the facility; and
 - e. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect.
- F.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
- 1. Comply with nursing care institution policies and procedures established according to subsection (E)(1)(i);
 - 2. Designate a staff member who is responsible for the personal accounts;
 - 3. Maintain a complete and separate accounting of each personal account;
 - 4. Obtain written authorization from the resident or the resident's representative for each personal account transaction;
 - 5. Document each account transaction and provide a copy of the documentation to the resident or the resident's representative on request and at least every three months;
 - 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
 - 7. Within 30 days of the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the individual or probate jurisdiction administering the resident's estate.
- G.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
- 1. The nursing care institution policies and procedures established according to subsection (E)(1)(j) include:
 - a. A prescribed cash limit of the petty cash fund; and
 - b. The hours of the day a resident may access the petty cash fund; and
 - 2. A resident's written acknowledgment is obtained for each petty cash transaction.

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-905. Staff and Volunteers Personnel

A. An administrator shall ensure that:

- 1. A staff member who provides direct care is available to meet the needs of a resident based on the resident's comprehensive assessment;
- 2. A staff member who provides direct care demonstrates and maintains competency and proficiency according to crite-

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- ~~ria established in the nursing care institution policies and procedures;~~
- ~~3. A work schedule of each staff member who provides direct care and volunteer is:
 - a. Developed and maintained at the nursing care institution for 12 months from the date of the work schedule; and
 - b. Provided to the Department for review within two hours of the Department's request;~~
- ~~4. A staff member who provides direct care attends at least 12 hours of in-service education every 12 months from the starting date of employment.~~
- ~~5. A nursing care institution policy and procedure is established to provide criteria for in-service education;~~
- ~~6. Documentation of in-service education required in subsection (A)(4) includes:
 - a. The date of the in-service education;
 - b. The subject matter of the in-service education;
 - c. The number of clock hours of the in-service education;
 - d. The instructor's name; and
 - e. The signature of the staff member participating in the in-service education;~~
- ~~7. Orientation for a staff member or a volunteer begins in the first week of employment or volunteer service and covers:
 - a. Nursing care institution policies and procedures;
 - b. Resident rights;
 - c. Infection control including:
 - i. Hand washing;
 - ii. Linen handling; and
 - iii. Prevention of communicable diseases; and
 - d. Disaster plans;~~
- ~~8. On or before the starting date of employment or volunteer service, a staff member or volunteer submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - a. Documentation of a negative Mantoux skin test or other test for tuberculosis recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within six months before the starting date of employment or volunteer service; or
 - b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within six months before the starting date of employment or volunteer service, that the staff member or volunteer is free from infectious pulmonary tuberculosis;~~
- ~~9. Every 12 months after the date of testing or date of the written statement by a physician, physician assistant, or registered nurse practitioner, a staff member or volunteer submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - a. Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within 30 days before the anniversary date of the most recent test or written statement; or
 - b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within 30 days before the anniversary date of the last written statement, that the staff member or volunteer is free from infectious pulmonary tuberculosis;~~
- ~~10. A record for a staff member and volunteer is maintained that includes:
 - a. An application completed by the staff member or volunteer that includes the date of employment or volunteer service and the first working day or first day of volunteer service;
 - b. Verification of orientation and, if applicable, certification and licensure;
 - c. Documentation that the staff member or volunteer is free from infectious pulmonary tuberculosis as required in subsection (A)(8); and
 - d. If applicable, documentation of compliance with the fingerprinting requirements in A.R.S. § 36-411;~~
- ~~11. A staff member or volunteer record required under subsection (A)(10) and in-service education documentation required under subsection (A)(6) are provided to the Department for review:
 - a. For a current staff member or volunteer, as soon as possible but not more than two hours from the time of the Department's request; and
 - b. For a staff member or volunteer who is not currently working or providing volunteer services in the nursing care institution, within two hours from the Department's request; and~~
- ~~12. A staff member or volunteer record and in-service education documentation are maintained by the nursing care institution for at least two years after the last date of volunteer service or work.~~
- B.** An administrator shall appoint:
 - 1. A qualified individual to provide:
 - a. Medically related social services; and
 - b. Recreational activities; and
 - 2. A full-time social worker if the nursing care institution has a licensed capacity of 120 or more;
- C.** If an administrator provides direction in a hospital and a hospital-based nursing care institution under R9-10-904(C)(1);

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~~the administrator may designate a staff member to provide direct care in both licensed health care institutions if:~~

- ~~1. The designation is not prohibited by federal or state law; and~~
- ~~2. The time working in each health care institution by the staff member is documented.~~

D. ~~If the nursing care institution uses registry staff, the administrator shall ensure there is a contractual agreement with the registry that ensures:~~

- ~~1. A registry staff member holds a current license or certificate to perform duties within the scope of the individual's license or certificate;~~
- ~~2. A registry staff member complies with the requirements in subsection (A)(8) for providing evidence of freedom from infectious pulmonary tuberculosis;~~
- ~~3. A registry staff member complies with the fingerprinting requirements in A.R.S. § 36-411; and~~
- ~~4. A registry provides documentation of compliance with subsections (D)(1), (D)(2), and (D)(3) within two hours of a request by the nursing care institution or the Department.~~

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:

a. Are based on:

- i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
- ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and

b. Include:

- i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description.
- ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description.

2. A personnel member's skills and knowledge are verified and documented:

- a. Before the personnel member provides physical health services or behavioral health services, and
- b. According to policies and procedures;

3. Personnel members are present on an outpatient surgical center's premises with the qualifications, skills, and knowledge necessary to:

- a. Provide the services in the outpatient surgical center's scope of services.
- b. Meet the needs of a patient, and
- c. Ensure the health and safety of a patient;

4. A personnel member before the personnel member provides services to a patient and an employee or a volunteer who has or is expected to have more than 8 weeks of direct interaction with a patient provides evidence of freedom from infectious tuberculosis as specified in R9-10-112;

5. A plan to provide orientation specific to the duties of personnel members, employees, volunteers, and students is developed, documented, and implemented;

6. A personnel member completes orientation before providing behavioral health services or physical health services;

7. An individual's orientation is documented, to include:

- a. The individual's name,
- b. The date of the orientation, and
- c. The subject or topics covered in the orientation;

8. A plan to provide in-service education specific to the job duties of a personnel member is developed, documented, and implemented; and

9. A personnel member's in-service education is documented, to include:

- a. The personnel member's name,
- b. The date of the training, and
- c. The subject or topics covered in the in-service education.

B. An administrator shall ensure that a personnel member:

1. Is 18 years of age or older, and
2. Is certified in cardiopulmonary resuscitation within the first month of employment or volunteer service, and maintains current certification in cardiopulmonary resuscitation.

C. An administrator shall ensure that a personnel record for an employee, volunteer, or intern:

1. Includes:

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- a. The individual's name, date of birth, home address, and contact telephone number;
- b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
- c. Documentation of:
 - i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-114;
 - vi. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-905(B);
 - vii. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(4); and
2. Is maintained:
 - a. Throughout the individual's period of providing services in or for the outpatient surgical center; and
 - b. For at least two years after the last date the individual provided services in or for the outpatient surgical center.

R9-10-906. Nursing Services Medical Staff

~~A.~~ An administrator shall ensure that:

1. ~~Nursing services are provided 24 hours a day in a nursing care institution;~~
2. ~~A director of nursing is appointed who:~~
 - a. ~~Is a registered nurse;~~
 - b. ~~Works full time at the nursing care institution; and~~
 - c. ~~Is responsible for the direction of nursing services;~~
3. ~~The director of nursing or an individual designated by the administrator participates in the quality management program;~~
4. ~~If the daily census of the nursing care institution is not more than 60, the director of nursing may provide direct care to residents on a regular basis.~~

~~B.~~ A director of nursing shall ensure that:

1. ~~Sufficient nursing personnel are on the nursing care institution premises at all times to meet the needs of a resident for nursing services;~~
2. ~~At least one nurse is present and responsible for providing direct care to not more than 64 residents;~~
3. ~~Documentation of nursing personnel on duty each day is maintained at the nursing care institution and includes:~~
 - a. ~~The date;~~
 - b. ~~The number of residents;~~
 - c. ~~The name and license or certification title of each nursing personnel who worked that day; and~~
 - d. ~~The actual number of hours each nursing personnel worked that day;~~
4. ~~The documentation of nursing personnel required in subsection (B)(3) is maintained for 12 months from the date of the documentation and available to the Department for review within two hours from the Department's request;~~
5. ~~At the time of a resident's admission, an initial assessment is performed on the resident to ensure the resident's immediate needs are met such as medication and food services;~~
6. ~~A comprehensive assessment is performed by a registered nurse and coordinated by the registered nurse in collaboration with an interdisciplinary team and includes the information listed in subsection (B)(8);~~
7. ~~The comprehensive assessment required in subsection (B)(6) is performed on a resident:~~
 - a. ~~Within 14 days of admission to a nursing care institution; and~~
 - b. ~~No later than 12 months from the date of the last comprehensive assessment;~~
8. ~~A comprehensive assessment includes the resident's:~~
 - a. ~~Vital signs;~~
 - b. ~~Diagnosis;~~
 - c. ~~Medical history;~~
 - d. ~~Treatment;~~
 - e. ~~Dental condition;~~
 - f. ~~Nutritional condition and nutritional needs;~~
 - g. ~~Medications;~~
 - h. ~~Clinical laboratory reports;~~
 - i. ~~Diagnostic reports;~~
 - j. ~~Capability to perform activities of daily living;~~
 - k. ~~Psychosocial condition;~~
 - l. ~~Cognitive condition;~~
 - m. ~~Impairments in physical and sensory functioning;~~
 - n. ~~Potential for recreational activities;~~

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- o. Potential for rehabilitation, and
- p. Potential for discharge.
- 9. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, a physician's designee, or a registered nurse determines the resident has a significant change in condition;
- 10. A care plan is developed, documented, and implemented for a resident within seven days of completing the comprehensive assessment required in subsection (B)(6);
- 11. The care plan required in subsection (B)(10):
 - a. Is reviewed and revised as necessary if a resident has had a significant change in condition; and
 - b. Ensures that a resident is provided nursing services to maintain the resident's highest practicable well-being according to the resident's comprehensive assessment;
- 12. A resident's comprehensive assessment is reviewed by a registered nurse at least every three months from the date of the current comprehensive assessment and revised if there is a significant change in the resident's condition and;
- 13. A nurse shall, as soon as possible but not more than 24 hours after the event occurs, notify the resident's attending physician and, if applicable, the resident's representative, if the resident:
 - a. Is injured;
 - b. Is involved in an incident that may require medical services, or
 - e. Has a significant change in condition.
- 14. A resident is free from significant medication errors; and
- 15. An unnecessary drug is not administered to a resident.

A. The medical staff shall approve bylaws for the conduct of medical staff activities.

B. The medical staff physicians shall conduct medical peer review according to A.R.S. Title 36, Chapter 4, Article 5 and shall submit recommendations to the governing authority for approval.

C. The medical staff shall establish written policies and procedures that define the extent of emergency treatment to be performed in the outpatient surgical center.

R9-10-907. Resident Rights Admission

An administrator shall ensure that:

- 1. A resident:
 - a. Is treated with consideration, respect, and dignity, and receives privacy in:
 - i. Treatment;
 - ii. Activities of daily living;
 - iii. Room accommodations, and
 - iv. Visits or meetings with other residents or individuals;
 - b. Is free from:
 - i. Restraint and seclusion if not medically indicated unless necessary to prevent harm to self or others and the reason for restraint or seclusion is documented in the resident's medical records;
 - ii. Abuse and misappropriation of property; and
 - iii. Interference, coercion, discrimination, and reprisal from a staff member, the administrator, or a volunteer for exercising the resident's rights;
 - e. Is provided with reasonable accommodations unless the health or safety of the resident or another resident is at risk;
 - d. May formulate a health care directive;
 - e. May refuse to be photographed or refuse to participate in research, education, or experiments;
 - f. May consent to perform or refuse to perform work for the nursing care institution;
 - g. May choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
 - h. May participate in social, religious, political, and community activities that do not interfere with other residents;
 - i. May retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
 - j. May share a room with the resident's spouse if space is available and the spouse consents;
- 2. A resident or the resident's representative:
 - a. Participates in the planning of, or decisions concerning treatment;
 - b. Consents to or refuses examination and treatment;
 - e. Participates in developing the resident's care plan;
 - d. May manage the resident's financial affairs;
 - e. May choose the resident's attending physician. If the resident's insurance or payor does not cover the cost of the medical services provided by the attending physician or the attending physician's designee, the resident is responsible for the costs;

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- f. ~~May submit a grievance without retaliation from a staff member or volunteer;~~
 - g. ~~May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;~~
 - h. ~~Has access to and may communicate with any individual, organization, or agency;~~
 - i. ~~May participate in a resident group;~~
 - j. ~~May review the resident's financial records within two business days and medical records within one business day of the resident or the resident's representative's request;~~
 - k. ~~May obtain a copy of the resident's financial records and medical records within two business days of the resident's request and in compliance with A.R.S. § 12-2295;~~
 - l. ~~May select a pharmacy of choice if the pharmacy complies with nursing care institution policies and procedures and does not pose a risk to the resident;~~
 - m. ~~Is informed of the method for contacting the resident's attending physician;~~
 - n. ~~Is informed of the resident's total health condition;~~
 - o. ~~Is provided with a copy of those sections of the resident's medical records that are required for continuity of care, free of charge according to A.R.S. § 12-2295, if the resident is transferred or discharged;~~
 - p. ~~Is informed in writing of a change in rates and charges 60 days before the effective date of the change; and~~
 - q. ~~Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical records; and~~
3. ~~Financial record information is disclosed only with the written consent of a resident or the resident's representative or as permitted by law.~~

A. A medical staff member shall only admit patients to the outpatient surgical center who:

- 1. Do not require planned inpatient care, and
- 2. Are discharged from the outpatient surgical center within 24 hours.

B. Within 30 calendar days before a patient is admitted to an outpatient surgical center, a medical staff member shall complete a medical history and physical examination of the patient.

C. The individual who is responsible for performing a patient's surgical procedure shall document the preoperative diagnosis and the surgical procedure to be performed in the patient's medical record.

D. An administrator shall ensure that the following documents are in a patient's medical record before the patient's surgery:

- 1. A medical history and the physical examination required in subsection (B).
- 2. A preoperative diagnosis and the results of any laboratory tests or diagnostic procedures relative to the surgery and the condition of the patient.
- 3. Evidence of informed consent by the patient or patient's representative for the surgical procedure and care of the patient.
- 4. Health care directives, and
- 5. Physician orders.

R9-10-908. Admission Transfer

An administrator shall ensure that:

- 1. ~~A resident is admitted only on a physician's order;~~
- 2. ~~The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident such as medication and food services;~~
- 3. ~~A resident's needs do not exceed the medical services and nursing services provided by the nursing care institution;~~
- 4. ~~Before or at the time of admission, a resident or the resident's representative:~~
 - a. ~~Signs a written agreement with the nursing care institution that includes rates and charges;~~
 - b. ~~Is informed of third-party coverage for rates and charges;~~
 - e. ~~Is provided a copy of the resident rights in R9-10-907;~~
 - d. ~~Is informed of the nursing care institution's refund policy and facility guidelines concerning resident conduct and responsibilities; and~~
 - e. ~~Receives written information concerning health care directives;~~
- 5. ~~Within 30 days before admission or 10 days after admission, a medical history and physical examination is completed on a resident by:~~
 - a. ~~A physician; or~~
 - b. ~~A physician assistant or a registered nurse practitioner designated by the attending physician;~~
- 6. ~~On or before the time of admission, a resident submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:~~
 - a. ~~Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within six months before the date of admission; or~~

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- b. ~~A statement written and dated by a physician, physician assistant, or registered nurse practitioner within six months before admission, that the resident is free from infectious pulmonary tuberculosis;~~
- 7. ~~Every 12 months after the date of testing or date of the written statement by a physician, physician assistant, or registered nurse practitioner, a resident submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:~~
 - a. ~~Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within 30 days before the anniversary date of the most recent test or written statement; or~~
 - b. ~~A statement written and dated by a physician, physician assistant, or registered nurse practitioner within 30 days before the anniversary date of the most recent written statement, that the resident is free from infectious pulmonary tuberculosis;~~
- 8. ~~A resident who transfers from a nursing care institution to another nursing care institution is not required to be retested for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner if:~~
 - a. ~~Fewer than 12 months have passed since the resident was tested for tuberculosis or since the date of the written statement; and~~
 - b. ~~The documentation of freedom from infectious pulmonary tuberculosis required in subsection (6) accompanies the resident at the time of transfer; and~~
- 9. ~~Compliance with the requirements in subsection (4) is documented in the resident's medical records.~~

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

- 1. A personnel member coordinates the transfer and the services provided to the patient;
- 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer.
 - b. Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
- 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, a personnel member accompanying the patient during a transfer.

R9-10-909. Transfer or Discharge Patient Rights

A. ~~An administrator shall ensure that:~~

- 1. ~~A resident is transferred or discharged if:~~
 - a. ~~The nursing care institution is unable to meet the needs of the resident;~~
 - b. ~~The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; or~~
 - c. ~~The resident's health has improved and the resident no longer requires nursing care institution services; and~~
- 2. ~~Documentation of a resident's transfer or discharge is maintained in the resident's medical records and includes:~~
 - a. ~~The date of the transfer or discharge;~~
 - b. ~~The reason for the transfer or discharge;~~
 - c. ~~A 30-day written notice except in an emergency;~~
 - d. ~~A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and~~
 - e. ~~If applicable, actions taken by a staff member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.~~

B. ~~An administrator may transfer or discharge a resident for failure to pay for residency if:~~

- 1. ~~The resident or resident's representative receives a 30-day written notice of transfer or discharge, and~~
- 2. ~~The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.~~

C. ~~Except in an emergency, a director of nursing shall ensure that before a resident is transferred or discharged:~~

- 1. ~~A written plan is developed with the resident or the resident's representative that includes:~~
 - a. ~~Information necessary to meet the resident's need for medical services and nursing services; and~~
 - b. ~~The state long-term care ombudsman's name, address, and telephone number;~~
- 2. ~~A discharge summary is:~~
 - a. ~~Developed by a staff member providing direct care and authenticated by the resident's attending physician or designee; and~~
 - b. ~~Documented in the resident's medical records;~~
- 3. ~~The discharge summary includes:~~

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- a. ~~The resident's medical condition at the time of transfer or discharge;~~
 - b. ~~The resident's medical and psychosocial history;~~
 - e. ~~The date of the transfer or discharge; and~~
 - d. ~~The location of the resident after transfer or discharge;~~
 - 4. ~~A copy of the written plan is provided to the resident or the resident's representative and to the receiving health care institution.~~
- D.** ~~If a resident is transferred to a hospital, the director of nursing shall ensure that medical records information and any other information necessary for the treatment of the resident is provided to the hospital.~~
- A.** An administrator shall ensure that:
- 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 - 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 - 3. There are policies and procedures that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
- 1. A patient is treated with dignity, respect, and consideration;
 - 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by an outpatient surgical center's medical staff, personnel members, employees, volunteers, or students; and
 - 3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and the associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. Policies and procedures on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before a patient is photographed except that a patient may be photographed when admitted to an outpatient surgical center for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of the patient's:
 - i. Medical records, and
 - ii. Financial records.
- C.** A patient has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in treatment and care for personal needs;
 - 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 - 5. To receive a referral to another health care institution if the outpatient surgical center is unable to provide physical health services for the patient;
 - 6. To participate, or have the patient's representative participate, in the development of or decisions concerning treatment;
 - 7. To participate or refuse to participate in research or experimental treatment; and
 - 8. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

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R9-10-910. Medical Services Records

- A.** A governing authority shall appoint a medical director.
- B.** A medical director shall ensure that:
1. A resident has an attending physician;
 2. An attending physician is available 24 hours a day;
 3. An attending physician designates a physician who is available when the attending physician is not available;
 4. A physical examination is performed on a resident at least once every 12 months from the date of admission by an individual listed in R9-10-908(5);
 5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
 - a. The attending physician provides documentation that the vaccination is medically contraindicated;
 - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical records that the resident or the resident's representative has been informed of the risks and benefits of each vaccination refused; or
 - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
 6. A resident is assisted in obtaining, at the resident's expense:
 - a. Vision services;
 - b. Hearing services;
 - c. Dental services;
 - d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
 - e. Psychosocial services;
 - f. Physical therapy;
 - g. Speech therapy;
 - h. Occupational therapy;
 - i. Behavioral health services; and
 - j. Services for an individual who has a developmental disability as defined in A.R.S. Title 36, Chapter 5.1, Article 1.
- C.** If the attending physician designates a physician assistant or registered nurse practitioner to provide medical services to a resident, the attending physician is responsible for the medical services provided.
- A.** An administrator shall ensure that:
1. A medical record is established and maintained for a patient according A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical staff according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical staff issuing the order;
 4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
 5. A patient's medical record is available to personnel members or medical staff authorized by policies and procedures;
 6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (5) only with the written consent of a patient or the patient's representative or as permitted by law; and
 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If an outpatient surgical center maintains patient's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth;
 - d. The name and contact information of the patient's representative, if applicable; and

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- e. Any known allergies;
 - 2. Admitting medical practitioner;
 - 3. An admitting diagnosis;
 - 4. Documentation of general consent and informed consent for treatment by the patient or the patient's representative except in an emergency;
 - 5. Documentation of medical history and results of a physical examination;
 - 6. A copy of patient's health care directive, if applicable;
 - 7. Orders;
 - 8. Progress notes;
 - 9. Documentation of outpatient surgical center services provided to the patient;
 - 10. A discharge summary, if applicable;
 - 11. Written acknowledgment of receipt of discharge instructions by the patient or patient's representative;
 - 12. If applicable:
 - a. Laboratory reports;
 - b. Radiologic report;
 - c. Diagnostic reports;
 - d. Anesthesia report, required in R9-10-911(C)(2); and
 - e. Operative report of the surgical procedure, required in R9-10-911(C)(1);
 - 13. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a patient has to the medication.
- D.** An administrator shall ensure that information in a medical record is released only after receiving the patient's or patient representative's written consent, or as otherwise required or permitted by law.

R9-10-911. Medication Surgical Services

- A:** An administrator shall comply with the requirements in A.R.S. Title 32, Chapter 18, and 4 A.A.C. 23;
- B:** An administrator shall ensure that:
- 1. A medication or a biological is provided to a resident at the resident's expense including a medication or a biological used in an emergency or obtained through contract with a pharmacy licensed under A.R.S. Title 32, Chapter 18 or otherwise provided by law;
 - 2. A medication or a biological is:
 - a. Stored in a locked compartment;
 - b. Maintained at temperatures recommended by the manufacturer; and
 - e. Accessed only by individuals authorized according to nursing care institution policies and procedures;
 - 3. The medication error rate at the nursing care institution, as determined by the Department during a license survey, is less than five percent;
 - 4. A medication or a biological administered to a resident is documented as required in R9-10-913;
 - 5. A pharmacist reviews a resident's medications every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications; and
 - 6. A drug reference source, current within one year of the publication date, is available and maintained on the nursing care institution's premises for use by a staff member, a physician, and a physician's designee.
- C:** A director of nursing shall ensure that:
- 1. Medication policies and procedures are established, documented, and implemented that include:
 - a. A system for the receipt, disposition, and reconciliation of medications, biologicals, and controlled substances;
 - b. The administration, storage, and disposal of medications, biologicals, and controlled substances; and
 - e. Identification of individuals who are authorized to have access to controlled substances;
 - 2. A controlled substance is stored in a locked compartment separate from other medications;
 - 3. A medication administration error or an adverse reaction to a medication or biological is reported to a resident's attending physician or the attending physician's designee and documented in the resident's medical records;
 - 4. An antipsychotic medication;

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- a. ~~Is only administered to a resident for a diagnosed medical condition;~~
 - b. ~~Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the antipsychotic medication unless a dose reduction is attempted and the resident displays behavior justifying the need for the antipsychotic medication, and the attending physician documents the necessity for the continued use and dosage; and~~
 - e. ~~Is documented as required in R9-10-913 and includes the resident's response to the medication.~~
- ~~D. A resident may self-administer medication if the interdisciplinary team determines that the resident is capable of self-administration and the attending physician documents authorization for medication self-administration in the resident's medical records.~~
- ~~E. A nurse shall document a resident's self-administration of medication as required in R9-10-913.~~
- A. An administrator shall ensure that:**
1. A current listing of surgical procedures offered by an outpatient surgical center is maintained at the outpatient surgical center, and
 2. A chronological register of surgical procedures performed in the outpatient surgical center is maintained for at least two years after the date of the last entry.
- B. An administrator shall ensure that a roster of medical staff who have clinical privileges at the outpatient surgical center is available to the medical staff, specifying the privileges and limitations of each medical staff member on the roster.**
- C. An administrator shall ensure that the individual responsible for:**
1. Performing a surgical procedure completes an operative report of the surgical procedure and any necessary discharge instructions according to medical staff by-laws and policies and procedures, and
 2. Administering anesthesia during a surgical procedure completes an anesthesia report and any necessary discharge instructions according to medical staff by-laws and policies and procedures.
- D. An administrator shall ensure that a physician remains on the premises until all patients are discharged from the recovery room.**

R9-10-912. Food Nursing Services

- A. ~~An administrator shall ensure that:~~**
1. ~~Food services are provided in compliance with 9 A.A.C. 8, Article 1;~~
 2. ~~A copy of the nursing care institution's food establishment license required in subsection (A)(1) is provided to the Department for review upon the Department's request;~~
 3. ~~If a nursing care institution contracts with a food establishment as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution, a copy of the contracted food establishment's license is:~~
 - a. ~~Maintained on the nursing care institution's premises; and~~
 - b. ~~Provided to the Department for review upon the Department's request;~~
 4. ~~A registered dietitian is employed full-time, part-time, or as a consultant; and~~
 5. ~~If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.~~
- B. ~~A registered dietitian or director of food services shall ensure that:~~**
1. ~~Food is prepared:~~
 - a. ~~Using methods that conserve nutritional value, flavor, and appearance; and~~
 - b. ~~In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;~~
 2. ~~A food menu is prepared at least one week in advance, conspicuously posted, and adhered to unless an uncontrollable situation requires food substitution such as food spoilage or nondelivery of specific food ordered;~~
 3. ~~Meals for each day:~~
 - a. ~~Meet the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, "Recommended Dietary Allowances," 10th Edition, 1989, incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the National Academy Press, 2101 Constitution Avenue, N.W., P. O. Box 285, Washington, D.C. 20055; and~~
 - b. ~~Are planned using meal planning guides from "The Food Guide Pyramid" in Home and Garden Bulletin No. 252, (revised 1996), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, 1120 20th Street, N.W., Suite 200, North Lobby, Washington, D.C. 20036-3475;~~
 4. ~~A resident is provided:~~
 - a. ~~A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;~~
 - b. ~~Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in~~

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- subsection (B)(4)(d);
- e. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
- d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A resident group agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
- 5. A resident is provided with food substitutions of similar nutritional value if:
 - a. The resident refuses to eat the food served; or
 - b. The resident requests a substitution;
- 6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
- 7. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
- 8. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the medical records.

An administrator shall appoint a registered nurse as the director of nursing who:

1. Is responsible for the management of the outpatient surgical center's nursing services;
2. Ensures that policies and procedures are established, documented, and implemented for nursing services provided in the outpatient surgical center;
3. Ensures that the outpatient surgical center is staffed with nursing personnel based on the number of patients, the patient's health care needs, and the outpatient surgical center's scope of services;
4. Participates in quality management activities;
5. Designates a registered nurse, in writing, to manage an outpatient surgical center's nursing services when the director of nursing is not present on the outpatient surgical center's premises;
6. Ensures that a nurse who is not directly assisting the surgeon is responsible for the functioning of an operating room while a surgical procedure is performed in the operating room;
7. Ensures that a registered nurse is present in the:
 - a. Recovery room when a patient is present in the recovery room, and
 - b. Outpatient surgical center until all patients are discharged; and
8. Ensures that a nurse documents in a patient's medical record that the patient or the patient's representative has received written discharge instructions.

R9-10-913. Medical Records Behavioral Health Services

A. An administrator shall ensure that:

1. A medical record is established and maintained for each resident;
2. An entry in a medical record is:
 - a. Documented only by a staff member authorized by nursing care institution policies and procedures;
 - b. Dated, legible, and authenticated; and
 - e. Not changed to make the initial entry illegible;
3. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is responsible for the use of the stamp or the electronic code;
4. A medical record is available to staff, physicians, and physicians' designees authorized by nursing care institution policies and procedures;
5. Information in a medical record is disclosed only with the written consent of a resident or the resident's representative or as permitted by law;
6. If a nursing care institution terminates operations:
 - a. A resident and the resident's medical records are transferred to another health care institution; and
 - b. The location of all other records and documents not transferred with residents is submitted in writing to the Department not less than 30 days before the nursing care institution services are terminated;
7. If the nursing care institution has a change of ownership, all nursing care institution records and documents, including financial, personnel, and medical records, are transferred to the new owner;
8. A medical record is:
 - a. Protected from loss, damage or unauthorized use;
 - b. Maintained in compliance with A.R.S. § 12-2297(D) for five years after the date of the resident's discharge unless the resident is less than 18 years of age, in which case the record is maintained for three years after the resident reaches 18 years of age or for three years after the date of the resident's transfer or discharge, whichever date occurs last; and
 - e. Provided to the Department within two hours of the Department's request;

B. If a nursing care institution keeps medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access; and

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2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C. An administrator shall require that medical records for a resident contains:
1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth;
 - c. The resident's weight;
 - d. The resident's Social Security number;
 - e. The resident's last known address;
 - f. The home address and telephone number of a designated resident representative; and
 - g. Any known allergies or sensitivities to a medication or a biological;
 2. The admission date and physician admitting orders;
 3. The admitting diagnosis;
 4. The medical history and physical examination required in R9-10-908(5);
 5. A copy of the resident's living will, health care power of attorney, or other health care directive, if applicable;
 6. The name and telephone number of the resident's attending physician;
 7. Orders;
 8. Care plans;
 9. A record of medical services, nursing services, and medically related social services provided to a resident;
 10. Documentation of any incident involving the resident;
 11. Notes by a physician, the physician's designee, nursing personnel, and any other individual providing nursing care institution services to the resident;
 12. Documentation of freedom from infectious pulmonary tuberculosis required in R9-10-908; and
 13. Documentation of a medication or a biological administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The type of vaccine, if applicable;
 - d. The signature and professional designation of the individual administering or observing the self-administration of the medication or biological; and
 - e. Any adverse reaction a resident has to the medication or biological.

If an outpatient surgical center provides behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when informed consent is required and by whom informed consent may be given; and
2. The behavioral health services:
 - a. Are provided under the direction of a behavioral health professional; and
 - b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-114, and
 - ii. For an assessment, in R9-10-1011(B).

R9-10-914. Physical Plant Standards Medication Services

An administrator shall ensure that:

1. A nursing care institution complies with:
 - a. The physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 applicable at the time of licensure; and
 - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412;
2. Architectural plans and specifications for construction, a modification, or a change in resident beds or licensed capacity are submitted to the Department for approval according to the requirements in 9 A.A.C. 10, Article 1;
3. Construction, a modification, or a change in resident beds or licensed capacity complies with the requirements of this Article and the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 in effect at the time the construction, modification, or change in resident beds or licensed capacity and is approved by the Department;
4. A resident room has a window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
5. A nursing care institution has no more than two beds in a resident room unless:
 - a. The nursing care institution was operating before October 31, 1982, and
 - b. The resident room has not undergone a modification as defined in 9 A.A.C. 10, Article 1;
6. A resident room or a suite of rooms is accessible without passing through another resident's room;
7. A resident room or a suite of rooms does not open into any area where food is prepared, served, or stored;
8. A resident room that has more than one bed has a curtain or similar type of separation between the beds for privacy;
9. A resident room has a closet with clothing racks and shelves accessible to the resident;

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- 10. A resident has a separate bed, a nurse call system and furniture to meet the resident's needs;
- 11. If the nursing care institution has a semipublic swimming pool on the premises for the use of residents:
 - a. The pool is enclosed by at least a five-foot high wall, fence, or other barrier as measured on the exterior side of the wall, fence, or barrier;
 - b. An opening in the wall, fence, or barrier does not exceed four inches in diameter;
 - e. A wire mesh or chain link fence has a maximum mesh size of 1 3/4 inches as measured horizontally;
 - d. The self-closing, self-latching gates are locked when the pool is not in use;
 - e. The pool has safety rules conspicuously posted;
 - f. A resident is supervised at all times when using the pool; and
 - g. The pool conforms to state and local laws and rules for design, construction, and operation of semipublic swimming pools.

A. An administrator shall ensure an outpatient surgical center has policies and procedures for medication administration that:

- 1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose; and
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs; and
- 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. An administrator shall ensure that:

- 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed;
 - d. A patient's refusal to take prescribed medication is documented in the patient's medical record;
- 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
- 3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record; and
- 4. If pain medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An identification of the patient's pain before administering the medication, and
 - b. The effect of the pain medication administered.

C. An administrator shall ensure that:

- 1. A current drug reference guide is available for use by personnel members;
- 2. A current toxicology reference guide is available for use by personnel members; and
- 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least on physician, one pharmacist, and other personnel members as determined by policies and procedures is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medication and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at an outpatient surgical center, an administrator shall ensure that:

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1. There is a separate room or closet or a self-contained unit is used for medication storage that includes a lockable door;
 2. If a separate room or closet is used for storing medication, a locked cabinet is used for medication storage;
 3. Medication is stored according to the instructions on the medication container; and
 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- E.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient surgical center's director of nursing.

R9-10-915. Environmental and Equipment Standards Infection Control

An administrator shall ensure that:

1. A nursing care institution's premises and equipment are:
 - a. Cleaned according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
2. A pest control program is used to control insects and rodents;
3. Tobacco smoking is permitted only in designated ventilated areas;
4. Biohazardous and hazardous wastes are identified, stored, used, and disposed of according to A.A.C. R18-13-1401;
5. There is space and equipment to meet the needs of the residents for:
 - a. Individual and group activities;
 - b. Community dining; and
 - e. Any special therapies such as physical, occupational, or speech therapy;
6. There is lighting for tasks performed by a resident or a staff member;
7. The temperature in the nursing care institution is no less than 71° F or more than 84° F;
8. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
9. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
10. Equipment used to provide direct care is:
 - a. Maintained in working order;
 - b. Tested and calibrated, if applicable, at least once every 12 months or according to the manufacturer's recommendations; and
 - e. Used according to the manufacturer's recommendations; and
11. Documentation of each equipment test, calibration, and repair is:
 - a. Maintained on the nursing care institution's premises for one year from the date of the testing, calibration, or repair; and
 - b. Provided to the Department for review within two hours from the Department's request.

A. An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the outpatient surgical center;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient surgical center;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient surgical center; and
 - d. Documenting infection control activities including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least two years after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
 - a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
 - b. Handling and disposal of biohazardous medical waste;
 - c. Sterilization, disinfection, distribution, and storage of medical equipment and supplies;
 - d. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;

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- e. Training of personnel members, employees, and volunteers in infection control practices; and
- f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
- 5. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination,
 - b. Bagged at the site of use, and
 - c. Maintained separate from clean linen and clothing; and
- 6. A personnel member, employee, or volunteer washes hands or use a hand disinfection product after patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.
- B.** An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.

R9-10-916. Emergency and Safety Standards

A. An administrator shall ensure that:

- 1. A disaster plan is developed, documented, and implemented that includes:
 - a. Procedures for protecting the health and safety of residents and other individuals;
 - b. Assigned responsibilities for each staff member;
 - e. Instructions for the evacuation, transport, or transfer of residents;
 - d. Maintenance of medical records; and
 - e. Arrangements to provide any other nursing care institution services to meet the resident's needs;
- 2. If applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use;
- 3. A plan exists for back-up power and water supply;
- 4. A fire drill is performed on each shift at least once every three months;
- 5. A disaster drill is performed at least once every six months;
- 6. Documentation of a fire drill required in subsection (A)(4) and a disaster drill required in subsection (A)(5) includes:
 - a. The date and time of the drill;
 - b. The names of each staff member participating in the drill;
 - e. A critique of the drill; and
 - d. Recommendations for improvement, if applicable;
- 7. Documentation of a fire drill or a disaster drill is maintained by the nursing care institution for 18 months from the date of the drill and provided to the Department for review within two hours of the Department's request.
- B.** A fire safety inspection is conducted in the nursing care institution every 12 months by the fire authority having jurisdiction.
- C.** Documentation of the fire safety inspection is provided to the Department for review within two hours of the Department's request.

A. An administrator shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:

- 1. A list of the medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the outpatient surgical center;
- 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
- 3. A requirement that a cart or a container is available for medical emergency treatment that contains medications, supplies, and equipment specified in policies and procedures;
- 4. A method to verify and document that the contents of the cart or container are available for medical emergency treatment; and
- 5. A method for ensuring a patient may be transported to a hospital or other health care institution to receive treatment for a medical emergency that the outpatient surgical center is not able or authorized to provide.

B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the outpatient surgical center according to policies and procedures.

C. An administrator shall ensure that:

- 1. A disaster plan is developed, documented, maintained in a location accessible to medical staff and employees, and, if necessary, implemented that includes:
 - a. Procedures to be followed in the event of a fire or threat to patient safety;
 - b. Assigned personnel responsibilities;
 - c. Instructions for the evacuation, transport, or transfer of patients;
 - d. Maintenance of medical records; and
 - e. A plan to provide any other services related to patient care to meet the patients' needs;
- 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;

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3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, medical staff member, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 4. An evacuation drill for employees is conducted at least once every three months for employees on the premises;
 5. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees to evacuate the outpatient surgical center;
 - c. Any problems encountered in conducting the evacuation drill; and
 - d. Recommendations for improvement, if applicable; and
 6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient surgical center and every room where patients may be present.
- D.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- E.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal.
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.

R9-10-917. ~~Infection Control Environmental Standards~~

~~An administrator shall ensure that:~~

- ~~1. There are policies and procedures:~~
 - ~~a. To prevent or control, identify, report, and investigate infections and communicable diseases including:~~
 - ~~i. Maintaining and storing sterile equipment and supplies;~~
 - ~~ii. Disposing of biohazardous medical waste; and~~
 - ~~iii. Transporting and processing soiled linens and clothing;~~
 - ~~b. That establish work restriction guidelines for a staff member infected or ill with a communicable disease or infected skin lesions;~~
- ~~2. An infection control program is established to prevent the development and transmission of disease and infection including:~~
 - ~~a. Developing a facility-wide plan for preventing, tracking, and controlling communicable diseases and infection;~~
 - ~~b. Reviewing the types, causes, and spread of communicable diseases and infections; and~~
 - ~~e. Developing corrective measures for improvement and prevention of additional cases;~~
- ~~3. Soiled linen and clothing are:~~
 - ~~a. Collected in a manner to minimize or prevent contamination;~~
 - ~~b. Bagged at the site of use; and~~
 - ~~e. Maintained separate from clean linen and clothing;~~
- ~~4. Linens are clean before use, without holes and stains, and are not in need of repair;~~
- ~~5. A staff member and a volunteer washes hands or use a hand disinfection product after each resident contact and after handling soiled linen, soiled clothing or potentially infectious material; and~~
- ~~6. Infection control processes, policies, and information are documented and maintained in the nursing care institution for two years and are provided to the Department for review within two hours of the Department's request.~~

A. An administrator shall ensure that:

1. An outpatient surgical center's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
2. A pest control program is implemented and documented;
3. Equipment used to provide care to a patient is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the

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testing, calibration, or repair:

5. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 6. Heating and cooling systems maintain the outpatient treatment center at a temperature between 70° F and 84° F at all times;
 7. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity; and
 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article.
- B.** An administrator shall ensure that an outpatient surgical center has a functional emergency power source.

R9-10-918. ~~Quality Management Physical Plant Standards~~

A. ~~A governing authority shall ensure that a quality management program is established and implemented that evaluates the quality of nursing care institution services including contracted services provided to residents.~~

B. ~~An administrator shall require that:~~

1. ~~A plan is established, documented, and implemented for a quality management program that at a minimum includes a method to:~~
 - a. ~~Identify, document, and evaluate incidents;~~
 - b. ~~Collect data to evaluate nursing care institution services provided to residents;~~
 - c. ~~Evaluate the data collected to identify a concern about the delivery of nursing care institution services;~~
 - d. ~~Make changes or take action as a result of the identification of a concern about the delivery of nursing care institution services; and~~
 - e. ~~Monitor and evaluate actions taken; and~~
2. ~~Documentation of the quality management program is maintained on the nursing care institution premises for 18 months and provided to the Department within two hours of the Department's request.~~

A. An administrator shall ensure that the outpatient surgical center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date the outpatient surgical center submitted architectural plans and specifications to the Department for approval.

B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services stated in the outpatient surgical center's scope of services, and
2. An individual accepted as a patient by the outpatient surgical center.

C. An administrator shall ensure that:

1. There are two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered;
2. One additional recovery bed is available for each additional operating room; and
3. Recovery beds are located in a space that provides for a minimum of 70 square feet per bed, allowing three feet or more between beds and between the sides of a bed and the wall.

D. An administrator may provide chairs in the recovery room area that allow a patient to recline for patients who have not received general anesthesia.

E. An administrator shall ensure that the following are available in the surgical suite:

1. Oxygen and the means of administration;
2. Mechanical ventilator assistance equipment including airways, manual breathing bag, and suction apparatus;
3. Cardiac monitor;
4. Defibrillator; and
5. Cardiopulmonary resuscitation drugs as determined by the policies and procedures.

R9-10-919. ~~Quality Rating Repealed~~

A. ~~As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a renewal license survey.~~

B. ~~The following quality ratings are established:~~

1. ~~A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points;~~
2. ~~A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points;~~
3. ~~A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points; and~~
4. ~~A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.~~

C. ~~The quality rating is determined by the total number of points awarded based on the following criteria:~~

1. ~~Nursing Services:~~
 - a. ~~15 points: The nursing care institution is implementing a system that ensures residents are provided nursing ser-~~

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- ices to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
- b. 5 points: The nursing care institution ensures that each resident is free from significant medication errors that resulted in actual harm.
 - e. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
2. Resident Rights:
- a. 10 points: The nursing care institution is implementing a system that ensures a resident's quality of life, dignity, and privacy needs are met.
 - b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
 - e. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.
3. Administration:
- a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last survey or other survey or complaint investigation conducted between the last survey and the current survey.
 - b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Office of Long Term Care Licensure and as required by A.R.S. § 46-454.
 - e. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident grievances, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident grievances, and resident concerns.
 - d. 1 point: The nursing care institution is implementing a system to provide medically-related social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.
 - e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each staff member, volunteer, and resident.
 - f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
 - g. 1 point: The nursing care institution is implementing a system to ensure each staff member who provides direct care to residents attends 12 hours of in-service education every 12 months from the starting date of employment.
4. Environment and Infection Control:
- a. 5 points: The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.
 - b. 1 point: The nursing care institution establishes and maintains a pest control program.
 - e. 1 point: The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.
 - d. 1 point: The nursing care institution ensures orientation to the disaster plan for each staff member is completed within the first scheduled week of employment.
 - e. 1 point: The nursing care institution maintains a clean and sanitary environment.
 - f. 5 points: The nursing care institution is implementing a system to prevent and control infection.
 - g. 1 point: An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.
5. Food Services:
- a. 1 point: The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.
 - b. 3 points: The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.
 - e. 2 points: The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.
 - d. 2 points: The nursing care institution provides assistance to a resident who needs help in eating so that the individual's nutritional, physical, and social needs are met.
 - e. 1 point: The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or nondelivery

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of a specified food requires substitution.

- f. 1 point. The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.

- D. A nursing care institution's quality rating remains in effect until a survey is conducted by the Department for the next renewal period except as provided in subsection (E).
- E. If the Department issues a provisional license the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance survey. If the Department determines that as a result of a substantial compliance survey the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).
- F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

ARTICLE 10. OUTPATIENT TREATMENT CENTERS PROVIDING DIALYSIS SERVICES, MEDICAL SERVICES, AND NURSING SERVICES

R9-10-1001. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article:

1. "Administrator" has the same meaning as "chief administrative officer" defined in R9-10-101.
2. "Admission" means after the completion of an individual's registration, the individual begins receiving dialysis services, medical services, or nursing services at an outpatient treatment center providing dialysis services, medical services, and nursing services and is accepted as a patient of the outpatient treatment center providing dialysis services, medical services, and nursing services.
3. "Adverse event" means an unexpected outcome that threatens the health and safety of a patient as a result of medical services provided to the patient.
4. "Ancillary services" means those medical services performed to assist in assessing or determining the cause of a medical condition.
5. "Assessment" means an analysis of a patient's need for dialysis services, medical services, or nursing services.
6. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
 - a. A written signature;
 - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
 - c. A rubber stamp signature; or
 - d. An electronic signature code.
7. "Available" means:
 - a. For an individual, the ability to be contacted by any means possible such as by telephone or pager;
 - b. For equipment and supplies, retrievable at an outpatient treatment center providing dialysis services, medical services, and nursing services; and
 - c. For a document, retrievable in writing or electronically at an outpatient treatment center providing dialysis services, medical services, and nursing services or accessible according to the time frames in this Article.
8. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.
9. "Biological" means a medicinal compound prepared from living organisms and their products such as a serum, vaccine, antigen, or antitoxin.
10. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
11. "Chief clinical officer" means a physician who is responsible for the direction of medical services provided to a patient in or by an outpatient treatment center providing dialysis services, medical services, and nursing services.
12. "Clean" means to remove dirt or debris by methods such as washing with soap and water, vacuuming, wiping, dusting, or sweeping.
13. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the prevention, diagnosis, or treatment of a disease or impairment of a human being, including procedures to determine, measure, or describe the presence or absence of substances or organisms in the human body.
14. "Clinical privilege" means authorization to provide medical services granted by a governing authority to a medical staff member.
15. "Clinical staff member" means an individual granted clinical privileges or a compensated individual or volunteer who works for or at an outpatient treatment center providing dialysis services, medical services, and nursing services who is:
 - a. One of the individuals defined as a health professional in A.R.S. § 32-3201, excluding a veterinarian licensed under A.R.S. Title 32, Chapter 21;
 - b. A hemodialysis technician defined in A.R.S. § 36-423; or

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- e. A medical assistant defined in A.R.S. §§ 32-1401, 32-1501, 32-1800, or 32-2901.
- 16. "Compensated" means receives payment in exchange for services provided to an outpatient treatment center providing dialysis services, medical services, and nursing services.
- 17. "Conspicuously posted" means displayed in the area where the public enters the premises of an outpatient treatment center providing dialysis services, medical services, and nursing services.
- 18. "Consultation" means evaluation and advice about a patient's treatment by an individual upon request of a clinical staff member or a non-clinical staff member.
- 19. "Contracted services" means dialysis services, medical services, nursing services, or environmental services provided at an outpatient treatment center providing dialysis services, medical services, and nursing services according to a written agreement between the outpatient treatment center providing dialysis services, medical services, and nursing services and a person who provides the dialysis services, medical services, nursing services, or environmental services.
- 20. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
- 21. "Credit hour" means one earned academic unit of study based on attending a one-hour class session per calendar week.
- 22. "Current" means up-to-date and extending to the present time.
- 23. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition.
- 24. "Dialysis" means the process to remove dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.
- 25. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
- 26. "Dialyzer" means a filter used in hemodialysis to remove wastes and excess fluid from a patient's blood.
- 27. "Direction" means authoritative policy or procedural guidance for the accomplishment of a function or activity. A.R.S. § 36-401.
- 28. "Disaster" means an unexpected event, such as a fire, flood, extreme weather, or bomb threat, that affects an outpatient treatment center providing dialysis services, medical services, and nursing services' ability to provide dialysis services, medical services, and nursing services.
- 29. "Discharge" means a documented termination of dialysis services, medical services, and nursing services to a patient by an outpatient treatment center providing dialysis services, medical services, and nursing services.
- 30. "Disinfect" means to clean to prevent the growth of or destroy disease-carrying microorganisms.
- 31. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
- 32. "Drill" means a response to a planned, simulated event.
- 33. "Drug" has the same meaning as in A.R.S. § 32-1901.
- 34. "Electronic" has the same meaning as in A.R.S. § 44-7002.
- 35. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
- 36. "Environmental services" means activities such as housekeeping, laundry, and facility and equipment maintenance.
- 37. "Equivalent" means credit hours in subjects typically taught at the college or university level, which are equal to or in excess of the number of credit hours typically required to obtain a bachelor's degree.
- 38. "Exploitation" has the same meaning as in A.R.S. § 46-451.
- 39. "Health care directive" has the same meaning as in A.R.S. § 36-3201.
- 40. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing blood through a dialyzer.
- 41. "Hospital" has the same meaning as in R9-10-201.
- 42. "Hour" means 60 clock minutes.
- 43. "Incident" means an unexpected occurrence that results in patient death, or that harms or has the potential to harm a patient while the patient is on the premises of an outpatient treatment center providing dialysis services, medical services, and nursing services or receiving dialysis services, medical services, and nursing services from the outpatient treatment center providing dialysis services, medical services, and nursing services.
- 44. "Informed consent" means advising a patient of a proposed treatment or diagnostic procedure, alternatives to the treatment or diagnostic procedure, associated risks, and possible complications, and obtaining permission from the patient or the patient's representative for the treatment or diagnostic procedure.
- 45. "Inservice education" means organized instruction or information related to dialysis services, medical services, and nursing services provided to a clinical staff member or non-clinical staff member.
- 46. "Isolation" means the separation, during the communicable period, of infected individuals or animals from others, to limit the transmission of infectious agents.
- 47. "License" means the documented authorization:
 - a. Issued by the Department to operate an outpatient treatment center providing dialysis services, medical services, and nursing services, or

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- b. Issued to an individual to practice a profession in this state.
- 48. "Long-term care plan" means a written plan of action for a patient with kidney failure that:
 - a. Is developed to achieve long-term optimum patient outcome, and
 - b. Meets the requirements of R9-10-1012(E).
- 49. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.
- 50. "Medical emergency" means a potentially life-threatening occurrence that requires an immediate response or treatment.
- 51. "Medical history" means an account, based on the information provided by a patient, of the patient's past and present medical condition related to the reason the patient is receiving dialysis services, medical services, or nursing services.
- 52. "Medical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
- 53. "Medical staff member" means a physician, a physician assistant, or a registered nurse practitioner.
- 54. "Medication" has the same meaning as "drug".
- 55. "Medication error" means:
 - a. The failure to administer a medication as ordered, or
 - b. The administration of a medication not ordered.
- 56. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
- 57. "Monitor" means to check systematically on a specific condition or situation.
- 58. "Nephrologist" means a physician who is board-eligible or board-certified in nephrology by a professional credentialing board.
- 59. "Nephrology" means the subspecialty of medicine that deals with conditions and diseases that affect the kidneys.
- 60. "Non-clinical staff member" means a volunteer or compensated individual, other than a clinical staff member, who works for or at an outpatient treatment center providing dialysis services, medical services, and nursing services.
- 61. "Nurse" means a registered nurse or a practical nurse.
- 62. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
- 63. "Order" means an instruction by a medical staff member to provide dialysis services, medical services, or nursing services to a patient.
- 64. "Orientation" means the initial instruction and information provided to an individual starting work or volunteer services in or for an outpatient treatment center providing dialysis services, medical services, and nursing services.
- 65. "Patient" means an individual admitted to receive dialysis services, medical services, or nursing services.
- 66. "Patient care plan" means a written document for a patient receiving dialysis that:
 - a. Is developed to meet the patient's needs for medical services, nursing services, and health-related services; and
 - b. Meets the requirements of R9-10-1012(F).
- 67. "Patient follow-up instructions" means information relevant to a patient's medical condition that is provided to the patient, the patient's representative, or a health care institution.
- 68. "Patient's representative" means a patient's legal guardian, an individual acting on behalf of a patient with the written consent of the patient, or a surrogate as defined in A.R.S. § 36-3201.
- 69. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
- 70. "Person" has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
- 71. "Pharmaceutical services" means those activities pertaining to the compounding, distribution, and dispensing of drugs, devices, and chemicals.
- 72. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness, injury, or disease.
- 73. "Physician" has the same meaning as in A.R.S. § 36-401.
- 74. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25.
- 75. "Practical nurse" has the same meaning as in A.R.S. § 32-1601.
- 76. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceed established standards for experience and competency in a specific field.
- 77. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
- 78. "Quality management program" means activities designed and implemented by an outpatient treatment center providing dialysis services, medical services, and nursing services to improve the delivery of dialysis services, medical services, and nursing services.
- 79. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
- 80. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.

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- 81. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
- 82. "Registration" means a documented determination by an outpatient treatment center providing dialysis services, medical services, and nursing services that an individual is eligible to receive dialysis services, medical services, or nursing services from the outpatient treatment center providing dialysis services, medical services, and nursing services.
- 83. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that it can be reused by the same patient.
- 84. "Restraint" means any chemical or physical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.
- 85. "Risk" means potential for an adverse outcome.
- 86. "Scope of dialysis services, medical services, and nursing services" means a list of specific medical services, nursing services, and health-related services the governing authority of an outpatient treatment center providing dialysis services, medical services, and nursing services has designated as being available to a patient.
- 87. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
- 88. "Shift" means the beginning and ending time of a staff work period.
- 89. "Signature" means:
 - a. The first and last name of an individual written with his or her own hand as a form of identification or authorization, or
 - b. An electronic signature.
- 90. "Social worker" means an individual licensed under A.R.S. Title 32, Chapter 33, Article 5.
- 91. "Social work services" has the same meaning as "practice of social work" in A.R.S. § 32-3251.
- 92. "Stable" means a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.
- 93. "Student" means an individual attending an educational institution and providing services at an outpatient treatment center providing dialysis services, medical services, and nursing services through an arrangement between the outpatient treatment center providing dialysis services, medical services, and nursing services and the educational institution.
- 94. "Transplant surgeon" means a physician who:
 - a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
 - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.
- 95. "Treatment" means a procedure or method to cure, improve, or palliate a medical condition.
- 96. "Vascular access" means the point on a patient's body where bloodlines are connected for hemodialysis.
- 97. "Verification" means:
 - a. A documented telephone call including the date and the name of the documenting individual,
 - b. A documented observation including the date and the name of the documenting individual, or
 - e. A documented confirmation of a fact including the date and the name of the documenting individual.
- 98. "Volunteer" means an individual authorized by an outpatient treatment center providing dialysis services, medical services, and nursing services to work without compensation for the outpatient treatment center providing dialysis services, medical services, and nursing services.

In addition to the definitions in A.R.S. § 36-401 and R9-10-101 the following definition applies in this Article unless otherwise specified:

- 1. "Emergency room services" means medical services provided to a patient in an emergency.

R9-10-1002. Supplemental Application Requirements; ~~Change of Information~~

- A.** In addition to the license application requirements in A.R.S. §§ 36-422 and 36-424 and 9 A.A.C. 10, Article 1, a governing authority applying for an initial or renewal license shall submit a supplemental application form provided by the Department that contains the:
 - 1. Days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation;
 - 2. Name of the chief clinical officer; and
 - 3. Types and number of clinical staff members and non-clinical staff members who will be providing dialysis services, medical services, or nursing services for or at the outpatient treatment center providing dialysis services, medical services, and nursing services.
- B.** A governing authority shall ensure the Department is notified:
 - 1. According to A.R.S. § 36-422(D) for termination of operations or a change of ownership;
 - 2. According to A.R.S. § 36-425(E) for a change in an administrator;
 - 3. In writing, no later than 10 business days after the date of a change in the information required in subsection (A)(1) or (A)(2); and

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4. ~~If the outpatient treatment center providing dialysis services, medical services, and nursing services ceases operations, in writing, not less than 30 days before operations cease, of the location where the medical records are stored.~~

In addition to the license application requirements in A.R.S. §§ 36-422 and 36-424 and 9 A.A.C. 10, Article 1, a governing authority applying for an initial license shall submit a supplemental application form provided by the Department that contains:

1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
2. A request to provide one or more of the following services:
 - a. Behavioral health services and, if applicable:
 - i. Behavioral health observation/stabilization services,
 - ii. Behavioral health services to individuals under 18 years of age,
 - iii. Court-ordered evaluation,
 - iv. Court-ordered treatment,
 - v. Crisis services,
 - vi. Opioid treatment services,
 - vii. Pre-petition screening,
 - viii. Respite services,
 - ix. DUI education,
 - x. DUI screening,
 - xi. DUI treatment, or
 - xii. Misdemeanor domestic violence offender treatment;
 - b. Diagnostic imaging services;
 - c. Clinical laboratory services;
 - d. Dialysis services;
 - e. Emergency services;
 - f. Pain management services;
 - g. Physical health services;
 - h. Rehabilitation services;
 - i. Sleep disorder services;
 - j. Urgent care services provided in a freestanding urgent care center setting; or
 - k. Counseling facility and, if applicable:
 - i. DUI education,
 - ii. DUI screening,
 - iii. DUI treatment, or
 - iv. Misdemeanor domestic violence offender treatment.

R9-10-1003. Administration

- ~~A. If an outpatient treatment center providing dialysis services, medical services, and nursing services is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) and (G), the hospital's governing authority is the governing authority for the outpatient treatment center providing dialysis services, medical services, and nursing services.~~
- ~~B. A governing authority shall:~~
 1. ~~Consist of one or more individuals with overall authority and responsibility for an outpatient treatment center providing dialysis services, medical services, and nursing services;~~
 2. ~~Establish, in writing, the scope of dialysis services, medical services, and nursing services to be provided by or at the outpatient treatment center providing dialysis services, medical services, and nursing services;~~
 3. ~~Document approval of all policies and procedures for the outpatient treatment center providing dialysis services, medical services, and nursing services;~~
 4. ~~Require all policies and procedures be reviewed at least once every three years and updated as needed;~~
 5. ~~Approve or designate an individual to approve contracted services;~~
 6. ~~Adopt a quality management program that complies with R9-10-1005;~~
 7. ~~Review and evaluate the effectiveness of the quality management program in R9-10-1005 at least once every 12 months; and~~
 8. ~~Ensure compliance with federal and state laws, rules, and local ordinances applicable to outpatient treatment center providing dialysis services, medical services, and nursing services.~~
- ~~C. A governing authority shall appoint in writing:~~
 1. ~~An administrator who meets one of the following:~~
 - a. ~~Is a registered nurse who has at least 12 months experience in an outpatient treatment center providing dialysis services, medical services, and nursing services;~~
 - b. ~~Has a baccalaureate degree and at least 12 months experience in an outpatient treatment center providing dialysis~~

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- services, medical services, and nursing services; or
- e. Has at least 24 months of experience as an administrator in an outpatient treatment center providing dialysis services, medical services, and nursing services before the effective date of these rules;
- 2. An acting administrator, if an administrator is expected to be unavailable for more than 30 consecutive days; and
- 3. A chief clinical officer to direct the medical services provided by or at the outpatient treatment center providing dialysis services, medical services, and nursing services who:
 - a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
 - b. Has at least 12 months of experience or training in providing dialysis services.
- D.** Under the direction of the governing authority of the outpatient treatment center providing dialysis services, medical services, and nursing services, an administrator shall:
 - 1. Implement the governing authority's direction for the operations of the outpatient treatment center providing dialysis services, medical services, and nursing services;
 - 2. Act as a liaison between the governing authority, clinical staff members, and non-clinical staff members;
 - 3. Designate, in writing, an individual by name or title who is available to implement the operations of the outpatient treatment center providing dialysis services, medical services, and nursing services when the administrator is not available for a period of less than 30 consecutive days;
 - 4. Comply with:
 - a. Tuberculosis reporting requirements in A.A.C. R9-6-202, and
 - b. Tuberculosis control requirements in A.A.C. R9-6-373;
 - 5. For infectious tuberculosis screening:
 - a. Ensure that each clinical staff member, non-clinical staff member, volunteer, or student submits:
 - i. On or before the starting date of employment or volunteer service, one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - (1) Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention administered within six months before the starting date of employment or volunteer service that includes the date and the type of tuberculosis screening test; or
 - (2) If the staff member or volunteer has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the staff member or volunteer is free from infectious pulmonary tuberculosis signed by a physician, physician assistant, or registered nurse practitioner dated within six months before the starting date of employment or volunteer service; and
 - ii. Every 12 months after the anniversary date of employment or volunteer service, one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - (1) Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention administered before or within 30 days after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or
 - (2) If the staff member or volunteer has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the staff member or volunteer is free from infectious pulmonary tuberculosis signed by a physician, physician assistant, or registered nurse practitioner dated before or within 30 days after the anniversary date of the most recent tuberculosis screening test or written statement; or
 - b. Establish, document, and implement a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-care Settings, 2005 published by the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333 available at <http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf>, incorporated by reference, on file with the Department, and including no future editions or amendments and includes:
 - i. Conducting tuberculosis risk assessments, conducting tuberculosis screening testing, screening for signs or symptoms of tuberculosis, and providing training and education related to recognizing the signs and symptoms of tuberculosis; and
 - ii. Maintaining documentation of any:
 - (1) Tuberculosis risk assessment;
 - (2) Tuberculosis screening test of a clinical staff member, non-clinical staff member, volunteer, or student; or
 - (3) Screening for signs or symptoms of tuberculosis of a clinical staff member, non-clinical staff member, volunteer, or student; and
 - 6. Ensure that:
 - a. A minimum of one registered nurse or medical staff member is on the premises at all times while a patient receiving dialysis services is on the premises;
 - b. A clinical staff member is on the premises at all times during the hours of clinical operation to provide medical

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- services or nursing services;
- e. A medical staff member is available at all times during hours of operation;
- d. A work schedule containing each clinical staff member's and non-clinical staff member's schedule is:
 - i. Planned, reviewed, adjusted, dated, and documented;
 - ii. Maintained for at least 12 months from the date of the work schedule; and
 - iii. Provided to the Department within four hours after the Department's request;
- e. Job descriptions, job qualifications, and job responsibilities for each type of clinical staff member and non-clinical staff member are written;
- f. A record is maintained for each student providing services at the outpatient treatment center providing dialysis services, medical services, and nursing services for 12 months after the last date the student provides services that contains:
 - i. The student's name, address, and starting date;
 - ii. Documentation of the student's compliance with the tuberculosis control requirements in subsection (D)(5); and
 - iii. A description of the services the student is able to provide at the outpatient treatment center providing dialysis services, medical services, and nursing services;
- g. Policies and procedures are established, documented, and implemented that cover:
 - i. Scope of dialysis services and how dialysis services are provided;
 - ii. Scope of medical services and nursing services and how medical services and nursing services are provided;
 - iii. Inservice education that ensures that a clinical staff member or a non-clinical staff member continues to be qualified to provide the dialysis services, medical services, and nursing services in the clinical staff member's or non-clinical staff member's job description;
 - iv. Patient rights;
 - v. Health care directives;
 - vi. A method of patient identification to ensure the patient receives the dialysis services, medical services, and nursing services ordered;
 - vii. Long-term care plans and patient care plans;
 - viii. Inspection and testing of equipment used to provide dialysis services to a patient before the equipment is used and documentation of the inspection and testing of the equipment;
 - ix. Clinical staff members' response to a patient's adverse event during dialysis;
 - x. Clinical staff members' response to an equipment malfunction during dialysis;
 - xi. Patient admission and discharge;
 - xii. Patient follow-up instructions;
 - xiii. Assessment and reassessment of patients;
 - xiv. Medical records including oral, telephone, and electronic records;
 - xv. The use of electronic signatures;
 - xvi. Basic adult and pediatric cardiopulmonary resuscitation training requirements and renewal of training, including method and content of training, qualifications of an individual providing the training, the time-frame for renewal of training, and the documentation that verifies a clinical staff member has received the training;
 - xvii. Obtaining informed consent;
 - xviii. Dispensation, administration, and disposal of medications and biologicals;
 - xix. If applicable, students providing services at the outpatient treatment center providing dialysis services, medical services, and nursing services;
 - xx. Waste management;
 - xxi. Disaster plans;
 - xxii. Use of restraint; and
 - xxiii. Complaints including the process by which a clinical staff member or a non-clinical staff member may submit a complaint related to patient care to the outpatient treatment center providing dialysis services, medical services, and nursing services;
- h. The policies and procedures are available to each clinical staff member and non-clinical staff member;
- i. The following are conspicuously posted:
 - i. The current license for the outpatient treatment center providing dialysis services, medical services, and nursing services issued by the Department;
 - ii. The name, address, and telephone number of the Department;
 - iii. A notice that a patient may file a complaint with the Department about the outpatient treatment center providing dialysis services, medical services, and nursing services;
 - iv. A schedule of rates according to A.R.S. § 36-436.01(C);
 - v. A list of patient rights;

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- vi. ~~A map for evacuating the facility; and~~
- vii. ~~A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and~~

j. ~~Patient follow-up instructions are:~~

- i. ~~Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center providing dialysis services, medical services, and nursing services unless the patient leaves against a clinical staff member's advice;~~
- ii. ~~If a patient returns to a health care institution, provided orally or in written form, when the patient returns to the health care institution, to the registered nurse responsible for the nursing services provided to the patient at the health care institution or to the individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution; and~~
- iii. ~~Documented in the patient's record.~~

A. If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.

B. A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
2. Establish, in writing:
 - a. An outpatient treatment center's scope of services, and
 - b. Qualifications for an administrator;
3. Designate an administrator, in writing, who has the qualifications established in subsection (B)(2)(b);
4. Adopt a quality management program according to R9-10-1004;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:
 - a. Expected not to be present on an outpatient treatment center's premises for more than 30 calendar days, or
 - b. Is not present on an outpatient treatment center's premises for more than 30 calendar days; and
7. Except as provided in subsection (B)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.

C. An administrator:

1. Is directly accountable to the governing authority for the services provided by or at the outpatient treatment center;
2. Has the authority and responsibility to manage the outpatient treatment center; and
3. Except as provided in subsection (B)(7), designates, in writing, an individual who is available and accountable for the operation of the outpatient treatment center when the administrator is not available.

D. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation.
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training.
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
 - e. Cover first aid training;
 - f. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
 - g. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - h. Cover health care directives;
 - i. Cover medical records, including electronic medical records;
 - j. Cover quality management, including incident report and supporting documentation; and
 - k. Cover contracted services;
2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented that:
 - a. Cover patient screening, admission, assessment, transfer, discharge plan, and discharge;

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- b. Cover the provision of medical services, nursing services, health-related services, and ancillary services;
- c. Include when general consent and informed consent are required;
- d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
- e. Cover infection control;
- f. Cover telemedicine, if applicable;
- g. Cover environmental services that affect patient care;
- h. Cover specific steps and deadlines for:
 - i. A patient to file a complaint;
 - ii. An outpatient treatment center to respond to a complaint; and
 - iii. If applicable, an outpatient treatment center to obtain documentation of an employee's or volunteer's fingerprint clearance card required in A.R.S. § 36-425.03;
- i. Cover smoking and the use of tobacco products on an outpatient treatment center's premises; and
- j. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
- 3. Outpatient treatment center policies and procedures are:
 - a. Reviewed at least once every two years and updated as needed, and
 - b. Available to personnel members and employees;
- 4. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- 5. The following are conspicuously posted:
 - a. The current license for the outpatient treatment center issued by the Department;
 - b. The name, address, and telephone number of the Department;
 - c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;
 - d. One of the following:
 - i. A schedule of rates according to A.R.S. § 36-436.01(C), or
 - ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;
 - e. A list of patient rights;
 - f. A map for evacuating the facility; and
 - g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and
- 6. Patient follow-up instructions are:
 - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice; and
 - b. Documented in the patient's record.
- E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
 - 1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred on the premises or while the patient receiving services from an outpatient treatment center's employee or personnel member, an administrator shall:
 - 1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 - 2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the patient:
 - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a patient 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document the action in subsection (F)(1) and the report in subsection (F)(2) and maintain the documentation for 12 months after the date of the report;
 - 4. Investigate the suspected or alleged abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in subsection (F)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. Description of any injury to the patient and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and

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- d. Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
5. Submit a copy of the investigation report required in subsection (F)(4) to the Department within 10 working days after submitting the report in subsection (F)(2); and
6. Maintain a copy of the investigation report required in subsection (F)(4) for 12 months after the date of the report.

R9-10-1004. ~~Contracted Services~~ Quality Management

~~An administrator shall ensure that:~~

1. ~~A contractor provides contracted services according to the requirements in this Article;~~
2. ~~A contract specifies the responsibilities of the contractor and the outpatient treatment center providing dialysis services, medical services, and nursing services; and~~
3. ~~An outpatient treatment center providing dialysis services, medical services, and nursing services:~~
 - a. ~~Maintains a copy of each contract;~~
 - b. ~~Maintains a list of current contracted services on the premises; and~~
 - e. ~~Provides to the Department, within four hours after the Department's request, a contract copy required in subsection (3)(a) or a list required in subsection (3)(b).~~

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care; and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-1005. Quality Management Program Contracted Services

~~A governing authority shall ensure that an outpatient treatment center providing dialysis services, medical services, and nursing services has an ongoing quality management program.~~

~~B. An administrator shall ensure that:~~

1. ~~A written plan for a quality management program for an outpatient treatment center providing dialysis services, medical services, and nursing services is established, documented, and implemented that includes:~~
 - a. ~~A method to identify, document, and evaluate incidents;~~
 - b. ~~A method to collect data to evaluate the delivery of dialysis services, medical services, and nursing services;~~
 - e. ~~A method to evaluate the data collected to identify a concern about the delivery of dialysis services, medical services, and nursing services;~~
 - d. ~~A method to make changes or take action as a result of the identification of a concern about the delivery of dialysis services, medical services, and nursing services;~~
 - e. ~~A method to determine whether actions taken improved the delivery of dialysis services, medical services, and nursing services; and~~
 - f. ~~The frequency of submitting the documented report required in subsection (B)(2);~~
2. ~~A documented report is submitted to the governing authority that includes:~~
 - a. ~~Each identified concern in subsection (B)(1)(e); and~~
 - b. ~~Any change made or action taken in subsection (B)(1)(d); and~~
3. ~~The report in subsection (B)(2) and the supporting documentation is:~~
 - a. ~~Maintained for 12 months from the date the report is submitted to the governing authority; and~~
 - b. ~~Provided to the Department within four hours after the Department's request.~~

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

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R9-10-1006. Clinical Staff Members Personnel

- A.** An administrator shall ensure that:
1. Clinical staff members are available to provide all the dialysis services, medical services, and nursing services included in the scope of dialysis services, medical services, and nursing services required in R9-10-1003(B)(2);
 2. A clinical staff member's skills to provide dialysis services, medical services, and nursing services are verified and documented upon employment or volunteer service and every 12 months from the date of employment or volunteer service;
 3. A clinical staff member:
 - a. Only provides dialysis services, medical services, or nursing services the clinical staff member is qualified to provide;
 - b. Completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis services, medical services, or nursing services from the outpatient treatment center:
 - i. Before providing dialysis services, medical services, or nursing services, and
 - ii. At least once every 24 months after the initial date of employment or volunteer services;
 - e. Complies with the requirements in A.R.S. § 36-423 and R9-10-112 for hemodialysis technicians and hemodialysis technician trainees, if applicable; and
 - d. Wears a name badge that displays the individual's first name, job title, and professional license or certification;
 4. Orientation is provided to each clinical staff member, beginning the first week of employment or volunteer service, that covers:
 - a. Specific job responsibilities of the clinical staff member;
 - b. Policies and procedures;
 - e. Patient rights;
 - d. Disaster plans;
 - e. Infection control requirements including:
 - i. Handwashing;
 - ii. Prevention of communicable diseases; and
 - iii. If applicable, linen handling;
 - f. Department rules for licensing and regulating outpatient treatment centers providing dialysis services, medical services, and nursing services and how the rules may be obtained; and
 - g. The process by which a clinical staff member may submit a complaint about patient care to an outpatient treatment center providing dialysis services, medical services, and nursing services;
 5. For each clinical staff member a record is maintained that includes:
 - a. The clinical staff member's resumé or application;
 - b. Documentation of the clinical staff member's starting date of employment or volunteer service;
 - e. Verification or documentation of the clinical staff member's certification, licensure, or education, as applicable;
 - d. Documentation of granting of clinical privileges, if applicable;
 - e. Documentation of skills verification required in subsection (A)(2);
 - f. Documentation of completion of cardiopulmonary resuscitation training required in subsection (A)(3)(b);
 - g. Documentation of the clinical staff member's compliance with the infectious tuberculosis screening requirements in R9-10-1003(D)(5); and
 - h. Documentation of completion of orientation required in subsection (A)(4);
 6. The record in subsection (A)(5) is maintained for at least 12 months after the last date the clinical staff member provides dialysis services, medical services, or nursing services at or for the outpatient treatment center providing dialysis services, medical services, and nursing services;
 7. Each clinical staff member completes at least eight hours of inservice education every 12 months from the starting date of employment or volunteer service;
 8. Inservice education required in subsection (A)(7) is documented and the documentation includes:
 - a. The date of completion of the inservice education;
 - b. The subject matter and description of the inservice education;
 - e. The number of inservice education hours provided by the inservice education, and
 - d. The signature of the clinical staff member certifying completion of the inservice education; and
 9. A clinical staff member's record required in subsection (A)(5) or inservice education documentation required in subsection (A)(8) is provided to the Department within four hours after the Department's request.
- B.** If an outpatient treatment center providing dialysis services, medical services, and nursing services uses a clinical staff member contracted through an employment agency, an administrator shall ensure that the contract requires the employment agency to:
1. Maintain the documentation required in subsection (A)(5) for each clinical staff member employed by the employment agency for at least 12 months from the date the clinical staff member last provides services for or at the outpatient treatment center providing dialysis services, medical services, and nursing services; and

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2. ~~Provide the documentation required in subsection (B)(1) within four hours after a request by the outpatient treatment center providing dialysis services, medical services, and nursing services to the Department.~~

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description.
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
3. Personnel members are present on an outpatient treatment center's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the outpatient treatment center's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
4. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
5. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
6. A personnel member completes orientation before providing medical services, nursing services or health-related services to a patient;
7. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
8. A plan is developed, documented and implemented to provide in-service education specific to the duties of the personnel member;
9. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the in-service education, and
 - c. The subject or topics covered in the in-service education;
10. Compliance with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-114;
11. A record for a personnel member, employee, volunteer, or student is maintained that includes:
 - a. The individual's name, date of birth, home address, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service, and if applicable, the ending date;
 - c. Documentation of:
 - i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-114;
 - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03; and
 - vii. Cardiopulmonary resuscitation training, if the individual is required to have cardiopulmonary resuscitation training according to this Article or policies and procedures; and
12. The record in subsection (A)(11) is:

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- a. Maintained while an individual provides services for or at the outpatient treatment center and for at least two years after the last date the employee or volunteer provided services for or at the outpatient treatment center; and
- b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the time of the Department's request.

R9-10-1007. Non-Clinical Staff Members Transport; Transfer

A. An administrator shall ensure that:

1. ~~Non-clinical staff members are available to provide all the dialysis services, medical services, or nursing services included in the scope of dialysis services, medical services, and nursing services required in R9-10-1003(B)(2);~~
2. ~~A non-clinical staff member only provides dialysis services, medical services, or nursing services that the non-clinical staff member is qualified to provide;~~
3. ~~Orientation is provided to each non-clinical staff member, beginning the first week of employment or volunteer service that covers:~~
 - a. ~~Specific job responsibilities of the non-clinical staff member;~~
 - b. ~~Policies and procedures;~~
 - c. ~~Patient rights;~~
 - d. ~~Disaster plans;~~
 - e. ~~Infection control requirements including:~~
 - i. ~~Handwashing;~~
 - ii. ~~Prevention of communicable diseases; and~~
 - iii. ~~If applicable, linen handling;~~
 - f. ~~Department rules for licensing and regulating outpatient treatment centers providing dialysis services, medical services, and nursing services and how the rules may be obtained; and~~
 - g. ~~The process by which a non-clinical staff member may submit a complaint about patient care to an outpatient treatment center providing dialysis services, medical services, and nursing services;~~
4. ~~For each non-clinical staff member a record is maintained that includes:~~
 - a. ~~The non-clinical staff member's resumé or application;~~
 - b. ~~The non-clinical staff member's starting date of employment or volunteer service;~~
 - c. ~~If applicable to the non-clinical staff member's job position, verification or documentation of certification, licensure, or education;~~
 - d. ~~Evidence of the non-clinical staff member's compliance with the infectious tuberculosis screening requirements in R9-10-1003(D)(5); and~~
 - e. ~~Documentation of the non-clinical staff member's orientation required in (A)(3);~~
5. ~~The record in subsection (A)(4) is maintained for at least 12 months after the last date of the non-clinical staff member's employment or volunteer service at the outpatient treatment center providing dialysis services, medical services, and nursing services;~~
6. ~~Each non-clinical staff member who provides dialysis services, medical services, and nursing services to patients completes eight hours of inservice education every 12 months from the starting date of employment or volunteer service;~~
7. ~~Inservice education required in subsection (A)(6) is documented including:~~
 - a. ~~The date of completion of the inservice education;~~
 - b. ~~The subject matter and description of the inservice education;~~
 - c. ~~The number of inservice education hours provided by the inservice education, and~~
 - d. ~~The signature of the non-clinical staff member certifying completion of the inservice education, and~~
8. ~~A non-clinical staff member's record required in subsection (A)(5) or inservice education documentation required in subsection (A)(7) is provided to the Department within four hours after the Department's request.~~

B. If an outpatient treatment center providing dialysis services, medical services, and nursing services uses a non-clinical staff member contracted through an employment agency, an administrator shall ensure that the contract requires the employment agency to:

1. ~~Maintain the documentation required in subsection (A)(5) for each non-clinical staff member employed by the employment agency for at least 12 months from the date the non-clinical staff member last provided services at the outpatient treatment center providing dialysis services, medical services, and nursing services; and~~
2. ~~Provide the documentation obtained in subsection (B)(1) within four hours after a request by the outpatient treatment center providing dialysis services, medical services, and nursing services or the Department.~~

A. Except for a transport of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transport and the services provided to the patient;
2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before and after the transport,
 - b. Medical records are provided to a receiving health care institution, and

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- d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
3. A patient or the patient's representative:
- a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. The outpatient treatment center's policy on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before a patient is photographed except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of the patient's:
 - i. Medical records, and
 - ii. Financial records.
- C. A patient has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in treatment and care for personal needs;
 - 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 - 5. To receive a referral to another health care institution if the outpatient treatment center is unable to provide physical health services or behavioral health services for the patient;
 - 6. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
 - 7. To participate or refuse to participate in research or experimental treatment; and
 - 8. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-1009. Medical Records

- ~~A. An administrator shall ensure that:~~
- 1. ~~A medical record for each patient is established and maintained according to A.R.S. § 12-2297;~~
 - 2. ~~A medical record is available to a clinical staff member or non-clinical staff member authorized by the outpatient treatment center providing dialysis services, medical services, and nursing services' policies and procedures to access the medical record;~~
 - 3. ~~Information in a medical record is only disclosed to a third party with the written authorization of the patient or the patient's representative or as permitted or required by law;~~
 - 4. ~~A medical record is provided to the Department within four hours after a request by the Department;~~
 - 5. ~~A medical record is protected from loss, damage, or unauthorized use or disclosure;~~
 - 6. ~~An entry in a medical record:~~
 - a. ~~Is recorded only by an individual authorized by the outpatient treatment center providing dialysis services, medical services, and nursing services' policies and procedures to make the entry;~~
 - b. ~~Is legible, dated, and authenticated; and~~
 - e. ~~Remains legible when a correction to the original entry is made;~~
 - 7. ~~In addition to the entry requirements in subsection (A)(6), each order is:~~
 - a. ~~Dated when the order is entered in the medical record including the time of the order; and~~
 - b. ~~Authenticated by a medical staff member according to the outpatient treatment center providing dialysis services, medical services, and nursing services' policies and procedures, if the order is entered by an individual who is not a medical staff member;~~
 - 8. ~~If a rubber stamp signature, electronic signature, or electronic code is used to authenticate an order, the medical staff member to whom the rubber stamp signature, electronic signature, or electronic code belongs is responsible for the use of the rubber stamp, electronic signature, or electronic code; and~~

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9. ~~A verbal order is entered and authenticated according to the requirements in subsection (A)(7).~~
- B.** ~~If an outpatient treatment center providing dialysis services, medical services, and nursing services maintains medical records electronically, an administrator shall ensure that:~~
 1. ~~There are safeguards to prevent unauthorized access, and~~
 2. ~~An internal clock records the date and time of a medical record entry.~~
- C.** ~~An administrator shall ensure that a medical record for each patient contains:~~
 1. ~~Documented informed consent for treatment or a diagnostic procedure by the patient or the patient's representative except in a medical emergency;~~
 2. ~~A diagnosis or reason for dialysis services, medical services, or nursing services;~~
 3. ~~A medical history and physical examination:~~
 - a. ~~For a patient receiving dialysis services, performed as required in R9-10-1012(A)(2), R9-10-1012(A)(3), and R9-10-1012(A)(4);~~
 - b. ~~For a patient only receiving medical services and nursing services, related to the medical and nursing services the patient receives;~~
 4. ~~Patient information that includes:~~
 - a. ~~The patient's name and address;~~
 - b. ~~The patient's date of birth;~~
 - e. ~~If applicable, the name of a designated patient representative; and~~
 - d. ~~Any known allergy or sensitivity;~~
 5. ~~Medication information that includes:~~
 - a. ~~A medication or biological ordered for the patient;~~
 - b. ~~A medication or biological administered to the patient including:~~
 - i. ~~The date and time of administration;~~
 - ii. ~~The name, strength, dosage, amount, vaccine lot number if applicable, and route of administration;~~
 - iii. ~~The identification and authentication of the individual administering the medication or biological; and~~
 - iv. ~~Any adverse event a patient has related to or as a result of the medication or biological; and~~
 - e. ~~A prepackaged or sample medication provided to the patient for self-administration including the name, strength, dosage, amount, and route of administration;~~
 6. ~~The name of each individual providing treatment or a diagnostic procedure to the patient;~~
 7. ~~Documentation of each order;~~
 8. ~~Documentation of each clinical laboratory test result and radiological and diagnostic imaging report required in R9-10-1013, if applicable;~~
 9. ~~Documentation of each dialysis service, medical service, or nursing service provided to the patient;~~
 10. ~~Documentation of the equipment inspection and testing required in R9-10-1012(A)(9);~~
 11. ~~If applicable, documentation of self-dialysis required in R9-10-1012(B)(6);~~
 12. ~~Notes by a clinical staff member or non-clinical staff member, including the patient's response to a treatment or diagnostic procedure;~~
 13. ~~For a patient receiving dialysis services, monthly notes related to the patient's progress by a medical staff member, registered dietitian, social worker, and registered nurse;~~
 14. ~~If a health care directive is provided by the patient or the patient's representative, a copy of the health care directive signed by the patient or the patient's representative;~~
 15. ~~Documentation of the patient instructions to the patient;~~
 16. ~~Documentation of the patient's discharge including the disposition of the patient upon discharge; and~~
 17. ~~If applicable, a consultation report.~~
- A.** An administrator shall ensure that:
 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;

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5. A patient's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;
 6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law;
 7. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
 8. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If an outpatient treatment center maintains patient's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
 - a. Except as specified in A.A.C. R9-6-1005, the patient's name and address;
 - b. The patient's date of birth;
 - c. The name and contact information of the patient's representative, if applicable; and
 - d. Any known allergies, including medication allergies;
 2. A diagnosis or reason for outpatient treatment center services;
 3. Documentation of general consent, and if applicable informed consent, for treatment by the patient or the patient's representative except in an emergency;
 4. Documentation of medical history and, if applicable, results of a physical examination;
 5. Orders;
 6. Assessment;
 7. Treatment plans;
 8. Interval notes;
 9. Progress notes;
 10. Documentation of outpatient treatment center services provided to the patient;
 11. Name of each individual providing treatment or a diagnostic procedure;
 12. Disposition of the patient upon discharge;
 13. Documentation of the patient's follow-up instructions provided to the patient;
 14. A discharge summary;
 15. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Sleep disorder reports,
 - d. Diagnostic reports,
 - e. Documentation of restraint or seclusion, and
 - f. Consultation reports; and
 16. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
 - f. Any adverse reaction a patient has to the medication; and
 - g. Prepacked or sample medication provided to the patient for self-administration including the name, strength, dosage, amount, route of administration, and expiration date.

R9-10-1010. Medication Services

An administrator shall ensure that:

1. ~~If pharmaceutical services that require a pharmacy license are provided on the premises:~~
 - a. ~~The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and~~
 - b. ~~A copy of the pharmacy license is provided to the Department upon request;~~
2. ~~A medication or a biological:~~
 - a. ~~Is maintained at the temperature recommended by the manufacturer of the medication or biological;~~

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- d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the patient at the time stated on the medication container label; or
- e. Observing the patient while the patient takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
- 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance with the self-administration of medication provided to a patient is
 - a. In compliance with an order, and
 - b. Documented in the patient's medical record.
- D.** An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members;
 - 3. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - c. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at an outpatient treatment center, an administrator shall ensure that:
 - 1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
 - 2. If medication is stored in a room or closet, there is a locked cabinet that is used for medication storage;
 - 3. Medication is stored according to the instructions on the medication container; and
 - 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient treatment center's clinical director.

R9-10-1011. Discharge Behavioral Health Services

For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center providing dialysis services, medical services, and nursing services, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 days after the patient's discharge and includes:

- 1. A description of the patient's medical condition and the dialysis services provided to the patient, and
- 2. The signature of the nephrologist.

- A.** An administrator of an outpatient treatment center that provides behavioral health services shall ensure that:
 - 1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
 - 2. The behavioral health services provided by or at the outpatient treatment center:
 - a. Are provided under the direction of a behavioral health professional; and
 - b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-114, and
 - ii. For an assessment, in R9-10-1011(B);

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3. A personnel member who provides behavioral health service is:
 - a. At least 21 years of age; or
 - b. At least 18 years of age and is licensed as a:
 - i. Nurse according to A.R.S. Title 32, Chapter 15;
 - ii. Physician assistant according to A.R.S. Title 32, Chapter 25; or
 - iii. Behavioral health professional; and
4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner, an employee, or a volunteer applies for or has a fingerprint clearance card as required in A.R.S. § 36-425.03.
- B.** An administrator of an outpatient treatment center that provides behavioral health services shall ensure that:
 1. Except as provided in subsection (B)(2), an assessment for a patient is completed before treatment for the patient is initiated;
 2. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:
 - a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and
 - b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;
 3. If an assessment is conducted by a:
 - a. Behavioral health technician, within 72 hours a behavioral health professional reviews and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
 4. An assessment:
 - a. Documents a patient's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history; and
 - ix. Symptoms reported by the patient and referrals needed by the patient, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the patient's needs;
 - ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient; and
 - iii. The signature and date signed of the personnel member conducting the assessment;
 - c. Is documented in patient's medical record;
 5. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
 6. A request for participation in a patient's assessment is made to the patient or the patient's representative;
 7. An opportunity for participation in the patient's assessment is provided to the patient or the patient's representative;
 8. Documentation of the request in subsection (B)(6) and the opportunity in subsection (B)(7) is in the patient's medical record;
 9. A patient's assessment information is documented in the medical record within 48 hours after completing the assessment;
 10. A patient's assessment information is reviewed and updated when additional information that affects the patient's assessment is identified;
 11. A review and update of a patient's assessment information is documented in the medical record within 48 hours after the review is completed;
 12. Counseling is:
 - a. Offered as described in the outpatient treatment center's scope of services,
 - b. Provided according to the frequency and number of hours identified in the patient's assessment, and

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- c. Provided by a behavioral health professional or a behavioral health technician;
 - 13. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue;
 - 14. Each counseling session is documented in the patient's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed;
 - 15. Respite services are not provided in a personnel member's home; and
 - 16. Respite services are provided:
 - a. In a patient's residence; or
 - b. Up to 10 continuous hours in a 24 hour time period while the individual who is receiving the respite services is:
 - i. Supervised by a personnel member,
 - ii. Awake,
 - iii. Provided food,
 - iv. Allowed to rest,
 - v. Provided an opportunity to use the toilet and meet the individual's hygiene needs, and
 - vi. Participating in activities in the community but is not in a licensed health care institution or child care facility.
- C.** An administrator of an outpatient treatment center authorized to provide behavioral health services that:
- 1. Requests approval to provide any of the following to individuals required to attend by a referring court shall comply with the requirements for the specific service in 9 A.A.C. 20:
 - a. DUI screening,
 - b. DUI education,
 - c. DUI treatment, or
 - d. Misdemeanor domestic violence offender treatment; and
 - 2. Is approved to provide any of the services in subsection (C)(1) may have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

R9-10-1012. ~~Dialysis Behavioral Health Observation/Stabilization Services~~

- ~~**A.** An administrator of an outpatient treatment center providing dialysis services, medical services, and nursing services shall ensure that for a patient receiving dialysis services:~~
- ~~1. The dialysis services provided to the patient meet the needs of the patient;~~
 - ~~2. A physician performs a medical history and physical examination on the patient within 30 days before admission or with 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours after admission;~~
 - ~~3. If the patient's medical history and physical examination required in subsection (A)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 days of the date of the medical history and physical examination:~~
 - ~~a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or~~
 - ~~b. Performs a medical history and physical examination that includes information specific to nephrology;~~
 - ~~4. The patient's nephrologist or the nephrologist's designee:~~
 - ~~a. Performs a medical history and physical examination on the patient at least once every 12 months from the date of the patient's admission to the outpatient treatment center providing dialysis services, medical services, and nursing services, and~~
 - ~~b. Documents monthly notes related to the patient's progress in the patient's medical record;~~
 - ~~5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:~~
 - ~~a. Reviews with the patient, the results of any diagnostic tests performed on the patient;~~
 - ~~b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;~~
 - ~~c. If the patient returns to a health care institution after receiving dialysis services, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or if there is not a registered nurse responsible, the person responsible for the medical services, nursing services, or health related services provided to the patient at the health care institution;~~
 - ~~d. Inform the patient's nephrologist of any changes in a patient's medical condition or needs; and~~
 - ~~e. Documents in the patient's medical record:~~
 - ~~i. Any notice provided as required in subsection (A)(5)(e); and~~

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- ii. Monthly notes related to the patient's progress;
 - 6. If the patient is unstable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;
 - 7. The patient:
 - a. Is under the care of a nephrologist;
 - b. Is assigned a patient identification number according to the policy and procedure in R9-10-1003(D)(6)(g)(vi);
 - c. Is identified by a clinical staff member before beginning dialysis;
 - d. Receives the dialysis services ordered for the patient by a medical staff member;
 - e. Is monitored by a clinical staff member while receiving dialysis at least once every 30 minutes; and
 - f. If the outpatient treatment center providing dialysis services, medical services, and nursing services reprocesses and reuses dialyzers, is informed that the outpatient treatment center providing dialysis services, medical services, and nursing services reprocesses and reuses dialyzers before beginning hemodialysis;
 - 8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center providing dialysis services, medical services, and nursing services' policies and procedures before being used to provide hemodialysis to a patient;
 - 9. The equipment inspection and testing required in subsection (A)(8) is documented in the patient's medical record;
 - 10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
 - 11. If hemodialysis is provided to the patient, a clinical staff member:
 - a. Inspects the dialyzer before use to ensure that the:
 - i. External surface of the dialyzer is clean;
 - ii. Dialyzer label is intact and legible;
 - iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
 - iv. Dialyzer is free of visible blood and other foreign material;
 - b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
 - c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
 - d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
 - i. The patient's name and the patient's identification number;
 - ii. The number of times the dialyzer has been used in patient treatments;
 - iii. The date of the last use of the dialyzer by the patient, and
 - iv. The date of the last reprocessing of the dialyzer;
 - e. If the patient's name is similar to the name of another patient receiving dialysis in the same facility, informs other clinical staff members and non-clinical staff members of the similar name to ensure that the name or other identifying information on the label corresponds to the correct patient; and
 - f. Ensures that a patient's vascular access is visible to a clinical staff member at all times during dialysis;
 - 12. The patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
 - 13. If the patient has an adverse event during dialysis, a clinical staff member responds by implementing the policy and procedure required in R9-10-1003(D)(6)(g)(ix); and
 - 14. If the equipment used during the patient's dialysis malfunctions, a clinical staff member responds by implementing the policy and procedure required in R9-10-1003(D)(6)(g)(x).
- B.** If an outpatient treatment center providing dialysis services, medical services, and nursing services provides support for self-dialysis services, an administrator shall ensure that:
- 1. A patient or the patient's caregiver is:
 - a. Instructed to use the equipment to perform self-dialysis by a clinical staff member trained to provide the instruction, and
 - b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
 - 2. Instruction provided to a patient as required in subsection (B)(1)(a) and monitoring in the patient's home as required in (B)(1)(b) is documented in the patient's medical record;
 - 3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
 - 4. All equipment necessary to meet the needs of the patient's self-dialysis provided for the patient and maintained by the outpatient treatment center providing dialysis services, medical services, and nursing services according to the manufacturer's recommendations;
 - 5. The water used for hemodialysis is tested and treated according to the requirements in subsection (H);
 - 6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
 - a. Reviewed to ensure that the patient is receiving continuity of care, and
 - b. Placed in the patient's medical record; and
 - 7. If a patient uses self-dialysis and self-administers medication or a biological:

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- a- ~~The medical staff member responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;~~
- b- ~~The patient and the patient's caregiver are informed of any potential:
 - i- ~~Side effects of the medication or biological; and~~
 - ii- ~~Hazard to a child having access to the medication or biological and, if applicable, a syringe used to inject the medication or biological; and~~~~
- e- ~~The patient or the patient's caregiver is:
 - i- ~~Taught the route and technique of administration and is able to administer the medication or biological, including injecting the medication or biological;~~
 - ii- ~~Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication or biological;~~
 - iii- ~~Provided with instructions for the administration of the medication or biological including the specific route and technique the patient or the patient's caregiver has been taught to use;~~
 - iv- ~~Able to read and understand the medication or biological label;~~
 - v- ~~Taught and able to self-monitor the patient's blood pressure; and~~
 - vi- ~~Informed how to store the medication or biological according to the manufacturer's instructions.~~~~
- C.** ~~An administrator shall ensure that a social worker is employed by or contracted with an outpatient treatment center providing dialysis services, medical services, and nursing services to meet a patient's needs including:
 - 1. ~~Conducting an initial psychosocial evaluation of the patient within 30 days of the patient's admission to the outpatient treatment center providing dialysis services, medical services, and nursing services;~~
 - 2. ~~Participating in reviewing the patient's need for social work services;~~
 - 3. ~~Recommending changes in treatment based on the patient's psychosocial evaluation;~~
 - 4. ~~Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;~~
 - 5. ~~Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;~~
 - 6. ~~Documenting monthly notes related to the patient's progress in the patient's medical record; and~~
 - 7. ~~Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months from the date of the patient's admission to the outpatient treatment center providing dialysis services, medical services, and nursing services.~~~~
- D.** ~~An administrator shall ensure that a registered dietitian is employed by or contracted with an outpatient treatment center providing dialysis services, medical services, and nursing services to meet a patient's nutritional and dietetic needs including:
 - 1. ~~Conducting an initial nutritional assessment of the patient within 30 days of the patient's admission to the outpatient treatment center providing dialysis services, medical services, and nursing services;~~
 - 2. ~~Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;~~
 - 3. ~~Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;~~
 - 4. ~~Monitoring the patient's adherence and response to a prescribed diet;~~
 - 5. ~~Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;~~
 - 6. ~~Documenting monthly notes related to the patient's progress in the patient's medical record; and~~
 - 7. ~~Conducting a follow-up nutritional assessment of the patient at least once every 12 months from the date of the patient's admission to the outpatient treatment center providing dialysis services, medical services, and nursing services.~~~~
- E.** ~~An administrator shall ensure that a long-term care plan for each patient:
 - 1. ~~Is developed by a team that includes at least:
 - a. ~~The chief clinical officer of the outpatient treatment center providing dialysis services, medical services, and nursing services;~~
 - b. ~~If the chief clinical officer is not a nephrologist, the patient's nephrologist;~~
 - c. ~~A transplant surgeon or the transplant surgeon's designee;~~
 - d. ~~A registered nurse responsible for nursing services provided to the patient;~~
 - e. ~~A social worker;~~
 - f. ~~A registered dietitian; and~~
 - g. ~~The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;~~~~
 - 2. ~~Identifies the modality of treatment and dialysis services to be provided to the patient;~~
 - 3. ~~Is reviewed and approved by the chief clinical officer;~~
 - 4. ~~Is signed and dated by each clinical staff member and non-clinical staff member participating in the development of~~~~

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- ~~the long-term care plan;~~
- ~~5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;~~
- ~~6. Is signed and dated by the patient or the patient's representative; and~~
- ~~7. Is reviewed at least every 12 months by the team in subsection (E)(1) and updated according to the patient's needs.~~
- ~~F. An administrator shall ensure that a patient care plan for each patient:~~
 - ~~1. Is developed by a team that includes at least:~~
 - ~~a. The patient's nephrologist;~~
 - ~~b. A registered nurse responsible for nursing services provided to the patient;~~
 - ~~c. A social worker;~~
 - ~~d. A registered dietitian; and~~
 - ~~e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;~~
 - ~~2. Includes an assessment of the patient's need for dialysis services;~~
 - ~~3. Identifies treatment and treatment goals;~~
 - ~~4. Is signed and dated by each clinical staff member and non-clinical staff member participating in the development of the patient care plan;~~
 - ~~5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;~~
 - ~~6. Is signed and dated by the patient or the patient's representative;~~
 - ~~7. Is implemented;~~
 - ~~8. Is evaluated by:~~
 - ~~a. The registered nurse responsible for the dialysis services provided to the patient;~~
 - ~~b. The registered dietitian responsible for the dialysis services provided to the patient related to the patient's nutritional or dietetic needs; and~~
 - ~~e. The social worker responsible for the dialysis services provided to the patient related to the patient's psychosocial needs;~~
 - ~~9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and~~
 - ~~10. Is reviewed and updated according to the needs of the patient:~~
 - ~~a. At least every six months for a patient whose medical condition is stable, and~~
 - ~~b. At least every 30 days for a patient whose medical condition is not stable;~~
- ~~G. If an outpatient treatment center providing dialysis services, medical services, and nursing services reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center providing dialysis services, medical services, and nursing services complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reuse of hemodialyzers, ANSI/AAMI RD47:2002 & RD47:2002/A1:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.~~
- ~~H. A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Hemodialysis systems, ANSI/AAMI RD5:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.~~
- A. An administrator of an outpatient treatment center that provides behavioral health observation/stabilization services shall ensure that:
 - 1. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;
 - 2. Behavioral health observation/stabilization services are provided in a designated area that:
 - a. Is used exclusively for behavioral health observation/stabilization services; and
 - b. Has the space for a patient to receive privacy in treatment and care for personal needs;
 - c. For every 15 observation chairs or less, has one bathroom that contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation;
 - 3. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to indi-

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- viduals under 18 years of age:
- a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:
 - i. Meets the requirements in subsection (B)(2), and
 - ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;
 - b. A registered nurse is present in the separate designated area; and
 - c. A patient under 18 years of age does not share any space, participate in any activity or treatment, or have verbal or visual interaction with a patient 18 years of age or older;
4. A medical practitioner is available;
 5. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;
 6. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;
 7. A nurse monitors each individual at the intervals determined according to subsection (A)(12) and documents the monitoring in the individual's medical record;
 8. An individual who arrives at the designated area for behavioral health observation/stabilization services in the outpatient treatment center is screened within 30 minutes after entering the designated area to determine whether the individual is in need of immediate physical health services;
 9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
 - a. Able to provide according to the outpatient treatment center's scope of services, the individual is examined by a medical practitioner within 30 minutes after being screened; or
 - b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;
 10. If a screening indicates that an individual needs behavioral health observation/stabilization services and the outpatient treatment center has the capabilities to provide the behavioral health observation/stabilization services, the individual is admitted to the designated area for behavioral health observation/stabilization services and may remain in the designated area and receive observation/stabilization services for up to 23 hours and 59 minutes;
 11. Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
 - a. If the behavioral health observation/stabilization services are provided in health care institution that also provided inpatient services and is capable of meeting the individual's needs, admitted to the health care institution as an inpatient;
 - b. Transferred to another health care institution capable of meeting the individual's needs;
 - c. Provided a referral to another entity capable of meeting the individual's needs; or
 - d. Discharged and provided patient follow-up instructions;
 12. When an individual is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the individual includes the interval for monitoring the individual based on the individual's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the individual;
 13. If an individual is not being admitted as an inpatient to a health care institution, before discharging the individual from a designated area for behavioral health observation/stabilization services, a personnel member:
 - a. Identifies the specific needs of the individual after discharge necessary to assist the individual to function independently;
 - b. Identifies any resources including family members, community social services, peer support services, and Regional Behavioral Health Agency staff that may be available to assist the individual; and
 - c. Documents the information in subsection (A)(18)(a) and the resources in subsection (A)(18)(b) in the individual's medical record;
 14. When an individual is discharged from a designated area for behavioral health observation/stabilization services a personnel member:
 - a. Provides the individual with discharge information that includes:
 - i. The identified specific needs of the individual after discharge, and
 - ii. Resources that may be available for the individual;
 - b. Contacts any resources identified as required in subsection (A)(18)(b);
 15. Except as provided in subsection (A)(16), an individual is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the individual's discharge from designated area in the outpatient treatment center that provides behavioral health observation/stabilization services; and
 16. An individual may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization

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services within two hours after the individual's discharge if:

- a. It is at least one hour since the time of the individual's discharge;
- b. A law enforcement officer or the individual's case manager accompanies the individual to the outpatient treatment center;
- c. Based on a screening of the individual, it is determined that re-admission for behavioral health observation/stabilization is necessary for the individual; and
- d. The name of the law enforcement officer or the individual's case manager and the reasons for the determination in subsection (A)(16)(c) are documented in the individual's medical record.

17. An individual admitted for behavioral health observation/stabilization services is provided:

- a. An observation chair, or
- b. A separate piece of equipment for the individual to use to sit or recline that:
 - i. Is at least 12 inches from the floor, and
 - ii. Has sufficient space around the piece of equipment to allow a personnel member to provide behavioral health services and physical health services including emergency services to the individual;

18. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety which may include:

- a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
- b. Establishing a method to notify the individual when there is an observation chair available;
- c. Referring or providing transportation to the individual to another health care institution;
- d. Assisting the individual to contact the individual's support system; and
- e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;

19. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;

20. The log required in subsection (A)(19) is maintained for one year after the date of documentation in the log;

21. An observation chair or, as provided in subsection (A)(17)(b), a piece of equipment used by a patient to sit or recline, is visible to a personnel member;

22. Except as provided in subsection (A)(23), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;

23. A patient admitted to receive behavioral health observation/stabilization services may use the bathroom and not be visible to a personnel member, if the personnel member:

- a. Determines that the patient is capable of using the bathroom unsupervised,
- b. Is aware of the patient's location; and
- c. Is able to intervene in the patient's actions to ensure the patient's health and safety; and

24. An observation chair:

- a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services, including emergency services, to a patient in the observation chair; and
- b. Effective on July 1, 2015, has at least three feet of clear floor space:
 - i. On at least two sides of the observation chair, and
 - ii. Between the observation chair and any other observation chair.

B. An administrator of an outpatient treatment center that provides behavioral health observation/stabilization services shall comply with the requirements for restraint and seclusion in R9-10-316.

C. An administrator of an outpatient treatment center that provides behavioral health observation/stabilization services shall ensure that:

1. There are policies and procedures established, documented, and implemented that:

- a. Cover the process for:
 - i. Evaluating a patient previously admitted to the designated area to determine whether the patient is ready for admission to an inpatient setting or discharge including when to implement the process; and
 - ii. Contacting other health care institutions that provide behavioral health observation/stabilization services to determine if the individual could be admitted for behavioral health observation/stabilization services in another health care institution including when to implement the process; and
 - iii. Ensuring that sufficient personnel members, space, and equipment is available to provide behavioral health observation/stabilization services to patients admitted to receive behavioral health observation/stabilization services; and
- b. Establish a maximum capacity of the number of individuals for which the outpatient treatment center is capable

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- of providing behavioral health observation/stabilization services;
- 2. The outpatient treatment center does not:
 - a. Exceed the maximum capacity established by the outpatient treatment center in subsection (C)(1)(b); or
 - b. Admit an individual if the outpatient treatment center does not have personnel members, space, and equipment available to provide behavioral health observation/stabilization services to the individual; and
- 3. Effective on July 1, 2015:
 - a. If an admission of an individual causes the outpatient treatment center to exceed the outpatient treatment center's licensed occupancy, the individual is only admitted for behavioral health observation/stabilization services in an emergency for the individual after:
 - i. A behavioral health professional reviews the individual's screening and determines the admission is an emergency; and
 - ii. Documents the determination in the individual's medical record; and
 - b. The outpatient treatment center's quality management program's plan required in R9-10-1004(1), includes a method to identify and document each occurrence of exceeding licensed occupancy, and to evaluate the occurrences of exceeding licensed occupancy, including the actions taken for resolving occurrences of exceeding licensed occupancy.

R9-10-1013. Ancillary Services Court-ordered Evaluation

An administrator shall ensure that:

- 1. ~~If clinical laboratory services are provided on the premises or by contracted services at another location:~~
 - a. ~~The clinical laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and~~
 - b. ~~A copy of the certificate of accreditation or certificate of compliance is provided to the Department within four hours after the Department's request;~~
- 2. ~~A clinical laboratory test result is documented in a patient's medical record including:~~
 - a. ~~The name of the clinical laboratory test;~~
 - b. ~~The patient's name;~~
 - c. ~~The date of the clinical laboratory test;~~
 - d. ~~The results of the test; and~~
 - e. ~~If applicable, any adverse event related to or as a result of the test;~~
- 3. ~~If radiology services or diagnostic imaging services are provided on the premises or by contracted services at another location:~~
 - a. ~~The radiology services or diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4, and 12 A.A.C. 1; and~~
 - b. ~~A copy of the certificate of compliance is provided to the Department within four hours after the Department's request; and~~
- 4. ~~A radiological or diagnostic imaging report is documented in a patient's medical record including:~~
 - a. ~~The name of the procedure;~~
 - b. ~~The patient's name;~~
 - c. ~~The date of the procedure;~~
 - d. ~~If applicable:~~
 - i. ~~The type and amount of radiopharmaceutical used; and~~
 - ii. ~~Any adverse event related to or as a result of the procedure or radiopharmaceutical; and~~
 - e. ~~An interpretation of the image by a physician, dentist, registered nurse practitioner, or physician's assistant.~~

An administrator of an outpatient treatment center that provides court-ordered evaluation shall comply with the requirements for court-ordered evaluation in A.R.S. § 36-425.03.

R9-10-1014. Infection Control Court-ordered Treatment

~~A:~~ An administrator shall ensure that:

- 1. ~~An infection control program is established, documented, and implemented with specific measures to prevent, detect, control, and investigate infections and communicable diseases;~~
- 2. ~~Policies and procedures are established, documented, and implemented that cover:~~
 - a. ~~Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;~~
 - b. ~~Handling and disposal of biohazardous medical waste according to 18 A.A.C. 13, Article 14;~~
 - c. ~~Isolation of a patient;~~
 - d. ~~Sterilization and disinfection of medical equipment and supplies;~~
 - e. ~~Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection;~~

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- f. ~~Cleaning an individual's hands when the individual's hands are visibly soiled;~~
 - g. ~~Housekeeping procedures that ensure a clean environment;~~
 - h. ~~Training of staff in infection control practices;~~
 - i. ~~Cleaning soiled linens and clothing; and~~
 - j. ~~Work restrictions for a clinical staff member or non-clinical staff member with a communicable disease or infected skin lesion;~~
3. ~~Soiled linen and clothing are:~~
- a. ~~Collected in a manner to minimize or prevent contamination;~~
 - b. ~~Bagged at the site of use, and~~
 - c. ~~Maintained separate from clean linen and clothing;~~
4. ~~Clean linen and clothing are stored in a manner to prevent contamination;~~
5. ~~A clinical staff member or a non-clinical staff member washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material;~~
6. ~~An outpatient treatment center providing dialysis services, medical services, and nursing services' infection control program includes:~~
- a. ~~A method to identify, document, and analyze infections occurring at the outpatient treatment center providing dialysis services, medical services, and nursing services;~~
 - b. ~~A method to evaluate the analysis of infections in subsection (A)(6)(a) to identify a concern about infection control at the outpatient treatment center providing dialysis services, medical services, and nursing services;~~
 - c. ~~A method to make changes or take action as a result of the identification of a concern about infection control program at the outpatient treatment center providing dialysis services, medical services, and nursing services; and~~
 - d. ~~The frequency of submitting the documented report required in subsection (A)(7);~~
7. ~~A documented report is submitted to the governing authority that includes:~~
- a. ~~Each concern identified as required in subsection (A)(6)(b), and~~
 - b. ~~Any change made or action taken as required in subsection (A)(6)(c); and~~
8. ~~Documentation of the infection control program including reports of communicable diseases is:~~
- a. ~~Maintained for 12 months after the date of the documentation or report; and~~
 - b. ~~Provided to the Department, within four hours after the Department's request.~~
- B.** ~~An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.~~

An administrator of an outpatient treatment center that provides court-ordered treatment shall comply with the requirements for court-ordered treatment in A.R.S. Title 36, Chapter 5, Article 4.

R9-10-1015. ~~Environmental Clinical Laboratory Services and Equipment Standards~~

~~An administrator shall ensure that:~~

- 1. ~~An outpatient treatment center providing dialysis services, medical services, and nursing services' premises are:~~
 - a. ~~Cleaned and disinfected according to the outpatient treatment center providing dialysis services, medical services, and nursing services' policies and procedures to control illness and infection; and~~
 - b. ~~Free from a condition or situation that may cause an individual to suffer physical injury;~~
- 2. ~~There is a pest control program to control insects and rodents;~~
- 3. ~~A tobacco smoke free environment is maintained on the premises;~~
- 4. ~~Biohazardous medical wastes are identified, stored, and disposed of according to 18 A.A.C. 13, Article 14;~~
- 5. ~~A refrigerator used to store a medication or a biological is:~~
 - a. ~~Maintained in working order, and~~
 - b. ~~Only used to store medications and biologicals;~~
- 6. ~~Equipment used at the outpatient treatment center providing dialysis services, medical services, and nursing services:~~
 - a. ~~Is maintained in working condition;~~
 - b. ~~Used according to the manufacturer's recommendations; and~~
 - c. ~~If applicable, tested and calibrated at least once every 12 months or according to the manufacturer's recommendations; and~~
- 7. ~~Documentation of an equipment test, calibration, or repair is:~~
 - a. ~~Maintained for 12 months after the date of testing, calibration, or repair; and~~
 - b. ~~Provided to the Department, within four hours after the Department's request.~~

An administrator shall ensure that:

- 1. If clinical laboratory services are provided on the premises or at another location, the clinical laboratory services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of

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1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and

2. A clinical laboratory test result is documented in a patient's medical record including:
 - a. The name of the clinical laboratory test;
 - b. The patient's name;
 - c. The date of the clinical laboratory test;
 - d. The results of the clinical laboratory test; and
 - e. If applicable, any adverse reaction related to or as a result of the clinical laboratory test.

R9-10-1016. Medical Emergency, Safety, and Disaster Standards Crisis Services

A. An administrator shall ensure that policies and procedures for providing medical emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:

1. The medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the outpatient treatment center providing dialysis services, medical services, and nursing services;
2. A system to ensure all medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired; and
3. A cart or a container is available for medical emergency treatment that:
 - a. Contains all of the medication, supplies, and equipment specified in the outpatient treatment center providing dialysis services, medical services, and nursing services' policies and procedures; and
 - b. Is verified and documented according to the outpatient treatment center providing dialysis services, medical services, and nursing services' policies and procedures.

B. An administrator shall ensure that:

1. A disaster plan is developed, documented, and implemented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals on the premises;
 - b. Assigned responsibilities for each clinical staff member or non-clinical staff member;
 - c. Instructions for the evacuation of patients and other individuals on the premises; and
 - d. Arrangements to provide dialysis services, medical services, and nursing services to meet patients' needs;
2. A disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. A fire drill is conducted on each shift at least once every 12 months;
4. A disaster plan review required in subsection (B)(2) or a fire drill required in subsection (B)(3) is documented as follows:
 - a. The date and time of the drill or plan review;
 - b. The name of each clinical staff member and non-clinical staff member participating in the drill or plan review;
 - c. A critique of the drill or plan review; and
 - d. If applicable, recommendations for improvement; and
5. Documentation required in subsection (B)(4) is:
 - a. Maintained for 12 months after the date of the drill or plan review; and
 - b. Provided to the Department, within four hours after the Department's request;
6. A fire evacuation plan is posted and accessible to clinical and non-clinical staff members that includes a floor plan of the outpatient treatment center providing dialysis services, medical services, and nursing services facility on which lines have been drawn through corridors and exits showing the evacuation path;
7. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
8. A corridor in the outpatient treatment center providing dialysis services, medical services, and nursing services is at least 44 inches wide;
9. Corridors and exits are kept clear of any obstructions;
10. A patient can exit through any exit during hours of operation;
11. A smoke detector is installed in each hallway of the outpatient treatment center providing dialysis services, medical services, and nursing services facility;
12. Each smoke detector required under subsection (B)(11) is:
 - a. Maintained in an operable condition;
 - b. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center providing dialysis services, medical services, and nursing services facility, has a back-up battery; and
 - c. Tested monthly;
13. There is a portable, operable fire extinguisher, labeled as rated at least 2A-10B-C according to the rating standards established by the Underwriters Laboratories, available at the outpatient treatment center providing dialysis services, medical services, and nursing services;
14. The fire extinguisher required in subsection (B)(13):
 - a. Is serviced at least once every 12 months;
 - b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person; and
 - c. Is in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not

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- over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
15. If a local fire jurisdiction requires a sprinkler system, a sprinkler system is:
 - a. Installed;
 - b. Operable;
 - c. Tested quarterly, and
 - d. Serviced at least once every 12 months;
 16. An extension cord is not used instead of permanent electrical wiring;
 17. Each electrical outlet and electrical switch has a cover plate that is in good repair;
 18. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
 19. Oxygen and medical gas containers:
 - a. Are maintained in a secured, upright position;
 - b. Are stored in a room with a door; and
 - i. In a building with sprinklers, at least five feet from any combustible materials; or
 - ii. In a building without sprinklers, at least 20 feet from any combustible materials.

A. An administrator of an outpatient treatment center authorized to provide crisis services shall comply with the requirements for behavioral health services in R9-10-1011.

B. An administrator of an outpatient treatment center that provides crisis services shall ensure that:

1. Crisis services are available during clinical hours of operation;
2. The following individuals qualified to provide crisis services according to the outpatient treatment center's policies and procedures are present in the outpatient treatment center during clinical hours of operation:
 - a. A behavioral health technician, and
 - b. A registered nurse; and
3. The following individuals qualified to provide crisis services according policies and procedures are available during clinical hours of operation:
 - a. A behavioral health professional, and
 - b. A medical practitioner.

R9-10-1017. Physical Plant Standards Diagnostic Imaging Services

A. ~~After the effective date of these rules, an administrator requesting an initial health care institution license for an outpatient treatment center providing dialysis services, medical services, and nursing services shall submit an application to the Department for approval of architectural plans and specifications as required in R9-10-104(A) that demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, medical services, and nursing services incorporated by reference in A.A.C. R9-1-412.~~

B. ~~An administrator shall ensure that:~~

1. ~~An outpatient treatment center providing dialysis services, medical services, and nursing services complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, medical services, and nursing services, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications submitted before initial licensing;~~
2. ~~Before a modification of an outpatient treatment center providing dialysis services, medical services, and nursing services is made, an application for approval of the architectural plans and specifications of the outpatient treatment center providing dialysis services, medical services, and nursing services required in R9-10-104(A):~~
 - a. ~~Is submitted to the Department; and~~
 - b. ~~Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, medical services, and nursing services incorporated by reference in A.A.C. R9-1-412 in effect on the date:~~
 - i. ~~Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or~~
 - ii. ~~The application for approval of the architectural plans and specifications of the outpatient treatment center providing dialysis services, medical services, and nursing services required in R9-10-104(A) is submitted for the modification to the Department;~~
3. ~~A modification of an outpatient treatment center providing dialysis services, medical services, and nursing services complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, medical services, and nursing services incorporated by reference in A.A.C. R9-1-412 in effect on the date:~~
 - a. ~~Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or~~
 - b. ~~The application for approval of the architectural plans and specifications required in R9-10-104(A) is submitted to the Department; and~~

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4. ~~The premises of a licensed outpatient treatment center providing dialysis services, medical services, and nursing services or any part of the licensed premises is not leased to or used by another person during the outpatient treatment center providing dialysis services, medical services, and nursing services clinical hours of operation.~~

An administrator of an outpatient treatment center that provides diagnostic imaging services shall:

1. Designate an individual to provide direction for diagnostic imaging services who is a:
 - a. Radiologic technologist certified under A.R.S. Title 32, Chapter 28, Article 2 who has at least 12 months experience in an outpatient treatment center;
 - b. Physician; or
 - c. Radiologist; and
2. Ensure that:
 - a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 12 A.A.C. 1;
 - b. A copy of a certificate documenting compliance with subsection (2)(a) is provided to the Department for review upon the Department's request;
 - c. Diagnostic imaging services are provided to a patient according to an order that includes:
 - i. The patient's name.
 - ii. The name of the ordering individual.
 - iii. The diagnostic imaging procedure ordered, and
 - iv. The reason for the diagnostic imaging procedure;
 - d. A physician or radiologist interprets the diagnostic image; and
 - e. A diagnostic imaging patient report is completed that includes:
 - i. The patient's name.
 - ii. The date of the procedure, and
 - iii. A physician's or radiologist's interpretation of the diagnostic image.

R9-10-1018. ~~Repeated~~ Dialysis Services

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
2. "Chief clinical officer" means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
3. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane.
4. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
5. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
6. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
7. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
8. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.
9. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
10. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
11. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
12. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
13. "Stable" means a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.
14. "Transplant surgeon" means a physician who:
 - a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
 - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.

B. A governing authority of an outpatient treatment center providing dialysis services shall:

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1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and
 2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
 - a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
 - b. Has at least 12 months of experience or training in providing dialysis services.
- C.** An administrator of an outpatient treatment center providing dialysis services shall ensure that:
1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented that cover:
 - a. Long-term care plans and patient care plans.
 - b. Assigning a patient an identification number.
 - c. Personnel members' response to a patient adverse reaction during dialysis, and
 - d. Personnel members' response to an equipment malfunction during dialysis;
 2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-113 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
 3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
 - a. Before providing dialysis services, and
 - b. At least once every two years after the initial date of employment or volunteer services;
 4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and
 5. A minimum of one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.
- D.** An administrator of an outpatient treatment center providing dialysis services shall ensure that:
1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
 2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application for approval of the architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):
 - a. Is submitted to the Department; and
 - b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412 in effect on the date:
 - i. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
 - ii. The application for approval of the architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
 3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412 in effect on the date:
 - a. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
 - b. The application for approval of the architectural plans and specifications required in R9-10-104(A) is submitted to the Department.
- E.** An administrator shall ensure that for a patient receiving dialysis services:
1. The dialysis services provided to the patient meet the needs of the patient;
 2. A physician:
 - a. Performs a medical history and physical examination on the patient within 30 days before admission or within 48 hours after admission, and
 - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
 3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 days after the date of the medical history and physical examination:
 - a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
 - b. Performs a medical history and physical examination that includes information specific to nephrology;

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4. The patient's nephrologist or the nephrologist's designee:
 - a. Performs a medical history and physical examination on the patient at least once every 12 months from the date of the patient's admission to the outpatient treatment center, and
 - b. Documents monthly notes related to the patient's progress in the patient's medical record;
5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
 - a. Reviews with the patient the results of any diagnostic tests performed on the patient;
 - b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
 - c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the person responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;
 - d. Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and
 - e. Documents in the patient's medical record:
 - i. Any notice provided as required in subsection (E)(5)(c), and
 - ii. Monthly notes related to the patient's progress;
6. If the patient is unstable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;
7. The patient:
 - a. Is under the care of a nephrologist;
 - b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);
 - c. Is identified by a personnel member before beginning dialysis;
 - d. Receives the dialysis services ordered for the patient by a medical practitioner;
 - e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and
 - f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;
8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center's policies and procedures before being used to provide hemodialysis to a patient;
9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient's medical record;
10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
11. If hemodialysis is provided to the patient, a personnel member:
 - a. Inspects the dialyzer before use to ensure that the:
 - i. External surface of the dialyzer is clean;
 - ii. Dialyzer label is intact and legible;
 - iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
 - iv. Dialyzer is free of visible blood and other foreign material;
 - b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
 - c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
 - d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
 - i. The patient's name and the patient's identification number,
 - ii. The number of times the dialyzer has been used in patient treatments,
 - iii. The date of the last use of the dialyzer by the patient, and
 - iv. The date of the last reprocessing of the dialyzer;
 - e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
 - f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;
12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(b);
14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c); and
15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 days after the patient's discharge and includes:
 - a. A description of the patient's medical condition and the dialysis services provided to the patient, and

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- b. The signature of the nephrologist.
- F.** If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:
 - 1. A patient or the patient's caregiver is:
 - a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and
 - b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
 - 2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
 - 3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
 - 4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
 - 5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
 - 6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
 - a. Reviewed to ensure that the patient is receiving continuity of care, and
 - b. Placed in the patient's medical record; and
 - 7. If a patient uses self-dialysis and self-administers medication:
 - a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
 - b. The patient and the patient's caregiver are informed of any potential:
 - i. Side effects of the medication; and
 - ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
 - c. The patient or the patient's caregiver is:
 - i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;
 - ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;
 - iii. Provided with instructions for the administration of the medication including the specific route and technique the patient or the patient's caregiver has been taught to use;
 - iv. Able to read and understand the medication;
 - v. Taught and able to self-monitor the patient's blood pressure; and
 - vi. Informed how to store the medication according to the manufacturer's instructions.
- G.** An administrator of an outpatient treatment center providing dialysis services shall ensure that a social worker is employed by with the outpatient treatment center to meet the needs of a patient receiving dialysis services including:
 - 1. Conducting an initial psychosocial evaluation of the patient within 30 days after the patient's admission to the outpatient treatment center;
 - 2. Participating in reviewing the patient's need for social work services;
 - 3. Recommending changes in treatment based on the patient's psychosocial evaluation;
 - 4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;
 - 5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;
 - 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
 - 7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months from the date of the patient's admission to the outpatient treatment center.
- H.** An administrator of an outpatient treatment center providing dialysis services shall ensure that a registered dietitian is employed by with the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:
 - 1. Conducting an initial nutritional assessment of the patient within 30 days after the patient's admission to the outpatient treatment center;
 - 2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
 - 3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
 - 4. Monitoring the patient's adherence and response to a prescribed diet;
 - 5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;
 - 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
 - 7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months from the date of the

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patient's admission to the outpatient treatment center.

- I.** An administrator of an outpatient treatment center providing dialysis services shall ensure that a long-term care plan for each patient:
 - 1. Is developed by a team that includes at least:
 - a. The chief clinical officer of the outpatient treatment center;
 - b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;
 - c. A transplant surgeon or the transplant surgeon's designee;
 - d. A registered nurse responsible for nursing services provided to the patient;
 - e. A social worker;
 - f. A registered dietitian; and
 - g. The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;
 - 2. Identifies the modality of treatment and dialysis services to be provided to the patient;
 - 3. Is reviewed and approved by the chief clinical officer;
 - 4. Is signed and dated by each personnel member participating in the development of the long-term care plan;
 - 5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;
 - 6. Is signed and dated by the patient or the patient's representative; and
 - 7. Is reviewed at least every 12 months by the team in subsection (I)(1) and updated according to the patient's needs.
- J.** An administrator of an outpatient treatment center providing dialysis services shall ensure that a patient care plan for each patient:
 - 1. Is developed by a team that includes at least:
 - a. The patient's nephrologist;
 - b. A registered nurse responsible for nursing services provided to the patient;
 - c. A social worker;
 - d. A registered dietitian; and
 - e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;
 - 2. Includes an assessment of the patient's need for dialysis services;
 - 3. Identifies treatment and treatment goals;
 - 4. Is signed and dated by each personnel member participating in the development of the patient care plan;
 - 5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;
 - 6. Is signed and dated by the patient or the patient's representative;
 - 7. Is implemented;
 - 8. Is evaluated by:
 - a. The registered nurse responsible for the dialysis services provided to the patient;
 - b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs, and
 - c. The social worker providing services to the patient related to the patient's psychosocial needs;
 - 9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
 - 10. Is reviewed and updated according to the needs of the patient:
 - a. At least every six months for a patient whose medical condition is stable, and
 - b. At least every 30 days for a patient whose medical condition is not stable.
- K.** In addition to the requirements in R9-10-1009(C), an administrator shall ensure that a medical record for each patient contains:
 - 1. An annual medical history;
 - 2. An annual physical examination;
 - 3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
 - 4. If applicable, documentation of:
 - a. The equipment inspection and testing required in subsection (E)(9), and
 - b. The self-dialysis required in subsection (F)(2); and
 - 5. If applicable, documentation of the patient's discharge.
- L.** For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 days after the patient's discharge and includes:
 - 1. A description of the patient's medical condition and the dialysis services provided to the patient, and
 - 2. The signature of the nephrologist.
- M.** If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpa-

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tient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reuse of Hemodialyzers, ANSI/AAMI RD47:2002 & RD47:2002/A1:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.

- N.** A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Hemodialysis systems, ANSI/AAMI RD5:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.
- O.** An administrator of an outpatient treatment center providing dialysis services shall ensure that the premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date an application for approval of the architectural plans and specifications was submitted to the Department.

R9-10-1019. ~~Repealed~~ Emergency Room Services

An administrator of an outpatient treatment center providing emergency room services shall ensure that:

1. Emergency room services are:
 - a. Available on the premises:
 - i. At all times, and
 - ii. To stabilize an individual's emergency medical condition;
 - b. Provided:
 - i. In a designated area, and
 - ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;
4. An area designated for emergency room services complies with the physical plant codes and standards for a free-standing emergency care facility in R9-1-412;
5. A physician is present in an area designated for emergency room services;
6. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
7. The outpatient treatment center has a documented transfer agreement with a general hospital;
8. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
9. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (7);
10. There is a chronological log of emergency room services provided to a patient that includes:
 - a. The patient's name;
 - b. The date, time, and mode of arrival; and
 - c. The disposition of the patient including discharge or transfer; and
11. The chronological log required in subsection (10) is maintained:
 - a. In the designated area for emergency room services for a minimum of 12 months after the date the emergency room services were provided; and
 - b. By the outpatient treatment center for a total of 2 years after the date the emergency room services were provided.

R9-10-1020. ~~Repealed~~ Opioid Treatment Services

A. In addition to the definitions in R9-10-101 and R9-10-1001, the following definitions apply in this Section unless otherwise specified:

1. "Opioid treatment services" means medical services, nursing services, health-related services, and ancillary services provided to a patient receiving an opioid agonist treatment medication for opiate addiction.
2. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opiate addiction.

B. A governing authority of an outpatient treatment center providing opioid treatment services shall:

1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment.
2. Maintain a current Substance Abuse and Mental Health Services Administration certificate for the outpatient treatment center on the premises, and
3. Ensure that the administrator appointed as required in R9-10-1003(B)(C) is named on the Substance Abuse and Men-

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tal Health Services Administration certificate as the individual responsible for the opioid treatment services provided by or at the outpatient treatment center.

- C.** An administrator of an outpatient treatment center providing opioid treatment services shall ensure that:
1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented that:
 - a. Include the criteria for receiving opioid treatment services and address:
 - i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 days and providing medical and health-related services to the patient, and
 - ii. Detoxification treatment that occurs over a continuous period of more than 30 days;
 - b. Include the criteria and procedures for discontinuing opioid treatment services;
 - c. Address the needs of specific groups of patients, such as patients who:
 - i. Are pregnant;
 - ii. Are children;
 - iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
 - iv. Have a mental disorder;
 - v. Abuse alcohol or other drugs; or
 - vi. Are incarcerated or detained;
 - d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;
 - e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;
 - f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
 - g. Include relapse prevention procedures;
 - h. Include for laboratory testing:
 - i. Criteria for the assessment of a patient's opioid agonist blood levels,
 - ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
 - iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;
 - i. Include procedures for the response of personnel members to a patient adverse reaction during opioid treatment; and
 - j. Include criteria for dispensing one or more doses of an opioid agonist treatment medication to a patient for use off the premises and address:
 - i. Who may authorized dispensing,
 - ii. Restrictions on dispensing, and
 - iii. Information to be provided to a patient or the patient's representative before dispensing;
 2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;
 3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:
 - a. Receives consultation with or a referral for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and
 - b. Is not admitted for opioid treatment services:
 - i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug; and
 - ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and
 4. In addition to the requirements in R9-10-1009(C), a medical record for each patient contains:
 - a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
 - b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.
- D.** An administrator shall ensure that for a patient receiving opioid treatment services:
1. The opioid treatment services provided to the patient meet the needs of the patient;
 2. A physician or a medical practitioner under the direction of a physician:
 - a. Performs a medical history and physical examination on the patient within 30 days before admission or within 48 hours after admission, and
 - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
 3. Before receiving opioid treatment, the patient is informed of the following:
 - a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;
 - b. The goal and benefits of opioid treatment;

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- c. The signs and symptoms of overdose and when to seek emergency assistance;
- d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
- e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
- f. Confidentiality requirements;
- g. Drug screening and urinalysis procedures;
- h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
- i. Testing and treatment available for HIV and other communicable diseases; and
- j. Grievance procedures;
- 4. Documentation of the provision of the information specified in subsection (D)(3) is included in the patient's medical record;
- 5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;
- 6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treatment center's policy and procedure for discontinuing opioid treatment services required in subsection (C)(1)(b);
- 7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection (C)(1)(i);
- 8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
 - a. Include information that may reduce the risk of relapse; and
 - b. May include a referral for counseling, support groups, or medication for depression or sleep disorders; and
- 9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment services provided to the patient documents the patient's discharge in the patient's medical record within 30 days after the patient's discharge and includes:
 - a. A description of the patient's medical condition and the opioid treatment services provided to the patient, and
 - b. The signature of the medical practitioner.
- E.** An administrator of an outpatient treatment center providing opioid treatment services shall ensure that an assessment for each patient receiving opioid treatment services:
 - 1. Includes, in addition to the information in R9-10-1010(B):
 - a. An assessment of the patient's need for opioid treatment services.
 - b. An assessment of the patient's medical conditions that may be affected by opioid treatment.
 - c. An assessment of other medications being taken by the patient and conditions that may be affected by opioid treatment, and
 - d. A plan to prevent relapse;
 - 2. Identifies the treatment to be provided to the patient and treatment goals; and
 - 3. Specifies whether the patient may receive an opioid agonist treatment medication for use off the premises and, if so, the number of doses that may be dispensed.

R9-10-1021. ~~Repealed~~ Pain Management Services

An administrator of an outpatient treatment center that provides pain management services shall ensure that:

- 1. Pain management services are provided under the direction of a physician;
- 2. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise;
- 3. If a controlled substance is used to provide pain management services:
 - a. A medical practitioner discusses the risks and benefits of using a controlled substance with a patient; and
 - b. The following information is included in a patient's medical record:
 - i. The patient's history or alcohol and substance abuse.
 - ii. Documentation of the discussion in subsection (3)(a).
 - iii. The nature and intensity of the patient's pain, and
 - iv. The objectives used to determine whether the patient is being successfully treated; and
- 4. If an injection or a nerve block is used to provide pain management services:
 - a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;
 - b. An injection or nerve block is administered by a physician or a nurse anesthetist; and
 - c. The following information is included in a patient's medical record:
 - i. The evaluation of the patient required in subsection (4)(a).
 - ii. A record of the administration of the injection or nerve block, and
 - iii. Any resuscitation measures taken.

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R9-10-1022. ~~Repealed~~ Physical Health Services

An administrator of an outpatient treatment center that provides physical health services shall ensure that:

1. Medical services provided at or by the outpatient treatment center are provided under the direction of a physician or a registered nurse practitioner.
2. Nursing services provided at or by the outpatient treatment center are provided under the direction of a registered nurse, and
3. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise.

R9-10-1023. ~~Repealed~~ Pre-petition Screening

An administrator of an outpatient treatment center that provides pre-petition screening shall comply with the requirements for pre-petition screening in A.R.S. Title 36, Chapter 5, Article 5.

R9-10-1024. ~~Repealed~~ Rehabilitation Services

An administrator shall ensure that if an outpatient treatment center provides:

1. Occupational therapy services, an individual licensed under A.R.S. Title 32, Chapter 34 provides direction for the occupational therapy services provided at or by the outpatient treatment center;
2. Physical therapy services, an individual licensed under A.R.S. Title 32, Chapter 19 provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, an individual licensed under A.R.S. Title 36, Chapter 17, Article 4 provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

R9-10-1025. ~~Repealed~~ Respite Services

An administrator of an outpatient treatment center that provides respite services shall ensure that:

1. Respite services are not provided in a personnel member's residence unless the personnel member residence is licensed as a behavioral health supportive home;
2. Respite services are provided:
 - a. In a patient's residence; or
 - b. Up to 10 continuous hours in a 24 hour time period, in the community; and
3. If respite services are provided in the community, a patient's needs for food, water, rest, and personal hygiene are met.

R9-10-1026. ~~Repealed~~ Sleep Disorder Services

An administrator of an outpatient treatment center that provides sleep disorder services shall ensure that:

1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;
2. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT) or accepted by the BRPT to sit for the BRPT certification examination is present on the premise of the outpatient treatment center;
3. There is at least one patient testing room having a minimum of 140 square feet and no dimension less than 10 feet;
4. There is a bathroom available for use by a patient that contains:
 - a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,
 - d. Soap for hand washing,
 - e. Paper towels or a mechanical air hand dryer,
 - f. Lighting, and
 - g. A means of ventilation;
5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise; and
6. Equipment for the delivery of continuous positive airway pressure and bi-level positive airway pressure, including remote control of the airway pressure is available on the premises of the outpatient treatment center.

R9-10-1027. ~~Repealed~~ Urgent Care Services Provided in a Freestanding Urgent Care Setting

An administrator of an outpatient treatment center providing urgent care services in a freestanding urgent care setting, shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D)(1), policies and procedures are established, documented, and implemented that cover basic life support training and pediatric basic life support training including:
 - a. Method and content of training,
 - b. Qualifications of individuals providing the training, and
 - c. Documentation that verifies a medical practitioner has received the training;
2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing services, and health-related services included in the outpatient treatment center's scope of services;

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3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to A.R.S. § 36-432;
4. If a patient's death occurs at the outpatient treatment center, a written report is submitted to the Department as required in A.R.S. § 36-445.04;
5. A medical practitioner completes basic life support training and pediatric basic life support training:
 - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
 - b. At least once every two years after the initial date of employment;
6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
 - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center; and
 - b. At least once every two years after the initial date of employment or volunteer service; and
7. In addition to the requirements in R9-10-1006(A)(9), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

R9-10-1028. ~~Repealed Infection Control~~

A. An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the outpatient treatment center;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient treatment center;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient treatment center; and
 - d. Documentation of infection control activities including:
 - i. The collection and analysis of infection control data;
 - ii. The actions taken related to infections and communicable diseases; and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least two years after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
 - a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
 - b. If applicable:
 - i. Handling and disposal of biohazardous medical waste;
 - ii. Isolation of a patient;
 - iii. Sterilization and disinfection of medical equipment and supplies;
 - iv. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; and
 - v. Collection, storage, and cleaning of soiled linens and clothing;
 - c. Cleaning an individual's hands when the individual's hands are visibly soiled;
 - d. Training of personnel members, employees, and volunteers in infection control practices; and
 - e. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
5. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.

B. An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.

R9-10-1029. ~~Repealed Emergency and Safety Standards~~

A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:

1. A list of the medications, supplies, and equipment required on the premises for the emergency treatment provided by the outpatient treatment center;
2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;

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3. A requirement that a cart or a container is available for emergency treatment that contains the medication, supplies, and equipment specified in the outpatient treatment center's policies and procedures; and
4. A method to verify and document that the contents of the cart or container are available for emergency treatment.
- B.** An administrator shall ensure that emergency treatment is provided to a patient admitted to the outpatient surgical center according to the outpatient surgical center's policies and procedures.
- C.** An administrator shall ensure that:
 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals on the premises;
 - b. Assigned responsibilities for each personnel member, employee, or volunteer;
 - c. Instructions for the evacuation of patients and other individuals on the premises; and
 - d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;
 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
 3. An evacuation drill is conducted on each shift at least once every 12 months;
 4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
 - a. The date and time of the evacuation drill or disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;
 - c. A critique of the evacuation drill or disaster plan review; and
 - d. If applicable, recommendations for improvement;
 5. Documentation required in subsection (C)(4) is maintained for 12 months after the date of the evacuation drill or disaster plan review; and
 6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.
- D.** An administrator shall ensure that an outpatient treatment center either has:
 1. Both of the following that are tested and serviced at least once every 12 months:
 - a. 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, that is in working order; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13 standards incorporated by reference in A.A.C. R9-1-412, that is in working order; or
 2. The following:
 - a. A smoke detector installed in each hallway of the outpatient treatment center that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
 - iii. Tested monthly; and
 - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
 - i. Is available at the outpatient treatment center;
 - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
 - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.
- E.** An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.
- F.** An administrator shall ensure that:
 1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
 2. A corridor in the outpatient treatment center is at least 44 inches wide;
 3. Corridors and exits are kept clear of any obstructions;
 4. A patient can exit through any exit during hours of operation;
 5. An extension cord is not used instead of permanent electrical wiring;
 6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
 7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
 8. Oxygen and medical gas containers:
 - a. Are maintained in a secured, upright position; and
 - b. Are stored in a room with a door:
 - i. In a building with sprinklers, at least five feet from any combustible materials; or
 - ii. In a building without sprinklers, at least 20 feet from any combustible materials.

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G. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal.
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-1030. ~~Repealed Physical Plant, Environmental Services, and Equipment Standards~~

A. An administrator shall ensure that:

1. An outpatient treatment center's premises are:
 - a. Sufficient to provide the outpatient treatment center's scope of services;
 - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
 - c. Free from a condition or situation that may cause an individual to suffer physical injury;
2. Except as provided in subsection (B), if an outpatient treatment center collects urine or stool specimens from a patient, the outpatient treatment center has at least one bathroom that:
 - a. Contains:
 - i. A working sink with running water.
 - ii. A working toilet that flushes and has a seat.
 - iii. Toilet tissue.
 - iv. Soap for hand washing.
 - v. Paper towels or a mechanical air hand dryer.
 - vi. Lighting, and
 - vii. A means of ventilation; and
 - b. Except as provided in subsection (B), is for the exclusive use of the outpatient treatment center;
3. A pest control program is implemented and documented;
4. A tobacco smoke-free environment is maintained on the premises;
5. A refrigerator used to store a medication is:
 - a. Maintained in working order, and
 - b. Only used to store medications;
6. Equipment at the outpatient treatment center is:
 - a. Sufficient to provide the outpatient treatment center's scope of service;
 - b. Maintained in working condition;
 - c. Used according to the manufacturer's recommendations; and
 - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
7. Documentation of an equipment test, calibration, and repair is maintained for 12 months after the date of testing, calibration, or repair.

B. An outpatient treatment center licensed before October 1, 2013, may have a bathroom that is not for the exclusive use of the outpatient treatment center if an administrator ensures that policies and procedures are established, documented, and implemented to protect the health and safety of individuals using the bathroom.

ARTICLE 11. ~~HOME ADULT DAY HEALTH AGENCIES CARE FACILITIES~~

R9-10-1101. Definitions

~~In this Article, unless the context otherwise requires:~~

1. ~~“Activities of daily living” means ambulating, communicating, bathing, toileting, grooming, feeding and homemaking.~~
2. ~~“Advance directives” means a living will, prehospital medical care directive or health care power of attorney.~~
3. ~~“Branch office” means an office which operates under the license of a parent home health agency and utilizes the same administrator and supervising physician or nurse.~~
4. ~~“Coordination” means the process by which the patient or patient's representative and caregivers exchange information and combine efforts to develop and revise the plan of care and provide services.~~
5. ~~“Discharge summary” means a brief review of service, patient status, and reasons for discharge.~~
6. ~~“Home health aide services” means those tasks which are provided by a home health aide under the supervision of a registered nurse or a therapist.~~
7. ~~“Home health care team” means the physician, patient or patient's representative, patient's family, and home health service providers.~~
8. ~~“Medications” means both prescription and nonprescription drugs used by the patient.~~
9. ~~“Nurse” means an individual licensed pursuant to A.R.S. Title 32, Chapter 15.~~
10. ~~“Occupational therapist” means an individual licensed pursuant to A.R.S. Title 32, Chapter 34.~~
11. ~~“Occupational therapist assistant” means an individual licensed pursuant to A.R.S. Title 32, Chapter 34.~~

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12. "Parent home health agency" means the licensed agency that develops and maintains administrative control of branch offices.
13. "Patient's representative" means a person acting on behalf of a patient under the written consent of the patient or the patient's legal guardian, or a surrogate pursuant to A.R.S. § 36-3201(13).
14. "Personal care services" means assistance with activities of daily living and services which are not related to the treatment of a patient's illness or injury.
15. "Pharmacist" means an individual licensed pursuant to A.R.S. Title 32, Chapter 18.
16. "Physical therapist" means an individual licensed pursuant to A.R.S. Title 32, Chapter 19.
17. "Physician" means an individual licensed pursuant to A.R.S. Title 32, Chapters 13 and 17.
18. "Professional services" means medical social work, nutritional services, respiratory care services, and pharmaceutical services.
19. "Registered dietitian" means an individual who holds a bachelor's or master's degree in food and nutrition and is registered with the Commission on Dietetic Registration.
20. "Respiratory care practitioner" means an individual licensed pursuant to A.R.S. Title 32, Chapter 35.
21. "Social worker" means an individual who holds a master's degree from a school accredited by the Council on Social Work Education.
22. "Social work assistant" means an individual who holds a bachelor's degree in counseling, social work, psychology, or sociology.
23. "Speech language pathologist" means an individual who holds a Certificate in Clinical Competency in Speech Language Pathology from the American Speech Language Hearing Association.
24. "Therapy" means occupational therapy, physical therapy or speech therapy.

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless otherwise specified:

1. "Care plan" means a written program of action for a participant's care based upon an assessment of the participant's physical, nutritional, psychosocial, economic, and environmental strengths and needs and implemented according to established short- and long-term goals.
2. "Participant" means a patient enrolled in an adult day health care facility.
3. "Participant's representative" means a participant's legal guardian, an individual acting on behalf of a participant with written consent of the participant, or a surrogate as defined in A.R.S. § 36-3201.

R9-10-1102. Administration

A. A home health agency shall have a governing authority responsible for the agency's operations. The governing authority shall:

1. Adopt and update policies and procedures for the operation and administration of the agency;
2. Appoint an administrator to manage the agency who shall have three years of administrative or supervisory experience which shall include two years of health care experience; and
3. Appoint a professional advisory group which shall:
 - a. Consist of four or more members that include:
 - i. One practicing physician;
 - ii. One registered nurse who has one year of experience as a home health nurse, and
 - iii. Two or more representatives from other health-related professions.
 - b. Have 25% or more of its members who are not owners, employees, or contractors of the home health agency and who shall:
 - i. Meet at least every six months;
 - ii. Record and maintain minutes of all meetings;
 - iii. Advise the agency on professional issues; and
 - iv. Assist in establishing, reviewing, and evaluating policies and procedures for the home health agency.

B. The administrator shall organize and manage the agency and shall be responsible for the following:

1. Reporting to the governing authority;
2. Maintaining communication with the governing authority, professional advisory group, staff, and community;
3. Ensuring that the parent home health agency has the capability of providing supervision and services on a daily basis to the branch offices;
4. Appointing a supervising physician who has two years of home health experience or a supervising registered nurse who has three years of nursing experience which includes two years in home health care;
5. Hiring staff in consultation with the supervising physician or registered nurse;
6. Ensuring staff orientation, education, and evaluation;
7. Ensuring that written contractual provisions are complied with by the providers of home health services;
8. Ensuring that providers of therapy and other professional services provide the agency with documentation of a degree, certification, or registration in good standing for the profession specified in R9-10-1101;

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9. ~~Ensuring that therapy and other professional services are provided, as follows:~~
 - a. ~~Speech therapy or speech language pathology services shall be provided by a speech language pathologist.~~
 - b. ~~Nutritional services shall be provided by a registered dietitian.~~
 - c. ~~Occupational therapy services shall be provided by an occupational therapist or occupational therapist assistant.~~
 - d. ~~Physical therapy services shall be provided by a physical therapist.~~
 - e. ~~Respiratory care services shall be provided by a respiratory care practitioner or a registered nurse.~~
 - f. ~~Pharmacy services shall be provided by a pharmacist.~~
 10. ~~Medical social work shall be provided by a social worker or may be provided by a social work assistant, under the supervision of a social worker. Each social worker shall have one year of social work experience in a health care setting.~~
 11. ~~Maintaining the agency's administrative records, quality management activities, personnel records, and policies and procedures;~~
 12. ~~Designating, in writing, a physician or registered nurse who shall have one year of home health experience to act in the absence of the supervising physician or registered nurse to ensure that supervisory coverage shall be provided during all operating hours of the agency; and~~
 13. ~~Designating, in writing, an individual to act in the administrator's absence.~~
 - C.** ~~The supervising physician or registered nurse shall be responsible for the quality, coordination, and supervision of home health services, including the following:~~
 1. ~~Implementing the agency's policies and procedures;~~
 2. ~~Participating in employment decisions affecting nursing, therapy, and other professional personnel;~~
 3. ~~Providing staff orientation, in-service education, and performance evaluations;~~
 4. ~~Coordinating, monitoring, and evaluating contractual services for all services not provided directly by the home health agency; and~~
 5. ~~Recordkeeping of training and education for staff.~~
 - D.** ~~The supervising physician or registered nurse may also function as the administrator of the home health agency.~~
- A.** A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of an adult day health care facility;
 2. Establish, in writing:
 - a. An adult day health care facility's scope of services, and
 - b. Qualifications for an administrator;
 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
 4. Adopt a quality management program according to R9-10-1103;
 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 6. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on an adult day health care facility's premises for more than 30 calendar days, or
 - b. Not present on an adult day health care facility's premises for more than 30 calendar days; and
 7. Except as provided in (A)(6), notify the Department according to A.R.S. § 36-425(I), if there is a change of administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
1. Is 21 years of age or older;
 2. Is directly accountable to the governing authority of an adult day health care facility for services provided by or at the adult day health care facility;
 3. Has the authority and responsibility to manage the adult day health care facility; and
 4. Except as provided in subsection (A)(7), designates, in writing, an individual who is 21 years of age or older and available and accountable for services provided by an adult day health care facility when the administrator is not present on the adult day health care facility premises and participants are present on the adult day health care facility's premises.
- C.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Cover certification in cardiopulmonary resuscitation and first aid training;
 - d. Include how a personnel member may submit a complaint relating to services provided to a participant;
 - e. Include a method to identify a participant to ensure that the participant receives the appropriate services;
 - f. Cover participant rights including assisting a participant who does not speak English or who has a disability to

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10. Activities of daily living;
11. Transfer techniques;
12. Range of motion and positioning;
13. Nutrition and fluid intake; and
14. Patient rights.

E. The administrator shall ensure that a personnel record for each employee includes the following documentation:

1. Employee name and address;
2. Education and work experience;
3. Verification of any professional license, certification, registration, and education requirements;
4. Initial proof of freedom from pulmonary tuberculosis and annual verification statement, thereafter;
5. Orientation and in-service training records; and
6. Competence and performance evaluations of home health aide and personal care attendant skills.

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to participants;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to participant care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-1104. Home Health Contracted Services

A. The supervising physician or registered nurse shall ensure that nursing services shall be managed in accordance with the following:

1. ~~Unless a physician orders therapy services only, a registered nurse shall conduct patient assessments as follows:~~
 - a. ~~The initial assessment shall be conducted within 72 hours of a patient's acceptance into a home health program and shall include a review of advance directives;~~
 - b. ~~Reassessments shall be conducted within 62-day periods thereafter, according to the patient's needs and as the patient's condition warrants; and~~
 - e. ~~The assessments shall include:~~
 - i. ~~Patient needs, resources, family, and environment;~~
 - ii. ~~Goals of patient care;~~
 - iii. ~~Medications used by the patient, including the side effects and contraindications; and~~
 - iv. ~~A listing of required medical supplies and durable medical goods.~~
2. ~~A registered nurse shall be responsible for the following:~~
 - a. ~~Implementing a patient's plan of care;~~
 - b. ~~Coordinating patient care with other members of the home health care team;~~
 - e. ~~Assigning a licensed practical nurse to provide nursing services in accordance with home health agency policies;~~
 - d. ~~Supervising home health aides and assigning written patient care duties to individual home health aides;~~
 - e. ~~Informing the patient's physician of changes in a patient's condition and needs;~~
 - f. ~~Summarizing the patient's status for submission to the physician, every 62 days or more often, as the patient's condition warrants;~~
 - g. ~~Ensuring that the findings and ongoing services are documented in the medical record for each patient contact;~~
 - h. ~~Participating in the preparation of patient transfer, discharge plan, and discharge summary;~~
 - i. ~~Documenting verbal orders received from the physician in the medical record;~~
 - j. ~~Conducting supervisory visits to the patient who is receiving home health aide services to determine the quality of care being given by the home health aide, according to the following schedule:~~
 - i. ~~Every two weeks when home health aide services together with either nursing services or therapy services are being provided; or~~
 - ii. ~~Every 62 days while only home health aide services are being provided; and~~
 - k. ~~Evaluating, by direct observation of performance, the competency of the home health aide and personal care~~

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attendant.

- ~~B. The supervising physician or registered nurse shall ensure that home health aide services are provided under the supervision of a registered nurse as follows:
 - 1. Home health aide services shall be provided by an individual who has completed a home health aide training program pursuant to R9-10-1103(D) or by an individual who is in good standing with the State Board of Nursing, Nurse Aide Register.
 - 2. Each home health aide shall:
 - a. Perform only those tasks assigned, in writing, by the registered nurse or a therapist pursuant to subsection (C)(4);
 - b. Report any observations of change in a patient's condition to the registered nurse; and
 - c. Document care provided in the patient's medical record.~~
- ~~C. The supervising physician or registered nurse shall ensure that providers of therapy and other professional services comply with the following:
 - 1. The services shall be ordered by a physician and provided in accordance with the patient's plan of care.
 - 2. A therapist or individual providing professional services shall:
 - a. Assist the physician in evaluating the patient's needs;
 - b. Participate in developing, evaluating, and revising the plan of care and establishing goals;
 - c. Coordinate patient care with other members of the home health care team;
 - d. Ensure that the findings and ongoing services are documented in the medical record; and
 - e. Participate in the preparation of the patient transfer, discharge plan, and discharge summary.
 - 3. A therapist or provider of professional services shall document any physician orders received pertaining to their respective therapy or professional services.
 - 4. A therapist may supervise a home health aide when a physician orders home health aide and therapy services only. As a supervisor, the therapist shall:
 - a. Assign patient care duties, in writing, to the home health aide;
 - b. Comply with the assessment requirements in subsection (A)(1); and
 - c. Comply with the registered nurse visitation requirements in subsection (A)(2)(j)(i).~~

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-1105. Supportive Services Personnel

- ~~A. Supportive services do not require a physician order and shall be provided in accordance with agency policies.~~
- ~~B. Supportive services may include a personal care attendant who is employed by the agency to provide personal care services only. A registered nurse shall assign personal care tasks, in writing, to the attendant and shall ensure that the attendant documents all care provided in the patient's medical record.~~

A. An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the participants receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description.
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
- 3. Personnel members are present on an adult day health care facility's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the adult day health care facility's scope of services.

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- b. Meet the needs of a participant, and
- c. Ensure the health and safety of a participant; and
- 4. A personnel member, or an employee or a volunteer who has direct interaction with a patient for more than 8 hours a week, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- B.** An administrator shall ensure that a personnel member:
 - 1. Is 18 years of age or older, and
 - 2. Is not a participant of the adult day health care facility.
- C.** An administrator shall ensure that a personnel record for a personnel member, employee, volunteer, or student:
 - 1. Includes:
 - a. The individual's name, date of birth, home address, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. Documentation of:
 - i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license of certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
 - vi. First aid training, if required for the individual according to this Article and policies and procedures; and
 - vii. Evidence of freedom from infectious tuberculosis, if required for the individual according to this Article or policies and procedures; and
 - 2. Is maintained by the adult day health care facility for at least two years after the last date the employee or volunteer worked in the adult day health care facility.
- D.** An administrator shall ensure that:
 - 1. At least two personnel members are present on the premises whenever two or more participants are in the adult day health care facility;
 - 2. At least one personnel member with cardiopulmonary resuscitation and first-aid certification is on the premises at all times;
 - 3. A registered nurse manages the nursing services and provides direction for health-related services provided by the adult day health care facility; and
 - 4. A nurse is on the premises daily to:
 - a. Administer medications and treatments, and
 - b. Monitor a participant's health status.

R9-10-1106. Plan of Care Enrollment

- ~~**A.** Home health services shall be provided by the home health agency in accordance with a written plan of care established and authorized by a physician in consultation with the patient and other members of the home health care team.~~
- ~~**B.** The plan of care shall be based on the patient's diagnosis and the assessment of the patient's immediate and long-term needs and shall include the following:
 - 1. Diagnosis;
 - 2. Surgery dates relevant to home health services;
 - 3. Mental status;
 - 4. Functional limitations;
 - 5. Rehabilitation potential;
 - 6. Type and frequency of services to be provided;
 - 7. Treatments, medications, and any drug allergies;
 - 8. Therapy and professional services, procedures, and modalities including the amount, frequency, and duration of service;
 - 9. Activities permitted;
 - 10. Nutritional requirements; and
 - 11. Safety measures to protect against injury.~~
- ~~**C.** Staff shall document, in the medical record, any verbal order for either the initiation or modification to the plan of care and shall include in the record the physician's verifying signature which shall be obtained within 30 days of the order.~~
- ~~**D.** The home health care team shall review the plan of care every 62 days or more often, as the patient's need or condition warrants. The review shall include the authorization by the physician for the continuation of the patient's plan of care or the revision thereof.~~
- A.** An administrator shall ensure that a participant provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.

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- B.** Before or at the time of enrollment, an administrator shall ensure that a participant or the participant's representative signs a written agreement with the adult day health care facility that includes:
1. The participant's name and date of birth,
 2. Enrollment requirements,
 3. A list of the customary services that the adult day health care facility provides,
 4. A list of services that are available at an additional cost,
 5. A list of fees and charges,
 6. Procedures for termination of the agreement,
 7. A copy of participant rights,
 8. The requirements of the adult day health care facility,
 9. The names and telephone numbers of individuals designated by the participant to be notified in the event of an emergency, and
 10. A copy of the adult day health care facility's procedure on health care directives.
- C.** An administrator shall give a copy of the agreement in subsection (B) to the participant or participant's representative and keep the original in the participant's record.
- D.** An administrator shall ensure that a participant has a signed written medical assessment that:
1. Was completed by the participant's medical practitioner within 60 calendar days before enrollment; and
 2. Includes:
 - a. Information that addresses the participant's:
 - i. Physical health;
 - ii. Cognitive awareness of self, location, and time; and
 - iii. Deficits in cognitive awareness;
 - b. Physical, mental, and emotional problems experienced by the participant;
 - c. A schedule of the participant's medications;
 - d. A list of treatments the participant is receiving;
 - e. The participant's special dietary needs; and
 - f. The participant's known allergies.
- E.** At the time of enrollment, an administrator shall ensure that the participant or participant's representative:
1. Documents whether the participant may sign in and out of the adult day health care facility; and
 2. Provides the following:
 - a. The name and telephone number of the:
 - i. Participant's representative;
 - ii. Family member to be contacted in an emergency;
 - iii. Participant's medical practitioner; and
 - iv. Adult who provides the participant with supervision and assistance in the preparation of meals, housework, and personal grooming, if applicable; and
 - b. If applicable, a copy of the participant's health care directive.
- F.** An administrator shall ensure that a comprehensive written assessment of the participant:
1. Is completed by a registered nurse before the participant's tenth visit or within 30 calendar days after enrollment, whichever comes first;
 2. Addresses the participant's:
 - a. Physical health,
 - b. Mental and emotional status, and
 - c. Social history; and
 3. Includes:
 - a. Medical practitioner orders,
 - b. Adult day health care services recommended for the participant's care plan, and
 - c. The signature of the registered nurse conducting the assessment and date signed.

R9-10-1107. Patient Rights Care Plan

- A.** The administrator shall establish a written policy regarding the rights of patients and shall ensure the agency's compliance thereto.
- B.** The agency shall give each patient or patient's representative a list of patient rights prior to services being provided.
- C.** Personnel shall ensure that language barriers or physical handicaps do not prevent each patient or patient's representative from becoming aware of the following patient rights:
1. To be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care needs;
 2. To receive medical, nursing, therapeutic, and personal care in accordance with the patient's plan of care;
 3. To refuse treatment or withdraw consent for treatment;
 4. To participate in the development of the plan of care and any modification thereof;

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5. ~~To have personal and private property treated respectfully and not subject to misappropriation;~~
6. ~~To have financial and medical records kept in confidence. The release of such records shall be by written consent of the patient or patient's representative, except as otherwise required or permitted by law;~~
7. ~~To be informed of the following:~~
 - a. ~~Financial liability prior to obtaining services or prior to a change in rates, charges or services;~~
 - b. ~~Notice of third party coverage for agency services; and~~
 - e. ~~The process for registering a complaint with the Office of Health Care Licensure about agency services; and~~
8. ~~To exercise other civil rights and religious liberties, including the right to submit grievances to the agency, free from restraint, interference, coercion, discrimination, or reprisal.~~

An administrator shall ensure that a care plan for a participant:

1. Is developed within seven calendar days after the completion of the participant's comprehensive assessment;
2. Has input from:
 - a. The participant or participant's representative,
 - b. The registered nurse who performed the comprehensive assessment, and
 - c. Personnel who have provided services to the participant;
3. Is based on the participant's comprehensive assessment;
4. Includes:
 - a. A summary of the participant's medical or health problems, including physical, mental, and emotional disabilities or impairments;
 - b. Adult day health services to be provided;
 - c. Goals and objectives of care that are time limited and measurable;
 - d. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers; and
 - e. Discharge instructions according to R9-10-1108(B); and
5. Is reviewed and updated at least every six months and whenever there is a significant change in the participant's condition.

R9-10-1108. ~~Medical Records Discharge~~

- ~~**A.** The administrator shall ensure the maintenance of policies and procedures governing the protection and confidentiality of medical records.~~
- ~~**B.** Each agency shall maintain a medical record for each patient which contains the following:~~
 1. ~~Patient name and address, name of patient's representative, caretaker, and physician;~~
 2. ~~Written acknowledgment that the patient received a copy of patient rights prior to the beginning of care;~~
 3. ~~Documentation concerning advance directives;~~
 4. ~~Medical history, current diagnoses, and findings;~~
 5. ~~Plan of care;~~
 6. ~~Physician orders;~~
 7. ~~Initial and periodic assessments and progress notes that are dated, signed by the person providing the service, and filed weekly;~~
 8. ~~Documentation of each patient contact for care or services;~~
 9. ~~Reports of patient home health service conferences;~~
 10. ~~Reports of patient summaries sent to the physician;~~
 11. ~~Reports of contacts with the physician by staff and the patient;~~
 12. ~~Supervisory reports on home health aide and personal care services; and~~
 13. ~~Patient transfer or discharge plan and discharge summary.~~
- ~~**C.** Medical records shall be maintained for five years beyond the last date of service provided. If the patient is a minor, the medical record shall be retained for three years after the patient reaches 18 years of age.~~
- A.** An administrator may discharge a participant from an adult day health care facility by terminating the agreement in R9-10-1106(B):
 1. After giving the participant or participant's representative a five-day written notice; and
 2. For any of the following reasons:
 - a. Evidence of repeated failure to comply with the requirements of the adult day health care facility,
 - b. Documented proof of failure to pay,
 - c. Behavior that is dangerous to self or that interferes with the physical or psychological well-being of other participants, or
 - d. The participant requires services not in the adult day health care facility's scope of services.
- B.** An administrator shall ensure that discharge instructions for a participant are:
 1. Developed that:

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- a. Identify any specific needs of the participant after discharge.
 - b. Are completed before discharge occurs.
 - c. Include a description of the level of care that may meet the participant's assessed and anticipated needs after discharge, and
 - d. Are documented in the participant's record within 48 hours after the discharge instructions are completed; and
2. Provided to the participant or the participant's representative before the discharge occurs.

R9-10-1109. ~~Quality Management Participant Rights~~

- ~~**A.** The administrator shall ensure implementation and maintenance of a quality management program that monitors and evaluates the provision of patient care including contracted services.~~
- ~~**B.** The quality management plan shall be in writing and describe the objectives, scope, and process for improving quality of care which shall include the monitoring of activities.~~
- ~~**C.** Each quarter, a group of health care professionals, representing the home health services provided during the previous quarter, shall review a 10% sample or 30 medical records, whichever is lesser. The review shall:~~
- ~~1. Ensure that policies and procedures are followed in providing services directly or under contract; and~~
 - ~~2. Be documented as part of the quality management process.~~
- ~~**D.** The administrator shall maintain a record of quality management activities and ensure that any conclusions and recommendations on findings of quality management activities are reported to the governing authority.~~

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
3. There are policies and procedures that include:
 - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
 - b. Where participant rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A participant is treated with dignity, respect, and consideration;
2. A participant is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by an adult day health care facility's personnel members, employees, volunteers, or students; and
3. A participant or the participant's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to the treatment, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The policy on health care directives,
 - ii. The participant complaint process,
 - iii. Rates and charges for the participating at the adult day health care facility, and
 - iv. The process for contacting the local office of Adult Protective Services;
 - e. Consents to photographs of the participant before a participant is photographed except that a participant may be photographed when enrolled at an adult day health care facility for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of the participant's records.

C. A participant has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;

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2. To receive treatment that supports and respects the participant's individuality, choices, strengths, and abilities;
3. To communicate, associate, and meet privately with individuals of the participant's choice;
4. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the adult day health care facility;
5. To arrive and depart from the adult day health care facility, consistent with the participant's care plan and personal safety;
6. To receive privacy in treatment and care for personal needs;
7. To review, upon written request, the participant's own records;
8. To receive a referral to another health care institution if the adult day health care facility is unable to provide adult day health services for the participant;
9. To participate or have the participant's representative participate in the development of, or decisions concerning, treatment;
10. To participate or refuse to participate in research or experimental treatment; and
11. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the participant's rights.

R9-10-1110. Reserved Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for a participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a participant's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the participant's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
5. A participant's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;
6. Information in a participant's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a participant or the participant's representative or as permitted by law; and
7. A participant's medical record is protected from loss, damage, or unauthorized use.

B. If an adult day health care facility maintains participant's medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a participant's medical record contains:

1. Participant information that includes:
 - a. The participant's name;
 - b. The participant's address;
 - c. The participant's date of birth;
 - d. The name and contact information of the participant's representative, if applicable; and
 - e. Any known allergies including medication allergies;
2. The name of the participant's medical practitioner or other individuals involved in the care of the participant;
3. An enrollment agreement and date of the participant's first visit;
4. Documentation of general consent and, if applicable, informed consent for treatment by the participant or the participant's representative except in an emergency;
5. Documentation of medical history;
6. A copy of the participant's health care directives, if applicable;
7. Orders;
8. The assessment required in R9-10-1106(D);
9. A care plan;
10. The comprehensive assessment required in R9-10-1106(F);
11. Progress notes;
12. Documentation of adult day health services provided to the participant;
13. Disposition of the participant upon discharge;

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14. Discharge date:
15. Documentation of a medication administered to the participant that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The identification and signature of the individual administering or observing the self-administration of the medication;
 - d. If applicable, the documentation required in R9-10-1112(E)(4)(a) and (b); and
 - e. Any adverse reaction a participant has to the medication;
16. Documentation of:
 - a. A significant change in the participant's condition.
 - b. An injury or accident that occurred at the adult day health care facility and required medical services, and
 - c. Notification provided to the participant's medical practitioner and participant's representative of the significant change in subsection (C)(17)(a) or the injury or accident in subsection (C)(17)(b);
17. Documentation of whether the participant may sign in or out of the adult day health care facility;
18. Documentation of freedom from infectious tuberculosis required in R9-10-1106(A); and
19. Names and telephone numbers of individuals to be notified in the event of an emergency.

R9-10-1111. ~~Repealed~~ Participant's Council

- A.** A participants' council:
 1. Is composed of participants, who are willing to serve on the council and take part in scheduled meetings;
 2. May develop guidelines that govern the council's activities;
 3. May meet quarterly and record minutes of the meetings; and
 4. May provide written input on planned activities and policies of the adult day health care facility.
- B.** A participants' council may invite personnel or the administrator to attend their meetings.
- C.** An administrator shall act as a liaison between the participants' council and personnel members, employees, and volunteers.

R9-10-1112. ~~Repealed~~ Adult Day Health Services

- A.** An administrator shall ensure that a personnel member provides supervision for a participant except during periods of the day when the participant signs out or is signed out according to policies and procedures.
- B.** An administrator shall ensure that a personnel member provides assistance with activities of daily living and supervision of personal hygiene according to the participant's care plan and policies and procedures.
- C.** An administrator shall ensure that a personnel member provides a participant with planned therapeutic individual and group activities:
 1. According to the:
 - a. Participant's care plan.
 - b. Policies and procedures, and
 - c. Monthly calendar of planned activities required in R9-10-1102(D)(2); and
 2. That include:
 - a. Physical activities,
 - b. Group discussion,
 - c. Techniques a participant may use to maintain or improve the participant's independence in performing activities of daily living,
 - d. Assessment of deficits in cognitive awareness and reinforcement of remaining cognitive awareness,
 - e. Activities of daily living,
 - f. Participants' council meetings, and
 - g. Leisure time.
- D.** An administrator shall ensure that a nurse monitors the health status of a participant according to the participant's care plan and policies and procedures by:
 1. Observing the participant's mental and physical condition, including monthly monitoring of the participant's vital signs and nutritional status;
 2. Documenting changes in the participant's mental and physical condition in the participant's record; and
 3. Reporting any changes to the participant's representative or medical practitioner.
- E.** If an adult day health care facility administers medication or provides assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication administration or assistance in the self-administration of medication:
 1. Include:
 - a. A process for providing information to a participant about medication prescribed for the participant including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions.

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1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
 2. If medication is stored in a separate room or closet, a locked cabinet is used to store the medication;
 3. Medication is stored according to the instructions on the medication container; and
 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
and
 - b. Storing, inventorying, and dispensing controlled substances.
- J.** A medication error or a participant's refusal to take a medication is:
1. Reported to the participant's representative within 12 hours, and
 2. Documented in the participant's record within 24 hours; and
- K.** An adverse event is:
1. Reported to the participant's representative and medical practitioner within 12 hours, and
 2. Documented in the participant's record within 24 hours.
- L.** An administrator shall:
1. Immediate notify a participant's representative and medical practitioner of an injury that may require medical services;
 2. Report an injury to Adult Protective Services according to A.R.S. § 46-454, when applicable;
 3. Prepare a written report on the day of occurrence or when any injury of unknown origin is detected that includes the:
 - a. Name of the participant;
 - b. Type of injury;
 - c. Names of witnesses, if applicable; and
 - d. Action taken;
 4. Investigate the injury within 24 hours and documenting any corrective action in the report; and
 5. Retain the report for one year after the date of the injury.
- M.** For a participant whose care plan includes counseling on an individual or group basis, an administrator shall ensure that:
1. If the counseling needed by the participant is within the adult day health care facility's scope of services, a personnel member provides the counseling to the participant according to policies and procedures; or
 2. If the counseling needed by the participant is not within the adult day health care facility's scope of services, a personnel member assists the participant or the participant's representative to obtain counseling for the participant according to policies and procedures.
- R9-10-1113. ~~Repealed~~ Food Services**
- A.** An administrator shall:
1. Designate a food service supervisor who is responsible for food service in an adult day health care facility; and
 2. If an adult day health care facility provides a therapeutic diet to participants, ensure that:
 - a. The therapeutic diet is prescribed in writing by:
 - i. The participant's medical practitioner, or
 - ii. A registered dietitian; and
 - b. A current therapeutic diet reference manual is available to the food service supervisor.
- B.** A food service supervisor shall ensure that:
1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 2. Meals and snacks provided by the adult day health care facility are served according to posted menus;
 3. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
 4. A participant is provided a diet that meets the participant's nutritional needs as specified in the participant's comprehensive assessment, under R9-10-1106(F), or care plan;
 5. Water is available and accessible to participants at all times, unless otherwise stated by the participant's medical practitioner; and
 6. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the participant.
- C.** An administrator 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. Food is prepared;

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- a. Using methods that conserve nutritional value, flavor, and appearance; and
- b. In a form to meet the needs of a participant, such as cut, chopped, ground, pureed, or thickened;
- 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 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - iv. Leftovers are reheated to a temperature of at least 165° F;
- 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
- 6. Frozen foods are stored at a temperature of 0° F or below; and
- 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- D.** An administrator shall ensure that:
 - 1. An adult day health care facility is licensed to provide adult day health services to more than 15 participants, the adult day health care facility:
 - a. Is licensed as a food establishment under 9 A.A.C. 8, Article 1; and
 - b. Maintains a copy of the adult day health care facility's food establishment license;
 - 2. If the adult day health care facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the adult day health care facility, a copy of the contracted food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the adult day health care facility; and
 - 3. The adult day health care facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant.

R9-10-1114. ~~Repealed~~ Emergency and Safety Standards

- A.** An administrator shall ensure that:
 - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of participants and other individuals on the premises;
 - b. Assigned personnel responsibilities;
 - c. Instructions for the evacuation of participants, including:
 - i. When, how, and where participants will be relocated; and
 - ii. A plan for notifying the emergency contact for each participant;
 - d. A plan to ensure each participant's medications will be available to administer to the participant during a disaster; and
 - e. A plan for providing water, food, and needed services to participants present in the adult day health care facility or the adult day health care facility's relocation site during a disaster;
 - 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months; and
 - 3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement.
- B.** An administrator shall ensure that:
 - 1. A participant receives orientation to the exits from the adult day health care facility and the route to be used when evacuating participants within two visits after the participant's enrollment, and
 - 2. A participant's orientation is documented in the participant's record.
- C.** An administrator shall ensure that:
 - 1. An evacuation drill for employees and participants is conducted at least once every six months;
 - 2. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and participants to evacuate the adult day health care facility;
 - c. An identification of participants needing assistance for evacuation;
 - d. Any problems encountered in conducting the evacuation drill; and

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- e. Recommendations for improvement, if applicable; and
- 3. An evacuation path is conspicuously posted on each hallway of each floor of the adult day health care facility.

R9-10-1115. ~~Repealed~~ Environmental Standards

An administrator shall ensure that:

- 1. The adult day health care facility's premises are:
 - a. Cleaned and disinfected according to policies and procedures to prevent, minimize, and control illness and infection, and
 - b. Free from a condition or situation that may cause a participant or an individual to suffer physical injury;
- 2. A pest control program is implemented and documented;
- 3. Windows and doors opening to the outside are screened if they are kept open at any time for ventilation or other purposes;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
- 5. Equipment used at the adult day health care facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
- 6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
- 7. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
- 8. Heating and cooling systems maintain the adult day health care facility at a temperature between 70° F and 84° F;
- 9. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
- 10. Soiled linen and soiled clothing stored by the adult day health care facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
- 11. Oxygen containers are secured in an upright position;
- 12. Poisonous or toxic materials stored by the adult day health care facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to participants;
- 13. Combustible or flammable liquids and hazardous materials stored by the adult day health care facility are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to participants;
- 14. Pets or animals are:
 - a. Controlled to prevent endangering the participants and to maintain sanitation;
 - b. Not allowed in treatment, food storage, food preparation, or dining areas;
 - c. Licensed consistent with local ordinances; and
 - d. Vaccinated as follows:
 - i. A dog is vaccinated against rabies and leptospirosis, and
 - ii. A cat is vaccinated against rabies; and
- 15. If a swimming pool is located on the premises:
 - a. At least one personnel member with cardiopulmonary resuscitation training, required in R9-10-1105(D), is present in the pool area when a participant is in the pool area, and
 - b. At least two personnel members are present in the pool area if two or more participants are in the pool area.

R9-10-1116. ~~Repealed~~ Physical Plant Standards

- A.** An administrator shall ensure that an adult day health care facility complies with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, in effect on the date the adult day health care facility submitted architectural plans and specifications to the Department for approval.
- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
 - 1. The services stated in the adult day health care facility's scope of services, and
 - 2. An individual accepted as a participant by the adult day health care facility.
- C.** An administrator shall ensure that an adult day health care facility has at least 40 square feet of indoor activity space for each participant excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for use by individuals who are not participants.
- D.** An administrator shall ensure that an outside activity space is provided and available that:
 - 1. Is on the premises,
 - 2. Has a hard-surfaced section for wheelchairs.

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3. Has an available shaded area, and
4. Has a means of egress without entering the adult day health care facility;
- E. An administrator shall ensure that:
 1. There is at least one working flushable toilet and one sink with running water for each ten participants;
 2. A bathroom for use by participants provides privacy when in use and contains in a location accessible to participants:
 - a. A mirror;
 - b. Toilet paper for each toilet;
 - c. Soap accessible from each sink;
 - d. Paper towels in a dispenser or an air hand dryer; and
 - e. Grab bars for the toilet and other assistive devices, if required, to provide for participant safety;
 3. A bathroom has a window that opens or another means of ventilation;
 4. If a bathing facility is provided:
 - a. The bathing facility provides privacy when in use.
 - b. Shower enclosures have nonporous surfaces.
 - c. Showers and tubs have grab bars for participant safety, and
 - d. Tub and shower floors have slip-resistant surfaces;
 5. Dining areas are furnished with dining tables and chairs and large enough to accommodate participants;
 6. There is a wall or other means of physical separation between dining facilities and food preparation areas;
 7. If the adult day health care facility serves food, areas are designated for food preparation, storage, and handling and are not used as a passageway by participants; and
 8. All flooring is slip-resistant.
- E. If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:
 1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer.
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational vacuum cleaning system;
 2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool.
 - ii. Has a latch located at least five feet from the ground; and
 - iii. Is locked when the swimming pool is not in use;
 3. A life preserver or shepherd's crook is available and accessible in the pool area; and
 4. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area.

ARTICLE 12. ~~REPEALED~~ HOME HEALTH AGENCIES

R9-10-1201. ~~Reserved~~ Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless otherwise specified:

1. "Branch office" means a location other than a home health agency's main administrative office that:
 - a. Operates under the license of the home health agency, and
 - b. Is under the control of the home health agency's administrator.
2. "Home health services director" means an individual who provides direction for the home health services provided by or through a home health agency.
3. "Medical social services" means activities that assist a patient to cope with concerns about the patient's illness or injury and may include helping to find resources to address the patient's concerns.

R9-10-1202. ~~Reserved~~ Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a home health agency shall:

1. Include on the application:
 - a. The name and address of each proposed branch office, if applicable; and

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- b. The geographic region to be served by:
 - i. The proposed home health agency administrative office, and
 - ii. Each proposed branch office; and
- 2. Submit to the Department a copy of a valid fingerprint clearance card issued according to A.R.S. Title 41, Chapter 12, Article 3.1 for:
 - a. The applicant, if the applicant is an individual; or
 - b. Each individual with a 10% or greater ownership of the business organization, if the applicant is a business organization.

R9-10-1203. Reserved Administration

A. A governing authority shall:

- 1. Consist of one or more individuals responsible for the organization, operation, and administration of the home health agency;
- 2. Designate, in writing:
 - a. A home health agency's scope of services, and
 - b. Qualifications for an administrator;
- 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
- 4. Adopt a quality management program according to R9-10-1204;
- 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
- 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present in a home health agency's administrative office for more than 30 calendar days, or
 - b. Not present in a home health agency's administrative office for more than 30 calendar days;
- 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and provide the name and qualifications of the new administrator;
- 8. Appoint, according to A.R.S. § 36-151(5)(b) an advisory group that consists of four or more members that include:
 - a. A physician;
 - b. A registered nurse who has at least one year of experience as a registered nurse providing home health services; and
 - c. Two or more individuals who represent a medical, nursing, or health-related profession; and
- 9. Ensure that the advisory group appointed according to subsection (A)(8):
 - a. Meets at least once every 12 months,
 - b. Documents meetings, and
 - c. Assists in establishing and evaluating policies and procedures for the home health agency.

B. An administrator:

- 1. Is directly accountable to the governing authority of a home health agency for services provided by the home health agency;
- 2. Has the authority and responsibility to manage the home health agency;
- 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present at the home health agency's administrative office and available and accountable for services provided by the home health agency when the administrator is not present at the home health agency's administrative offices; and
- 4. Ensures compliance with A.R.S. § 36-411.

C. An administrator shall:

- 1. Ensure that policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, and volunteers;
 - b. Cover orientation and in-service education for personnel members, employees, and volunteers;
 - c. Cover how a personnel member may submit a complaint relating to patient care;
 - d. Include a method to identify a patient to ensure the patient receives the appropriate services;
 - e. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - f. Cover specific steps and deadlines for:
 - i. A patient to file a complaint;
 - ii. The home health agency to respond to and resolve a patient complaint; and
 - iii. The home health agency to obtain documentation of fingerprint clearance, if applicable;
 - g. Cover health care directives;
 - h. Cover medical records including electronic medical records;
 - i. Cover a quality management program, including incident report and supporting documentation;
 - j. Cover contracted services; and
 - k. Cover and designate which personnel members or employees are required to have current certification in cardio-

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- pulmonary resuscitation and first aid training:
2. Ensure that policies and procedures for services provided by a home health agency are established, documented, and implemented that:
 - a. Cover patient admission, discharge instructions, and discharge;
 - b. Cover the provision of home health services and, if applicable, supportive services;
 - c. Include when general consent and informed consent are required;
 - d. Cover medication procurement, if applicable, and administration; and
 - e. Cover infection control;
 3. Ensure that policies and procedures are:
 - a. Available to personnel members, employees, and volunteers, and
 - b. Reviewed at least once every two years and updated as needed;
 4. Ensure that records of advisory group meetings are maintained for at least two years after the date of the meeting;
 5. Designate in writing, a home health services director who is:
 - a. A physician with at least two years of experience working for or with a home health agency, or
 - b. A registered nurse with at least three years of nursing experience, including at least two years of experience as a registered nurse providing home health services;
 6. Ensure that:
 - a. Speech therapy or speech-language pathology services are provided by a speech-language pathologist licensed according to A.R.S. Title 36, Chapter 17, Article 4 or speech-language pathologist assistant licensed according to A.R.S. § 36-1940.04;
 - b. Nutritional services are provided by a registered dietitian;
 - c. Occupational therapy services are provided by an occupational therapist or occupational therapy assistant licensed according to A.R.S. Title 32, Chapter 34;
 - d. Physical therapy services are provided by a physical therapist licensed according to A.R.S. Title 32, Chapter 19, or a physical therapist assistant certified according to A.R.S. Title 32, Chapter 19;
 - e. Respiratory care services are provided by a respiratory therapist or respiratory therapy technician licensed according to A.R.S. Title 32, Chapter 35 or by a registered nurse;
 - f. Pharmacy services are provided by a pharmacist licensed according to A.R.S. Title 32, Chapter 18; and
 - g. Medical social services are provided:
 - i. For medical social services under the practice of social work as defined in A.R.S. § 32-3251, by a clinical social worker, licensed according to A.R.S. § 32-3293, or by a licensed baccalaureate social worker according to A.R.S. § 32-3291; and
 - ii. For other medical social services, by an individual with a master's or higher degree in social work who has at least one year of social work experience in a health care setting or by a licensed baccalaureate social worker, according to A.R.S. § 32-3291;
 7. Ensure that the services specified in subsection (B)(6) are provided to a patient only under an order by the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
 8. Unless otherwise stated, ensure that:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a home health agency, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the home health agency.

R9-10-1204. Reserved Quality Management

An administrator shall ensure that:

1. A plan for a quality management program for the home health agency is established, documented, and implemented that includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate the provision of services, including oversight of personnel members;
 - c. A method to evaluate the data collected to identify a concern about the provision of services;
 - d. A method to make changes or take action as a result of the identification of a concern about the provision of services;
 - e. A method to determine whether actions taken improved the provision of services; and
 - f. The frequency of submitting the documented report required in subsection (3);
2. A documented report is submitted to the governing authority that includes:
 - a. Each identified concern in subsection (1)(c), and
 - b. Any change made or action taken in subsection (1)(d); and
3. The report in subsection (2) and the supporting documentation is:
 - a. Maintained for 12 months from the date the report is submitted to the governing authority, and

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- b. Provided to the Department within two hours after the Department's request.

R9-10-1205. Reserved Contracted Services

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-1206. Reserved Personnel

A. An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
- 3. Personnel members have the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the home health agency's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient; and
- 4. A personnel member, or an employee or a volunteer who has direct interaction with a patient for more than 8 hours a week, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.

B. An administrator shall ensure that a personnel record for a personnel member, employee, or volunteer:

- 1. Includes:
 - a. The individual's name, date of birth, home address, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service, and if applicable, ending date; and
 - c. Documentation of:
 - i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. The individual's compliance with the requirements in A.R.S. § 36-411;
 - vi. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
 - vii. First aid training, if required for the individual according to this Article and policies and procedures; and
 - viii. Evidence of freedom from infectious tuberculosis, if the individual is required to have according to subsection (A)(4); and
- 2. Is maintained:
 - a. Throughout the individual's period of providing services in or for the home health agency; and
 - b. For at least two years after the last date the individual provided services in or for the home health agency.

R9-10-1207. Reserved Care Plan

A. An administrator shall ensure that a care plan is developed for each patient:

- 1. Based on an assessment of the patient as required in R9-10-1210(D)(1) or (F)(2)(e)(i);
- 2. With participation from:
 - a. The patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
 - b. A registered nurse; and
- 3. That includes:

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- a. The patient's diagnosis;
- b. Surgery dates relevant to home health services, if applicable;
- c. The patient's cognitive awareness of self, location, and time;
- d. Functional abilities and limitations;
- e. Goals for functional rehabilitation, if applicable;
- f. The type, duration, and frequency of each service to be provided;
- g. Treatments the patient is receiving from a source other than the home health agency;
- h. Medications and herbal supplements reported by the patient or patient's representative as being used by the patient and the dose, route of administration, and schedule for administration of each medication or herbal supplement;
- i. Any known drug allergies;
- j. Nutritional requirements and preferences;
- k. Specific measures to improve the patient's safety and protect the patient against injury; and
- l. A discharge plan for the patient including, if applicable, a plan for assessing the accomplishment of treatment or therapy goals for the patient.

B. An administrator shall ensure that:

1. Home health services are provided to a patient by the home health agency according to the patient's care plan;
2. The patient's care plan is reviewed and updated:
 - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
 - b. If the patient's physician, registered nurse practitioner, or podiatrist, as applicable, orders a change in the care plan; and
 - c. At least every 60 calendar days; and
3. The patient's physician, registered nurse practitioner, or podiatrist, as applicable, authenticates the care plan with a signature within 30 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

R9-10-1208. Reserved Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. There are policies and procedures that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
 - b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a home health agency's personnel members, employees, or volunteers; and
3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to a psychotropic medication and the associated risks and possible complications of a psychotropic medication;
 - d. Is informed of the following:
 - i. The home health agency's policy on health care directives;
 - ii. The patient complaint process;
 - iii. Home health services provided by or through the home health agency; and
 - iv. The rates and charges for services before the services are initiated and before a change in rates, charges, or

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services;

- e. Consents to photographs of the patient before a patient is photographed except that a patient may be photographed when admitted to a home health agency for identification and administrative purposes; and
- f. Except as otherwise permitted by law, provides written consent to the release of the patient's:
 - i. Medical records, and
 - ii. Financial records.

C. A patient has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
- 3. To receive privacy in treatment and care for personal needs;
- 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
- 5. To receive a referral to another health care institution if the home health agency is unable to provide physical health services or behavioral health services for the patient;
- 6. To participate or have the patient's representative participate in the development of or decisions concerning treatment;
- 7. To participate or refuse to participate in research or experimental treatment; and
- 8. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-1209. Reserved Medical Records

A. An administrator shall ensure that:

- 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
- 2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by a policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
- 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner, behavioral health professional, or podiatrist according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner, behavioral health professional, or podiatrist issuing the order;
- 4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
- 5. A patient's medical record is available to personnel members, medical practitioners, behavioral health professionals, or podiatrist authorized by policies and procedures;
- 6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law; and
- 7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a home health agency maintains patient's medical records electronically, an administrator shall ensure that:

- 1. Safeguards exist to prevent unauthorized access, and
- 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:

- 1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address and telephone number;
 - c. The patient's date of birth;
 - d. The name and contact information of the patient's representative, if applicable; and
 - e. Any known allergies including medication allergies;
- 2. The date the patient began receiving services from the home health agency and, if applicable, the date the patient stopped receiving services from the home health agency;
- 3. The name and telephone of the patient's medical practitioner or registered nurse practitioner;
- 4. The name and telephone number of patient's podiatrist, if applicable;
- 5. Documentation of general consent and, if applicable, informed consent;
- 6. Documentation of medical history and current diagnoses;
- 7. A copy of patient's health care directive, if applicable;
- 8. Orders;
- 9. Assessments;
- 10. Care plan;

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11. Progress notes:
12. Documentation of meetings with the patient to assess the home health services and supportive services provided to the patient;
13. Disposition of the patient upon discharge;
14. Discharge plan;
15. Discharge instructions and discharge summary, if applicable;
16. If applicable:
 - a. Laboratory reports;
 - b. Radiologic reports;
 - c. Diagnostic reports, and
 - d. Consultation reports;
17. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a patient has to the medication;
18. Documentation of tasks assigned to a home health aide or other personnel member;
19. Documentation of coordination of patient care;
20. Copies of patient summary reports sent to the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
21. Documentation of contacts with the patient's physician, registered nurse practitioner, or podiatrist, as applicable, by a personnel member or the patient.

R9-10-1210. ~~Reserved~~ Home Health Services

- A.** An administrator shall ensure that an individual admitted to the home health agency has an order from a physician, registered nurse practitioner, or podiatrist for home health services.
- B.** An administrator shall ensure that the home health services director provides direction for home health services provided by or through the home health agency.
- C.** A home health services director shall ensure that nursing services are provided by a registered nurse or practical nurse, according to policies and procedures.
- D.** A home health services director shall ensure that a registered nurse:
 1. Unless a patient's physician or registered nurse practitioner orders only speech therapy, occupational therapy, or physical therapy for the patient, within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an initial assessment of the patient to determine:
 - a. The needs of the patient;
 - b. Resources available to address the patient's needs;
 - c. The patient's home and family environment;
 - d. Goals for patient care;
 - e. Medications used by the patient, including non-compliance, drug interactions, side effects, and contraindications; and
 - f. Medical supplies or equipment needed by the patient;
 2. Reviews a patient's health care directives at the time of the initial assessment;
 3. Implements a patient's care plan, developed as specified in R9-10-1208;
 4. Coordinates patient care with other individuals providing home health services or other services to the patient;
 5. Immediately informs the patient's physician or registered nurse practitioner of a change in a patient's condition that requires medical services; and
 6. At least every 60 calendar days until a patient is discharged:
 - a. Reassesses the patient based on the patient's care plan, needs, and medical condition; and
 - b. Summarizes the patient's condition and needs for the patient's physician, registered nurse practitioner, or podiatrist, as applicable.
- E.** A home health services director shall ensure that:
 1. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact; and

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2. Verbal orders from a patient's physician, registered nurse practitioner, or podiatrist, as applicable, are:
 - a. Except as specified in subsection (F)(2)(d), received by a registered nurse and documented by the registered nurse in the patient's medical record; and
 - b. Authenticated by the patient's physician, registered nurse practitioner, or podiatrist, as applicable, with a signature, within 30 calendar days.
- F.** A home health services director shall ensure that:
 1. A registered nurse:
 - a. Except as specified in subsection (F)(2)(b)(i) and (ii):
 - i. Assigns tasks in writing to a home health aide who is providing home health services to a patient; and
 - ii. Verifies the competency of the home health aide in performing assigned tasks;
 - b. Except as specified in subsection (F)(2)(b)(iii), provides direction for the home health aide services provided to a patient; and
 - c. Except as specified in subsection (F)(2)(e)(ii), meets with a patient who is receiving home health aide services to assess the home health services provided by the home health aide:
 - i. Every two weeks when the patient is also receiving nursing services or therapy services, and
 - ii. Every 60 calendar days when the patient is only receiving home health aide services;
 2. When a patient's physician or registered nurse practitioner orders speech therapy, occupational therapy, or physical therapy for the patient, an individual specified in R9-10-1203(B)(6)(a), (c), or (d), as applicable:
 - a. Provides the applicable therapy service to the patient according to the patient's care plan;
 - b. If a home health aide is assigned to assist the patient in performing activities related to the therapy service:
 - i. Assigns tasks in writing to the home health aide who is assisting the patient;
 - ii. Verifies the competency of the home health aide in performing assigned tasks; and
 - iii. Provides direction to the home health aide in performing the assigned tasks related to the therapy service;
 - c. Coordinates the provision of the therapy service to the patient with the registered nurse providing direction for other home health services for the patient;
 - d. Documents in the patient's medical record any orders by the patient's physician or registered nurse practitioner received concerning the therapy service; and
 - e. If the only home health services ordered for the patient are speech therapy, occupational therapy, or physical therapy:
 - i. Within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an initial assessment of the patient as specified in subsections (D)(1)(a) through (f); and
 - ii. Meets with a patient who is receiving home health services from a home health aide every two weeks to assess the home health services provided by the home health aide; and
 3. A home health aide:
 - a. Is only assigned to provide services the home health aide can competently perform; and
 - b. Only performs tasks assigned to the home health aide in writing by a registered nurse or as specified in subsection (F)(2)(b)(i).

R9-10-1211. ~~Repealed Supportive Services~~

- A.** A governing authority may include supportive services, including personal care services, in the scope of services for a home health agency.
- B.** An administrator:
 1. May allow:
 - a. Supportive services to be provided to a patient without an order from a physician, registered nurse practitioner, or podiatrist; and
 - b. A personnel member who is not a home health aide to perform personal care services; and
 2. Shall ensure that:
 - a. Supportive services are provided to a patient according to policies and procedures;
 - b. A registered nurse:
 - i. Assesses a patient's need for supportive services,
 - ii. Assigns specific tasks in writing to a home health aide providing supportive services other than personal care services,
 - iii. Assigns specific tasks in writing to a personnel member providing personal care services,
 - iv. Provides direction for supportive services, and
 - v. Includes supportive services in the reassessment of a patient required in R9-10-1210(D)(6); and
 - c. Supportive services are documented in a patient's medical record.

ARTICLE 13. ~~REPEALED BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY~~

R9-10-1301. ~~Repealed Definitions~~

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Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

R9-10-1302. Repealed Administration

A. The governing authority for a behavioral health specialized transitional facility:

1. Is the superintendent of the state hospital; and
2. Shall:
 - a. Establish, in writing:
 - i. A behavioral health specialized transitional facility's scope of services, and
 - ii. Qualifications for an administrator;
 - b. Designate an administrator who has the qualifications established in subsection (A)(2)(a)(ii);
 - c. Adopt a quality management program according to R9-10-1303;
 - d. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 - e. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(a)(ii), if the administrator is:
 - i. Expected not to present on the behavioral health specialized transitional facility's premises for more than 30 calendar days, or
 - ii. Not present on the behavioral health specialized transitional facility's premises for more than 30 calendar days; and
 - f. Except as provided in subsection (A)(2)(e), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administration and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the superintendent of the state hospital for the daily operation of the behavioral health specialized transitional facility and for the behavioral health services and physical health services provided by or at the behavioral health specialized transitional facility;
2. Has the authority and responsibility to manage the behavioral health specialized transitional facility; and
3. Except as provided in subsection (A)(2)(f), shall designate, in writing, an individual who is available and accountable for services when the administrator is not present on the behavioral health specialized transitional facility's premises.

C. An administrator shall:

1. Ensure that policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for employees, volunteers, and students;
 - b. Cover orientation and in-service education for employees, volunteers, and interns;
 - c. Cover patient admission, assessment, treatment plan, transfer, discharge planning, discharge, and recordkeeping;
 - d. Cover patient rights;
 - e. Cover the requirements in A.R.S. §§ 36-3708, 36-3709, and 36-3714;
 - f. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the patient has the apparent intent and ability to carry out the threat;
 - g. Cover when informed consent is required and how informed consent is obtained;
 - h. Cover the criteria and process for conducting research using patients or patient records;
 - i. Include the establishment of, disbursing from, and recordkeeping for a patient personal funds account;
 - j. Include a method of patient identification to ensure a patient receives the services ordered for the patient;
 - k. Cover contracted services;
 - l. Cover health care directives;
 - m. Cover medication procurement, storage, inventory monitoring and control, and disposal;
 - n. Cover infection control;
 - o. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
 - p. Cover environmental services that affect patient care;
 - q. Cover reporting suspected or alleged abuse, neglect, exploitation, or other criminal activity;
 - r. Cover quality management, including incident reports and supporting documentation;
 - s. Cover emergency treatment and disaster plan;
 - t. Cover restraint and seclusion;
 - u. Include security of the facility, patients and their possessions, personnel members, and visitors at the behavioral health specialized transitional facility;
 - v. Include preventing unauthorized patient absences;
 - w. Cover transportation of patients, including the criteria for using a locking mechanism to restrict a patient's movement during transport;
 - x. Cover the receipt of and process for resolving complaints;

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- y. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities; and
- z. Include equipment inspection and maintenance;
- 2. Ensure that policies and procedures are available to each personnel member;
- 3. Ensure that:
 - a. Laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967, and
 - b. Food services are provided as specified in R9-10-114;
- 4. Ensure that the following individuals have immediate access to a patient:
 - a. The patient's representative,
 - b. An individual assigned by a court of law to provide services to the patient, and
 - c. An attorney hired by the patient or patient's family;
- 5. Ensure that labor performed by a patient for the behavioral health specialized transitional facility is consistent with A.R.S. § 36-510 and applicable state and federal law;
- 6. Ensure that the following information is posted in an area easily viewed by a patient or an individual entering or leaving the behavioral health specialized transitional facility:
 - a. Patient rights,
 - b. Telephone number for the Department and the Office of Human Rights,
 - c. Location of inspection reports,
 - d. Complaint procedures, and
 - e. Visitation hours and procedures;
- 7. Notify the Department in writing:
 - a. If a patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death in the behavioral health specialized transitional facility;
 - b. Within two working days after a patient inflicts a self-injury in the behavioral health specialized transitional facility that requires immediate intervention by an emergency medical service provider; and
 - c. Within one working day after an unauthorized patient absence from the behavioral health specialized transitional facility is discovered;
- 8. Maintain the documentation required in subsection (C)(7) for at least 12 months after the date of the notification;
- 9. Ensure that sufficient personnel are present at the behavioral health specialized transitional facility at all times to maintain safe and secure conditions;
- 10. Ensure that:
 - a. Suspected or alleged abuse, neglect, exploitation, or other criminal activity that occurs on the premises of the behavioral health specialized transitional facility is reported to the law enforcement agency having jurisdiction;
 - b. If abuse, neglect, or exploitation of a patient is alleged or suspected, immediate action is taken to stop the alleged or suspected abuse, neglect, or exploitation;
 - c. Suspected or alleged abuse, neglect, or exploitation is investigated and a written report of the investigation is developed within 5 calendar days after the report required in subsection (C)(10)(a) that includes:
 - i. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - ii. Description of any injury to the patient and any change to the patient's physical, cognitive, functional, or emotional condition;
 - iii. Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - iv. Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
 - d. A copy of the investigation report required in subsection (C)(10)(c) is submitted to the Department within 10 calendar days after the report in subsection (C)(10)(a); and
 - e. Documentation of a report required in subsection (C)(10)(c) is maintained for at least 12 months after the date of the report;
- 11. Unless otherwise stated, ensure that:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health specialized transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health specialized transitional facility;
- 12. Appoint a medical director, to direct the medical and nursing services provided by or at the behavioral health specialized transitional facility, who:
 - a. Is a medical staff member, and
 - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or

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in a behavioral health facility; and

13. Appoint a clinical director, to provide direction for the behavioral health services provided by or at the behavioral health specialized transitional facility, who:
 - a. Is a psychiatrist or a psychologist;
 - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
 - c. May, if qualified, also serve as the medical director.

D. A medical director:

1. Is responsible for the medical services, nursing services, and physical health-related services provided to patients consistent with the patients behavioral treatment plan; and
2. Shall ensure that policies and procedures are established, documented, and implemented that cover:
 - a. Restraint or seclusion, according to R9-10-224;
 - b. The process for patient assessments including the identification of and criteria for the on-going monitoring of a patient's physical health conditions;
 - c. Dispensing and administration of medications, including the process and criteria for determining whether a patient is capable of and eligible to self-administer medication;
 - d. The process by which emergency medical treatment will be provided to a patient; and
 - e. The requirements for completion of medication records and recording of adverse events.

E. A clinical director:

1. Is responsible for the behavioral health services provided to patients;
2. Shall ensure that policies and procedures are established, documented, and implemented that cover:
 - a. Assessing the competency and proficiency of a behavioral health personnel member for each type of service the personnel member provides and each type of patient to which the personnel member is assigned;
 - b. Providing:
 - i. Supervision to behavioral health paraprofessionals, according to R9-10-114(1); and
 - ii. Clinical oversight to behavioral health technicians, according to R9-10-114(2);
 - c. The qualifications for personnel members who provide clinical oversight;
 - d. The process for resident assessments including the identification of and criteria for the on-going monitoring of a patient's behavioral health issues;
 - e. The process for developing and implementing a patient's treatment plan;
 - f. The frequency of and process for reviewing and modifying a patient's treatment plan, based on the ongoing monitoring of the patient's response to treatment; and
 - g. The process for determining whether a patient is eligible for discharge or conditional release to a less restrictive alternative;
3. Shall ensure that patient services are provided by personnel competent and proficient in providing the services; and
4. Shall ensure that clinical oversight of personnel members is provided according to the policies and procedures.

R9-10-1303. ~~Repealed~~ Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-1304. ~~Repealed~~ Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

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R9-10-1305. ~~Repealed~~ Personnel Requirements and Records

- A.** An administrator shall ensure that a personnel member:
1. Is at least 21 years of age;
 2. Either:
 - a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
 - b. Submits to the administrator a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02 within seven working days after becoming a personnel member.
- B.** An administrator shall ensure that each personnel member submits to the administrator a copy of the individual's valid fingerprint clearance card:
1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
 2. Each time the fingerprint clearance card is issued or renewed.
- C.** If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:
1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
 2. Make a record of this determination, including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.
- D.** An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description.
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
 3. Personnel members are present on a behavioral health specialized transitional facility's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the behavioral health specialized transitional facility's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.
- E.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-114.
- F.** An administrator shall ensure that a personnel member or an employee or volunteer who has direct interaction with a patient for more than 8 hours a week, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- G.** An administrator shall ensure that a personnel record is maintained for every employee, and any volunteer, or student providing physical health services or behavioral health services to a patient that contains:
1. The individual's name, date of birth, home address, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, ending date;
 3. A copy of the individual's fingerprint clearance card; and
 4. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-114;

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- f. Cardiopulmonary resuscitation training, if required for the individual according to this Article or policies and procedures;
 - g. First aid training, if required for the individual according to this Article or policies and procedures; and
 - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- H.** An administrator shall ensure that personnel records are maintained:
- 1. Throughout an individual's period of providing services in or for the behavioral health specialized transitional facility; and
 - 2. For at least two years after the last date the individual provided services in or for the behavioral health specialized transitional facility.
- I.** An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, employees, volunteers, and students is developed, documented, and implemented;
 - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented and implemented; and
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.

R9-10-1306. ~~Repealed Admission Requirements~~

- A.** An administrator shall ensure that before a patient is admitted to the behavioral health specialized transitional facility that a court of competent jurisdiction has ordered the patient to be:
- 1. Detained under A.R.S. § 36-3705(B) or A.R.S. § 36-3713(B), or
 - 2. Committed under A.R.S. § 36-3707.
- B.** An administrator shall ensure that, at the time a patient is admitted to the behavioral health specialized transitional facility:
- 1. The administrator receives a copy of the court order for the patient to be detained at or committed to the behavioral health specialized transitional facility.
 - 2. The patient's possessions are taken to the bedroom to which the patient has been assigned, and
 - 3. The patient is provided with a written list and verbal explanation of the patient's rights and responsibilities.
- C.** Within seven days after a patient is admitted to the behavioral health specialized transitional facility, a medical director shall ensure that:
- 1. A medical history is taken from and a physical examination performed on the patient;
 - 2. Except as specified in subsection (C)(3), a patient provides evidence of freedom from infectious tuberculosis as required in R9-10-112;
 - 3. A patient is not required to be retested for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10-112(1) if:
 - a. Fewer than 12 months have passed since the patient was tested for tuberculosis or since the date of the written statement, and
 - b. The documentation of freedom from infectious tuberculosis required in subsection (C)(2) accompanies the patient at the time of the patient's admission to the behavioral health specialized transitional facility; and
 - 4. An assessment for the patient is completed:
 - a. According to the behavioral health specialized transitional facility's policies and procedures;
 - b. That includes the patient's:
 - i. Legal history, including criminal justice record;
 - ii. Behavioral health treatment history;
 - iii. Medical conditions and history; and
 - iv. Symptoms reported by the patient and referrals needed by the patient, if any; and
 - c. That includes:
 - i. Recommendations for further assessment or examination of the patient's needs,
 - ii. The physical health services or ancillary services that will be provided to the patient until the patient's treatment plan is completed; and
 - iii. The signature of the personnel member conducting the assessment and the date signed.

R9-10-1307. ~~Repealed Discharge or Conditional Release to a Less Restrictive Alternative~~

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- A. An administrator shall ensure that annual written notice is given to a patient of the patient's right to petition for:
 - 1. Conditional release to a less restrictive alternative under A.R.S. § 36-3709, or
 - 2. Discharge under A.R.S. § 36-3714.
- B. An administrator shall ensure that a patient who is detained at or committed to the behavioral health specialized transitional facility is transported to a hearing to determine the patient's continued detention at or commitment to the behavioral health specialized transitional facility.
- C. An administrator shall ensure that a patient is not discharged or conditionally released to a less restrictive alternative before the behavioral health specialized transitional facility receives documentation from a court of competent jurisdiction of the patient's:
 - 1. Conditional release to a less restrictive alternative, or
 - 2. Discharge including the disposition of the patient upon discharge.
- D. A clinical director shall ensure that before a patient is discharged or conditionally released to a less restrictive alternative:
 - 1. The clinical director or the clinical director's designee, as specified in the behavioral health specialized transitional facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional to whom a copy of the patient's discharge summary will be sent; and
 - 2. The patient receives:
 - a. Written follow-up instructions including as applicable to the patient:
 - i. On-going behavioral health issues and physical health conditions;
 - ii. A list of the patient's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
 - iii. Counseling goals; and
 - b. A supply of medications sufficient to last the patient for at least 14 calendar days.

R9-10-1308. ~~Repeated Transport~~

An administrator shall ensure that:

- 1. A vehicle used to provide transportation a patient:
 - a. Is safe and in good repair.
 - b. Contains a locked first aid kit that holds first aid supplies in a quantity sufficient to meet the needs of the transported patients.
 - c. Contains a working heating and air conditioning system, and
 - d. When used to provide transportation to a patient, contains drinking water sufficient to meet the needs of each patient present in the vehicle;
- 2. A driver of a vehicle used to provide transportation to a patient:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;
 - d. Does not leave a patient in the vehicle unattended; and
 - e. Ensures the safe and hazard-free loading and unloading of patients; and
- 3. Transportation safety is maintained as follows:
 - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

R9-10-1309. ~~Repeated Patient Rights~~

An administrator shall ensure that:

- 1. A patient:
 - a. Has privacy in treatment and personal care needs;
 - b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
 - i. Restricted by court order; or
 - ii. Contraindicated on the basis of clinical judgment, as documented in the patient's medical record;
 - b. Is given the opportunity to seek, speak to, and be assisted by legal counsel:
 - i. Whom the court assigns to the patient, or
 - ii. Whom the patient obtains at the patient's own expense; and
 - c. Is free from:
 - i. The intentional infliction of physical, mental, or emotional harm when not medically indicated;
 - ii. Exploitation;
 - iii. Seclusion, when not medically indicated;
 - iv. Restraint, when not medically indicated unless necessary to prevent harm to self or others and the reason for restraint is documented in the patient's medical record;

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- v. Sexual abuse according to A.R.S. § 13-1404; and
- vi. Sexual assault according to A.R.S. § 13-1406; and
- 2. A patient or the patient's representative:
 - a. Is provided with the opportunity to participate in the development of the patient's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
 - b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
 - c. Is allowed to control the patient's finances and have access to the patient's personal funds account according to the behavioral health specialized transitional facility's policies and procedures specified in R9-10-1302(C)(1)(i);
 - d. Has an opportunity to review the patient record for the patient according to the behavioral health specialized transitional facility's policies and procedures; and
 - e. Receives information about the behavioral health specialized transitional facility's policies and procedures for:
 - i. Health care directives;
 - ii. Filing complaints, including the telephone number of an individual at the behavioral health specialized transitional facility to contact about a complaint and the Department's telephone number; and
 - iii. Petitioning a court for a patient's discharge or conditional release to a less restrictive alternative.

R9-10-1310. ~~Repealed Behavioral Health Services~~

- A.** A clinical director shall ensure that:
 - 1. A treatment plan is developed and implemented for the patient:
 - a. According to the behavioral health specialized transitional facility's policies and procedures;
 - b. Based on the assessment conducted under R9-10-1306(C)(4) and on-going changes to the assessment of the patient's behavioral health issues, mental disorders, and physical health conditions, as applicable; and
 - c. Including:
 - i. The physical health services, behavioral health services, or ancillary services to be provided to the patient until completion of the treatment plan;
 - ii. The type, frequency, and duration of counseling or other treatment ordered for the patient;
 - iii. The name of each individual who ordered medication, counseling, or other treatment for the patient;
 - iv. The signature of the patient or the patient's representative and dated signed, or documentation of the refusal to sign;
 - v. The date when the patient's treatment plan will be reviewed;
 - vi. If a discharge date has been determined, the treatment needed after discharge; and
 - vii. The signature of the personnel member who developed the treatment plan and the date signed; and
 - 2. A patient's treatment plans reviewed and updated:
 - a. According to the review date specified in the treatment plan.
 - b. When a treatment goal is accomplished or changes.
 - c. When additional information that affects the patient's assessment is identified, and
 - d. When a patient has a significant change in condition or experiences an event that affects treatment.
- B.** A clinical director shall ensure that treatment is:
 - 1. Offered to a patient according to the patient's treatment plan;
 - 2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the treatment from the patient; and
 - 3. Documented in the patient's record as specified in R9-10-1312.
- C.** The clinical director shall ensure that restraint or seclusion is used, performed, and documented according to the behavioral health specialized transitional facility's policies and procedures.
- D.** A clinical director shall ensure that:
 - 1. A patient receives the annual examination required by A.R.S. § 36-3708, and
 - 2. A report of the patient's annual examination is prepared according to the behavioral health specialized transitional facility's policies and procedures.

R9-10-1311. ~~Repealed Ancillary Services~~

- A.** A medical director shall ensure that:
 - 1. A patient's physical health is assessed during the physical examination specified in R9-10-1306(C)(1), and
 - 2. Any physical health conditions identified through the assessment are addressed in the patient's treatment plan.
- B.** A medical director shall ensure that on-going assessment or treatment of a patient's physical health condition is:
 - 1. Offered to a patient according to the patient's treatment plan;
 - 2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the assessment or treatment from the patient; and
 - 3. Documented in the patient's record as specified in R9-10-1312.
- C.** An administrator shall ensure that, if a patient requires assessment or treatment not available at the behavioral health spe-

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cialized transitional facility, the patient is provided with transportation to the location where assessment or treatment may be provided to the patient.

R9-10-1312. ~~Repealed Patient Records~~

A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by facility policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to facility policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
5. A patient's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;
6. A patient's medical record is available to the patient or patient's representative upon request at a time agreed upon by the patient or patient's representative and the administrator;
7. Information in a patient's medical record is disclosed to an individual not authorized under subsection (5) only with the written consent of a patient or the patient's representative or as permitted by law; and
8. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health specialized transitional facility maintains patient's medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:

1. A copy of the court order requiring the patient to be detained at or committed to the behavioral health specialized transitional facility;
2. The date the patient was detained at or committed to the behavioral health specialized transitional facility;
3. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth;
 - d. The name and contact information of the patient's representative, if applicable; and
 - e. Any known allergies including medication allergies;
4. Documentation of the patient's freedom from infectious tuberculosis as required in R9-10-1306(C)(2);
5. Documentation of general consent, and if applicable informed consent, for treatment by the patient or the patient's representative except in an emergency;
6. Documentation of medical history and physical examination of the patient;
7. A copy of patient's health care directives, if applicable;
8. Orders;
9. The patient's assessment including updates;
10. The patient's treatment plan including updates;
11. Progress notes;
12. Documentation of transportation provided to the patient;
13. Documentation of behavioral health services and physical health services provided to the patient;
14. Documentation of patient's annual examination and report required by A.R.S. § 36-3714;
15. Documentation of the annual written notice of the patient of the patient's right to petition for:
 - a. Conditional release to a less restrictive alternative as required by A.R.S. § 36-3709, or
 - b. Discharged as required by A.R.S. § 36-3714;
16. A copy of the patient's petition for discharge or conditional release to a less restrictive alternative and the outcome of the petition;
17. Documentation of the patient's, if applicable:
 - a. Conditional release to a less restrictive alternative; or
 - b. Discharge including the disposition of the patient upon discharge;
18. Discharge summary, if applicable;

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- a. A summary of the treatment provided to the patient;
 - b. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved;
 - c. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge from the behavioral health specialized transitional facility;
 - d. A description of the disposition of the patient's possessions, funds, or medications; and
 - e. The date the patient was discharged from the behavioral health specialized transitional facility.
19. If applicable:
- a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports,
 - d. Patient follow-up instruction, and
 - e. Consultation reports; and
20. Documentation of a medication administered to the patient that includes:
- a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature of the individual administering or observing the self-administration of the medication;
 - f. Any adverse reaction a patient has to the medication; and
 - g. If applicable, a patient's refusal to take medication ordered for the patient.

R9-10-1313. ~~Repealed~~ Medication Services

- A.** If a behavioral health specialized transitional facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:
- 1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
 - d. Procedures for documenting medication services and assistance in the self-administration of medication;
 - e. Procedures for assisting a patient in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 - 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication;
- B.** If a behavioral health specialized transitional facility provides medication administration, a medical director shall ensure that:
- 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication; and
 - c. Ensure that medication is administered to a patient only as prescribed;
 - 2. A patient's refusal to take prescribed medication is documented in the patient's medical record;
 - 3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 - 4. A medication administered to a patient:
 - a. Is administered in compliance with an order, and

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3. If a behavioral health specialized transitional facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health specialized transitional facility:
 - a. A copy of the food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the behavioral health specialized transitional facility; and
 - b. The behavioral health specialized transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.
- B.** A registered dietitian or director of food services shall ensure that:
1. A food menu:
 - a. Is prepared at least one week in advance.
 - b. Includes the foods to be served each day.
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served.
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 2. Meals and snacks provided by the behavioral health specialized transitional facility are served according to posted menus;
 3. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
 4. A patient is provided:
 - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A patient group agrees; and
 - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 6. Water is available and accessible to a patient at all times, unless otherwise specified in the patient's treatment plan.
- C.** An administrator 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. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 6. Frozen foods are stored at a temperature of 0° F or below; and
 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

R9-10-1315. Emergency and Safety Standards

- A.** A medical director shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
1. The medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the behavioral health specialized transitional facility;
 2. A system to ensure all medications, supplies, and equipment are available, have not been tampered with, and, if appli-

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cable, have not expired;

3. A requirement that cart or a container is available for medical emergency treatment that contains all of the medication, supplies, and equipment specified in the behavioral health specialized transitional facility's policies and procedures;
4. A method to verify and document that the contents of the cart or container are available for medical emergency treatment; and
5. A method for ensuring a patient may be transported to a hospital or other health care institution to receive treatment for a medical emergency that the behavioral health specialized transitional facility is not able or authorized to provide.

B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the behavioral health specialized transitional facility according to the behavioral health specialized transitional facility's policies and procedures.

C. An administrator shall ensure that the behavioral health specialized transitional facility has:

1. 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. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

D. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals at the behavioral health specialized transitional facility;
 - b. When, how, and where patients will be relocated;
 - c. How each patient's medical record will be available to personnel providing services to the patient during a disaster;
 - d. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - e. A plan for obtaining food and water for individuals present in the behavioral health specialized transitional facility or the behavioral health specialized transitional facility's relocation site during a disaster;
 2. The disaster plan required in subsection (D)(1) is reviewed at least once every 12 months;
 3. A disaster drill is performed on each shift at least once every 12 months;
 4. Documentation of a disaster plan review required in subsection (D)(2) and a disaster drill required in subsection (D)(3) is created, is maintained for at least 12 months after the date of the disaster plan review or disaster drill, and includes:
 - a. The date and time of the disaster plan review or disaster drill;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review or disaster drill;
 - c. A critique of the disaster plan review or disaster drill; and
 - d. If applicable, recommendations for improvement;
 5. An evacuation drill is conducted on each shift at least once every three months;
 6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and patients to evacuate the behavioral health specialized transitional facility;
 - c. If applicable, an identification of patients needing assistance for evacuation;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
 7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health specialized transitional facility.
- E.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal.
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.

R9-10-1316. Environmental Standards

A. An administrator shall ensure that:

1. The premises and equipment are:
 - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and

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- b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury:
 - 2. A pest control program is implemented and documented;
 - 3. Biohazardous medical wastes are identified, stored, and disposed of according to 18 A.A.C. 13, Article 14;
 - 4. Equipment used at the behavioral health specialized transitional facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 - 5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 - 6. Garbage and refuse are:
 - a. Stored in covered containers, and
 - b. Removed from the premises at least once a week;
 - 7. Heating and cooling systems maintain the behavioral health specialized transitional facility at a temperature between 70° F and 84°;
 - 8. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
 - 9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health specialized transitional facility used by patients;
 - 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
 - 11. Soiled linen and soiled clothing stored by the behavioral health specialized transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas; and
 - 12. Pets and animals, except for service animals, are prohibited on the premises.
- B.** An administrator shall ensure that smoking or tobacco products are not permitted within or on the premises of the facility.
- C.** An administrator shall ensure that:
- 1. Poisonous or toxic materials stored by the behavioral health specialized transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
 - 2. Combustible or flammable liquids and hazardous materials stored by a behavioral health specialized transitional facility are stored in the original labeled containers or safety containers in an area outside the behavioral health specialized transitional facility that is locked and inaccessible to patients; and
 - 3. Poisonous, toxic, combustible, or flammable medical supplies in use for a patient are stored in a locked area according to the behavioral health specialized transitional facility's policies and procedures.
- D.** An administrator shall ensure that:
- 1. A patient's bedroom is provided with:
 - a. An individual storage space, such as a dresser or chest;
 - b. A bed that:
 - i. Consists of at least a mattress and frame, and
 - ii. Is at least 36 inches wide and 72 inches long; and
 - c. A pillow and linens that include:
 - i. A mattress pad;
 - ii. A top sheet and a bottom sheet are large enough to tuck under the mattress;
 - iii. A pillow case;
 - iv. A waterproof mattress cover, if needed; and
 - v. A blanket or bedspread sufficient to ensure the patient's warmth;
 - 2. Clean linens and bath towels are provided to a patient as needed and at least once every seven days; and
 - 3. A patient's clothing may be cleaned according to policies and procedures.

R9-10-1317. Physical Plant Standards

- A.** An administrator shall ensure that a behavioral health specialized transitional facility complies with the applicable physical plant health and safety codes and standards for secure residential facilities, incorporated by reference in A.A.C. R9-1-412, in effect on the date the behavioral health specialized transitional facility submitted architectural plans and specifications to the Department for approval.
- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
 - 1. The services stated in the behavioral health specialized transitional facility's scope of services; and
 - 2. An individual accepted as a patient by the behavioral health specialized transitional facility.
- C.** An administrator shall ensure that a behavioral health specialized transitional facility has:

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1. An area in which a patient may meet with a visitor.
 2. Areas where patients may receive individual treatment.
 3. Areas where patients may receive group counseling or other group treatment.
 4. An area for community dining; and
 5. Sufficient space in one or more common areas for individual and group activities.
- D.** An administrator shall ensure that the behavioral health specialized transitional facility has:
1. A bathroom adjacent to a common area for use by patients and visitors that:
 - a. Provides privacy to the user, and
 - b. Contains:
 - i. A working sink with running water.
 - ii. A working toilet that flushes and has a seat.
 - iii. Toilet tissue dispenser.
 - iv. Dispensed soap for hand washing.
 - v. Single use paper towels or a mechanical air hand dryer.
 - vi. Lighting, and
 - vii. A means of ventilation;
 2. An indoor common area that is not used as a sleeping area and that has:
 - a. A working telephone that allows a patient to make a private telephone call;
 - b. A distortion-free mirror;
 - c. A current calendar and an accurate clock;
 - d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of patients; and
 - e. A working television and access to a radio;
 3. A dining room or dining area that:
 - a. Is lighted and ventilated.
 - b. Contains tables and seats, and
 - c. Is not used as a sleeping area;
 4. An outdoor area that:
 - a. Is accessible to patients,
 - b. Has sufficient space to accommodate the social and recreational needs of patients, and
 - c. Has shaded and unshaded areas;
 5. For every six patients, at least one working toilet that flushes and has a seat and dispensed toilet tissue;
 6. For every eight patients, at least one sink with running water, dispensed soap for hand washing, and single use paper towels or a mechanical air hand dryer;
 7. For every eight patients, at least one working bathtub or shower with a slip resistant surface; and
 8. For each patient, a private bedroom that:
 - a. Contains at least 60 square feet of floor space, not including the closet;
 - b. Has walls from floor to ceiling;
 - c. Has a door that opens into a hallway or common area;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Is not used as a passageway to another bedroom or a bathroom, unless the bathroom is for the exclusive use of a the patient occupying the bedroom; and
 - f. Has sufficient lighting for a patient to read.

ARTICLE 14. ~~RECOVERY CARE CENTERS~~ SUBSTANCE ABUSE TRANSITIONAL FACILITIES

R9-10-1401. Definitions

In this Article, unless the context otherwise requires:

1. "Advance directives" means a living will, prehospital medical care directive, or health care power of attorney.
2. "Basic life support procedures" means emergency services that include the administration of oxygen and cardiopulmonary resuscitation.
3. "Chemical abuse" means the use of a pharmacologic drug administered for purposes of discipline or convenience, which is not required to treat the patient's medical symptoms.
4. "Disaster" means an unforeseen event such as a fire or flood which may result in the facility, or a portion thereof, becoming uninhabitable and which necessitates evacuation of patients to another location.
5. "Licensed nurse" means an individual licensed pursuant to A.R.S. Title 32, Chapter 15.
6. "Medical peer review" means the participation by a physician in the review and evaluation of the medical management of a patient and the use of resources for patient care.
7. "Medical staff" means physicians and other health care providers as defined in medical staff bylaws.
8. "Nursing personnel" means a licensed nurse or a nurse aide.

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9. "Patient's representative" means a person acting on behalf of a patient under the written consent of the patient or the patient's legal guardian.
10. "Post diagnostic" means the medical and nursing care given following a diagnostic procedure.
11. "Postsurgical" means the medical and nursing care given following a surgical procedure.

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Emergency medical care technician" has the same meaning as in A.R.S. § 36-2201.
2. "Participant" means a patient admitted to a substance abuse transitional facility.
3. "Participant's representative" means:
 - a. A participant's legal guardian;
 - b. If a participant is under 18 years of age and not an emancipated minor, the participant's parent;
 - c. If a participant is 18 years of age or older or an emancipated minor, an individual acting on behalf of the participant with the written consent of the participant or the participant's legal guardian; or
 - d. A surrogate as defined in A.R.S. § 36-3201.

R9-10-1402. Administration Supplemental Application Requirements

- ~~A.~~ The governing authority shall consist of one or more persons who shall be responsible for the following:
1. Organizing the facility;
 2. Adopting bylaws and facility policies and procedures;
 3. Approving membership on the medical staff;
 4. Delineating, in writing, the clinical privileges of each medical staff member;
 5. Ensuring that one or more physicians conduct medical peer reviews in accordance with the medical staff bylaws; and
 6. Ensuring compliance with state laws, rules, and local ordinances.
- ~~B.~~ The governing authority shall appoint an administrator who shall have the authority and responsibility to manage the facility. The administrator shall:
1. Act as a liaison between the governing authority, medical and facility staff;
 2. Establish and implement written facility policies and procedures governing:
 - a. Personnel employment, orientation, staffing, and recordkeeping;
 - b. Patient admissions, rights and responsibilities, medical treatment, and recordkeeping;
 - c. Contract services;
 - d. Food services, housekeeping, maintenance, and infection control;
 - e. Quality management and recordkeeping;
 - f. Emergency treatment and disaster plan; and
 - g. Equipment inspection; and
 3. Designate, in writing, an individual to be on duty, in charge and have access to all areas related to patient care and operation of the physical plant when the administrator is not present.
- ~~C.~~ The administrator may contract for services including dietary, pharmaceutical, and laboratory services and shall ensure that contractual services are provided in accordance with the facility's written policies and procedures. Copies of current written agreements containing the terms and conditions for the delivery of contract services shall be kept at the facility.

In addition to the requirements in 9 A.A.C. 10, Article 1, an administrator shall submit a request with an initial application for the licensed capacity for providing behavioral health services to:

1. Individuals under 18 years of age, and
2. Individuals 18 years of age and older.

R9-10-1403. Patient Rights Administration

- ~~A.~~ The administrator shall ensure that each patient or patient's representative is given a list of patient rights and responsibilities at the time of, or prior to, admission. The patient or patient's representative shall acknowledge, in writing, receipt of patient rights and responsibilities.
- ~~B.~~ The administrator shall post a list of patient rights and responsibilities in a conspicuous area.
- ~~C.~~ The administrator and staff shall ensure that language barriers or physical handicaps do not prevent each patient or patient's representative from becoming aware of patient rights.
- ~~D.~~ Each patient shall have the following rights:
1. To be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and care for personal needs;
 2. To be free from the following:
 - a. Medical, psychological, physical, and chemical abuse; and
 - b. Physical restraints, with the exception of an emergency when a restraint is necessary to protect the patient from injury to self or others, and is authorized by the attending physician;

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3. ~~To refuse treatment or withdraw consent for treatment;~~
 4. ~~To have medical and financial records kept in confidence. The release of such records shall be by written consent of the patient or the patient's representative except as otherwise required or permitted by law;~~
 5. ~~To have access to the patient's medical record;~~
 6. ~~To be informed of rates and charges, in writing, within two weeks prior to admission for the services offered, and advised of possible third party coverage;~~
 7. ~~To be advised on the facility's policy regarding advance directives;~~
 8. ~~To be included in decisions regarding care and treatment;~~
 9. ~~To associate and communicate privately with persons of the patient's choice;~~
 10. ~~To have access to a public telephone, unless bedside telephones are provided; and~~
 11. ~~To submit grievances without retaliation.~~
- E.** ~~Facility staff shall assist each patient to exercise patient rights.~~
- A.** A governing authority shall:
1. Consist of one or more individuals accountable for the organization, operation, and administration of a facility;
 2. Establish, in writing:
 - a. A substance abuse transitional facility's scope of services, and
 - b. Qualifications for an administrator;
 3. Designate an administrator who meets the qualifications established in subsection (A)(2)(b);
 4. Adopt a quality management program according to R9-10-1404;
 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 6. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a substance abuse transitional facility's premises for more than 30 calendar days, or
 - b. Not present on a substance abuse transitional facility's premises for more than 30 calendar days; and
 7. Except as provided in subsection (A)(6), notify the Department according to § A.R.S. 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
1. Is directly accountable to the governing authority for all services provided by or at the substance abuse transitional facility;
 2. Has the authority and responsibility to manage the substance abuse transitional facility; and
 3. Except as provided in subsection (A)(6) designates, in writing, an individual who is present on a substance abuse transitional facility's premises and accountable for the services provided at or by the substance abuse transitional facility when the administrator is not present on the substance abuse transitional facility's premises.
- C.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a participant;
 - d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - iv. The documentation that verifies that the employee has received cardiopulmonary resuscitation training;
 - e. Include a method to identify a participant to ensure the participant receives physical health services and behavioral health services as ordered;
 - f. Cover first aid training;
 - g. Cover participant rights including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;
 - h. Cover medical records, including electronic medical records;
 - i. Cover quality management, including incident report and supporting documentation;
 - j. Cover contracted services; and
 - k. Cover when individuals may visit participants in the substance abuse transitional facility;
 2. Policies and procedures for services are established, documented, and implemented that:
 - a. Cover participant screening admission, assessment, treatment plan, transport, transfer, discharge plan, and discharge;

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- b. Include when general consent and informed consent are required;
- c. Cover the provision of behavioral health services and physical health services;
- d. Cover administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
- e. Cover environmental services that affect participant care;
- f. Cover specific steps and deadlines for:
 - i. A participant to file a complaint,
 - ii. The facility to respond to and resolve a participant complaint, and
 - iii. The facility to obtain documentation of fingerprint clearance, if applicable;
- g. Cover the process for receiving a fee from and refunding a fee to an adult participant or the participant's representative;
- h. Cover the security of a participant's possessions that are allowed on the premises;
- i. Cover the smoking and use of tobacco products on the premises;
- j. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
- k. Cover how often periodic monitoring occurs based on a participant's condition;
- 3. Policies and procedures are reviewed at least once every two years and updated as needed;
- 4. Policies and procedures are available to employees; and
- 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a substance abuse transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the substance abuse transitional facility.
- D.** An administrator shall provide written notification to the Department:
 - 1. If a participant's death is required to be reported according to A.R.S. § 11-593, within one working day after the participant's death; and
 - 2. Within two working days after a participant inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E.** If abuse, neglect, or exploitation of a participant is alleged or suspected to have occurred before the participant was admitted or while the participant is not on the premises and not receiving services from a substance abuse transitional facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the participant as follows:
 - 1. For a participant 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a participant under 18 years of age, according to A.R.S. § 13-3620.
- F.** If abuse, neglect, or exploitation of a participant is alleged or suspected to have occurred on the premises or while the participant receiving services from a substance abuse transitional facility's employee or personnel member, an administrator shall:
 - 1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 - 2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the participant:
 - a. For a participant 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a participant 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document the action in subsection (F)(1) and the report in subsection (F)(2) and maintain the documentation for 12 months after the date of the report;
 - 4. Investigate the alleged or suspected abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in (F)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
 - 5. Submit a copy of the investigation report required in subsection (F)(4) to the Department within 10 working days after submitting the report in subsection (F)(2); and
 - 6. Maintain a copy of the investigation report required in subsection (F)(4) for 12 months after the date of the investigation report.
- G.** An administrator shall establish, document, and implement a process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services.
- H.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and

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are available upon request to a personnel member, employee, participant, or a participant's representative:

1. The participant rights listed in R9-10-1410.
2. The facility's current license.
3. The location at which inspection reports are available for review or can be made available for review, and
4. The days and times where a participant may accept visitors and make telephone calls.

R9-10-1404. Personnel Quality Management

- ~~A. Personnel, 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.~~
- ~~B. Personnel shall attend orientation within the first week of employment. Orientation shall include personnel policies and procedures and patient rights.~~
- ~~C. Nursing personnel shall:~~
1. ~~Be 18 years of age or older;~~
 2. ~~Be certified in cardiopulmonary resuscitation within the first month of employment and maintain current certification thereafter;~~
 3. ~~Attend additional orientation which shall include patient care and infection control policies and procedures; and~~
 4. ~~Attend 12 hours of in-service training per year which may include time spent in orientation.~~
- ~~D. The administrator shall ensure that personnel records are maintained which include:~~
1. ~~Application for employment;~~
 2. ~~Verification of training, registration, certification, or licensure;~~
 3. ~~Initial proof of freedom from tuberculosis and annual verification statement thereafter; and~~
 4. ~~Orientation and in-service training records that include:~~
 - a. ~~Subject matter;~~
 - b. ~~Date and length of in-service, and~~
 - c. ~~Signatures of those who attend.~~

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to participants;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to participant care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-1405. Nursing Contracted Services

- ~~A. The administrator shall appoint a director of nursing who shall be responsible for the management and supervision of nursing services which shall include the following:~~
1. ~~Developing and implementing nursing and patient care policies and procedures for all nursing services, including:~~
 - a. ~~Admission nursing assessments;~~
 - b. ~~Administration of medications to ensure that medications are given according to the physician's order;~~
 - c. ~~Storage of medication to ensure security and efficacy; and~~
 - d. ~~Disposal of medication;~~
 2. ~~Designating, in writing, a registered nurse to act in the absence of the director of nursing;~~
 3. ~~Staffing the facility with nursing personnel according to the number of patients and their health care needs;~~
 4. ~~Ensuring that each patient receives care and services based on the admission nursing assessment and the physician's orders; and~~
 5. ~~Ensuring that medications are administered by a nurse licensed pursuant to A.R.S. Title 32, Chapter 15 or as other~~

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~~wise provided by law.~~

- ~~B. A registered nurse shall complete a nursing assessment of each patient, which addresses all patient care needs, upon the patient's admission to the facility.~~
- ~~C. A license nurse shall provide the patient with written discharge instructions based on the patient's health care needs and physician's instructions.~~

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-1406. Admissions Personnel

- ~~A. A physician shall admit to the facility only those patients who require recovery care services pursuant to A.R.S. § 36-448.51(2).~~
- ~~B. Facility staff shall comply with the admission policies and procedures of the facility in providing postsurgical and postdiagnostic medical and nursing services.~~
- ~~C. The administrator shall ensure that the following documents are in the patient's medical record at the time of admission:
 - ~~1. A current history and physical examination performed or approved by members of the medical staff within 30 days of admission,~~
 - ~~2. A discharge summary from the referring facility or physician,~~
 - ~~3. Physician orders, and~~
 - ~~4. Documentation concerning advance directives.~~~~

A. An administrator shall ensure that:

1. A personnel member is at least 21 years old,
2. An employee is at least 18 years old,
3. An student is at least 18 years old, and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services and physical health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
3. An emergency medical care technician complies with the requirements in 9 A.A.C. 25 for certification and medical direction;
4. A substance abuse transitional facility has personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
 - a. Provide the behavioral health services and physical health services in the substance abuse transitional facility's scope of services,
 - b. Meet the needs of a participant, and
 - c. Ensure the health and safety of a participant;
5. A written plan is developed and implemented to provide orientation specific to the duties of the personnel member;
6. A personnel member's orientation is documented, to include:
 - a. The personnel member's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;

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7. In addition to the training required in subsections (B)(1) and (B)(5), a written plan is developed and implemented to provide a personnel member with in-service education specific to the duties of the personnel member;
8. A personnel member receives training in crisis intervention described in subsection (B)(9):
 - a. Before providing services related to participant care, and
 - b. At least once every twelve months after the date of the personnel member began providing services related to participant care;
9. Training in crisis intervention includes, at a minimum:
 - a. Methods to identify personnel member and participant behaviors, events, and environmental factors that may cause the need for an emergency safety response;
 - b. Nonphysical intervention, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods that may be used in response to a crisis to minimize or eliminate the need for using an emergency safety response; and
 - c. Safe techniques for using an emergency safety response, including the recognition and appropriate responses to signs of a participant's physical distress while an emergency safety response is used with the participant;
10. The materials used to provide training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for 12 months after each personnel member who received training using the materials no longer provides services at the facility; and
11. An individual's in-service education and, if applicable, training in crisis intervention is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- C.** An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor receives direct supervision as defined in A.A.C. R4-6-101.
- D.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has direct interaction with a participant for more than 8 hours in a week, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- E.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-114.
- F.** An administrator shall ensure that a personnel record is maintained for a personnel member, employee, volunteer, or student that contains:
 1. The individual's name, date of birth, home address, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. The individual's completion of the crisis intervention training as required by (B)(9);
 - f. If the substance abuse transitional facility provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
 - g. If the individual is a behavioral health technician, clinical oversight required in R9-10-114;
 - h. Cardiopulmonary resuscitation training, if required for the individual according to subsection (H) or policies and procedures;
 - i. First aid training, if required for the individual according to subsection (H) or policies and procedures; and
 - j. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D).
- G.** An administrator shall ensure that personnel records are maintained:
 1. Throughout an individual's period of providing services at or for a substance abuse transitional facility, and
 2. For at least two years after the last date the individual provides services at or for a substance abuse transitional facility.
- H.** An administrator shall ensure at least one personnel member who is present at the facility during hours of facility operation have first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the facility.
- I.** An administrator shall ensure that:
 1. At least one personnel member is present and awake at a substance abuse transitional facility at all times when a participant is on the premises;
 2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the substance abuse transitional facility if needed;

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3. A substance abuse transitional facility has sufficient personnel members to provide general participant supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each participant;
4. There is a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each individual assigned to work, including on-call individuals;
 - b. Includes documentation of the employees who work each day and the hours worked by each employee; and
 - c. Is maintained for 12 months after the last date on the documentation;
5. A behavioral health professional is present on the substance abuse transitional facility's premises or on-call; and
6. A registered nurse is present on the substance abuse transitional facility's premises or on-call.

R9-10-1407. Ancillary Services Admission; Assessment

- ~~A. Laboratory services shall be provided on the premises or available through contract with a laboratory licensed or exempt from licensure pursuant to A.R.S. Title 36, Chapter 4.1.~~
- ~~B. Pharmaceutical services shall be provided on the premises, or available through contract, by a pharmacy registered by the state of Arizona pursuant to A.R.S. Title 32, Chapter 18.~~
- ~~C. The administrator shall designate a food service manager who shall ensure that:~~
 1. ~~Each patient receives a diet based on the patient's nutritional needs and physician's order;~~
 2. ~~Food services are provided in compliance with the facility's policies and procedures;~~
 3. ~~Staff are employed to ensure the preparation and delivery of food;~~
 4. ~~An updated therapeutic diet reference manual is available; and~~
 5. ~~Onsite or catered food preparation, storage, and handling shall comply with applicable food and drink rules of Chapter 8, Article 1 of this Title.~~

An administrator shall ensure that:

1. A participant is admitted based upon the participant's presenting issue and treatment needs and the substance abuse transitional facility's ability and authority to provide physical health services or behavioral health services consistent with the participant's needs;
2. General consent is obtained from an:
 - a. An adult participant or the participant's representative before or at the time of admission, or
 - b. A participant's representative, if the participant is not an adult;
3. The general consent obtained in subsection (2) is documented in the participant's medical record;
4. An assessment of a participant is completed or updated by an emergency medical care technician or by a registered nurse;
5. If an assessment is completed or updated by an emergency medical care technician, a registered nurse reviews the assessment within 24 hours after the completion of the assessment to ensure that the assessment identifies the behavioral health services needed by the participant;
6. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the substance abuse transitional facility or the substance abuse transitional facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
 - a. The participant's assessment information is reviewed and updated if additional information that affects the participant's assessment is identified, and
 - b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed;
7. An assessment:
 - a. Documents a participant's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history;
 - ix. Symptoms reported by the participant; and
 - x. Referrals needed by the participant, if any;

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- b. Includes:
 - i. Recommendations for further assessment or examination of the participant's needs,
 - ii. The behavioral health services and physical health services that will be provided to the participant, and
 - iii. The signature and date signed of the personnel member conducting the assessment;
- c. Is documented in participant's medical record;
- 8. A participant is referred to a medical practitioner if a determination is made that the participant requires immediate physical health services or the participant's behavioral health issue may be related to the participant's medical condition;
- 9. If a participant requires behavioral health services that the substance abuse transitional facility is not licensed or able to provide, a personnel member arranges for the participant to be provided transportation to transfer to another health care institution where the behavioral health services can be provided;
- 10. A request for participation in a participant's assessment is made to the participant or the participant's representative;
- 11. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative;
- 12. Documentation of the request in subsection (10) and the opportunity in subsection (11) is in the participant's medical record; and
- 13. A participant's assessment information is:
 - a. Documented in the medical record within 48 hours after completing the assessment, and
 - b. Reviewed and updated when additional information that affects the participant's assessment is identified.

R9-10-1408. ~~Quality Management Discharge~~

- ~~**A.** The administrator shall ensure implementation and maintenance of a quality management program that monitors and evaluates the provision of all aspects of patient care including contracted and physician services.~~
- ~~**B.** The quality management plan shall be in writing and describe the objectives, organization, scope, and process for improving quality of care which shall include the monitoring activities.~~
- ~~**C.** The administrator shall maintain a record of quality management activities and ensure that any conclusions and recommendations on findings of quality management activities are reported to the governing authority.~~

A. An administrator shall ensure that:

- 1. If a participant is not being transferred to another health care institution, before discharging the participant from a substance abuse transitional facility, a personnel member:
 - a. Identifies the specific needs of the participant after discharge necessary to assist the participant to address the participant's substance abuse issues;
 - b. Identifies any resources including family members, community social services, peer support services, and Regional Behavioral Health Agency staff that may be available to assist the participant; and
 - c. Documents the information in subsection (A)(1)(a) and the resources in subsection (A)(1)(b) in the participant's medical record; and
- 2. When an individual is discharged:
 - a. Provides the participant with discharge information that includes:
 - i. The identified specific needs of the participant after discharge, and
 - ii. Resources that may be available for the participant;
 - b. Contacts any resources identified as required in subsection (A)(1)(b).
- B.** An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is discharged unless the participant leaves the facility against a medical practitioner's advice.
- C.** An administrator shall ensure that, at the time of discharge, a participant receives a referral for behavioral health services that the participant may need after discharge, if applicable.
- D.** An administrator shall ensure that a discharge summary:
 - 1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
 - 2. Includes the following information completed by an individual authorized by policies and procedures:
 - a. The participant's presenting issue and other physical health and behavioral health issues identified in the participant's assessment;
 - b. A summary of behavioral health services provided to the participant;
 - c. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
 - d. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.
- E.** An administrator shall ensure that a participant who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the participant is discharged.

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R9-10-1409. Medical Records Transfer

- ~~A. The administrator shall ensure that a medical record is established and maintained for each patient in accordance with the facility's policies and procedures.~~
- ~~B. Medical records for each patient shall include the following information, where applicable:~~
- ~~1. Patient name and address;~~
 - ~~2. Admitting diagnosis;~~
 - ~~3. Discharge summary from the referring facility or physician;~~
 - ~~4. Written acknowledgment of the receipt of copies of patient rights and responsibilities;~~
 - ~~5. Consent forms;~~
 - ~~6. Documentation concerning advance directives;~~
 - ~~7. Medical history and physical examination;~~
 - ~~8. Physician orders and progress notes;~~
 - ~~9. Nursing assessment and progress notes;~~
 - ~~10. Medication and treatment record;~~
 - ~~11. Laboratory and diagnostic reports; and~~
 - ~~12. Documentation that the patient received discharge instructions.~~
- ~~C. The administrator shall ensure that the medical record of a discharged patient is completed within 30 days of the discharge.~~
- ~~D. Medical records shall be maintained for three years from the patient's discharge except as required by A.R.S. § 36-343. If a facility ceases operation, the recovery care center shall ensure the preservation of records in compliance with this retention requirement.~~

Except for a transfer of a participant due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the participant;
2. According to policies and procedures:
 - a. An evaluation of the participant is conducted before the transfer;
 - b. Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the participant or the participant's representative; and
3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, a personnel member accompanying the participant during a transfer.

R9-10-1410. Environmental Standards Participant Rights

- ~~A. The administrator shall ensure the facility's compliance with the infection control policies and procedures which shall include:~~
- ~~1. Surveillance, prevention, and control of infection;~~
 - ~~2. Storage and maintenance of sterile supplies and equipment; and~~
 - ~~3. Disposal of waste, including blood and body fluid.~~
- ~~B. The administrator shall ensure that housekeeping and maintenance services are provided to maintain a safe and sanitary environment.~~
- ~~C. The administrator shall ensure that equipment is operational and inspected in accordance with the facility's policies and procedures, which shall include the following:~~
- ~~1. Testing, calibrating, servicing, or repairing of equipment to ensure that the equipment is free from fire and electrical hazards; and~~
 - ~~2. Maintaining records documenting the service and calibrating performed.~~
- ~~D. Staff shall use, maintain, and store oxygen and other flammable gasses in accordance with A.A.C. R9-1-412(B).~~
- ~~E. Staff shall use and maintain electrical equipment in accordance with A.A.C. R9-1-412(E).~~
- ~~F. The facility shall pass annual inspection for fire safety by the fire authority having jurisdiction.~~

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
3. There are policies and procedures that include:
 - a. How and when a participant or the participant's representative is informed of participant rights in subsection (B).

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and

b. Where participant rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A participant is treated with dignity, respect, and consideration;
2. A participant is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by a substance abuse transitional facility's personnel members, employees, volunteers, or students; or
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative; and
3. A participant or the participant's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;
 - d. Is informed of the participant complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of the participant's:
 - i. Medical records, and
 - ii. Financial records.

C. A participant has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
 - a. Supports and respects the participant's individuality, choices, strengths, and abilities;
 - b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or participant's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the participant's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
 - a. A participant may be photographed when admitted to a substance abuse transitional facility for identification and administrative purposes;
 - b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
4. To review, upon written request, the participant's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if a substance abuse transitional facility is unable to provide physical health services or behavioral health services for the participant;
6. To participate or have the participant's representative participate in the development of, or decisions concerning treatment;
7. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the participant's rights;
8. To be provided locked storage space for the participant's belongings while the participant receives services; and
9. To be informed of the requirements necessary for the participant's discharge.

R9-10-1411. ~~Emergency Standards~~ Medical Records

- A.** The governing authority shall adopt policies and procedures which establish the extent of emergency treatment to be performed within the facility including:
1. Basic life support procedures, and
 2. Transfer arrangements for patients who require care above recovery care services.
- B.** Staff shall provide emergency treatment according to the facility's policies and procedures.
- C.** The administrator shall ensure the development of a written disaster plan of operation with procedures to be followed in

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~~the event of threat to patient safety.~~

~~D. The administrator shall ensure disaster drills are conducted on each shift every three months.~~

~~E. The administrator shall retain records of disaster drills for one year and include the date, time, and critique of the drill.~~

A. An administrator shall ensure that:

1. A medical record is established and maintained for each participant according to A.R.S. Title 12, Chapter 13, Article 7.1;

2. An entry in a participant's medical record is:

a. Recorded only by a personnel member authorized by policies and procedures to make the entry;

b. Dated, legible, and authenticated; and

c. Not changed to make the initial entry illegible;

3. An order is:

a. Dated when the order is entered in the participant's medical record and includes the time of the order;

b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and

c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;

4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;

5. A participant's medical record is available to individuals authorized by policies and procedures;

6. Information in a participant's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a participant or the participant's representative or as permitted by law; and

7. A participant's medical record is protected from loss, damage, or unauthorized use.

B. If a substance abuse transitional agency maintains participant's medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and

2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a participant's medical record contains:

1. Participant information that includes:

a. The participant's name;

b. The participant's address;

c. The participant's date of birth;

d. The name and contact information of the participant's representative, if applicable; and

e. Any known allergies including medication allergies;

2. A participant's presenting behavioral health issue;

3. Documentation of general consent, and if applicable informed consent, for treatment by the participant or the participant's representative except in an emergency;

4. Documentation of medical history and results of a physical examination;

5. Orders;

6. Assessment;

7. Progress notes;

8. Documentation of substance abuse transitional agency services provided to the participant;

9. Disposition of the participant upon discharge;

10. Discharge plan;

11. A discharge summary, if applicable; and

12. Documentation of a medication administered to a participant that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. For a medication administered for pain:

i. An assessment of the participant's pain before administering the medication, and

ii. The effect of the medication administered;

d. For a psychotropic medication:

i. An assessment of the participant's behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The signature of the individual administering or observing the self-administration of the medication; and

f. Any adverse reaction a participant has to the medication.

R9-10-1412. Physical Plant Requirements Behavioral Health Services

A. ~~Facilities licensed prior to January 1, 1992, shall conform to the requirements of A.A.C. R9-1-412(B), Life Safety Code, Chapter 13, "Existing Health Care Occupancies."~~

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- ~~B. Facilities licensed after January 1, 1992, shall conform to the physical plant health and safety codes and standards referenced in A.A.C. R9-1-412.~~
- ~~C. Patient rooms and service areas shall comply with the requirements of A.A.C. R9-1-412(F), Guidelines for Construction and Equipment of Hospital and Medical Facilities, specifically Chapter 7, Sections 7.2(A) and (B) for General Hospitals.~~
- ~~D. Bed capacity shall not exceed two beds per room.~~
- A. An administrator shall ensure that counseling is:**
 - 1. Offered as described in the substance abuse transitional facility's scope of services.
 - 2. Provided according to the frequency and number of hours identified in the participant's treatment plan, and
 - 3. Provided by a behavioral health professional.
- B. An administrator shall ensure that:**
 - 1. A behavioral health professional providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 - 2. Each counseling session is documented in a participant's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.
- C. An administrator of a facility that provides behavioral health services to individuals under 18 years of age shall ensure that:**
 - 1. A participant does not receive the following from other participants at the facility:
 - a. Threats.
 - b. Ridicule.
 - c. Verbal harassment.
 - d. Punishment, or
 - e. Abuse; and
 - 2. The interior of the facility has furnishings and decorations appropriate to the ages of the participant receiving services at the facility.
- D. An administrator shall ensure that an emergency safety response is:**
 - 1. Only used:
 - a. By a personnel member trained to use an emergency safety response.
 - b. For the management of a participant's violent or self-destructive behavior, and
 - c. When less restrictive interventions have been determined to be ineffective;
 - 2. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated; and
 - 3. Documented as follows:
 - a. Within 24 hours after an emergency safety response is used for a participant, the following information is entered into the participant medical record:
 - i. The date and time the emergency safety response was used;
 - ii. The name of each personnel member who used an emergency safety response;
 - iii. The specific emergency safety response used;
 - iv. Personnel member or participant behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - v. Any injury that resulted from the emergency safety response;
 - b. Within 10 working days after an emergency safety response is used for a participant, the administrator or clinical director reviews the information in subsection (D)(3)(a); and
 - c. After the review required in subsection (D)(3)(b), the following information is entered into the participant's medical record:
 - i. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the participant;
 - ii. A determination of whether the participant is appropriately placed at the facility; and
 - iii. Whether the participant's treatment plan was reviewed or needs to be reviewed and amended to ensure that the participant's treatment plan is meeting the participant's treatment needs.
- E. An administrator shall ensure that a personnel member whose job description includes the ability to use an emergency safety response completes training in crisis intervention:**
 - 1. Before providing behavioral health services, and
 - 2. At least once every 12 months after the date the personnel member completed the initial training.

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R9-10-1413. Medication Services

- A.** If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:
1. Include:
 - a. A process for providing information to a participant about medication prescribed for the participant including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner and meets the participant's needs;
 - d. Procedures for documenting medication services and assistance in the self-administration of medication;
 - e. Procedures for assisting a participant in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication;
- B.** If substance abuse transitional facility provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a participant only as prescribed;
 - d. A participant's refusal to take prescribed medication is documented in the participant's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 3. A medication administered to a participant:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the participant's medical record and
 4. If pain medication is administered to a participant, documentation in the participant's medical record includes:
 - a. An identification of the participant's pain before administering the medication, and
 - b. The effect of the pain medication administered.
- C.** If a substance abuse transitional facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A participant's medication is stored by the facility;
 2. The following assistance is provided to a participant:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the participant;
 - c. Observing the participant while the participant removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
 - i. The participant taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the participant at the time stated on the medication container label; or
 - e. Observing the participant while the participant takes the medication;
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse;
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency

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1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below;
 - b. Cooked to the following temperatures:
 - i. Ground beef and any food containing ground beef cooked to heat all parts of the food to at least 160° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 160° F;
 - iv. Raw shell eggs and any food containing raw shell eggs cooked to heat all parts of the food to at least 145° F for 15 seconds; and
 - v. If the facility serves a population that is not a highly susceptible population, rare roast beef can be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak can be served cooked on both top and bottom to a surface temperature of at least 145° F; and
 - c. Leftovers are reheated to a temperature of 165° F;
4. A refrigerator contains a thermometer, located at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

R9-10-1415. Emergency and Safety Standards

An administrator shall ensure that:

1. A fire drill for employees and participants on the premises is conducted at least once every three months on each shift;
2. Documentation of each fire drill is created and includes:
 - a. The date and time of the drill;
 - b. The amount of time taken for all employees and participants to evacuate the facility;
 - c. Any problems encountered in conducting the drill; and
 - d. Recommendations for improvement, if applicable;
3. Records of employee and participant fire drills are maintained on the premises for 12 months after the date of the drill and include the date and time of the drill, names of employees participating in the drill, and identification of participants needing assistance for evacuation;
4. A written evacuation plan is developed and maintained on the premises;
5. An evacuation path is conspicuously posted on each hallway of each floor of the facility; and
6. A written disaster preparedness plan is developed and maintained on the premises that includes:
 - a. When, how, and where participants will be relocated;
 - b. How each participant's medical record will be available to personnel providing services to the participant during a disaster;
 - c. A plan to ensure each participant's medication will be available to administer to the participant during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the facility or the facility's relocation site during a disaster.

R9-10-1416. Environmental Standards

A. An administrator shall ensure that:

1. The premises and equipment are sufficient to accommodate the activities, treatment, and ancillary services stated in the facility's scope of services;
2. The facility premises and equipment are:
 - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
 - b. Clean, and
 - c. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
3. A pest control program is implemented and documented;
4. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to A.A.C. Title 18, Chapter 13, Article 14 and facility policies and procedures;
5. Equipment used at the facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in facility policies and procedures; and
 - c. Used according to the manufacturer's recommendations;

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6. Documentation of equipment testing, calibration, and repair is maintained for one year after the date of the testing, calibration, or repair;
 7. Garbage and refuse are:
 - a. Stored in plastic bags in covered containers, and
 - b. Removed from the premises at least once a week;
 8. Heating and cooling systems maintain the facility at a temperature between 68° F to 85° F at all times;
 9. A space heater is not used;
 10. Common areas are lighted to assure the safety of participants and sufficient to allow personnel members to monitor participant activity;
 11. Hot water temperatures are maintained between 95° F and 120° F in the areas of a facility used by participants;
 12. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
 13. Soiled linen and soiled clothing stored by the facility are stored in closed containers away from food storage, kitchen, and dining areas;
 14. Oxygen containers are secured in an upright position;
 15. Poisonous or toxic materials are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to participants;
 16. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to participants;
 17. If a non-municipal water source is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coli form or *E. coli* bacteria and corrective action is taken to ensure the water is safe to drink, and
 - b. Documentation of testing is retained for two years after the date of the test; and
 18. 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.
- B.** An administrator shall ensure that:
1. Smoking or the use of tobacco products are not permitted within a facility; and
 2. Smoking or tobacco products may be permitted on the premises outside a facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** An administrator shall ensure that:
1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and
 2. A facility has:
 - a. A room that provides privacy for a participant to receive treatment or visitors; and
 - b. A common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.
- D.** An administrator shall ensure that:
1. For every six participants, there is at least one working toilet that flushes and one sink with running water;
 2. For every eight participants, there is at least one working bathtub or shower;
 3. A participant bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror;
 - b. A window that opens or another means of ventilation; and
 - c. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;
 4. Each participant is provided a bedroom for sleeping; and
 5. A participant bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Contains a door that opens into a hallway, common area, or outdoors;
 - c. In addition to the door in subsection (D)(5)(b), contains another means of egress;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide participant privacy;
 - f. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 - g. Has floor to ceiling walls;
 - h. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or

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- ii. Shared bedroom that:
 - (1) Is shared by no more than eight participants;
 - (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - (3) Provides at least three feet of floor space between beds or bunk beds;
- i. Contains for each participant occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personnel effects and clothing such as a dresser or chest; and
 - j. Has sufficient lighting for participant occupying the bedroom to read.

R9-10-1417. Physical Plant Standards

- A.** An administrator shall ensure that facility:
 - 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 participant safety documented and approved by the local jurisdiction.
- B.** An administrator shall obtain a fire inspection of the facility conducted according to the time-frame established by the local fire department or the State Fire Marshal and make any repairs or corrections stated on the inspection report.
- C.** An administrator shall maintain a current fire inspection report on the premises.

ARTICLE 16. ~~RESERVED~~ BEHAVIORAL HEALTH SUPPORTIVE HOMES

R9-10-1601. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definition applies in this Article unless otherwise specified:

“Sibling” means one of two or more individuals having one or both parents in common.

R9-10-1602. Administration

- A.** A provider:
 - 1. Is at least 21 years of age;
 - 2. Resides in the behavioral health supportive home;
 - 3. Is the governing authority of the behavioral health supportive home;
 - 4. Has a written agreement with a collaborating health care institution;
 - 5. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of residents;
 - 6. Has the skills and knowledge established by the collaborating health care institution in R9-10-117;
 - 7. Has documentation of completion of training in assistance in the self-administration of medication in R9-10-117;
 - 8. Has documentation of evidence of freedom from infectious tuberculosis as specified in R9-10-112; and
 - 9. Shall ensure that:
 - a. Except as provided in R9-10-1608(A), there are only three residents admitted to a behavioral health supportive home; and
 - b. Documentation required by this Article is provided to the Department within two hours after a Department request.
- B.** There may be up to two providers for a behavioral health supportive home. If there are two providers, the Department shall issue the behavioral health supportive home license to both providers.
- C.** A provider shall provide written notification to the Department:
 - 1. If a resident’s death is required to be reported according to A.R.S. § 11-593, within one working day after the resident’s death; and
 - 2. Within two working days after a resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.
- D.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a provider, the provider shall immediately report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
 - 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred on the premises or while the resident is receiving services from a provider, the provider shall:
 - 1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 - 2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident 18 years of age, according to A.R.S. § 13-3620;

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3. Document the action in subsection (E)(1) and the report in subsection (E)(2) and maintain the documentation for 12 months after the date of the report;
4. Investigate the alleged or suspected abuse, neglect, or exploitation and develop a written report of the investigation within five working days after the report required in subsection (E)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. Description of any injury to the resident and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
5. Submit a copy of the investigation report required in subsection (E)(4) to the Department within 10 working days after submitting the report in subsection (E)(2); and
6. Maintain a copy of the investigation report required in subsection (E)(4) for 12 months after the date of the investigation report.

R9-10-1603. Resident Rights

A. An administrator shall ensure that:

1. A resident is treated with dignity, respect, and consideration;
2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by:
 - i. A behavioral health supportive home's provider, or
 - ii. An individual other than a resident residing in the behavioral health supportive home; and
3. A resident or the resident's representative:
 - a. Is informed of the resident complaint process;
 - b. Consents to photographs of the resident before a resident is photographed except that a resident may be photographed when admitted to a behavioral health supportive home for identification and administrative purposes; and
 - c. Except as otherwise permitted by law, provides written consent to the release of the resident's:
 - i. Medical records, and
 - ii. Financial records.

B. A resident has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive services that support and respect the resident's individuality, choices, strengths, and abilities;
3. To receive privacy in care for personal needs;
4. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the provider is unable to provide physical health services or behavioral health services for the resident; and
6. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-1604. Providing Services

A. A provider shall ensure that behavioral health services and ancillary services are provided to a resident according to the resident's assessment or treatment plan obtained from a collaborating health care institution.

B. A provider shall submit documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs to the resident's case manager and a collaborating health care institution.

R9-10-1605. Assistance in the Self-Administration of Medication

A. If a provider provides assistance in the self-administration of medication, the provider shall ensure that:

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1. If a resident is receiving assistance in the self-administration of medication, the resident's medication is stored by the provider;
 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container or medication organizer for the resident;
 - c. Observing the resident while the resident removes the medication from the medication container or medication organizer;
 - d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the resident at the time stated on the medication container label; or
 - e. Observing the resident while the resident takes the medication; and
 3. Assistance with the self-administration of medication provided to a resident is documented in the resident's medical record.
- B.** When medication is stored by a provider, the provider shall ensure that:
1. A locked cabinet, closet, or self-contained unit is used for medication storage;
 2. Medication is stored according to the instructions on the medication container; and
 3. Medication, including expired medication, that is no longer being used is discarded.
- C.** A provider shall immediately report a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication.

R9-10-1606. Resident Records

- A.** A provider shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a resident's medical record is:
 - a. Only recorded by the provider;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. Information in a resident's medical record is disclosed to an individual only with the written consent of a resident or the resident's representative or as permitted by law; and
 4. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a provider maintains resident medical records electronically, the provider shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** A provider shall ensure that a resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth; and
 - c. The name and contact information of the resident's representative, if applicable;
 2. The names, addresses, and telephone numbers of:
 - a. The resident's primary care provider;
 - b. The resident's case manager;
 - c. The resident's behavioral health professional;
 - d. An individual to be contacted in the event of emergency, significant change in the resident's condition, or termination of residency;
 3. Date of the resident's admission to the behavioral health supportive home;
 4. Documentation of freedom from infectious tuberculosis;
 5. A copy of the resident's assessment or treatment plan and any updates to the resident's assessment or treatment plan obtained from a collaborating health care institution;
 6. Documentation of a medication for which the resident received assistance in the self-administration of the medication that includes:
 - a. The date and time of assistance;
 - b. The name, strength, dosage, and route of administration;
 - c. The provider's signature or first and last initials; and
 - d. Any adverse reaction a resident has to the medication;
 7. Documentation of the resident's refusal of a medication, if applicable;
 8. Documentation of any significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs; and
 9. A written notice of termination of residency, if applicable.

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R9-10-1607. Food Services

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a resident;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a resident as prescribed by the resident's physician or dietitian; and
5. Chemicals and detergents are not stored with food.

R9-10-1608. Emergency and Safety Standards

A provider shall ensure that:

1. There is a first aid kit available at a behavioral health supportive home;
2. If a firearm or ammunition for a firearm are stored at a behavioral health supportive home:
 - a. The firearm is stored separate from the ammunition for the firearm; and
 - b. The firearm and the ammunition for the firearm are:
 - i. Stored in a locked closet, cabinet, or container; and
 - ii. Inaccessible to a resident;
3. There is a smoke detector installed in:
 - a. A bedroom used by a resident,
 - b. A hallway in a behavioral health supportive home, and
 - c. A behavioral health supportive home's kitchen;
4. A smoke detector required in subsection (3):
 - a. Is maintained in operable condition; and
 - b. Is battery operated or, if hard-wired into the electrical system of a behavioral health supportive home, has a back-up battery;
5. A behavioral health supportive home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the behavioral health supportive home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
 - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
 - b. Serviced at least every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is conspicuously posted in a behavioral health supportive home;
8. An evacuation drill is conducted at least once every 3 months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least two years after the date of the fire drill.

R9-10-1609. Environmental Standards

A. A provider shall ensure that a behavioral health supportive home:

1. Is in a building that:
 - a. Has a residential occupancy according to the local zoning jurisdiction; and
 - b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize the health or safety of a resident;
2. Has a living room accessible at all times to a resident;
3. Has a dining area furnished for group meals that is accessible to the provider, residents, and any other individuals present in the behavioral health supportive home;
4. Has:
 - a. At least one bathroom for each six individuals residing in the behavioral health home, including residents; and
 - b. A bathroom with a working toilet that flushes and a sink with running water accessible for use by a resident;
5. Has equipment and supplies to maintain a resident's personal hygiene accessible to the resident;
6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
7. Has a pest control program that is implemented and documented.

B. A provider shall ensure that any pets or other animals allowed on the premises do not endanger the health or safety of a resident.

C. If a swimming pool is located on the premises, a provider shall ensure that:

1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational vacuum cleaning system;

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2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least five feet from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- D.** A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.

R9-10-1610. Adult Behavioral Health Therapeutic Home

- A.** If a provider plans to be absent from an adult behavioral health therapeutic home for 24 hours or more, the provider shall ensure that a resident is transferred to an appropriate placement until the provider returns to the adult behavioral health therapeutic home.
- B.** A provider shall ensure that:
1. A bedroom for use by a resident:
 - a. Is separated from a hall, corridors, or other habitable room by floor to ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
 - b. Contains for each resident using the bedroom:
 - i. A separate, adult-size, single bed or larger bed with a clean mattress in good repair;
 - ii. Clean bedding appropriate for the season;
 - iii. An individual dresser and closet for storage of personal possessions and clothing; and
 - iv. A mirror for grooming; and
 - c. If used for:
 - i. Single occupancy, contains at least 60 square feet of floor space; or
 - ii. Double occupancy, contains at least 100 square feet of floor space;
 2. A resident does not share a bedroom with an individual who is not a resident;
 3. No more than two residents share a bedroom;
 4. If two residents share a bedroom, each resident agrees, in writing, to share the bedroom;
 5. A resident is allowed to have the resident's own furniture in the resident's bedroom unless the resident's furniture would interfere with safety precautions, violate a building or fire code, or interfere with another resident's use of the bedroom; and
 6. A resident's bedroom is not used to store anything other than the furniture and articles used by the resident and the resident's belongings.

R9-10-1611. Children's Behavioral Health Respite Home

- A.** A provider may provide services in a children's behavioral health respite home for up to 4 residents if the residents are siblings.
- B.** For a children's behavioral health respite home, a provider shall:
1. Have a valid fingerprint clearance card according to A.R.S. § 36-425.03; and
 2. Ensure that:
 - a. If an adult other than a provider is present in the children's behavioral health respite home, the provider supervises the adult when and where a resident is present;
 - b. If an individual may present a threat to a resident based on the individual's developmental levels, social skills, verbal skills, and personal history, the provider supervises the individual when and where a resident is present;
 - c. A resident does not share a bedroom with:
 - i. An individual that, based on the other individual's developmental levels, social skills, verbal skills, and personal history, may present a threat to the resident or with an adult; and
 - ii. Except as provided in subsection (B)(2)(d), an individual that is not the same gender;
 - d. A resident may share a bedroom with an individual that is not the same gender if the individual is the resident's sibling;
 - e. A bedroom used by a resident:
 - i. If the bedroom is a private bedroom, the bedroom contains at least 60 square feet of floor space, not including the closet; or
 - ii. If the bedroom is a shared bedroom, the bedroom:
 - (1) Contains at least 100 square feet of floor space, not including a closet, for two individual occupying the

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- bedroom or contains at least 140 square feet of floor space, not including a closet, for three individuals occupying the bedroom;
- (2) If there are 4 siblings occupying the bedroom, contains at least 140 square feet of floor space, not including a closet, with sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door; and
- (3) Provides at least three feet of floor space between beds or bunk beds;
- iii. Contains a bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and clean linens; and
- iv. Contains individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
- f. Clean linens for a bed include a 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 of a resident;
- g. A resident older than three years of age does not sleep in a crib;
- h. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age and developmental level; and
- i. The following are stored in a labeled container separate from food storage areas and inaccessible to a resident:
 - i. Materials and chemicals labeled as a toxic substance, and
 - ii. Substances that have a child warning label and may be a hazard to a resident.

ARTICLE 17. ~~OUTPATIENT SURGICAL CENTERS~~ UNCLASSIFIED HEALTH CARE INSTITUTIONS

R9-10-1701. Definitions

In this Article, unless the context otherwise requires:

1. ~~“Advance directives” means a living will, prehospital medical care directive, or health care power of attorney.~~
2. ~~“Circulating nurse” means a licensed nurse who is responsible for the functioning of the operating room during a surgical procedure and who does not directly assist the surgeon.~~
3. ~~“Inpatient care” means postsurgical services provided in a hospital as defined in Article 2.~~
4. ~~“Licensed nurse” means an individual licensed pursuant to A.R.S. Title 32, Chapter 15.~~
5. ~~“Medical staff” means physicians, podiatrists, dentists, and other practitioners licensed pursuant to A.R.S. Title 32 and who are privileged by agreement with the facility, as defined in the facility's medical staff bylaws, to attend patients.~~
6. ~~“Outpatient surgical services” means those anesthesia and surgical services provided to a patient in an outpatient surgical center which do not require planned inpatient care following a surgical procedure.~~
7. ~~“Patient's representative” means either a person acting on behalf of a patient with the written consent of the patient or the patient's legal guardian, or a surrogate pursuant to A.R.S. § 36-3201(13).~~
8. ~~“Surgical suite” means an area which includes one or more operating rooms and one or more recovery rooms.~~

Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

R9-10-1702. Administration

- ~~**A.** The governing authority shall consist of one or more persons responsible for the organization and administration of the outpatient surgical center. The governing authority shall:~~
- ~~1. Adopt policies and procedures for the operation of the surgical center to ensure compliance with state laws, rules, and local ordinances;~~
 - ~~2. Adopt the medical staff bylaws;~~
 - ~~3. Grant or deny clinical privileges of physicians and other members of the medical staff and delineate, in writing, the clinical privileges of each medical staff member; and~~
 - ~~4. Adopt a quality management plan.~~
- ~~**B.** The governing authority shall appoint an administrator who shall have authority and responsibility to manage the facility. The administrator shall:~~
- ~~1. Be responsible to the governing authority;~~
 - ~~2. Act as a liaison between the governing authority, medical and facility staff;~~
 - ~~3. Develop and implement written administrative policies and procedures governing:~~
 - ~~a. Personnel employment, orientation, in-service, staffing, and recordkeeping;~~
 - ~~b. Patient admissions, rights and responsibilities, grievances, medical treatment, and recordkeeping;~~
 - ~~c. Advance directives;~~
 - ~~d. Medications procurement and dispensing;~~
 - ~~e. Contract services;~~
 - ~~f. Infection control, housekeeping, and maintenance;~~

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- g. ~~Quality management and recordkeeping;~~
- h. ~~Emergency treatment and disaster plan; and~~
- i. ~~Equipment inspection.~~
- 4. ~~Ensure that all the policies and procedures are available to all employees in the facility;~~
- 5. ~~Develop and implement a quality management plan;~~
- 6. ~~Employ personnel to provide outpatient surgical services;~~
- 7. ~~Ensure that a pharmacy maintained by the facility is registered pursuant to A.R.S. Title 32, Chapter 18 or as otherwise provided by law;~~
- 8. ~~Ensure that pathology services are provided by a laboratory licensed, or exempt from licensure, pursuant to A.R.S. Title 36, Chapter 4.1;~~
- 9. ~~Designate, in writing, an individual to be on duty, in charge, and have access to all areas related to patient care and operation of the physical plant when the administrator is not present; and~~
- 10. ~~If the outpatient surgical center meets the definition of "abortion clinic" in A.R.S. § 36-449.01, ensure that abortions and related services are provided in compliance with the requirements in Article 15.~~

A. A governing authority for a health care institution not otherwise classified or subclassified in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10 shall:

- 1. Consist of one or more individuals accountable for the organization, operation, and administration of the health care institution;
- 2. Establish in writing:
 - a. A health care institution's scope of services, and
 - b. Qualifications for an administrator;
- 3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
- 4. Adopt a quality management program according to R9-10-1703;
- 5. Review and evaluate the effectiveness of the quality management program in R9-10-1703 at least once every 12 months;
- 6. Designate in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Not expected to be present on a health care institution's premises for more than 30 calendar days, or
 - b. Not present on a health care institution's premises for more than 30 calendar days; and
- 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425 when there is a change in an administrator.

B. An administrator:

- 1. Is directly accountable to the governing authority for the operation of a health care institution and the services provided by or at the health care institution;
- 2. Has the authority and responsibility to manage the health care institution; and
- 3. Except as provided in subsection (A)(7), designates, in writing, an individual who is on the health care institution's premises and is available and accountable for the services provided by the health care institution when the administrator is not present on the health care institution's facility's premises.

C. An administrator shall ensure that:

- 1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover cardiopulmonary resuscitation training, including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual providing cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - e. Include a method to identify a patient to ensure the patient receives services as ordered;
 - f. Cover first aid training;
 - g. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - h. Cover specific steps and deadlines for:
 - i. A patient to file a complaint;
 - ii. The health care institution to respond to and resolve a patient complaint; and
 - iii. The health care institution to obtain documentation of fingerprint clearance, if applicable;
 - i. Cover medical records, including electronic medical records;

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after submitting the report in subsection (G)(2); and

6. Maintain a copy of the investigation report required in subsection (G)(4) for 12 months after the date of the investigation report.

H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, patient, or a patient's representative:

1. The patient rights listed in R9-10-1707.
2. The health care institution's current license.
3. The evacuation plan listed in R9-10-1712, and
4. The location at which inspection reports required in R9-10-1712(B) are available for review or can be made available for review.

R9-10-1703. Patient Rights Quality Management

A. ~~The administrator shall give each patient or patient's representative a written list of patient rights prior to services being provided. The patient or patient's representative shall acknowledge, in writing, receipt of the list of patient rights.~~

B. ~~The administrator shall post a list of patient rights in a conspicuous area.~~

C. ~~Personnel shall apprise each patient or patient's representative of the following rights and shall make a reasonable effort to ensure that language barriers or physical handicaps do not prevent each patient or patient's representative from becoming aware of these rights:~~

1. ~~To be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care needs;~~
2. ~~To be free from chemical, physical, and psychological abuse or neglect;~~
3. ~~To refuse or withdraw consent for treatment or give conditional consent for treatment;~~
4. ~~To have medical and financial records kept in confidence and the release of such records shall be by written consent of the patient or the patient's representative except as otherwise required or permitted by law;~~
5. ~~To be informed of the following:~~
 - a. ~~Proposed surgical procedures and the risks involved;~~
 - b. ~~Policy on advance directives;~~
 - e. ~~Costs of services prior to obtaining services or prior to a change in rates, charges, or services;~~
 - d. ~~Notice of third-party coverage, including Medicare and Arizona Health Care Cost Containment System coverage; and~~
 - e. ~~The patient grievance process.~~

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-1704. Personnel Contracted Services

A. ~~The administrator shall ensure that personnel are employed to meet the needs of patients and that job descriptions which define qualifications, duties, and responsibilities are established for all personnel.~~

B. ~~Personnel, 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.~~

C. ~~The administrator shall provide orientation to each employee within the first week of employment. Orientation shall be specific to the position held by the employee.~~

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- ~~D. Employees who provide direct patient care shall:
 1. Be 18 years of age or older;
 2. Be certified in cardiopulmonary resuscitation within the first month of employment, and maintain current certification thereafter; and
 3. Attend six hours of in-service education per year which is exclusive of orientation, and cardiopulmonary resuscitation and relates to the purposes and function of an outpatient surgical center.~~
- ~~E. The administrator shall ensure that personnel records are maintained which include:
 1. Application for employment;
 2. Verification of training, certification, or licensure;
 3. Initial proof of freedom from tuberculosis and annual verification statement thereafter; and
 4. Orientation and in-service training records.~~

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article.
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-1705. Medical Staff Personnel

- ~~A. The medical staff shall approve bylaws for the conduct of medical staff activities.~~
- ~~B. The medical staff physicians shall conduct medical peer review pursuant to A.R.S. Title 36, Chapter 4, Article 5 and shall submit recommendations to the governing authority for approval.~~
- ~~C. The medical staff shall establish written policies and procedures which define the extent of emergency treatment to be performed in the facility including cardiopulmonary resuscitation procedures and provisions for the emergency transfer of a patient.~~

A. An administrator shall ensure that:

1. A personnel member is at least 21 years old.
2. An employee is at least 18 years old.
3. A student is at least 18 years old, and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description.
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
3. Personnel members are present on a health care institution's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the health care institution's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.

C. An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, employee, volunteer, and student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
 - a. The individual's name.

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- b. The date of the orientation, and
- c. The subject or topics covered in the orientation;
- 4. A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member;
- 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
- 6. A work schedule of each personnel member is developed and maintained at the health care institution for at least 12 months after the date of the work schedule.
- D.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has direct interaction with a patient, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- E.** An administrator shall ensure that a personnel record is maintained for each employee, volunteer, and student that contains:
 - 1. The individual's name, date of birth, home address, and contact telephone number;
 - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - 3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. If the health care institution provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
 - f. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(d);
 - g. First aid training, if required for the individual according to this Article or policies and procedures; and
 - h. Evidence of freedom from infectious tuberculosis, if the individual is required to provide evidence of freedom according to subsection (E).
- F.** An administrator shall ensure that personnel records are maintained:
 - 1. Throughout an individual's period of providing services in or for the health care institution; and
 - 2. For at least two years after the last date the individual provided services in or for the health care institution.
- G.** An administrator shall ensure that at least one personnel member who is present at the health care institution during the hours of the health care institution operation has first-aid training and cardiopulmonary resuscitation certification specific to the populations served by the health care institution.

R9-10-1706. Nursing Services Transport; Transfer

- ~~**A.** The administrator shall employ a registered nurse as the director of nursing who shall be responsible for the management and supervision of nursing services, including:
 - 1. ~~Developing and implementing written nursing and patient care policies and procedures, including medications administration, storage, and disposal;~~
 - 2. ~~Ensuring that the facility is staffed based on the number of patients and their health care needs;~~
 - 3. ~~Participating in quality management activities; and~~
 - 4. ~~Appointing a registered nurse, in writing, to act in the absence of the director of nursing.~~~~
- ~~**B.** A licensed nurse shall function as a circulating nurse during each surgical procedure.~~
- ~~**C.** A registered nurse shall be present in the recovery room whenever patients are in the recovery room. A registered nurse shall be in the facility until all patients are discharged.~~
- ~~**D.** A licensed nurse shall ensure that the patient or patient's representative acknowledges, in writing, the physician's written discharge instructions.~~
- A.** Except for a transport of a patient due to an emergency, an administrator shall ensure that:
 - 1. A personnel member coordinates the transport and the services provided to the patient;
 - 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before and after the transport,
 - b. Medical records are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
 - 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the personnel member accompanying the patient during a transport.

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- B.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer.
 - b. Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, a personnel member accompanying the patient during a transfer.

R9-10-1707. Admission Patient Rights

- ~~**A.** A medical staff physician shall admit patients to the facility who do not require planned inpatient care and who shall be kept in the facility less than 24 hours.~~
- ~~**B.** Within 30 days prior to admission, a medical staff member shall complete a medical history and physical examination of the patient. The individual responsible for performing the operative procedure shall document the preoperative diagnosis and the procedure to be performed.~~
- ~~**C.** The administrator shall ensure that the following documents are in the patient's medical record prior to surgery:~~
- ~~1. A medical history and results of a current physical examination;~~
 - ~~2. A preoperative diagnosis and the results of any laboratory tests or procedures relative to the surgery and the condition of the patient;~~
 - ~~3. Evidence of informed consent by the patient or patient's representative for the surgical procedure and care of the patient;~~
 - ~~4. Documentation concerning advance directives; and~~
 - ~~5. Physician orders.~~

- A.** An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).

- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a unclassified health care institution's personnel members, employees, volunteers, or students; and
 3. A patient or the patient's representative:
 - a. Is informed of the patient complaint process;
 - b. Consents to photographs of the patient before a patient is photographed except that a patient may be photographed when admitted to a health care institution for identification and administrative purposes; and
 - c. Except as otherwise permitted by law, provides written consent to the release of the patient's:
 - i. Medical records; and
 - ii. Financial records.

- C.** A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;

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2. To receive services that support and respect the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the provider is unable to provide physical health services or behavioral health services for the patient; and
6. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-1708. Quality Management Medical Records

- ~~**A.** The administrator shall establish and implement a quality management plan that monitors and evaluates the provision of all aspects of patient care including physician and contracted services.~~
- ~~**B.** The quality management plan shall be in writing and describe the objectives, organization, scope, and process for improving quality of care which shall include the monitoring activities.~~
- ~~**C.** The administrator shall maintain a record of quality management activities and ensure that any conclusions and recommendations on findings of quality management activities are reported to the governing authority.~~

A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
5. A patient's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;
6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law;
7. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
8. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a health care institution maintains a patient's medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth;
 - d. The name and contact information of the patient's representative, if applicable; and
 - e. Any known allergies including medication allergies;
2. The name of the admitting medical practitioner or behavioral health professional;
3. An admitting diagnosis;
4. Documentation of general consent, and if applicable informed consent, for treatment by the patient or the patient's representative except in an emergency;
5. Documentation of medical history and results of a physical examination;
6. A copy of the patient's health care directive, if applicable;
7. Orders;
8. Assessment;
9. Treatment plans;
10. Interval note;
11. Progress notes;
12. Documentation of health care institution services provided to the patient;

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13. Disposition of the patient after discharge;
14. Discharge plan;
15. A discharge summary, if applicable;
16. If applicable:
 - a. Laboratory reports;
 - b. Radiologic reports;
 - c. Diagnostic reports;
 - d. Documentation of restraint or seclusion, and
 - e. Consultation reports; and
17. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain when initially administered or PRN:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication when initially administered or PRN:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a patient has to the medication.

R9-10-1709. Surgical Medication Services Requirements

- ~~A. The administrator shall ensure there is a current listing of all surgical procedures offered by the facility and shall maintain a chronological register of all surgical procedures performed.~~
- ~~B. The administrator shall ensure that a roster of medical staff who have surgical or anesthesia privileges at the facility is available to the facility staff, specifying the privileges and limitations of each person on the roster.~~
- ~~C. The individual responsible for performing the operative procedure shall complete an operative report and any necessary discharge instructions according to medical staff bylaws and facility policies and procedures. The individual responsible for the administration of anesthesia shall complete an anesthesia report and any necessary discharge instructions according to medical staff bylaws and facility policies and procedures.~~
- ~~D. A physician shall remain on the premises until all patients are discharged from the recovery room.~~

A. If a health care institution provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:

1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
 - d. Procedures for documenting medication services and assistance in the self-administration of medication;
 - e. Procedures for assisting a patient in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. If a health care institution provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;

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- c. Ensure that medication is administered to a patient only as prescribed; and
- d. A patient's refusal to take prescribed medication is documented in the patient's medical record;
- 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
- 3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record;
- 4. If pain medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An identification of the patient's pain before administering the pain medication, and
 - b. The effect of the pain medication administered; and
- 5. If a psychotropic medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An identification of the patient's behavior before administering the psychotropic medication, and
 - b. The effect of the psychotropic medication administered.
- C.** If health care institution provides assistance in the self-administration of medication, an administrator shall ensure that:
 - 1. A patient's medication is stored by the health care institution;
 - 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the patient at the time stated on the medication container label; or
 - e. Observing the patient while the patient takes the medication;
 - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
 - 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
 - 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 - 6. Assistance with the self-administration of medication provided to a patient:
 - a. Is in compliance with an order, and
 - b. Is documented in the patient's medical record.
- D.** An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members; and
 - 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medication and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a health care institution, an administrator shall ensure that:
 - 1. There is a separate room or closet used for medication storage that includes a lockable door;
 - 2. A locked cabinet or self-contained unit is used for medication storage;
 - 3. Medication is stored according to the instructions on the medication container; and

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4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the health care institution's clinical director.

R9-10-1710. Medical Records Food Services

- ~~A. The administrator shall ensure that a medical record is established and maintained for each patient which contains the following information:~~
- ~~1. Name and address of patient and patient's representative;~~
 - ~~2. Written acknowledgment of the receipt of patient rights;~~
 - ~~3. Documentation of advance directives;~~
 - ~~4. Admitting diagnosis;~~
 - ~~5. Medical history and physical examination;~~
 - ~~6. Laboratory and radiology reports;~~
 - ~~7. Consent forms;~~
 - ~~8. Physician orders and notations;~~
 - ~~9. Surgeon's operative report;~~
 - ~~10. Anesthesia report;~~
 - ~~11. Nursing care notations;~~
 - ~~12. Medications and treatments administered; and~~
 - ~~13. Written acknowledgment of receipt of discharge instructions by the patient or patient's representative.~~
- ~~B. Medical and facility staff shall sign with surname and date their entries in a patient's medical record.~~
- ~~C. Staff shall release medical record information only after receiving the patient's or patient representative's written consent, or as otherwise required or permitted by law.~~
- ~~D. The administrator shall ensure that the medical record of a discharged patient is completed within 90 days of the discharge.~~
- ~~E. Medical records shall be retained onsite at the facility, or retrievable by facility staff within two hours of a request, for a period of one year from a patient's discharge.~~
- ~~F. The administrator shall ensure that the medical records are maintained for a period of five years, except as provided in A.R.S. § 36-343.~~
- ~~G. If a facility ceases operation, the governing authority shall ensure the preservation of records and notify the Department, in writing, of the location of the records.~~

If food services are provided, an administrator shall ensure:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a patient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a patient as prescribed by the patient's physician or dietitian; and
5. Chemicals and detergents are not stored with food.

R9-10-1711. Environmental Emergency and Safety Standards

- ~~A. The administrator shall ensure that written infection control policies and procedures are established and implemented for the surveillance, control, and prevention of infection which shall include the following:~~
- ~~1. Sterilization methods;~~
 - ~~2. Storage, maintenance, and distribution of sterile supplies and equipment; and~~
 - ~~3. Disposal of waste, including blood, body tissue, and fluid.~~
- ~~B. The administrator shall ensure that housekeeping and maintenance services are provided to maintain a safe and sanitary environment.~~
- ~~C. The administrator shall ensure that equipment is operational, inspected, and maintained in accordance with the facility's policies and procedures which shall include the following:~~
- ~~1. Testing, calibrating, servicing, or repairing of equipment to ensure that the equipment is free from fire and electrical hazards;~~
 - ~~2. Maintaining records documenting service and calibration information;~~
 - ~~3. Use, maintenance, and storage of oxygen and other flammable gases in accordance with A.A.C. R9-1-412(B); and~~
 - ~~4. Use and maintenance of electrical equipment in accordance with A.A.C. R9-1-412(E).~~

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~~D. The administrator shall ensure that there is a functional emergency power source.~~

A. An administrator shall ensure:

1. There is a first aid kit available at a health care institution;
2. If a firearm or ammunition for a firearm are stored at a health care institution:
 - a. The firearm is stored separate from the ammunition for the firearm;
 - b. The firearm and the ammunition for the firearm are:
 - i. Stored in a locked closet, cabinet, or container; and
 - ii. Inaccessible to a patient;
3. If applicable, there is a smoke detector installed in:
 - a. A bedroom used by a patient,
 - b. A hallway in a health care institution, and
 - c. A health care institution's kitchen;
4. A smoke detector required in subsection (A)(3):
 - a. Is maintained in operable condition; and
 - b. Is battery operated or, if hard-wired into the electrical system of a health care institution, has a back-up battery;
5. A health care institution has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and is available to a personnel member;
6. A portable fire extinguisher required in subsection (A)(5) is:
 - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
 - b. Serviced at least every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is conspicuously posted in a health care institution;
8. An evacuation drill is conducted at least once every 3 months; and
9. A record of an evacuation drill required in subsection (A)(8) is maintained for at least two years after the date of the fire drill.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-1712. Emergency Physical Plant, Environmental Services, and Equipment Standards

~~A. Staff shall provide emergency treatment according to the facility's policies and procedures.~~

~~B. The administrator shall ensure the development of a written disaster plan of operation with procedures to be followed in the event of a fire or threat to patient safety and shall ensure that an emergency evacuation route is posted in every room where patients may be present, except restrooms.~~

~~C. The administrator shall ensure that:~~

- ~~1. Fire drills are conducted every three months and that all staff on duty participate;~~
- ~~2. Records of the drills include the date, time, and critique of the drills; and~~
- ~~3. Records of the drills are maintained for one year.~~

~~D. The facility shall pass annual inspection for fire safety by the fire authority having jurisdiction.~~

A. If applicable, an administrator shall ensure that a health care institution:

1. Is in a building that:
 - a. Has a residential occupancy according to the local zoning jurisdiction; and
 - b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize the health or safety of a patient;
2. Has a living room accessible at all times to a patient;
3. Has a dining area furnished for group meals that is accessible to the provider, patients, and any other individuals present in the health care institution;
4. Has:
 - a. At least one bathroom for each six individuals residing in the health care institution, including patients; and
 - b. A bathroom with a working toilet that flushes and a sink with running water accessible for use by a patient; and
5. Has equipment and supplies to maintain a patient's personal hygiene that are accessible to the patient.

B. An administrator shall ensure that:

1. A health care institution's premises are:
 - a. Sufficient to provide the health care institution's scope of services;
 - b. Cleaned and disinfected according to the health care institution's policies and procedures to prevent, minimize, and control illness and infection;
 - c. Clean and free from accumulations of dirt, garbage, and rubbish; and

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- d. Free from a condition or situation that may cause an individual to suffer physical injury;
- 2. If a health care institution collects urine or stool specimens from a patient, the health care institution has at least one bathroom that:
 - a. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation; and
 - b. Is for the exclusive use of the health care institution;
- 3. A pest control program is implemented and documented;
- 4. A tobacco smoke-free environment is maintained on the premises;
- 5. A refrigerator used to store a medication is:
 - a. Maintained in working order, and
 - b. Only used to store medications;
- 6. Equipment at the health care institution is:
 - a. Sufficient to provide the health care institution's scope of service;
 - b. Maintained in working condition;
 - c. Used according to the manufacturer's recommendations; and
 - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
- 7. Documentation of an equipment test, calibration, and repair is maintained for 12 months after the date of testing, calibration, or repair.

R9-10-1713. Physical Plant Standards Repealed

- ~~A. Facilities licensed prior to the adoption of these rules shall conform to the requirements of A.A.C. R9-1-412(B), Life Safety Code, Chapter 13, Existing Health Care Occupancies.~~
- ~~B. Facilities licensed after the adoption of these rules shall conform to the physical plant health and safety codes and standards referenced in A.A.C. R9-1-411 and R9-1-412.~~
- ~~C. The administrator shall ensure that there shall be two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered. One additional recovery bed shall be required for each additional operating room.~~
- ~~D. Recovery beds or gurneys shall be located in a space which provides for a minimum of 70 square feet per bed, allowing three feet or more between beds and between the sides of a bed and the wall.~~
- ~~E. The administrator may provide recliner chairs in the recovery room area for patients who have not received general anesthesia.~~
- ~~F. The administrator shall ensure that the following shall be available in the surgical suite:
 - 1. ~~Oxygen and the means of administration;~~
 - 2. ~~Mechanical ventilatory assistance equipment including airways, manual breathing bag, and suction apparatus;~~
 - 3. ~~Cardiac monitor;~~
 - 4. ~~Defibrillator; and~~
 - 5. ~~Cardiopulmonary resuscitation drugs as determined by the facility's policies and procedures.~~~~

Notices of Exempt Rulemaking

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 20. DEPARTMENT OF HEALTH SERVICES

~~BEHAVIORAL HEALTH SERVICE AGENCIES: LICENSURE~~ **COURT-ORDERED PROGRAM APPROVALS**

Editor's Note: The following Notice of Exempt Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 2468.) The Governor's Office authorized the notice to proceed through the rulemaking process on May 18, 2012.

[R13-114]

PREAMBLE

<u>1. Article, Part, or Section Affected (as applicable)</u>	<u>Rulemaking Action</u>
Article 1	Repeal
Article 1	New Article
R9-20-101	Amend
R9-20-102	Repeal
R9-20-102	New Section
R9-20-103	Amend
R9-20-104	Amend
R9-20-105	Repeal
R9-20-105	New Section
R9-20-106	Repeal
R9-20-106	New Section
R9-20-107	Repeal
R9-20-107	New Section
R9-20-108	Repeal
R9-20-108	New Section
R9-20-109	New Section
R9-20-110	New Section
Article 2	Repeal
Article 2	New Article
R9-20-201	Repeal
R9-20-201	New Section
R9-20-202	Repeal
R9-20-202	New Section
R9-20-203	Repeal
R9-20-203	New Section
R9-20-204	Repeal
R9-20-204	New Section
R9-20-205	Repeal
R9-20-205	New Section
R9-20-206	Repeal
R9-20-206	New Section
R9-20-207	Repeal
R9-20-207	New Section
R9-20-208	Repeal
R9-20-208	New Section
R9-20-209	Repeal
R9-20-210	Repeal
R9-20-211	Repeal
R9-20-212	Repeal
R9-20-213	Repeal
R9-20-214	Repeal
R9-20-215	Repeal
R9-20-216	Repeal
Article 3	Repeal
R9-20-301	Repeal
R9-20-302	Repeal
R9-20-303	Repeal
Article 4	Repeal

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R9-20-401	Repeal
R9-20-402	Repeal
R9-20-403	Repeal
R9-20-404	Repeal
R9-20-405	Repeal
R9-20-406	Repeal
R9-20-407	Repeal
R9-20-408	Repeal
R9-20-409	Repeal
R9-20-410	Repeal
Article 5	Repeal
R9-20-501	Repeal
R9-20-503	Repeal
R9-20-504	Repeal
R9-20-505	Repeal
R9-20-506	Repeal
Article 6	Repeal
R9-20-601	Repeal
R9-20-602	Repeal
Article 7	Repeal
R9-20-701	Repeal
Article 8	Repeal
R9-20-801	Repeal
R9-20-802	Repeal
R9-20-803	Repeal
Article 9	Repeal
R9-20-901	Repeal
R9-20-902	Repeal
R9-20-903	Repeal
R9-20-904	Repeal
Article 10	Repeal
R9-20-1001	Repeal
R9-20-1002	Repeal
R9-20-1003	Repeal
R9-20-1004	Repeal
R9-20-1005	Repeal
R9-20-1006	Repeal
R9-20-1007	Repeal
R9-20-1008	Repeal
R9-20-1009	Repeal
R9-20-1010	Repeal
R9-20-1011	Repeal
R9-20-1012	Repeal
R9-20-1013	Repeal
R9-20-1014	Repeal
Article 11	Repeal
R9-20-1101	Repeal
Article 12	Repeal
R9-20-1201	Repeal
R9-20-1202	Repeal
Article 13	Repeal
R9-20-1301	Repeal
Article 14	Repeal
R9-20-1401	Repeal
Article 15	Repeal
R9-20-1501	Repeal
R9-20-1502	Repeal
R9-20-1503	Repeal
R9-20-1504	Repeal
R9-20-1505	Repeal
R9-20-1506	Repeal
R9-20-1507	Repeal
R9-20-1508	Repeal

2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific) and the statute or session law authorizing the exemption:

Notices of Exempt Rulemaking

Authorizing statutes: A.R.S. §§ 36-132(A)(1) and 36-136(F)

Implementing statutes: A.R.S. §§ 13-3601.01 and 36-2006

Statute or session law authorizing the exemption: Laws 2011, Ch. 96, § 2

3. The effective date of the rule and the agency's reason it selected the effective date:

October 1, 2013

The effective date provides regulated persons and the Arizona Department of Health Services (Department) with a 90-day period after the date the rules are adopted to implement the rules.

4. A list of all notices published in the Register as specified in R9-1-409(A) that pertain to the record of the exempt rulemaking:

Notice of Public Information: 19 A.A.R. 549, March 22, 2013

5. The agency's contact person who can answer questions about the rulemaking:

Name: Barbara Lang, Office Chief
Address: Arizona Department of Health Services
Division of Licensing Services
Office of Behavioral Health Licensing
150 N. 18th Ave., Suite 410
Phoenix, AZ 85007-3248

Telephone: (602) 364-2586

Fax: (602) 324-5872

E-mail: Barbara.Lang@azdhs.gov

or

Name: Thomas Salow, Manager
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
1740 W. Adams, Suite 203
Phoenix, AZ 85007

Telephone: (602) 542-1020

Fax: (602) 364-1150

E-mail: Thomas.Salow@azdhs.gov

6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:

Arizona Revised Statutes (A.R.S.) §§ 36-132(A)(17) and 36-405 authorize the Department to license and regulate health care institutions. A.R.S. § 36-405 further authorizes the Department to classify and subclassify health care institutions. Arizona Administrative Code (A.A.C.) Title 9, Chapter 20 contains the Department's licensing requirements for behavioral health service agencies, a class of health care institution. Laws 2011, Ch. 96, § 1 requires the Department to adopt rules regarding health care institutions that reduce monetary or regulatory costs on persons or individuals and facilitate licensing of "integrated health programs that provide both behavioral and physical health services." The Department has reviewed the rules in 9 A.A.C. 20 and, to comply with requirements in Laws 2011, Ch. 96, is reclassifying health care institutions currently licensed under 9 A.A.C. 20 and establishing the rules for the new classes of health care institutions in 9 A.A.C. 10. The rules currently in 9 A.A.C. 20 will be replaced with amended rules for other types of behavioral health service agencies, such as facilities that provide DUI services and misdemeanor domestic violence offender treatment, which are also currently regulated under the rules in 9 A.A.C. 20. The rules regulating these types of behavioral health service agencies will be revised consistent with statutory authority: A.R.S. § 36-2006 for facilities providing DUI services; and A.R.S. § 13-3601.01 for misdemeanor domestic violence offender treatment. The Department received an exception from the Governor's rulemaking moratorium, established by Executive Order 2012-03, for this rulemaking. The rules conform to current rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

None

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

Not applicable

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- 9. The summary of the economic, small business, and consumer impact, if applicable:**
Not applicable
- 10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package, (if applicable):**
Not applicable
- 11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:**
Not applicable
- 12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:**
- a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**
The rule does not require a permit, and businesses providing DUI services or misdemeanor domestic violence offender treatment may provide these services without obtaining an approval from the Department. However, under A.R.S. §§ 13-3601.01 and 36-2006, for a program or facility to be used for court-ordered alcohol or other drug screening, education, or treatment or for court-ordered domestic violence offender treatment, the program or facility must be approved by the Department. This approval is specific to the program and facility, so a general permit is not applicable and is not used.
 - b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:**
Not applicable
 - c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**
Not applicable
- 13. A list of any incorporated by reference material and its location in the rules:**
None
- 14. Whether this rule previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:**
The rule was not previously made, amended, repealed, or renumbered as an emergency rule.
- 15. The full text of the rules follows:**

TITLE 9. HEALTH SERVICES

CHAPTER 20. DEPARTMENT OF HEALTH SERVICES

~~BEHAVIORAL HEALTH SERVICE AGENCIES: LICENSURE~~ COURT-ORDERED PROGRAM APPROVALS

~~ARTICLE 1. GENERAL~~ DUI SERVICES

Section

- R9-20-101. Definitions
- R9-20-102. ~~Agency Subclasses and Required and Authorized Services~~ Individuals to Act for Applicant
- R9-20-103. ~~Initial License Application and Renewal~~
- R9-20-104. ~~License Application or Renewal Approval Process~~
- R9-20-105. ~~Time frames~~ Notification of Change
- R9-20-106. ~~Changes Affecting a License Rescinding Approval~~
- R9-20-107. ~~Enforcement Actions~~ Administration, Monitoring
- R9-20-108. ~~Denial, Revocation, or Suspension of a License~~ Requirements for DUI Screening
- R9-20-109. ~~Repealed~~ Requirements for DUI Education
- R9-20-110. ~~Repealed~~ Requirements for DUI Treatment

~~ARTICLE 2. UNIVERSAL RULES~~ MISDEMEANOR DOMESTIC VIOLENCE OFFENDER TREATMENT

Section

- R9-20-201. ~~Administration~~ Definitions
- R9-20-202. ~~Required Reports~~ Individuals to Act for Applicant
- R9-20-203. ~~Client Rights~~ Application and Renewal

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- R9-20-204. ~~Staff Member and Employee Qualifications and Records Application or Renewal Approval Process~~
- R9-20-205. ~~Clinical Supervision Notification of Change~~
- R9-20-206. ~~Orientation and Training Rescinding Approval~~
- R9-20-207. ~~Staffing Requirements Administration, Monitoring~~
- R9-20-208. ~~Admission Requirements Misdemeanor Domestic Violence Offender Treatment Standards~~
- R9-20-209. ~~Assessment and Treatment Plan Repealed~~
- R9-20-210. ~~Discharge Repealed~~
- R9-20-211. ~~Client Records Repealed~~
- R9-20-212. ~~Transportation Repealed~~
- R9-20-213. ~~Outings Repealed~~
- R9-20-214. ~~Environmental Standards Repealed~~
- R9-20-215. ~~Time Out Repealed~~
- R9-20-216. ~~Emergency Safety Response Repealed~~

ARTICLE 3. OUTPATIENT CLINIC REQUIREMENTS REPEALED

Section

- R9-20-301. ~~Universal Outpatient Clinic Requirements Repealed~~
- R9-20-302. ~~Supplemental Requirements for Counseling Repealed~~
- R9-20-303. ~~Supplemental Requirements for Medication Services Repealed~~

ARTICLE 4. RESIDENTIAL AGENCY REQUIREMENTS REPEALED

Section

- R9-20-401. ~~Supplemental Admission Requirements Repealed~~
- R9-20-402. ~~Supplemental Requirements for Social, Recreational, or Rehabilitative Activities Repealed~~
- R9-20-403. ~~Supplemental Requirements for Client Funds Repealed~~
- R9-20-404. ~~Supplemental Requirements for an Agency that Provides Behavioral Health Services to Children Repealed~~
- R9-20-405. ~~Environmental Standards Repealed~~
- R9-20-406. ~~Fire Safety Standards Repealed~~
- R9-20-407. ~~Food Service Requirements Repealed~~
- R9-20-408. ~~Assistance in the Self-Administration of Medication Repealed~~
- R9-20-409. ~~Supplemental Requirements for a Level 2 Behavioral Health Residential Agency Repealed~~
- R9-20-410. ~~Supplemental Requirements for a Level 3 Behavioral Health Residential Agency Repealed~~

ARTICLE 5. INPATIENT TREATMENT PROGRAM REQUIREMENTS REPEALED

Section

- R9-20-501. ~~Universal Inpatient Treatment Program Requirements Repealed~~
- R9-20-503. ~~Supplemental Requirements for Crisis Services Repealed~~
- R9-20-504. ~~Supplemental Requirements for Detoxification Services Repealed~~
- R9-20-505. ~~Supplemental Requirements for a Level 1 RTC Repealed~~
- R9-20-506. ~~Supplemental Requirements for a Level 1 Sub-Acute Agency Repealed~~

ARTICLE 6. USE OF RESTRAINT OR SECLUSION REPEALED

Section

- R9-20-601. ~~Definitions Repealed~~
- R9-20-602. ~~Requirements for Use of Restraint or Seclusion Repealed~~

ARTICLE 7. LEVEL 1 SPECIALIZED TRANSITIONAL AGENCY REPEALED

Section

- R9-20-701. ~~Supplemental Requirements for a Level 1 Specialized Transitional Agency Repealed~~

ARTICLE 8. COURT ORDERED SERVICES REPEALED

Section

- R9-20-801. ~~Supplemental Requirements for Pre-Petition Screening Repealed~~
- R9-20-802. ~~Supplemental Requirements for Court-Ordered Evaluation Repealed~~
- R9-20-803. ~~Supplemental Requirements for Court-Ordered Treatment Repealed~~

ARTICLE 9. DUI SERVICES REPEALED

Section

- R9-20-901. ~~Exceptions for a Licensee of an Agency That Only Provides DUI Screening or DUI Education or Both~~

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- R9-20-902. ~~Repealed~~
Supplemental Requirements for DUI Screening ~~Repealed~~
R9-20-903. Supplemental Requirements for DUI Education ~~Repealed~~
R9-20-904. Supplemental Requirements for DUI Treatment ~~Repealed~~

ARTICLE 10. OPIOID TREATMENT REPEALED

Section

- R9-20-1001. Definitions ~~Repealed~~
R9-20-1002. Administration ~~Repealed~~
R9-20-1003. Admission ~~Repealed~~
R9-20-1004. Assessment and Treatment Plan ~~Repealed~~
R9-20-1005. Dosage ~~Repealed~~
R9-20-1006. Drug Screening ~~Repealed~~
R9-20-1007. Take-Home Medication ~~Repealed~~
R9-20-1008. Withdrawal Treatment ~~Repealed~~
R9-20-1009. Counseling and Medical Services ~~Repealed~~
R9-20-1010. Diverse Populations ~~Repealed~~
R9-20-1011. Preparedness Planning ~~Repealed~~
R9-20-1012. Client Records ~~Repealed~~
R9-20-1013. Community Relations ~~Repealed~~
R9-20-1014. Diversion Control ~~Repealed~~

ARTICLE 11. MISDEMEANOR DOMESTIC VIOLENCE OFFENDER TREATMENT REPEALED

Section

- R9-20-1101. Misdemeanor Domestic Violence Offender Treatment Standards ~~Repealed~~

ARTICLE 12. LEVEL 4 TRANSITIONAL AGENCY REPEALED

Section

- R9-20-1201. Definitions ~~Repealed~~
R9-20-1202. Standards for a Level 4 Transitional Agency ~~Repealed~~

ARTICLE 13. SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE REPEALED

Section

- R9-20-1301. Standards for a Shelter for Victims of Domestic Violence ~~Repealed~~

ARTICLE 14. RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY REPEALED

Section

- R9-20-1401. Standards for a Rural Substance Abuse Transitional Agency ~~Repealed~~

ARTICLE 15. ADULT THERAPEUTIC FOSTER HOME REPEALED

Section

- R9-20-1501. Management ~~Repealed~~
R9-20-1502. Licensee Qualifications and Requirements ~~Repealed~~
R9-20-1503. Supervision ~~Repealed~~
R9-20-1504. Admission ~~Repealed~~
R9-20-1505. Assessment and Treatment Plan ~~Repealed~~
R9-20-1506. Client Records ~~Repealed~~
R9-20-1507. Environmental Standards ~~Repealed~~
R9-20-1508. Food Services ~~Repealed~~

ARTICLE 1. GENERAL DUI SERVICES

R9-20-101. Definitions

The following definitions apply in this Chapter unless otherwise specified:

- i. "Abuse" means:
 - a. For an adult:
 - i. The intentional infliction of physical harm or allowing another individual to inflict physical harm;
 - ii. Causing injury by negligent acts or omissions;
 - iii. Unreasonable or unlawful confinement;
 - iv. Sexual abuse, sexual assault, sexual misconduct, molestation, incest or prostitution;

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- v. ~~A pattern of ridiculing or demeaning, making derogatory remarks to, verbally harassing, or threatening to inflict physical harm on a client; or~~
- vi. ~~Pharmacological abuse; or~~
- b. For a child:
 - i. ~~The infliction of, or allowing another individual to inflict, physical harm;~~
 - ii. ~~Causing injury or impairment of bodily functions by negligent acts or omissions;~~
 - iii. ~~A pattern of ridiculing or demeaning, making derogatory remarks to, verbally harassing, or threatening to inflict physical harm on a client;~~
 - iv. ~~Inflicting or allowing another to inflict sexual misconduct, sexual assault, molestation of a child, commercial sexual exploitation of a minor, incest, or child prostitution; or~~
 - v. ~~Pharmacological abuse.~~
- 2. ~~“Administrative office” means a designated area in a building used for operating an agency that is at a separate location from the agency’s premises.~~
- 3. ~~“Administrator” means an individual designated according to R9-20-201(A)(5).~~
- 4. ~~“Admission” means the written acceptance by an agency to provide behavioral health services to an individual.~~
- 5. ~~“Adult” means an individual 18 years of age or older.~~
- 6. ~~“Adult therapeutic foster home” means an agency that provides behavioral health services and ancillary services to at least one and no more than three adults and where the clients live in the home with, and are integrated into the family of, the individuals providing behavioral health services to the clients.~~
- 7. ~~“Agency” means a behavioral health service agency, a classification of a health care institution, including a mental health treatment agency defined in A.R.S. § 36-501, that is licensed to provide behavioral health services according to A.R.S. Title 36, Chapter 4.~~
- 8. ~~“Agent” means an adult who has been designated to act for a client who is an adult in a mental health care power of attorney completed by the client according to A.R.S. Title 36, Chapter 32, Article 6.~~
- 9. ~~“Ancillary services” means items or activities that are not behavioral health services but are necessary to ensure a client’s health, safety, and welfare, such as food, housing, laundry, or transportation.~~
- 10. ~~“Assessment” means the collection and analysis of an individual’s information required in R9-20-209 to determine the individual’s treatment needs.~~
- 11. ~~“Assistance in the self administration of medication” means aid provided to a client in:~~
 - a. ~~Storing the client’s medication to facilitate compliance with subsections (A)(11)(b) through (e);~~
 - b. ~~Reminding the client to take a medication;~~
 - e. ~~Verifying that the medication is taken as directed by the client’s medical practitioner by:~~
 - i. ~~Confirming that a medication is being taken by the client for whom it is prescribed;~~
 - ii. ~~Checking the dosage against the label on the container, and~~
 - iii. ~~Confirming that the client is taking the medication as directed;~~
 - d. ~~Opening a medication container; or~~
 - e. ~~Observing the client while the client removes the medication from the container or takes the medication.~~
- 12. ~~“Behavioral health issue” means an individual’s condition related to a mental disorder, personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.~~
- 13. ~~“Behavioral health medical practitioner” means an individual licensed and authorized by law to use and prescribe medication and devices defined in A.R.S. § 32-1901, and who is one of the following with at least one year of full-time behavioral health work experience:~~
 - a. ~~A physician;~~
 - b. ~~A physician assistant, or~~
 - e. ~~A nurse practitioner.~~
- 14. ~~“Behavioral health paraprofessional” means an individual who meets the applicable requirements in R9-20-204 and has:~~
 - a. ~~An associate’s degree;~~
 - b. ~~A high school diploma, or~~
 - e. ~~A high school equivalency diploma.~~
- 15. ~~“Behavioral health professional” means an individual who meets the applicable requirements in R9-20-204 and is a:~~
 - a. ~~Psychiatrist;~~
 - b. ~~Behavioral health medical practitioner;~~
 - e. ~~Psychologist;~~
 - d. ~~Baccalaureate social worker licensed according to A.R.S. Title 32, Chapter 33;~~
 - e. ~~Master social worker licensed according to A.R.S. Title 32, Chapter 33;~~
 - f. ~~Clinical social worker licensed according to A.R.S. Title 32, Chapter 33;~~
 - g. ~~Professional counselor licensed according to A.R.S. Title 32, Chapter 33;~~
 - h. ~~Associate counselor licensed according to A.R.S. Title 32, Chapter 33;~~

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- i. Marriage and family therapist, licensed according to A.R.S. Title 32, Chapter 33;
 - j. Associate marriage and family therapist licensed according to A.R.S. Title 32, Chapter 33;
 - k. Substance abuse counselor licensed according to A.R.S. Title 32, Chapter 33;
 - l. Associate substance abuse counselor licensed according to A.R.S. Title 32, Chapter 33;
 - m. Independent substance abuse counselor licensed according to A.R.S. Title 32, Chapter 33;
 - n. Behavior analyst licensed according to A.R.S. § 32-2001; or
 - o. Registered nurse with at least one year of full-time behavioral health work experience.
16. "Behavioral health service" means the assessment, diagnosis, or treatment of an individual's behavioral health issue.
17. "Behavioral health technician" means an individual who meets the applicable requirements in R9-20-204 and:
- a. Has a master's degree or bachelor's degree in a field related to behavioral health;
 - b. Is a registered nurse;
 - c. Is a physician assistant who is not working as a medical practitioner;
 - d. Has a bachelor's degree and at least one year of full-time behavioral health work experience;
 - e. Has an associate's degree and at least two years of full-time behavioral health work experience;
 - f. Has a high school diploma or high school equivalency diploma and:
 - i. 18 credit hours of post-high school education in a field related to behavioral health completed no more than four years before the date the individual begins providing behavioral health services and two years of full-time behavioral health work experience; or
 - ii. Four years of full-time behavioral health work experience; or
 - g. Is licensed as a practical nurse, according to A.R.S. Title 32, Chapter 15, with at least two years of full-time behavioral health work experience.
18. "Behavioral health work experience" means providing behavioral health services:
- a. In an agency;
 - b. To an individual, or
 - c. In a field related to behavioral health.
19. "Branch office" means an agency's secondary facility that is open and functioning 20 or fewer hours each week and that provides counseling.
20. "Child" means an individual younger than 18 years of age.
21. "Client" means an individual who is accepted by an agency for the provision of behavioral health services.
22. "Client record" means the collected documentation of the behavioral health services provided to and the information gathered regarding a client, maintained as required in R9-20-211 or as otherwise provided in this Chapter.
23. "Clinical director" means an individual designated by the licensee according to R9-20-201(A)(6).
24. "Clinical supervision" means review of skills and knowledge and guidance in improving or developing skills and knowledge.
25. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
26. "Conspicuously posted" means displayed in a facility at a location that is accessible and visible to a client and the public.
27. "Contiguous grounds" means real property that can be enclosed by a single unbroken boundary line that does not enclose property owned or leased by another.
28. "Co-occurring disorder" means a combination of a mental disorder or a personality disorder and one or more of the following:
- a. Substance abuse, or
 - b. A developmental disability.
29. "Correctional facility" has the same meaning as in A.R.S. § 31-341.
30. "Counseling" means the therapeutic interaction between a client, clients, or a client's family and a behavioral health professional or behavioral health technician intended to improve, eliminate, or manage one or more of a client's behavioral health issues and includes:
- a. Individual counseling provided to a client;
 - b. Group counseling provided to more than one client or more than one family, or
 - c. Family counseling provided to a client or the client's family.
31. "Court-ordered alcohol treatment" means detoxification services or treatment provided according to A.R.S. Title 36, Chapter 18, Article 2.
32. "Court-ordered alcohol treatment evaluation" has the same meaning as "evaluation" in A.R.S. § 36-2021.
33. "Court-ordered evaluation" or "evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.
34. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.
35. "CPR" means cardiopulmonary resuscitation.
36. "Crisis services" means immediate and unscheduled behavioral health services provided:
- a. In response to an individual's behavioral health issue to prevent imminent harm or to stabilize or resolve an acute behavioral health issue; and

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- b. At a Level I sub-acute agency.
- 37. "Current" means up-to-date, extending to the present time.
- 38. "Custodian" means a person, other than a parent or legal guardian, who stands in loco parentis to the child or a person to whom legal custody of the child has been given by order of the juvenile court.
- 39. "Danger to others" means that the judgement of a person who has a mental disorder is so impaired that he is unable to understand his need for treatment and as a result of his mental disorder his continued behavior can reasonably be expected, on the basis of a competent medical opinion, to result in serious physical harm.
- 40. "Danger to self" means:
 - a. Behavior which, as a result of a mental disorder, constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out.
 - b. Behavior which, as a result of a mental disorder, will, without hospitalization, result in serious physical harm or serious illness to the person, except that this definition shall not include behavior which establishes only the condition of gravely disabled.
- 41. "Day" means calendar day.
- 42. "Department" means the department of health services.
- 43. "Designated representative" means an individual identified in writing by a client or the client's parent, guardian, or custodian to assist the client in protecting the client's rights.
- 44. "Detoxification services" means behavioral health services and medical services provided:
 - a. To reduce or eliminate a client's dependence on, or to provide treatment for a client's signs and symptoms of withdrawal from, alcohol or other drugs; and
 - b. At a Level I sub-acute agency.
- 45. "Diagnosis" means a determination and labeling of a client's behavioral health issue according to the:
 - a. American Psychiatric Association, DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (4th ed. 1994), incorporated by reference and on file with the Department and the Office of the Secretary of State and including no future editions or amendments, available from American Psychiatric Press, Inc., Order Department, 1400 K Street, N.W., Suite 1101, Washington, DC 20005; or
 - b. National Center for Health Statistics, U.S. Department of Health and Human Services, ICD-9-CM: International Classification of Diseases, 9th Revision, Clinical Modification (5th ed. 2000), incorporated by reference and on file with the Department and the Office of the Secretary of State and including no future editions or amendments, available from Practice Management Information Corporation, 4727 Wilshire Boulevard, Suite 300, Los Angeles, CA 90010 and from the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.
- 46. "Discharge" means the written termination of a client's affiliation with an agency, according to R9-20-210.
- 47. "Discharge summary" means an analysis of the treatment provided to a client and the client's progress in treatment.
- 48. "Documentation" means written or electronic supportive evidence.
- 49. "Drug used as a restraint" means pharmacological restraint as used in A.R.S. § 36-513 that is not standard treatment for a client's medical condition or behavioral health issue and is administered:
 - a. To manage a client's behavior in a way that reduces the safety risk to the client or others, and
 - b. To temporarily restrict the client's freedom of movement.
- 50. "DSM-IV" means DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (4th ed. 1994), incorporated by reference in subsection (46)(a).
- 51. "DUI client" means an individual who is ordered by the court to receive DUI screening, DUI education, or DUI treatment as a result of an arrest or conviction for a violation of A.R.S. §§ 28-1381, 28-1382, or 28-1383.
- 52. "DUI education" has the same meaning as "education" in A.R.S. § 28-1301.
- 53. "DUI screening" has the same meaning as "screening" in A.R.S. § 28-1301.
- 54. "DUI treatment" has the same meaning as "treatment" in A.R.S. § 28-1301.
- 55. "Emergency safety response" means physically holding a client to safely manage a sudden, intense, or out-of-control behavior to prevent harm to the client or another individual.
- 56. "Employee" means an individual who receives compensation from an agency for work performed, but who does not provide behavioral health services.
- 57. "Exploitation" means the illegal use of a client's resources for another individual's profit or advantage according to A.R.S. Title 46, Chapter 4 or Title 13, Chapter 18, 19, 20, or 21.
- 58. "Facilities" means buildings used by a health care institution for providing any of the types of services as defined in this Chapter.
- 59. "Family member" means:
 - a. A client's parent, step-parent, foster parent, spouse, sibling, child, grandparent, grandchild, aunt, uncle, niece, nephew, or significant other; or

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- b. ~~For pre-petition screening, court-ordered evaluation, or court-ordered treatment, the same as defined in A.R.S. § 36-501.~~
- 60. ~~“Field related to behavioral health” means an academic discipline or area of study that explores human development, responses, or interactions, such as psychology or sociology.~~
- 61. ~~“Full time” means 40 hours a week or more.~~
- 62. ~~“General consent” means a written agreement for an individual to receive a behavioral health service signed by the individual or if applicable, the individual's parent, guardian, custodian, or agent.~~
- 63. ~~“General client supervision” means guidance of a client by a staff member and includes:~~
 - a. ~~Being aware of a client's general whereabouts;~~
 - b. ~~Monitoring a client's activities on the premises or on an agency-sponsored activity off the premises to ensure the health, safety, and welfare of the client; or~~
 - e. ~~Interacting with a client to assist the client in achieving a treatment goal.~~
- 64. ~~“Governing authority” means the individual, agency, group or corporation, appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.~~
- 65. ~~“Gravely disabled” means a condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he is unable to provide for his basic physical needs.~~
- 66. ~~“Grievance” means a client's documented expression of dissatisfaction to a licensee about an act, omission, or condition of the licensee's agency.~~
- 67. ~~“Guardian” means an individual or entity appointed to be responsible for the treatment or care of an individual according to A.R.S. Title 14, Chapter 5 or a similar provision in another state or jurisdiction.~~
- 68. ~~“Hazard” means a condition or situation from which a client may suffer physical injury or illness.~~
- 69. ~~“High school equivalency diploma” means:~~
 - a. ~~The document issued by the Arizona Department of Education under A.R.S. § 15-702 to an individual who passes a general educational development test or meets the requirements of A.R.S. § 15-702(B);~~
 - b. ~~The document issued by another state to an individual who passes a general educational development test or meets the requirements of a state statute equivalent to A.R.S. § 15-702(B); or~~
 - e. ~~The document issued by another country to an individual who has completed that country's equivalent to a 12th grade education, as determined by the Department.~~
- 70. ~~“Immediate” means without delay.~~
- 71. ~~“Incident” means an occurrence or event that has the potential to cause harm or has caused harm to a client.~~
- 72. ~~“Informed consent” has the same meaning as in A.R.S. § 36-501.~~
- 73. ~~“Initial assessment” means the assessment of a client made by a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional between the client's first visit with the behavioral health professional or behavioral health technician and the completion of the initial treatment plan.~~
- 74. ~~“Initial treatment plan” means a document that identifies the behavioral health services and ancillary services an agency shall provide a client until the agency develops a treatment plan according to R9-20-209(J).~~
- 75. ~~“Inpatient treatment program” means a behavioral health service agency that:~~
 - a. ~~Provides medical services and continuous onsite or on-call availability of a behavioral health medical practitioner;~~
 - b. ~~Provides accommodations for a client to stay overnight at the agency, and~~
 - e. ~~May provide restraint or seclusion.~~
- 76. ~~“Intern” means an individual who is enrolled in an academic program of a college or university and who provides behavioral health services at an agency as part of the academic program's requirements.~~
- 77. ~~“Level 1 residential treatment center” means an inpatient treatment program that provides treatment to an individual under the age of 21 who needs inpatient psychiatric services.~~
- 78. ~~“Level 1 RTC” means a Level 1 residential treatment center.~~
- 79. ~~“Level 1 specialized transitional agency” means an agency that provides treatment to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.~~
- 80. ~~“Level 1 sub-acute agency” means an inpatient treatment program that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual:~~
 - a. ~~To have a limited or reduced ability to meet the individual's basic physical and age-appropriate needs;~~
 - b. ~~To be a danger to self, a danger to others, or gravely disabled; or~~
 - e. ~~To suffer severe and abnormal mental, emotional, or physical harm that impairs judgment, reason, behavior, or the capacity to recognize reality.~~
- 81. ~~“Level 2 behavioral health residential agency” means a residential agency that provides:~~
 - a. ~~Counseling;~~
 - b. ~~Continuous onsite or on-call availability of a behavioral health professional; and~~
 - e. ~~Continuous treatment to an individual who is experiencing a behavioral health issue that limits the individual's independence but who is able to participate in all aspects of treatment and to meet the individual's basic physical~~

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- and age-appropriate needs.
82. ~~“Level 3 behavioral health residential agency” means a residential agency that provides continuous protective oversight and treatment to an individual who is able to participate in all aspects of treatment and to meet the individual’s basic physical and age-appropriate needs but who needs treatment to maintain or enhance independence.~~
83. ~~“Level 4 transitional agency” means an agency that provides accommodations where a client receives:~~
- ~~a. Support to assist the client in managing a crisis situation, or~~
 - ~~b. An opportunity to enhance the client’s independent living skills.~~
84. ~~“Level 4 transitional staff member” means an individual who meets the requirements in R9-20-1202(C) and who provides supportive intervention and general client supervision at a Level 4 transitional agency.~~
85. ~~“Licensee” means a person authorized by the Department to operate an agency.~~
86. ~~“Manager” means the individual who has the responsibility to operate according to the requirements in this Chapter:~~
- ~~a. A Level 4 transitional agency,~~
 - ~~b. A shelter for victims of domestic violence,~~
 - ~~e. A rural substance abuse transitional agency, or~~
 - ~~d. An adult therapeutic foster home.~~
87. ~~“Mechanical restraint” means any device, article, or garment attached or adjacent to a client’s body that the client cannot easily remove and that restricts the client’s freedom of movement or normal access to the client’s body but does not include a device, article, or garment:~~
- ~~a. Used for surgical or orthopedic purposes, or~~
 - ~~b. Necessary to allow a client to heal from a medical condition or to participate in a treatment program for a medical condition.~~
88. ~~“Medical emergency” means a situation that requires immediate medical intervention to prevent death, hospitalization, or serious physical harm.~~
89. ~~“Medical practitioner” means a:~~
- ~~a. Physician,~~
 - ~~b. Physician assistant, or~~
 - ~~e. Nurse practitioner.~~
90. ~~“Medical services” means the services pertaining to medical care that are performed at the direction of a physician on behalf of patients by physicians, dentists, nurses and other professional and technical personnel.~~
91. ~~“Medication” means a prescription medication as defined in A.R.S. § 32-1901 or nonprescription drug, as defined in A.R.S. § 32-1901.~~
92. ~~“Medication administration” means the provision or application of a medication to the body of a client by a medical practitioner or nurse or as otherwise provided by law.~~
93. ~~“Medication adjustment” means a change made by a medical practitioner in the medication used to treat a client’s behavioral health issue.~~
94. ~~“Medication monitoring” means the determination, made by a medical practitioner or registered nurse, of whether a client’s medication is achieving the desired effect.~~
95. ~~“Medication organizer” means a container divided according to date or time increments and designated to hold medication.~~
96. ~~“Medication services” means one or more of the following:~~
- ~~a. Medication administration,~~
 - ~~b. Medication monitoring, or~~
 - ~~e. Medication adjustment.~~
97. ~~“Mental disorder” has the same meaning as in:~~
- ~~a. A.R.S. § 36-501; or~~
 - ~~b. For an individual receiving treatment as a sexually violent person according to A.R.S. Title 36, Chapter 37, A.R.S. § 36-3701.~~
98. ~~“Mental health care power of attorney” means a written designation of an agent to make mental health care decisions that meets the requirements of A.R.S. § 36-3281.~~
99. ~~“Misdemeanor domestic violence offender treatment program” means a behavioral health service provided to an individual convicted of a misdemeanor domestic violence offense and ordered by a court to complete domestic violence offender treatment according to A.R.S. § 13-3601.01.~~
100. ~~“Neglect” means a pattern of conduct resulting in deprivation of food, water, medication, treatment, medical services, shelter, cooling, heating, or ancillary services necessary to maintain minimum physical or behavioral health.~~
101. ~~“NFPA” means National Fire Protection Association.~~
102. ~~“Nurse” means an individual licensed as a registered nurse or a practical nurse according to A.R.S. Title 32, Chapter 15.~~
103. ~~“Nurse practitioner” means an individual certified as a registered nurse practitioner according to A.R.S. Title 32, Chapter 15.~~

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104. "Nursing assessment" means the collection of data on an individual's medical history and current physical health status and the analysis of that data performed by a registered nurse.
105. "OBHL" means the Department's Office of Behavioral Health Licensure.
106. "On-call" means the immediate availability of an individual in person, by telephone, or other electronic means.
107. "Opioid treatment" means dispensing a medication, medication administration, or other treatment that includes an opioid agonist treatment medication or other narcotic treatment medication approved by the Federal Government for the treatment of opiate addiction, to alleviate or eliminate an individual's dependence upon an opioid drug.
108. "Order" means an instruction to provide a behavioral health service or a medical service to a client.
109. "Orientation" means familiarizing an individual with a new setting or situation.
110. "Outing" means a planned activity sponsored by an agency that:
- a. Occurs off the premises;
 - b. Is not part of the agency's regular program or daily routine, and
 - c. Lasts for more than four hours or occurs in a location where emergency medical services cannot be anticipated to respond within 12 minutes.
111. "Outpatient clinic" means an agency that provides treatment to a client for less than 24 consecutive hours and is not licensed as an agency subclass in R9-20-102(A)(2) through (11).
112. "Owner" means a person who appoints, elects, or otherwise designates a health care institution's governing authority.
113. "Partial care" means a day program that provides counseling or medication services at an outpatient clinic.
114. "Person" has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
115. "Personal funds account" means client monies that are held and managed by a licensee according to the requirements in R9-20-403(C) and (D).
116. "Personal restraint" means the application of physical force without the use of any device, for the purpose of restricting the free movement of a client's body, but:
- a. For a Level 1 RTC or a Level 1 sub acute agency, does not include:
 - i. Holding a client for no longer than five minutes, without undue force, in order to calm or comfort the client, or
 - ii. Holding a client's hand to safely escort the client from one area to another; and
 - b. For a correctional facility, does not include physically holding a client by a security officer for purposes not related to a client's behavioral health issue.
117. "Personality disorder" means an enduring, pervasive, and lifelong pattern of behavior that deviates from the expectations of an individual's culture; leads to an individual's functional impairment and distress; and has been diagnosed by a behavioral health professional.
118. "Pharmacist" means an individual licensed according to A.R.S. Title 32, Chapter 18.
119. "Pharmacological abuse" means administration of medication:
- a. For purposes of discipline, convenience, retaliation, or coercion; and
 - b. That is not required to treat a client's medical or behavioral health issue or for restraint.
120. "Physical examination" means the collection of data on an individual's medical history and current physical health and the analysis of the data by a medical practitioner.
121. "Physician" means an individual licensed according to A.R.S. Title 32, Chapter 13 or 17.
122. "Physician assistant" means an individual licensed according to A.R.S. Title 32, Chapter 25.
123. "Premises" means a licensed facility and the facility's contiguous grounds or a branch office where behavioral health services are provided.
124. "Prepetition screening" has the same meaning as in A.R.S. Title 36, Chapter 5.
125. "Presenting issue" means one or more behavioral health issues that are the reason for an individual's seeking or needing behavioral health services.
126. "PRN" means pro re nata or given as needed.
127. "Professionally recognized treatment" means a behavioral health service that is:
- a. Supported by research results published in a nationally recognized journal, such as the Journal of the American Psychiatric Association, the Journal of the American Medical Association, or the Journal of Psychiatric Rehabilitation; or
 - b. A generally accepted practice as determined by a Department approved psychiatrist or psychologist.
128. "Progress note" means documentation of:
- a. A behavioral health service or medical service provided to a client and the client's response that is observed;
 - b. A client's significant change in condition; or
 - c. Staff member observations of client behavior.
129. "Psychiatrist" has the same meaning as in A.R.S. § 36-501.
130. "Psychologist" means an individual licensed according to A.R.S. Title 32, Chapter 19.1.
131. "Referral" means assistance or direction provided to an individual to enable the individual to obtain information, behavioral health services, medical services, or ancillary services.

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132. "Regional behavioral health authority" means an organization under contract with the Department to coordinate the delivery of mental health services in a geographically specific service area of the state for eligible persons.
133. "Registered nurse" means an individual licensed as a graduate nurse, professional nurse, or registered nurse according to A.R.S. Title 32, Chapter 15.
134. "Representative payee" means an individual or agency authorized by the Social Security Administration to receive and manage the money a client receives from the Social Security Administration.
135. "Research" means the systematic study of a field of knowledge.
136. "Residential agency" means a:
- a. Level 2 behavioral health residential agency, or
 - b. Level 3 behavioral health residential agency.
137. "Respite" means short term behavioral health services or general client supervision that provides rest or relief to a family member or other individual caring for the client and that is provided in:
- a. A Level 1 sub-acute agency;
 - b. A Level 1 RTC;
 - c. A Level 2 behavioral health residential agency;
 - d. A Level 3 behavioral health residential agency;
 - e. An adult therapeutic foster home;
 - f. A domestic violence shelter; or
 - g. If provided by an outpatient clinic, a client's residence.
138. "Restraint" means personal restraint, mechanical restraint, or drug used as a restraint.
139. "Rural substance abuse transitional center" means an agency, located in a county with a population of fewer than 500,000 individuals according to the most recent U.S. decennial census, that provides behavioral health services to an individual who is intoxicated or has a substance abuse problem.
140. "Seclusion" means the involuntary confinement of a client in a room or an area from which the client cannot leave, but does not include the confinement of a client in a correctional facility.
141. "Secure facility" means the premises or portion of the premises that is locked or from which a client cannot leave without a key, special knowledge, or special effort.
142. "Security officer" has the same meaning as "security guard" in A.R.S. § 32-2601(23).
143. "Seriously mentally ill" means persons, who as a result of a mental disorder as defined in A.R.S. § 36-501 exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.
144. "Shelter for victims of domestic violence" or "shelter" means a facility providing temporary housing or facilities to family or household members who are victims of domestic violence.
145. "Significant change in condition" means a deterioration or improvement in a client's physical or behavioral health that may require a modification in the client's treatment.
146. "Significant other" means an individual whose participation the client considers to be essential to the effective provision of behavioral health services to the client.
147. "Staff member" means an individual who is employed by or under contract with a licensee to provide behavioral health services to an agency client and who is a:
- a. Behavioral health professional;
 - b. Behavioral health technician, or
 - c. Behavioral health paraprofessional.
148. "Subclass" means a type of behavioral health service agency listed in R9-20-102(A).
149. "Substance abuse" means the misuse of alcohol or another chemical or drug that:
- a. Alters an individual's behavior or mental functioning;
 - b. May cause psychological or physiological dependence; and
 - c. Impairs, reduces, or destroys the individual's social or economic functioning.
150. "Therapeutic diet" means one of the following ordered for an individual by a medical practitioner:
- a. Food; or
 - b. The manner in which food is to be prepared.
151. "Time out" means providing a client an opportunity to regain self-control in a designated area from which the client is not physically prevented from leaving.
152. "Transfer" means moving a client from one agency to another agency that assumes responsibility for the treatment of the client.
153. "Treatment" means:
- a. A professionally recognized treatment that is provided to a client or the client's family to improve, eliminate, or manage the client's behavioral health issue; or

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- b. ~~For court-ordered alcohol treatment, the same as in A.R.S. § 36-2021.~~
- 154. ~~“Treatment goal” means the desired result or outcome of treatment.~~
- 155. ~~“Treatment method” means the specific approach used to achieve a treatment goal.~~
- 156. ~~“Treatment plan” means a description of the specific behavioral health services that an agency will provide to a client that is documented in the client record.~~
- 157. ~~“Volunteer” means an individual who provides a behavioral health service or ancillary service at an agency without compensation.~~
- 158. ~~“Working day” means Monday, Tuesday, Wednesday, Thursday, or Friday, excluding state and federal holidays.~~

The following definitions apply in this Article unless otherwise specified:

1. “Administrator” means an individual who has authority and responsibility for managing the provision of DUI services.
2. “Applicant” means an individual or business organization that has submitted an application packet to the Department.
3. “Application packet” means the forms, documents, and additional information the Department requires an applicant to submit to become a DUI services provider.
4. “Behavioral health professional” means an individual licensed under A.R.S. Title 32 whose scope of practice allows the individual to:
 - a. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; or
 - b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101.
5. “Behavioral health service” means the medical services, nursing services, or health-related services provided to an individual to address the individual’s behavioral health issue.
6. “Business organization” has the same meaning as “entity” in A.R.S. § 10-140.
7. “Client” means an individual who is ordered by a court to receive DUI screening, DUI education, or DUI treatment as a result of an arrest, adjudication, or conviction for a violation of A.R.S. §§ 5-395.01, 8-343, 28-1381, 28-1382, or 28-1383.
8. “Client record” means documentation relating to the DUI services received by a client.
9. “Controlling person” means a person who, with respect to a business organization:
 - a. Through ownership, has the power to vote at least 10% of the outstanding voting securities of the business organization;
 - b. If the business organization is a partnership, is a general partner or is a limited partner who holds at least 10% of the voting rights of the partnership;
 - c. If the business organization is a corporation, association, or limited liability company, is the president, the chief executive officer, the incorporator, an agent, or any person who owns or controls at least 10% of the voting securities; or
 - d. Holds a beneficial interest in 10% or more of the liabilities of the business organization.
10. “Day” means a day, not including the day of the act, event, or default, from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, or state holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, or state holiday.
11. “Department” means the Arizona Department of Health Services.
12. “Documentation” means information in written, photographic, electronic, or other permanent form.
13. “DUI education” has the same meaning as “education” in A.R.S. § 28-1301.
14. “DUI education provider” means an individual or business organization that is approved by the Department as meeting the standards in this Article related to DUI education.
15. “DUI screening” has the same meaning as “screening” in A.R.S. § 28-1301.
16. “DUI screening provider” means an individual or business organization that is approved by the Department as meeting the standards in this Article related to DUI screening.
17. “DUI services” means DUI screening, DUI education, or DUI treatment provided to a client.
18. “DUI services provider” means an individual or business organization that is approved by the Department as a DUI screening provider, DUI education provider, or DUI treatment provider.
19. “DUI treatment” has the same meaning as “treatment” in A.R.S. § 28-1301.
20. “DUI treatment provider” means an individual or business organization that is approved by the Department as meeting the standards in this Article related to DUI treatment.
21. “Employee” means an individual compensated by a DUI services provider for work on behalf of the DUI services provider.
22. “Facility” means the building or buildings used to provide DUI services.
23. “Licensed substance abuse technician” has the same meaning as in A.R.S. § 32-3321.
24. “Licensed independent substance abuse counselor” has the same meaning as in A.R.S. § 32-3321.
25. “Monitoring” means the Department’s inspection of a facility to observe and check the quality of DUI services.

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26. “Referring court” means a court of competent jurisdiction that orders a client to receive DUI screening, DUI education, or DUI treatment.
27. “Secure connection” means a system through which information can be exchanged without unauthorized third party interception or corruption of the signals.

R9-20-102. ~~Agency Subclasses and Required and Authorized Services~~ **Individuals to Act for Applicant**

- A.** ~~A person may apply for an agency to be licensed in one or more of the following agency subclasses:~~
1. ~~Outpatient clinic;~~
 2. ~~Level 2 behavioral health residential agency;~~
 3. ~~Level 3 behavioral health residential agency;~~
 4. ~~Level 1 RTC;~~
 5. ~~Level 1 sub-acute agency;~~
 6. ~~Level 1 specialized transitional agency;~~
 7. ~~Level 4 transitional agency;~~
 8. ~~Shelter for victims of domestic violence;~~
 9. ~~Rural substance abuse transitional agency; or~~
 10. ~~Adult therapeutic foster home.~~
- B.** ~~If an agency is licensed as:~~
1. ~~An outpatient clinic, the licensee of the agency:~~
 - a. ~~Shall comply with:~~
 - i. ~~Article 1;~~
 - ii. ~~Article 2; and~~
 - iii. ~~R9-20-301; and~~
 - b. ~~Shall request authorization to provide one or more of the following:~~
 - i. ~~Counseling according to R9-20-302;~~
 - ii. ~~Medication services according to R9-20-303;~~
 - iii. ~~Assistance in the self-administration of medication according to R9-20-408;~~
 - iv. ~~Pre-petition screening according to R9-20-801;~~
 - v. ~~Court-ordered evaluation according to R9-20-802;~~
 - vi. ~~Court-ordered treatment according to R9-20-803;~~
 - vii. ~~DUI screening according to R9-20-901 and R9-20-902;~~
 - viii. ~~DUI education according to R9-20-901 and R9-20-903;~~
 - ix. ~~DUI treatment according to R9-20-904;~~
 - x. ~~Opioid treatment according to Article 10; or~~
 - xi. ~~Misdemeanor domestic violence offender treatment according to Article 11;~~
 - c. ~~If requesting authorization to provided opioid treatment according to Article 10, shall be certified by the Substance Abuse Mental Health Services Administration according to 42 CFR 8.11, incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;~~
 2. ~~A Level 2 behavioral health residential agency, the licensee of the agency:~~
 - a. ~~Shall comply with:~~
 - i. ~~Article 1;~~
 - ii. ~~Article 2;~~
 - iii. ~~R9-20-401 through R9-20-407; and~~
 - iv. ~~R9-20-409;~~
 - b. ~~Shall provide:~~
 - i. ~~Counseling according to R9-20-302; and~~
 - ii. ~~Assistance in the self-administration of medication according to R9-20-408; and~~
 - c. ~~May request authorization to provide:~~
 - i. ~~Medication services according to R9-20-303;~~
 - ii. ~~Pre-petition screening according to R9-20-801;~~
 - iii. ~~Court-ordered evaluation according to R9-20-802; or~~
 - iv. ~~Court-ordered treatment according to R9-20-803;~~
 3. ~~A Level 3 behavioral health residential agency, the licensee of the agency:~~
 - a. ~~Shall comply with:~~
 - i. ~~Article 1;~~
 - ii. ~~Article 2;~~
 - iii. ~~R9-20-401 through R9-20-407; and~~
 - iv. ~~R9-20-410;~~

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- b. ~~Shall provide assistance in the self-administration of medication according to R9-20-408; and~~
 - e. ~~May request authorization to provide:~~
 - i. ~~Counseling according to R9-20-302;~~
 - ii. ~~Medication services according to R9-20-303;~~
 - iii. ~~Pre-petition screening according to R9-20-801;~~
 - iv. ~~Court-ordered evaluation according to R9-20-802; or~~
 - v. ~~Court-ordered treatment according to R9-20-803;~~
4. ~~A Level 1 RTC, the licensee of the agency:~~
- a. ~~Shall comply with:~~
 - i. ~~Article 1;~~
 - ii. ~~Article 2;~~
 - iii. ~~R9-20-501; and~~
 - iv. ~~R9-20-505;~~
 - b. ~~Shall provide:~~
 - i. ~~Counseling according to R9-20-302;~~
 - ii. ~~Medication services according to R9-20-303; and~~
 - e. ~~May request authorization to provide:~~
 - i. ~~Assistance in the self-administration of medication according to R9-20-408;~~
 - ii. ~~Detoxification services according to R9-20-504;~~
 - iii. ~~Pre-petition screening according to R9-20-801;~~
 - iv. ~~Court-ordered evaluation according to R9-20-802;~~
 - v. ~~Court-ordered treatment according to R9-20-803; or~~
 - vi. ~~Restraint or seclusion according to Article 6;~~
5. ~~A Level 1 sub-acute agency, the licensee of the agency:~~
- a. ~~Shall comply with:~~
 - i. ~~Article 1;~~
 - ii. ~~Article 2;~~
 - iii. ~~R9-20-501; and~~
 - iv. ~~R9-20-506;~~
 - b. ~~Shall provide:~~
 - i. ~~Counseling according to R9-20-302;~~
 - ii. ~~Medication services according to R9-20-303; and~~
 - e. ~~May request authorization to provide:~~
 - i. ~~Assistance in the self-administration of medication according to R9-20-408;~~
 - ii. ~~Crisis services according to R9-20-503;~~
 - iii. ~~Detoxification services according to R9-20-504;~~
 - iv. ~~Restraint or seclusion according to Article 6;~~
 - v. ~~Pre-petition screening according to R9-20-801;~~
 - vi. ~~Court-ordered evaluation according to R9-20-802; or~~
 - vii. ~~Court-ordered treatment according to R9-20-803;~~
6. ~~Level 1 specialized transitional agency, the licensee of the agency:~~
- a. ~~Shall comply with:~~
 - i. ~~Article 1;~~
 - ii. ~~R9-20-201;~~
 - iii. ~~R9-20-202;~~
 - iv. ~~R9-20-204 through R9-20-215;~~
 - v. ~~R9-20-501; and~~
 - vi. ~~Article 7;~~
 - b. ~~Shall provide:~~
 - i. ~~Counseling according to R9-20-302;~~
 - ii. ~~Medication services according to R9-20-303; and~~
 - iii. ~~Restraint or seclusion according to Article 6; and~~
 - e. ~~May request authorization to provide assistance in the self-administration of medication according to R9-20-408;~~
7. ~~A Level 4 transitional agency, the licensee of the agency:~~
- a. ~~Shall comply with:~~
 - i. ~~Article 1; and~~
 - ii. ~~Article 12; and~~
 - b. ~~May request authorization to provide:~~
 - i. ~~Assistance in the self-administration of medication according to R9-20-408; or~~

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- ii. Counseling according to R9-20-302;
 - 8. A shelter for victims of domestic violence, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1, and
 - ii. Article 13; and
 - b. May request authorization to provide:
 - i. Assistance in the self-administration of medication according to R9-20-408, or
 - ii. Counseling according to R9-20-302;
 - 9. A rural substance abuse transitional agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1, and
 - ii. Article 14; and
 - b. May request authorization to provide:
 - i. Medication services according to R9-20-303, or
 - ii. Assistance in the self-administration of medication according to R9-20-408; and
 - 10. An adult therapeutic foster home, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1, and
 - ii. Article 15, and
 - b. May request authorization to provide assistance in the self-administration of medication according to R9-20-408.
- C. A licensee shall only operate a subclass or provide a behavioral health service listed on the agency's license.

When an applicant or DUI services provider is required by this Article to provide information on or sign an application form or other document, the following shall satisfy the requirement on behalf of the applicant or DUI services provider:

1. If the applicant or DUI services provider is an individual, the individual; or
2. If the applicant or DUI services provider is a business organization, the individual who the business organization has designated to act on the business organization's behalf and who:
 - a. Is a controlling person of the business organization;
 - b. Is a U.S. citizen or legal resident; and
 - c. Has an Arizona address.

R9-20-103. Initial License Application and Renewal

- A. According to A.R.S. § 36-422, a person applying for an initial license to operate an agency shall submit:
- i. An application packet that includes:
 - a. A Department provided application form signed according to A.R.S. § 36-422(B) and notarized that contains:
 - i. The name of the agency;
 - ii. The agency's street address, mailing address, telephone number and fax number;
 - iii. Whether the agency is operated as a proprietary or non-proprietary institution;
 - iv. The name of the owner;
 - v. The name and qualifications of the agency's chief administrative officer;
 - vi. The agency subclass or subclasses for which licensure is requested and if more than one subclass is requested, the location of each subclass on the premises;
 - vii. Whether the person applying for a license or a person with a 10 percent or greater interest in the agency has previously held a health care institution license in any state or jurisdiction;
 - viii. Whether the person applying for a license or a person with a 10 percent or greater interest in the agency has had a health care institution license suspended, denied, or revoked in any state or jurisdiction;
 - ix. Whether the person applying for a license or a person with a 10 percent or greater interest in the agency has had civil penalties assessed against a health care institution operated in any state by the person applying for a license or the owner;
 - x. Whether the person applying for a license or a person with a 10 percent or greater interest in the agency has had a professional or occupational license, other than a driver license, denied, revoked, or suspended in any state or jurisdiction; and
 - xi. Whether the person applying for a license or a person with a 10 percent or greater interest in the agency has been convicted, in any state or jurisdiction, of any felony or misdemeanor involving moral turpitude, including conviction for any crime involving abuse, neglect, or exploitation of another;
 - b. If the person applying for a license or a person with a 10 percent or greater interest in the agency answered yes to subsection (A)(1)(a)(vii), the health care institution's name, the license number, and the licensure dates on an attached sheet;
 - e. If the person applying for a license or a person with a 10 percent or greater interest in the agency answered yes to any of the questions in subsection (A)(1)(a)(viii) through (A)(1)(a)(xi), the details of each assessment of a civil

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penalty; each denial, suspension, or revocation; or each conviction on an attached sheet, including:

- i. The type of action;
- ii. The date of the action, and
- iii. The name of the court or entity having jurisdiction over the action;
- d. The name of the governing authority;
- e. Owner information including:
 - i. The type of organization, if applicable;
 - ii. The owner's address;
 - iii. The name, title, and address of the owner's statutory agent, members of the board of directors, or of the individual designated by the owner to accept service of process and subpoenas; and
 - iv. A copy of the bylaws and articles of incorporation, partnership or joint venture documents, or limited liability company documents, if applicable;
- f. The behavioral health services listed in R9-20-102 for which the agency is requesting authorization;
- g. The population for whom the licensee intends to provide behavioral health services at the agency;
- h. The requested licensed capacity for the agency, including:
 - i. The number of beds requested for individuals younger than 18 years of age, and
 - ii. The number of beds requested for individuals 18 years of age or older;
 - iii. The number of toilets, sinks, showers, and tubs at the agency;
- i. A program description completed according to R9-20-201(A)(2);
- j. A list of the agency's branch offices, including:
 - i. Each branch office's address;
 - ii. Each branch office's hours of operation, and
 - iii. Each behavioral health service provided at each branch office;
- k. A document issued by the local jurisdiction with authority certifying that the facility complies with all applicable local building codes;
- l. A copy of a current fire inspection conducted by the local fire department or the Office of the State Fire Marshal, and any plan of correction in effect;
- m. If the agency is required to have a food establishment license according to 9 A.A.C. 8, Article 1, a copy of the most recent food establishment inspection report for the agency and any plan of correction in effect;
- n. Whether the licensee is requesting, for the agency, certification under Title XIX of the Social Security Act;
- o. Whether the agency is accredited by a nationally recognized accreditation organization, and if so:
 - i. The name of nationally recognized accreditation organization that accredited the agency;
 - ii. If accredited by the Joint Commission on Accreditation of Health Care Organizations, whether the agency was accredited under the inpatient standards or community behavioral health standards;
 - iii. If the applicant is submitting an accreditation report in lieu of all licensing inspections conducted by the Department, a copy of the accreditation report;
 - iv. The dates of the accreditation period; and
 - v. If an agency is seeking licensure as a Level 1 RTC or a Level 1 sub-acute agency and the agency is also seeking Title XIX certification, whether the agency is accredited by the Joint Commission on Accreditation of Health Care Organizations, the Council on Accreditation for Children and Family Service, or the Commission on Accreditation of Rehabilitation Facilities;
- p. Whether the agency has a contract with a:
 - i. Regional behavioral health authority and, if so, the name of the contracted regional behavioral health authority; and
 - ii. Government entity, such as the Administrative Office of the Courts, Department of Juvenile Justice, the Department of Economic Security, or a tribal government;
- q. The name of each staff member, intern, or volunteer employed or under contract with the agency; whether each staff member is a behavioral health professional, behavioral health technician, or behavioral health paraprofessional; the professional or occupational license or certification number of each behavioral health professional; and the number on each staff member's fingerprint clearance card, if applicable;
- r. The licensee's organizational chart showing all staff member positions and the lines of supervision, authority, and accountability for the agency; and
- s. Whether the facility, or portion of the facility, used by clients is a secure facility and, if so:
 - i. The number of beds in the secure facility; and
 - ii. The number of beds in the secure facility that are designated for children and adults; and

2. The fees required in 9 A.A.C. 10, Article 1.

B. The Department shall approve or deny an application in this Section according to R9-20-105 and R9-20-108.

A. An applicant applying to become a DUI services provider shall submit to the Department an application packet that con-

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tains:

1. An application in a format provided by the Department that includes:
 - a. The applicant's name;
 - b. The applicant's address and telephone number;
 - c. The applicant's e-mail address;
 - d. The name, telephone number, and e-mail address of the individual acting on behalf of the applicant according to R9-20-102, if applicable;
 - e. The name under which the applicant plans to do business, if different from the applicant's name;
 - f. The address and telephone number of each facility from which DUI services will be provided;
 - g. Whether the applicant is seeking approval to provide:
 - i. DUI screening face-to-face,
 - ii. DUI screening electronically,
 - iii. DUI education in a classroom setting,
 - iv. DUI education electronically, or
 - v. DUI treatment; and
 - h. The applicant's signature and the date signed;
 2. If providing DUI screening, a copy of the:
 - a. Standardized instrument for measuring alcohol dependency or substance abuse required in R9-20-108(C)(4), and
 - b. Policies and procedures required in R9-20-108(A);
 3. If providing DUI education, a copy of the:
 - a. DUI education pre-test required in R9-20-109(E)(1),
 - b. DUI education information required R9-20-109(E)(2),
 - c. DUI education post-test required in R9-20-109(E)(3),
 - d. Policies and procedures required in R9-20-109(A), and
 - e. Policies and procedures required in R9-20-109(F);
 4. If providing DUI treatment, a description of the:
 - a. Group counseling programs, as required in R9-20-110(C)(2); and
 - b. Policies and procedures required in R9-20-110(A);
 5. The name and resume of the administrator; and
 6. A copy of the applicant's:
 - a. U.S. Passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation of legal resident alien status.
- B.** For renewal, at least 60 days before the expiration of approval, a DUI services provider shall submit to the Department in a Department-provided format:
1. The DUI services provider's approval number;
 2. The information in subsection (A)(1); and
 3. The documentation in subsection (A)(2) through (4), as applicable.

R9-20-104. License Application or Renewal Approval Process

- A.** To renew a license, a licensee shall submit the following information to the Department at least 60 days but not more than 120 days before the expiration date of the current license:
1. An application packet that includes the items in:
 - a. R9-20-103(A)(1)(a) through (A)(1)(e)(iii);
 - b. R9-20-103(A)(1)(f) through (A)(1)(j);
 - c. R9-20-103(A)(1)(l) through (A)(1)(s)
 - d. R9-20-103(A)(2); and
 - e. If a change has been made to an item in R9-20-103(A)(1)(e)(iv), each item in R9-20-103(A)(1)(e)(iv) to which a change has been made;
 - f. If a structural modification has been made to the building, R9-20-103(A)(1)(k);
 2. The fees required in 9 A.A.C. 10, Article 1.
- B.** Unless the licensee submits a copy of the agency's accreditation report from a nationally recognized accreditation organization, the Department shall conduct an onsite inspection of the agency to determine if the licensee and the agency are in substantial compliance with the applicable statutes and this Chapter.
- C.** The Department shall approve or deny a license renewal according to R9-20-105 and R9-20-108.
- D.** A renewal license remains in effect for one year.
- A.** The Department shall:
1. Review the documents submitted by the applicant or DUI services provider as required in R9-20-103,

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2. Issue an approval or non-approval based on the applicant's or DUI services provider's compliance with the requirements in this Article, and
 3. Notify the applicant or DUI services provider of the Department's decision within 30 days after receiving the documents specified in R9-20-103.
- B.** The Department shall send an applicant or DUI services provider a written notice of non-approval, with reasons for the non-approval if:
1. The applicant fails to provide the documentation required in R9-20-103, or
 2. The Department determines the documentation submitted under R9-20-103 does not comply with this Article or contains false information.

R9-20-105. Time-frames Notification of Change

- A.** ~~The overall time frame described in A.R.S. § 41-1072 for each license or approval issued by the Department according to this Chapter is listed in Table 1. The person applying for a license or requesting approval and the Department may agree in writing to extend the substantive review time frame and the overall time frame. The substantive review time frame and the overall time frame may not be extended by more than 25 percent of the overall time frame.~~
- B.** ~~The administrative completeness review time frame described in A.R.S. § 41-1072 for each license or approval issued by the Department according to this Chapter is listed in Table 1. The administrative completeness review time frame begins on the date that the Department receives an application packet or request for approval.~~
1. ~~If the application packet or request for approval is incomplete, the Department shall provide a written notice to the person applying for a license or requesting approval specifying the missing documents or incomplete information. The administrative completeness review time frame and the overall time frame are suspended from the date of the notice until the date the Department receives the missing documents or information.~~
 2. ~~When an application packet or request for approval is complete, the Department shall provide a written notice of administrative completeness to the person applying for a license or requesting approval.~~
 3. ~~The Department shall consider an application or request for approval withdrawn if the person applying for a license or requesting approval fails to supply the missing documents or information according to subsection (B)(1) within 120 days after the date of the written notice described in subsection (B)(1).~~
 4. ~~If the Department issues a license or approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.~~
- C.** ~~The substantive review time frame described in A.R.S. § 41-1072 for each license or approval issued by the Department according to this Chapter is listed in Table 1 and begins on the date of the notice of administrative completeness.~~
1. ~~The Department may conduct an onsite inspection of the premises as part of the substantive review for an initial or renewal license application or a request for approval of a change affecting a license.~~
 2. ~~During the substantive review time frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the person applying for a license or requesting approval agree in writing, the Department may make supplemental requests for additional information or documentation. The time frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.~~
 3. ~~The Department shall send a license or a written notice of approval to a person applying for a license or requesting approval who is in substantial compliance with the applicable statutes and this Chapter and who agrees to carry out a plan of correction acceptable to the Department for any deficiencies.~~
 4. ~~The Department shall send a written notice of denial according to A.R.S. § 41-1092.03 to a person applying for a license or requesting approval who does not:~~
 - a. ~~Submit the information or documentation in subsection (C)(2) within 120 days after the Department's comprehensive written request or supplemental request; or~~
 - b. ~~Substantially comply with the applicable statutes and this Chapter.~~
 5. ~~If a time frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next business day to be the time frame's last day.~~

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Table 1. Time-frames (in days)

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Initial license R9-20-103	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	180	30	150
Renewal license R9-20-104	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	180	30	150
Change affecting a license R9-20-106	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	90	30	60

- A.** A DUI services provider shall:
 - 1. Notify the Department in writing at least 30 days before the effective date of:
 - a. Termination of the provision of DUI services, or
 - b. A change in the:
 - i. Name under which the DUI services provider does business;
 - ii. Address or telephone number of a facility where DUI services are provided;
 - iii. Administrator; or
 - iv. DUI services provided, including a list of the services that the DUI services provider intends to add or delete; and
 - 2. If the notification of change is for a change specified in subsection (A)(1)(b)(iv), submit the applicable documentation in R9-20-103(2) through (4).
- B.** The Department shall update the DUI services provider's approval to reflect the changes in subsections (A)(1)(b)(i) through (iii).
- C.** The Department shall review the notification of change for subsection (A)(1)(b)(iv) and:
 - 1. If the information complies with the requirements in this Article, the Department shall approve the change, or
 - 2. If the information does not comply with the requirements in this Article, the Department shall send notification to the DUI services provider with reasons for the determination of non-compliance.
- D.** The Department may conduct an onsite inspection as part of the notification of change process.
- E.** A DUI services provider shall not add DUI services specified in subsection (A)(1)(b)(iv) until the Department approves the change.
- F.** The DUI services provider retains the existing expiration date of the application approval.

R9-20-106. Changes Affecting a License Rescinding Approval

- A.** A licensee shall ensure that the Department is notified in writing at least 30 days before the effective date of a change in the name of:
 - 1. The agency
 - 2. The licensee; or
 - 3. If the agency is an accredited agency and the agency has submitted the agency's current accreditation report, a:
 - a. Change or involuntary loss in the status of an agency's accreditation; or
 - b. Change in the date scheduled for an inspection of the agency by an accrediting entity.
- B.** A person shall submit an application for an initial license as required in R9-20-103 for a change in an agency's:
 - 1. Owner;
 - 2. Address or location; or
 - 3. Subclass.
- C.** A licensee shall submit a request for approval of a change affecting a license to the Department at least 30 days before the date of an intended:
 - 1. Change in an agency's authorized services;
 - 2. Change in an agency's licensed capacity; or
 - 3. Expansion of an agency's premises.
- D.** A request for approval of a change affecting a license shall include:
 - 1. The name of the licensee;
 - 2. The name of the agency;
 - 3. The agency's street address, mailing address, and telephone number;

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4. The agency's license number;
 5. The type of change intended;
 6. A narrative description of the intended change;
 7. A program description completed according to R9-20-201(A)(2) and including the intended change;
 8. For a change in authorized services, a list of the services that the licensee intends to add and delete;
 9. For a change in licensed capacity, a floor plan showing the following for each story of a facility:
 - a. Room layout;
 - b. Room usage;
 - c. The dimensions of each bedroom;
 - d. The number of beds to be placed in each bedroom;
 - e. The location of each window;
 - f. The location of each exit;
 - g. The location of each sink, toilet, and shower or bathtub to be used by clients; and
 - h. The location of each fire extinguisher and fire protection device; and
 10. For an expansion of an agency's premises, a floor plan completed according to subsection (D)(9) and a site plan showing the locations of the following on the expanded premises:
 - a. Buildings or other structures;
 - b. Property lines;
 - c. Streets;
 - d. Walkways;
 - e. Parking areas;
 - f. Fencing;
 - g. Gates; and
 - h. If applicable, swimming pools.
- ~~E. The Department shall review a request for approval of a change affecting a license according to with R9-20-105. The Department may conduct an onsite inspection as part of the substantive review for a request for a change affecting a license.~~
1. If the agency is in substantial compliance with the applicable statutes and this Chapter with the intended change, and the licensee agrees to carry out a plan of correction acceptable to the Department for any deficiencies, the Department shall send the licensee an amended license that incorporates the change but retains the expiration date of the current license.
 2. If the agency is not in substantial compliance with the applicable statutes and this Chapter with the intended change, the Department shall deny the request for approval.
- ~~F. A licensee shall not implement any change described in this Section until the Department issues a changed license or a new license.~~
- A. The Department may rescind the approval of a DUI services provider if the Department determines that noncompliance with this Article by the DUI services provider negatively impacts the DUI screening, DUI education, or DUI treatment the client is receiving from the DUI services provider.
- B. If the Department rescinds the approval of a DUI services provider, the Department shall:
1. Provide written notice of the rescindment to the DUI services provider that includes a list of the requirements with which the DUI services provider is not in compliance, and
 2. Remove the DUI services provider from the list of the Department's approved DUI service providers.
- C. To obtain approval after a rescindment, an applicant shall submit:
1. The application required in R9-20-103, and
 2. A written recommendation for approval of the applicant from a referring court.
- D. The Department shall review the application and recommendation in subsection (C) and issue an approval or notice of non-approval no sooner than 60 days, but not later than 90 days, after the Department receives the application and recommendation.

R9-20-107. Enforcement Actions Administration, Monitoring

- ~~A. If the Department determines that a person applying for a license or a licensee is not in substantial compliance with the applicable statutes and this Chapter, the Department may:~~
1. Issue a provisional license to the person applying for a license or the licensee according to A.R.S. § 36-425;
 2. Assess a civil penalty according to A.R.S. § 36-431.01;
 3. Impose an intermediate sanction according to A.R.S. § 36-427;
 4. Remove a licensee and appoint temporary personnel to continue operation of the agency pending further action according to A.R.S. § 36-429;
 5. Suspend or revoke a license according to R9-20-108 and A.R.S. § 36-427;
 6. Deny a license according to R9-20-108, or

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- 7. Issue an injunction according to A.R.S. § 36-430.
- B.** In determining which action in subsection (A) is appropriate, the Department shall consider the threat to the health, safety, and welfare of an agency's clients based on the licensee's:
 - 1. Repeated violations of statutes or rules;
 - 2. Pattern of non-compliance;
 - 3. Type of violation;
 - 4. Severity of violation; and
 - 5. Number of violations.
- A.** A DUI services provider shall designate an administrator who meets qualifications established by the DUI services provider.
- B.** An applicant or DUI services provider shall allow the Department immediate access to a client, records, and all areas of a facility according to A.R.S. § 41-1009.

R9-20-108. Denial, Revocation, or Suspension of a License Requirements for DUI Screening

The Department may deny, revoke, or suspend a license to operate an agency if:

- 1. A person applying for a license, a licensee, or a person with a 10 percent or greater interest in the agency:
 - a. Provides false or misleading information to the Department;
 - b. Has had in any state or jurisdiction either of the following:
 - i. An application or license to operate an agency denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process according to a required time frame; or
 - ii. A professional or occupational license or certificate denied, revoked, or suspended; or
 - e. Has operated a health care institution, within the ten years before the date of the license application, in violation of applicable statutes and endangering the health or safety of clients; or
- 2. A person applying for a license or a licensee:
 - a. Fails to substantially comply with an applicable statute or this Chapter; or
 - b. Substantially complies with the applicable statutes and this Chapter, but refuses to carry out a plan of correction acceptable to the Department for any deficiencies that are listed on the Department's statement of deficiency.
- A.** An administrator shall ensure that policies and procedures are developed, documented, and implemented for:
 - 1. Conducting DUI screening.
 - 2. If applicable, performing DUI screening electronically including:
 - a. Using a secure connection.
 - b. Having direct and immediate interaction between the individual conducting the DUI screening and the individual being screened, and
 - c. Verifying the identities of the individual conducting and the individual receiving the DUI screening before the DUI screening is conducted;
 - 3. Tracking and referring a client to DUI education or DUI treatment, and
 - 4. Communicating with and reporting information to a referring court.
- B.** An administrator shall ensure that:
 - 1. A client is given the following information in writing before DUI screening is conducted:
 - a. A description of the DUI screening process;
 - b. The timeline for initiating and completing DUI screening;
 - c. The consequences to the client for not complying with the DUI screening process and timeline; and
 - d. The cost and methods of payment for DUI screening, DUI education, and DUI treatment; and
 - 2. The client's receipt of the information is documented in the client record.
- C.** An administrator shall ensure that a client's DUI screening:
 - 1. Occurs within 30 days after the date of the court order, unless otherwise required by the court;
 - 2. Is conducted by a:
 - a. Behavioral health professional; or
 - b. Licensed substance abuse technician under direct supervision, as defined in A.A.C. R4-6-101, of a behavioral health professional;
 - 3. Consists of a face-to-face interview that lasts at least 30 minutes but not more than three hours;
 - 4. Includes administering at least one of the following for measuring alcohol dependency or substance abuse:
 - a. Driver Risk Inventory II.
 - b. Michigan Alcoholism Screening Test.
 - c. The Minnesota Multiphasic Personality Inventory MMPI-2.
 - d. Mortimer-Filkins Test.
 - e. Substance Abuse Subtle Screening Inventory (SASSI).
 - f. Drug Abuse Screening Test (DAST).

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- a. A DUI education provider that provides at least 16 hours of DUI education, and
- b. A DUI treatment provider that provides at least 20 hours of DUI treatment;
2. A Level 2 DUI client is referred to a DUI education provider that provides at least 16 hours of DUI education;
3. The referral of a client includes:
 - a. Providing the client with the names, addresses, and telephone numbers of three DUI education providers or DUI treatment providers, as applicable, in the geographic area requested by the client, at least two of which are not owned by, operated by, or affiliated with the DUI screening provider; and
 - b. Instructing the client to:
 - i. Select a DUI education provider or DUI treatment provider, as applicable;
 - ii. Schedule an appointment or enroll in DUI education or DUI treatment, as applicable, within seven days after the date of completion of the DUI screening; and
 - iii. Notify the DUI screening provider of the name of the DUI education provider or DUI treatment provider, as applicable, selected by the client;
4. A client's written authorization to release information to the selected DUI services provider is obtained; and
5. The DUI education provider or DUI treatment provider, as applicable, selected by the client is provided with:
 - a. A copy of the completed standardized instrument or results of the client's DUI screening, and
 - b. Recommendations for DUI education or DUI treatment, as applicable, from the behavioral health professional who conducted the DUI screening.
- G.** A DUI screening provider may refer a Level 1 or Level 2 DUI client to a self-help or peer-support program that assists individuals in achieving and maintaining freedom from alcohol or drugs, such as Alcoholics Anonymous or Narcotics Anonymous. Participation in a self-help group or peer support program is not DUI education or DUI treatment and does not count toward required hours in DUI education or DUI treatment.
- H.** If a court's requirements conflict with the requirements in subsection (F), a DUI screening provider shall:
 1. Comply with the court's requirements.
 2. Document in the client record that the court's requirements conflict with requirements in subsection (F), and
 3. Maintain at the facility a document identifying the court's requirements.
- I.** An administrator shall ensure that a referring court is notified in writing within seven days, unless otherwise specified by the court, after:
 1. A client fails to:
 - a. Obtain or complete DUI screening, or
 - b. Pay the cost of DUI screening; or
 2. The DUI screening provider learns that a client has:
 - a. Completed DUI education or DUI treatment; or
 - b. Failed to:
 - i. Comply with DUI education or DUI treatment procedures, or
 - ii. Complete DUI education or DUI treatment.
- J.** An administrator shall ensure that a record is maintained for each client that contains:
 1. The citation number or complaint number from the arrest that led to the current referral, if available;
 2. A copy of the documents referring the client to DUI screening, if available;
 3. Documentation that the client received the information required in subsection (B);
 4. Documentation of the results of the client's DUI screening required in subsection (E)(1), including the completed standardized instrument required in subsection (C)(4);
 5. Documentation of the:
 - a. Referrals for DUI education or DUI treatment, as applicable, required in subsection (E)(2); and
 - b. Recommendations for DUI education or DUI treatment, as applicable, required in subsection (E)(3)(c);
 6. The DUI client's signed and dated authorization for release of information required in subsection (F)(4); and
 7. A copy of the information provided to the:
 - a. DUI education provider or DUI treatment provider, as applicable, selected by the client, as required in subsection (F)(5); and
 - b. Referring court as required in subsection (E)(3).

R9-20-109. ~~Repealed~~ Requirements for DUI Education

- A.** An administrator shall ensure that policies and procedures are developed, documented, and implemented for:
 1. Providing DUI education;
 2. If applicable, providing DUI education electronically including:
 - a. Using a secure connection, and
 - b. Verifying the identity of the individual receiving the DUI education; and
 3. Communicating with and reporting information to an individual's DUI screening provider and, if applicable, the referring court.
- B.** An administrator shall ensure that:

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1. A client is given the following information in writing before DUI education is conducted:
 - a. The procedures for conducting DUI education.
 - b. The timeline for initiating and completing DUI education.
 - c. The consequences to the client for not complying with the procedures and timeline.
 - d. The information about the client that will be reported to the client's DUI screening provider or the referring court, and
 - e. The cost and methods of payment for DUI education; and
2. The client's receipt of the information is documented in the client record.
- C.** An administrator shall ensure that:
 1. DUI education is provided in a classroom setting or electronically;
 2. A current written schedule of DUI education classes is maintained at the facility;
 3. DUI education consists of:
 - a. At least 16 hours in the classroom setting, or
 - b. Modules provided electronically that are equivalent to the content of the material covered during at least 16 hours of classroom instruction;
 4. DUI education is scheduled to be completed within eight weeks after the date of the first class; and
 5. The number of clients enrolled in a class for DUI education in a classroom setting does not exceed 30.
- D.** Participation in a self-help group or peer support program, such as Alcoholics Anonymous or Narcotics Anonymous, is not DUI education and does not count toward required hours of DUI education.
- E.** An administrator shall ensure that:
 1. A written pre-test is administered to a client before the client receives DUI education to measure the client's knowledge of the subject areas listed in subsection (E)(2);
 2. DUI education includes information on:
 - a. The physiological effects of alcohol and drug use;
 - b. How alcohol use and drug use affect an individual's ability to operate a vehicle, including how an individual's alcohol concentration is measured and how alcohol concentration impacts an individual's ability to operate a vehicle;
 - c. Alternatives to operating a motor vehicle while impaired by alcohol or drug use;
 - d. The psychological and sociological effects of alcohol and drug use;
 - e. The stages of substance abuse;
 - f. Self-assessment of alcohol or drug use;
 - g. Criminal penalties and statutory requirements for sentencing DUI clients;
 - h. Alternatives to alcohol or drug use;
 - i. Identification of different approaches to the treatment of substance abuse;
 - j. Resources, programs, and interventions available in the community for treatment of substance abuse; and
 - k. Orientation to the process and benefits of group counseling and self-help groups such as Alcoholics Anonymous and Narcotics Anonymous; and
 3. A written post-test is administered to a client after receiving DUI education to measure the client's knowledge of the subject areas listed in subsection (E)(2).
- F.** An administrator shall ensure that a policy and procedure is developed, documented, and implemented that covers the use of results from the pre-tests and post-tests required in subsection (E).
- G.** An administrator shall ensure that a client who completes DUI education receives documentation that indicates completion of DUI education and includes:
 1. The name of the DUI education provider.
 2. The number of hours of DUI education completed.
 3. The date of completion, and
 4. The name of the client.
- H.** An administrator shall ensure that the DUI screening provider and, if applicable, the referring court is:
 1. Notified in writing within seven days, unless otherwise specified by the court, after:
 - a. An individual fails to enroll in DUI education by the deadline established by the individual's DUI screening provider or the referring court;
 - b. A client fails to comply with the requirements for DUI education, including failure to attend DUI education or failure to pay required costs; or
 - c. A client completes DUI education; and
 2. Provided with a written report for each client, within 30 days after ending the provision of DUI education to the client, that includes:
 - a. The client's date of enrollment;
 - b. Whether the client complied with the requirements for DUI education;
 - c. Whether the client completed DUI education and, if so, the date of completion; and

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- d. Any recommendation for additional DUI education or for DUI treatment.
- I. If an administrator determines that a client's DUI education needs cannot be met by the DUI education provider selected by the client, the administrator may refer a client back to the client's DUI screening provider by submitting to the DUI screening provider:
 - 1. Documentation of the reason that the DUI education provider is unable to meet the client's DUI education needs, including whether the client:
 - a. Requires behavioral health services that the DUI education provider is not authorized or able to provide.
 - b. Has a physical or other disability that the DUI education provider is unable to accommodate, or
 - c. Requires education to be provided in a language in which instruction is not provided by the DUI education provider, and
 - 2. A recommendation for additional or alternative DUI education that would meet the client's DUI education needs.
- J. An administrator shall ensure that a record is maintained for each client that contains:
 - 1. Documents received from the client's DUI screening provider or referring court regarding the client;
 - 2. Documentation that the client received the information required in subsection (B);
 - 3. The pre-test and post-test required in subsection (E) completed by the client;
 - 4. The dates and time periods during which the client received DUI education;
 - 5. Documentation of DUI education provided in a classroom setting that the client failed to attend;
 - 6. A copy of the documentation indicating the client's satisfactory completion of DUI education required in subsection (G), if applicable;
 - 7. A copy of the documentation provided to the client's DUI screening provider or referring court as required in subsection (H)(1);
 - 8. A copy of the written report provided to the client's DUI screening provider or referring court as required in subsection (H)(2);
 - 9. Documentation supporting a referral of the client back to the client's DUI screening provider, if applicable; and
 - 10. Any other written information from or documentation of verbal contact with any of the following regarding the client:
 - a. The client's DUI screening provider,
 - b. The referring court,
 - c. The Department of Motor Vehicles, or
 - d. Another DUI education provider or a DUI treatment provider.

R9-20-110. ~~Repeated~~ Requirements for DUI Treatment

- A. An administrator shall ensure that policies and procedures are developed, documented, and implemented that:
 - 1. Cover the education, skill, and experience for individuals providing DUI treatment;
 - 2. Cover the provision of DUI treatment;
 - 3. Cover communicating with and reporting information to an individual's DUI screening provider and, if applicable, the referring court; and
 - 4. Establish criteria the DUI treatment provider considers when determining whether to extend the time for a client's completion of DUI treatment.
- B. An administrator shall ensure that:
 - 1. The DUI treatment provider receives:
 - a. A copy of the documentation of the client's completion of DUI education, required in R9-20-109(G), from the client; or
 - b. Documentation of the client's completion of DUI education from the client's DUI screening provider;
 - 2. A client is given the following information in writing before DUI treatment is conducted:
 - a. The procedures for conducting DUI treatment,
 - b. The timeline for initiating and completing DUI treatment,
 - c. The criteria the DUI treatment provider considers when determining whether to extend the time for completion of the DUI treatment,
 - d. The consequences to the client for not complying with the procedures and timeline,
 - e. The information about the client that will be reported to the client's DUI screening provider or the referring court, and
 - f. The cost and methods of payment for DUI treatment; and
 - 3. The client's receipt of the information is documented in the client record.
- C. An administrator shall ensure that DUI treatment:
 - 1. Is based upon the information and results of the client's DUI screening obtained from the DUI screening provider, as required in R9-20-108(F)(5), or referring court;
 - 2. Includes at least 20 hours of group counseling that:
 - a. Is provided by a behavioral health professional or a licensed substance abuse technician under the direct supervision, as defined in A.A.C. R4-6-101, of a behavioral health professional;
 - b. Is provided according to the recommendations of the behavioral health professional who conducted the client's

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DUI screening:

- c. Includes no more than 15 clients or, if family members participate in group counseling, no more than 20 individuals; and
 - d. Is documented in a client record according to subsection (D); and
 3. Is scheduled to be completed within 16 weeks after the date the client enrolled in DUI treatment, unless the DUI treatment provider extends the time for completion of DUI treatment, as provided in subsection (E).
- D.** Participation in a self-help group or peer support program, such as Alcoholics Anonymous or Narcotics Anonymous, is not DUI treatment and does not count toward required hours in DUI treatment.
- E.** A DUI treatment provider may extend the time for a client's completion of DUI treatment if an event, such as one of the following, occurs during the 16 weeks after the date the client was enrolled in DUI treatment:
1. The client is serving time in jail;
 2. The client or a family member of the client is ill or injured and requires medical services, as defined in A.R.S. § 36-401; or
 3. A family member of the client dies.
- F.** An administrator shall ensure that the DUI screening provider and, if applicable, the referring court is:
1. Notified in writing within seven days, unless otherwise specified by the court, after:
 - a. An individual fails to enroll in DUI treatment by the deadline established by the individual's DUI screening provider or the referring court;
 - b. A client fails to comply with the requirements for DUI treatment, including failure to attend DUI treatment or failure to pay required costs; or
 - c. A client completes DUI treatment; and
 2. Provided with a written report for each client, according to the timeline established by the DUI screening provider, that includes:
 - a. The client's date of enrollment;
 - b. Whether the client complied with the requirements for DUI treatment;
 - c. Whether the client completed DUI treatment and, if so, the date of completion; and
 - d. Any recommendation for additional DUI treatment.
- G.** An administrator shall ensure that a client who completes DUI treatment receives:
1. Documentation that indicates completion of DUI treatment and includes:
 - a. The name of the DUI treatment provider,
 - b. The number of hours of DUI treatment completed,
 - c. The date of completion, and
 - d. The name of the client; and
 2. An exit interview from an employee that includes a review of the information contained in the report required in subsection (F)(2).
- H.** If an administrator determines that a client's DUI treatment needs cannot be met by the DUI treatment provider selected by the client, the administrator may refer a client back to the client's DUI screening provider by submitting to the DUI screening provider:
1. Documentation of the reason that the DUI treatment provider is unable to meet the client's DUI treatment needs, including whether the client:
 - a. Requires behavioral health services that the DUI treatment provider is not authorized or able to provide,
 - b. Has a physical or other disability that the DUI treatment provider is unable to reasonably accommodate, or
 - c. Requires treatment to be provided in a language in which DUI treatment is not provided by the DUI treatment provider; and
 2. A recommendation for additional or alternative DUI treatment that would meet the client's DUI treatment needs.
- I.** An administrator shall ensure that a record is maintained for each client that contains:
1. Information and documents received from the client's DUI screening provider or the referring court regarding the client;
 2. Documentation that the client received the information required in subsection (B)(2);
 3. Documentation of each group counseling session in which the client participated, including:
 - a. The date of the group counseling session,
 - b. The topics discussed, and
 - c. The client's progress in meeting treatment goals;
 4. Documentation of the client's failure to participate in a group counseling session, if applicable;
 5. Documentation related to an extension of the time for a client's completion of DUI treatment, if applicable;
 6. A copy of the documentation indicating the client's satisfactory completion of DUI treatment required in subsection (G), if applicable;
 7. Documentation of the client's exit interview required in subsection (G)(2);
 8. A copy of the written report provided to the client's DUI screening provider or referring court as required in subsection (F)(2).

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tion (F)(2):

9. Documentation supporting a referral of the client back to the client's DUI screening provider, if applicable; and
10. Any other written information from or documentation of verbal contact with any of the following regarding the client:
 - a. The client's DUI screening provider.
 - b. The referring court, or
 - c. Another DUI treatment provider or a DUI education provider.

ARTICLE 2. ~~UNIVERSAL RULES~~ MISDEMEANOR DOMESTIC VIOLENCE OFFENDER TREATMENT

R9-20-201. Administration Definitions

- A.** A licensee is responsible for the organization and management of an agency. A licensee shall:
1. Ensure compliance with:
 - a. This Chapter and applicable federal, state, and local law;
 - b. If the agency provides a behavioral health service to an individual who is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, 9 A.A.C. 21; and
 - e. If the agency provides a behavioral health service to a child, A.R.S. § 36-425.03;
 2. For each subclass for which the licensee is licensed, adopt, maintain, and have available at the agency for public review, a current written program description that includes:
 - a. A description of the subclass;
 - b. Program goals;
 - e. A description of each behavioral health service listed in R9-20-102(B) that the agency provides;
 - d. If the agency is authorized to provide counseling:
 - i. Whether individual, family, or group counseling is provided;
 - ii. Whether counseling that addresses a specific type of behavioral health issue, such as substance abuse or a crisis situation, is provided; and
 - iii. The type and amount of counseling offered by the agency each week;
 - e. Each population served by the agency, such as children, adults age 65 or older, individuals who are seriously mentally ill, individuals who have substance abuse problems, or individuals who have co-occurring disorders;
 - f. The hours and days:
 - i. The agency's administrative offices are open, and
 - ii. Behavioral health services are available at the agency.
 - g. Whether the agency provides behavioral health services off the premises and, if so, the behavioral health services that are provided off the premises;
 - h. Criteria for:
 - i. Admitting and re-admitting an individual into the agency;
 - ii. Placing an individual on a waiting list;
 - iii. Referring an individual to another agency or entity;
 - iv. Discharging a client, including an involuntary discharge;
 - v. Transferring a client, and
 - vi. Declining to provide behavioral health services or treatment to an individual;
 - i. The minimum qualifications, experience, training, and skills and knowledge specific to the behavioral health services the agency is authorized to provide and the populations served by the agency that staff members are required to possess;
 - j. Policies and procedures for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian;
 - k. The availability of behavioral health services for an individual who does not speak English;
 - l. The accommodations made to the premises for individuals with a mobility impairment, sensory impairment, or other physical disability;
 - m. If an outpatient clinic provides partial care, the days and times that counseling or medication services are available;
 - n. For an inpatient treatment program or a residential agency:
 - i. Whether the agency provides treatment in a secure facility;
 - ii. The client-to-staff ratios for day, evening, and night shifts, and
 - iii. Whether the agency chooses to manage client funds through a personal funds account; and
 - o. Whether the agency may use an emergency safety response;
 3. Approve, sign, and date initial and updated policies and procedures required by this Chapter;
 4. Establish minimum qualifications for an administrator;
 5. Designate an administrator who:
 - a. Meets the qualifications established by the licensee;
 - b. Has the authority and responsibility to operate the agency according to the requirements in this Chapter;

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- e. Has access to all areas of the premises; and
 - d. Appoints, in writing, a designee who meets the requirements in subsection (A)(5)(a) to act as the administrator when the administrator is not on the premises;
6. Designate a clinical director who:
- a. Oversees behavioral health services;
 - b. Is one of the following:
 - i. A behavioral health professional, or
 - ii. A behavioral health technician with a combination of full-time behavioral health work experience and post high school education in a field related to behavioral health totaling at least six years; and
 - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(5)(a) and (A)(6)(b);
7. Notify the OBHL if the administrator or clinical director changes and provide to the OBHL, in writing, the new individual's name and qualifications within 30 days after the effective date of the change;
8. Ensure that the Department is allowed immediate access to:
- a. The premises, an administrative office, or a branch office; or
 - b. A client; and
9. Ensure that a record, report, or document required to be maintained by this Chapter or federal, state, or local law is provided to the Department as soon as possible upon request and no later than:
- a. Two hours after the time of a request, for a current client;
 - b. Three working days after the time of a request, for a former client; or
 - c. Two hours after the time of a request for a record, report, or document that does not directly concern a client, such as a staffing schedule or a fire inspection report.
- B.** A licensee shall ensure that:
1. The administrator or clinical director develops, implements, and complies with policies and procedures that:
- a. Ensure the health, safety, and welfare of a client on:
 - i. The premises;
 - ii. An agency-sponsored activity off the premises; and
 - iii. An outing;
 - b. Ensure that client records and information are maintained and protected according to R9-20-211;
 - c. Establish specific steps and deadlines for:
 - i. A client to file a grievance;
 - ii. The agency to respond to and resolve a client grievance; and
 - iii. The agency to obtain documentation of fingerprint clearance, if applicable;
 - d. Ensure that incidents listed in R9-20-202(A)(1) are reported and investigated;
 - e. Address whether pets and animals are allowed on the premises;
 - f. Require an agency that is involved in research to establish or use a Human Subject Review Committee;
 - g. Explain the process for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian;
 - h. For a residential agency or an inpatient treatment program:
 - i. Establish the process for obtaining client preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - ii. Ensure the security of a client's possessions that are allowed on the premises;
 - iii. Address smoking and use of tobacco products on the premises;
 - iv. Address requirements regarding pets or animals on the premises; and
 - v. Ensure the safety of clients; and
 - i. Address how the agency will respond to a client's sudden, intense, or out of control behavior to prevent harm to the client or another individual;
2. The clinical director develops, implements, and complies with policies and procedures that:
- a. Establish minimum qualifications, duties, and responsibilities of staff members, interns, and volunteers;
 - b. Establish a process for determining whether a staff member has the qualifications, training, experience, and skills and knowledge necessary to provide the behavioral health services that the agency is authorized to provide and to meet the treatment needs of the populations served by the agency;
 - c. Establish a code of ethical conduct for staff members, interns, and volunteers and consequences for violating the code of ethical conduct;
 - d. Establish a process for orientation of staff members;
 - e. Ensure that staffing is provided according to the requirements in this Chapter;
 - f. Ensure that a staff member receives sufficient direction to perform the staff member's job duties;
 - g. Describe the processes for providing the behavioral health services listed in the program description required in R9-20-201(A)(2);

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- h. Establish the process for admitting a client;
 - i. Establish the process for providing a referral to a client;
 - j. Ensure a client's behavioral health services and ancillary services are to the extent permitted in R9-20-211(A)(3) and (B), coordinated with and communicated to:
 - i. A client;
 - ii. If applicable, the client's family member, guardian, custodian, designated representative, or agent;
 - iii. Other individuals, agencies, and entities involved in the provision of behavioral health services, medical services, or ancillary services to the client, such as a medical practitioner responsible for providing medical services to a client; and
 - iv. Other entities or agencies, including governmental entities or agencies such as the Department of Economic Security or a probation or parole entity, that provide services to the client;
 - k. Establish the process for developing and implementing a client's assessment and treatment plan;
 - l. Establish the processes for providing medication services to a client, if applicable;
 - m. Establish the process for transferring or discharging a client;
 - n. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02(B) through (C), if a client communicates to a staff member a threat of imminent serious physical harm or death to the individual and the client has the apparent intent and ability to carry out the threat; and
 - o. For a residential agency or an inpatient treatment program:
 - i. Establish requirements regarding clients, staff members, and other individuals entering and exiting the premises;
 - ii. Establish guidelines for meeting the needs of an individual residing at an agency with a client, such as a child accompanying a parent in treatment, if applicable;
 - iii. Establish the process for responding to a client's need for immediate and unscheduled behavioral health services or medical emergency; and
 - iv. Establish criteria for determining when a client's absence is unauthorized including whether the client was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3, is absent against medical advice, or is under the age of 18;
3. The administrator or clinical director reviews, approves and, if necessary, updates policies and procedures at least once every 24 months;
4. When a policy or procedure is approved or updated, each staff member whose duties are impacted by the policy and procedure reviews the policy and procedure within 30 days after the policy and procedure is approved or updated; and
5. A review and approval of a policy and procedure according to subsection (B)(3) is documented with the signature of the administrator or clinical director, and the documentation is maintained on the premises or at the administrative office.
- C.** A licensee shall ensure that:
- 1. The following documents are maintained on the premises or at the administrative office:
 - a. The licensee's bylaws, if any;
 - b. A contractual agreement with another person to provide behavioral health services or ancillary services for a client as required in this Chapter, if any;
 - c. Documentation of ownership or control of the premises;
 - d. The licensee's organizational chart showing all staff member positions and the lines of supervision, authority, and accountability for the agency;
 - e. A list of the names of clients;
 - f. A list of the names of clients discharged within the past 12 months;
 - g. Reports of incidents required to be reported under R9-20-202;
 - h. Fire inspection reports required by this Chapter;
 - i. Documentation of fire drills required by R9-20-214(H); and
 - j. Food establishment inspection reports, if applicable;
 - 2. A current copy of each of the following documents is maintained on the premises and is available and accessible to a staff member or client or a client's family member, guardian, custodian, designated representative, or agent:
 - a. A policy and procedure required by this Chapter;
 - b. An inspection report prepared by the Department or, if the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency;
 - c. Each plan of correction with the Department in effect within the past five years or, if the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;
 - d. 9 A.A.C. 20;
 - e. If the agency provides behavioral health services to an individual enrolled by the Department or a regional

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4. Inform a client of:
 - a. The purpose, design, scope, and goals of the research or treatment;
 - b. The full extent of the client's role in the research or treatment;
 - c. Any risks to the client involved in the research or treatment; and
 - d. The client's right to privacy, confidentiality, and voluntary participation;
 5. Obtain documentation of a client's informed consent, completed as required by R9-20-208(E), before allowing a client to participate in research or treatment; and
 6. Review research or treatment requests and approve or deny requests.
- G.** A licensee shall ensure that if an individual arrives at an agency and requests a behavioral health service that the agency is unable to provide, the individual is provided a referral.

The following definitions apply in this Article unless otherwise specified:

1. "Administrator" means an individual who has authority and responsibility for managing the provision of treatment.
2. "Applicant" means an individual or business organization that has submitted an application packet to the Department.
3. "Application packet" means the forms, documents, and additional information the Department requires an applicant to submit to become a provider.
4. "Behavioral health professional" means an individual licensed under A.R.S. Title 32 whose scope of practice allows the individual to:
 - a. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; or
 - b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101.
5. "Business organization" has the same meaning as "entity" in A.R.S. § 10-140.
6. "Client" means an individual who is ordered by a referring court to complete a domestic violence offender treatment program as a result of a conviction for a misdemeanor domestic violence offense according to A.R.S. § 13-3601.01.
7. "Client record" means documentation relating to the treatment received by a client.
8. "Controlling person" means a person who, with respect to a business organization:
 - a. Through ownership, has the power to vote at least 10% of the outstanding voting securities of the business organization;
 - b. If the business organization is a partnership, is a general partner or is a limited partner who holds at least 10% of the voting rights of the partnership;
 - c. If the business organization is a corporation, association, or limited liability company, is the president, the chief executive officer, the incorporator, an agent, or any person who owns or controls at least 10% of the voting securities; or
 - d. Holds a beneficial interest in 10% or more of the liabilities of the business organization.
9. "Day" means a calendar day, not including the day of the act, event, or default, from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, or state holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, or state holiday.
10. "Department" means the Arizona Department of Health Services.
11. "Documentation" means information in written, photographic, electronic, or other permanent form.
12. "Domestic violence offense" has the same meaning as in A.R.S. § 13-3601.01.
13. "Employee" means an individual compensated by a provider for work on behalf of the provider.
14. "Facility" means the building or buildings used to provide treatment.
15. "Monitoring" means the Department's inspection of a facility to determine compliance with this Article.
16. "Provider" means an individual or business organization that meets the standards in this Article, as determined by the Department, and is approved by the Department to provide treatment.
17. "Treatment" means a program of activities for misdemeanor domestic violence offenders according to A.R.S. § 13-3601.01.

R9-20-202. Required Reports Individuals to Act for Applicant

- A.** A licensee shall:
1. Notify the OBHL within one working day of discovering that a client has experienced any of the following:
 - a. Death;
 - b. Any of the following that occurred on the premises or during a licensee-sponsored activity off the premises that requires medical services or immediate intervention by an emergency response team or a medical practitioner:
 - i. A medication error or an adverse reaction to a medication; or
 - ii. A suicide attempt or a self-inflicted injury;
 - c. Suspected or alleged abuse, neglect, or exploitation of the client or a violation of the client's rights under R9-20-203(B) or (C);
 - d. Either of the following that requires medical services:
 - i. A physical injury that occurred on the premises or during a licensee-sponsored activity off the premises, or

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disease and the action taken by the licensee to protect the health and safety of clients, staff members, and employees, according to confidentiality requirements established by law or this Chapter.

When an applicant or provider is required by this Article to provide information on or sign an application form or other document, the following shall satisfy the requirement on behalf of the applicant or provider:

1. If the applicant or provider is an individual, the individual; or
2. If the applicant or provider is a business organization, the individual who the business organization has designated to act on the business organization's behalf and who:
 - a. Is a controlling person of the business organization;
 - b. Is a U.S. citizen or legal resident; and
 - c. Has an Arizona address.

R9-20-203. Client Rights Application and Renewal

~~A.~~ A licensee shall ensure that:

1. At the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent receive a written list and verbal explanation of:
 - a. The client rights listed in subsection (B) and (C); and
 - b. If the client is an individual who is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, the rights contained in 9 A.A.C. 21;
2. A client or, if applicable, the client's parent, guardian, custodian, or agent acknowledges, in writing, receipt of the written list and verbal explanation required in subsection (A)(1); and
3. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights.

~~B.~~ A licensee shall ensure that a client is afforded the rights listed in A.R.S. §§ 36-504 through 36-514.

~~C.~~ A client has the following rights:

1. To be treated with dignity, respect, and consideration;
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
3. To receive treatment that:
 - a. Supports and respects the client's individuality, choices, strengths, and abilities;
 - b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's general consent; or as permitted in this Chapter; and
 - e. Is provided in the least restrictive environment that meets the client's treatment needs;
4. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights;
5. To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation;
6. To have grievances considered by a licensee in a fair, timely, and impartial manner;
7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense;
8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
9. If enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by the Department or the Department's designee in understanding, protecting, or exercising the client's rights;
10. To have the client's information and records kept confidential and released only as permitted under R9-20-211(A)(3) and (B);
11. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
 - b. For a client receiving treatment according to A.R.S. Title 36, Chapter 37;
 - e. For video recordings used for security purposes that are maintained only on a temporary basis; or
 - d. As provided in R9-20-602(A)(5);
12. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in R9-20-211(A)(6);
13. To review the following at the agency or at the Department:
 - a. This Chapter;
 - b. The report of the most recent inspection of the premises conducted by the Department;
 - e. A plan of correction in effect as required by the Department;
 - d. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of hav-

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- ing an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and
- e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;
14. To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a behavioral health service provided to a client experiencing a crisis situation;
 15. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;
 16. To be offered or referred for the treatment specified in the client's treatment plan;
 17. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;
 18. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the client's life or physical health, or is provided according to A.R.S. § 36-512;
 19. To be free from:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Retaliation for submitting a complaint to the Department or another entity;
 - g. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs, except as established in a fee agreement signed by the client or the client's parent, guardian, custodian, or agent;
 - h. Treatment that involves the denial of:
 - i. Food;
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet; and
 - i. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation;
 20. To participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan;
 21. To control the client's own finances except as provided by A.R.S. § 36-507(5);
 22. To participate or refuse to participate in religious activities;
 23. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
 24. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
 25. To participate or refuse to participate in research or experimental treatment;
 26. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment;
 27. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
 28. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility; and
 29. If receiving treatment in a residential agency, an inpatient treatment program, a Level 4 transitional agency, or a domestic violence shelter:
 - a. If assigned to share a bedroom, to be assigned according to R9-20-405(F) and, if applicable, R9-20-404(A)(4)(a);
 - b. To associate with individuals of the client's choice, receive visitors, and make telephone calls during the hours established by the licensee and conspicuously posted in the facility, unless:
 - i. The medical director or clinical director determines and documents a specific treatment purpose that justifies restricting this right;
 - ii. The client is informed of the reason why this right is being restricted; and
 - iii. The client is informed of the client's right to file a grievance and the procedure for filing a grievance;
 - c. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless:
 - i. The medical director or clinical director determines and documents a specific treatment purpose that justifies restricting this right;
 - ii. The client is informed of the reason why this right is being restricted; and

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- iii. The client is informed of the client's right to file a grievance and the procedure for filing a grievance;
- d. To send and receive uncensored and unopened mail, unless restricted by court order or unless:
 - i. The medical director or clinical director determines and documents a specific treatment purpose that justifies restricting this right;
 - ii. The client is informed of the reason why this right is being restricted; and
 - iii. The client is informed of the client's right to file a grievance and the procedure for filing a grievance;
- e. To maintain, display, and use personal belongings, including clothing, unless restricted by court order or according to A.R.S. § 36-507(5) and as documented in the client record;
- f. To be provided storage space, capable of being locked, on the premises while the client receives treatment;
- g. To be provided meals to meet the client's nutritional needs, with consideration for client preferences;
- h. To be assisted in obtaining clean, seasonably appropriate clothing that is in good repair and selected and owned by the client;
- i. To be provided access to medical services, including family planning, to maintain the client's health, safety, or welfare;
- j. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
- k. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and
- l. To receive, at the time of discharge or transfer, recommendations for treatment after the client is discharged.

A. An applicant applying to become a provider shall submit to the Department an application packet that contains:

- 1. An application in a format provided by the Department that includes:
 - a. The applicant's name;
 - b. The applicant's mailing address and telephone number;
 - c. The applicant's e-mail address;
 - d. The name, telephone number, and e-mail address of the individual acting on behalf of the applicant according to R9-20-202, if applicable;
 - e. The name under which the applicant plans to do business, if different from the applicant's name;
 - f. The name of each referring court;
 - g. The address and telephone number of the for each facility where treatment is provided; and
 - h. The applicant's signature and the date signed;
- 2. A copy of the:
 - a. Program description required in R9-20-208(A)(1),
 - b. Policies and procedures required in R9-20-208(B), and
 - c. Policies and procedures required in R9-20-208(D);
- 3. The name and qualifications of the administrator; and
- 4. A copy of the applicant's:
 - a. U.S. Passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation of legal resident alien status.

B. For renewal, at least 60 days before the expiration of approval, a provider shall submit to the Department in a Department-provided format:

- 1. The provider's approval number,
- 2. The information in subsection (A)(1), and
- 3. The documentation in subsection (A)(2).

R9-20-204. ~~Staff Member and Employee Qualifications and Records~~ Application or Renewal Approval Process

~~A. A licensee shall ensure that:~~

- 1. ~~A staff member is at least 21 years old;~~
- 2. ~~Except as provided in subsection (A)(3), an intern is at least 18 years old;~~
- 3. ~~An intern in a Level 1 specialized transitional agency is at least 21 years old; and~~
- 4. ~~A volunteer is at least 21 years old.~~

~~B. A licensee shall ensure that a behavioral health professional has the skills and knowledge necessary to:~~

- 1. ~~Provide the behavioral health services that the agency is authorized to provide; and~~
- 2. ~~Meet the unique needs of the client populations served by the agency, such as children, adults age 65 or older, individuals with a substance abuse problem, individuals who are seriously mentally ill, individuals who have co-occurring disorders, or individuals who may be victims or perpetrators of domestic violence.~~

~~C. A licensee shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or substance abuse counselor is under direct supervision as defined in A.A.C. R4-6-101.~~

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- D.** A licensee shall ensure that a behavioral health technician has the skills and knowledge required in subsection (F) and otherwise required in this Chapter.
- E.** A licensee shall ensure that a behavioral health paraprofessional hired after the effective date of this Chapter:
1. Who has six weeks of behavioral health work experience has the skills and knowledge required in subsection (F); and
 2. Who does not have six weeks of behavioral health work experience:
 - a. ~~Receives six weeks of continuous onsite direction from a behavioral health professional, a behavioral health technician, or a behavioral health paraprofessional who has at least six months of behavioral health work experience; and~~
 - b. Has the skills and knowledge required in subsection (F) after the six weeks of continuous onsite direction.
- F.** A licensee shall ensure that a behavioral health technician or behavioral health paraprofessional hired after the effective date of this Chapter has the skills and knowledge necessary to perform the duties consistent with the job description of the behavioral health technician or behavioral health paraprofessional and the services the agency is authorized to provide including, if applicable, the skills and knowledge:
1. Necessary to:
 - a. ~~Protect client rights in R9-20-203;~~
 - b. ~~Provide treatment that promotes client dignity, independence, individuality, strengths, privacy, and choice;~~
 - e. ~~Recognize obvious symptoms of a mental disorder, personality disorder, or substance abuse;~~
 - d. ~~Provide the behavioral health services that the agency is authorized to provide and that the staff member is qualified to provide;~~
 - e. ~~Meet the unique needs of the client populations served by the agency or the staff member, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;~~
 - f. ~~Protect and maintain the confidentiality of client records and information;~~
 - g. ~~Recognize and respect cultural differences;~~
 - h. ~~Recognize, prevent, and respond to a situation in which a client:~~
 - i. ~~May be a danger to self or a danger to others;~~
 - ii. ~~Behaves in an aggressive or destructive manner;~~
 - iii. ~~May be experiencing a crisis situation; or~~
 - iv. ~~May be experiencing a medical emergency;~~
 - i. ~~Read and implement a client's treatment plan;~~
 - j. ~~Assist a client in accessing community services and resources;~~
 - k. ~~Record and document client information;~~
 - l. ~~Demonstrate ethical behavior, such as by respecting staff member and client boundaries and recognizing the inappropriateness of receiving gratuities from a client;~~
 - m. ~~Identify types of medications commonly prescribed for mental disorders, personality disorders, and substance abuse and the common side effects and adverse reactions of the medications;~~
 - n. ~~Recognize and respond to a fire, disaster, hazard, and medical emergency; and~~
 - o. ~~Provide the activities or behavioral health services identified in the staff member's job description or the agency's policy and procedure; and~~
 2. That are verified:
 - a. ~~Except as provided in subsection (E)(2), before the staff member provides behavioral health services to a client;~~
 - b. ~~By the clinical director, a behavioral health professional, or a behavioral health technician with a combination of at least six years of education in a field related to behavioral health and full-time behavioral health work experience; and~~
 - e. ~~Through one or more of the following:~~
 - i. ~~Visual observation of the staff member interacting with another individual, such as through role playing exercises;~~
 - ii. ~~Verbal interaction with the staff member, such as interviewing, discussion, or question and answer; or~~
 - iii. ~~A written examination.~~
- G.** A licensee shall ensure that verification of each of the skills and knowledge required in subsection (F) are documented, including the:
1. Name of the staff member;
 2. Date skills and knowledge were verified;
 3. Method of verification used, according to subsection (F)(2)(e); and
 4. Signature and professional credential or job title of the individual who verified the staff member's skills and knowledge.
- H.** A licensee of a residential agency or an inpatient treatment program shall ensure that:
1. Before providing behavioral health services, a staff member submits documentation of a physical examination or nursing assessment that indicates that the staff member is capable of performing the duties contained in the staff

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- member's job description;
- 2. ~~At the starting date of employment or before providing behavioral health services and every 12 months thereafter, a staff member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:~~
 - a. ~~A report of a negative Mantoux skin test administered within six months before the report is submitted; or~~
 - b. ~~If the staff member has had a positive skin test for tuberculosis, a written statement from a medical practitioner dated within six months before the statement is submitted indicating that the staff member is free from infectious pulmonary tuberculosis; and~~
- 3. ~~If a staff member or employee has a communicable disease listed in R9-6-202(A) or (B), the staff member or employee provides written authorization from a medical practitioner before returning to work.~~
- I.** A licensee shall ensure that a personnel record is maintained for each staff member that contains:
 - 1. The staff member's name, date of birth, home address, and home telephone number;
 - 2. The name and telephone number of an individual to be notified in case of an emergency;
 - 3. The starting date of employment or contract service and, if applicable, the ending date; and
 - 4. Documentation of:
 - a. The staff member's compliance with the qualifications required in this Chapter, as applicable;
 - b. The staff member's compliance with the behavioral health work experience requirements in this Section;
 - e. The staff member's compliance with the fingerprinting requirements in R9-20-201(A)(1)(e) or 9 A.A.C. 20, Article 13, if applicable;
 - d. The performance reviews required in R9-20-201(D);
 - e. The verification of the staff member's skills and knowledge required in subsection (G), if applicable, and as otherwise required in this Chapter;
 - f. The clinical supervision required in R9-20-205, if applicable;
 - g. The staff member's completion of the orientation required in R9-20-206(A);
 - h. The staff member's completion of the training required in R9-20-206(B), if applicable;
 - i. Any disciplinary action taken against the staff member;
 - j. The staff member's documentation of CPR and first aid training, as required in R9-20-207(B), if applicable;
 - k. The staff member's review of policies and procedures required in R9-20-201(B)(4), including the signature of the staff member and the date signed; and
 - l. For a staff member working in a residential agency or an inpatient treatment program:
 - i. The staff member's physical examination or nursing assessment as required in subsection (H)(1), and
 - ii. The staff member's freedom from infectious pulmonary tuberculosis as required in subsection (H)(2).
- J.** A licensee shall ensure that a personnel record is maintained for each volunteer, intern, or employee that contains:
 - 1. The individual's name, date of birth, home address, and home telephone number;
 - 2. The name and telephone number of an individual to be notified in case of an emergency;
 - 3. The starting date of employment, contract service, or volunteer service and, if applicable, the ending date;
 - 4. For an individual working or providing volunteer services in a residential agency or an inpatient treatment program, documentation of the individual's freedom from infectious pulmonary tuberculosis as required in subsection (H)(2); and
 - 5. Documentation of the individual's compliance with the fingerprinting requirements in R9-20-201(A)(1)(e) or 9 A.A.C. 20, Article 13, if applicable.
- K.** A licensee shall ensure that personnel records required in this Section are maintained:
 - 1. On the premises or at the administrative office;
 - 2. Throughout an individual's period of employment, contract service, volunteer service, or internship; and
 - 3. For at least two years after the last date of the individual's employment, contract service, volunteer service, or internship.
- A.** The Department shall:
 - 1. Review the documents submitted by the applicant or provider as required in R9-20-203.
 - 2. Issue an approval or non-approval based on the applicant's or provider's compliance with the requirements in this Article, and
 - 3. Notify the applicant or provider of the Department's decision within 30 days after receiving the documents specified in R9-20-203.
- B.** The Department shall send an applicant or provider a written notice of non-approval, with reasons for the non-approval, if:
 - 1. The applicant fails to provide the documentation required in R9-20-203, or
 - 2. The Department determines the documentation submitted under R9-20-203 does not comply with this Article or contains false information.

R9-20-205. Clinical Supervision Notification of Change

- ~~**A.** A clinical director shall ensure that a behavioral health professional develops, implements, monitors, and complies with a~~

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written plan for clinical supervision for the agency. A written plan for clinical supervision shall:

1. Ensure that clinical supervision addresses the treatment needs of all clients, including clients who receive treatment from the agency for a short period of time, such as 14 days or less;
2. Establish criteria to determine:
 - a. When clinical supervision shall be provided to a staff member on an individual basis, which shall include a requirement that a staff member involved in an incident reported under R9-20-202(A)(1) receive clinical supervision related to the incident on an individual basis; and
 - b. When a staff member listed in subsection (B) is capable of providing clinical supervision;
3. Establish a process for reviewing an incident reported under R9-20-202(A)(1); and
4. Establish requirements and time frames for documenting clinical supervision.

B. A licensee shall ensure that clinical supervision is provided by an individual who:

1. Has skills and knowledge in the behavioral health services that the agency is authorized to provide and the populations served by the agency; and
2. Is one of the following:
 - a. A behavioral health professional, or
 - b. A behavioral health technician with a combination of full-time behavioral health work experience and post high school education in a field related to behavioral health totaling at least six years.

C. A licensee shall ensure that a behavioral health technician who provides clinical supervision:

1. Receives clinical supervision from a behavioral health professional according to the requirements in this Section; and
2. Has skills and knowledge in providing clinical supervision that are verified:
 - a. Before the behavioral health technician provides clinical supervision;
 - b. By a behavioral health professional who provides clinical supervision; and
 - c. Through one or more of the following:
 - i. Visual observation of the behavioral health technician interacting with another individual, such as through role playing exercises;
 - ii. Verbal interaction with the behavioral health technician, such as interviewing, discussion, or question and answer; or
 - iii. A written examination.

D. A licensee shall ensure that:

1. A behavioral health technician or a behavioral health paraprofessional who works full time receives at least four hours of clinical supervision in a calendar month;
2. A behavioral health technician or a behavioral health paraprofessional who works part time receives at least one hour of clinical supervision for every 40 hours worked; and
3. Clinical supervision occurs on an individual or group basis and may include clinical supervision in response to an incident, an emergency safety response, or, if applicable, debriefings that occur after restraint or seclusion.

E. A licensee shall ensure that clinical supervision includes:

1. Reviewing and discussing client behavioral health issues, behavioral health services, or records;
2. Recognizing and meeting the unique treatment needs of the clients served by the agency, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;
3. Reviewing and discussing other topics that enhance the skills and knowledge of staff members; and
4. For a behavioral health technician providing a client with an assessment or treatment plan, determining whether an assessment or treatment plan is complete and accurate and meets the client's treatment needs.

F. A licensee shall ensure that the four hours of clinical supervision required for a behavioral health technician and a behavioral health paraprofessional is documented at least once a month, to include:

1. The date of the clinical supervision;
2. The name, signature, and professional credential or job title of the staff member receiving clinical supervision;
3. The signature and professional credential or job title of the individual providing clinical supervision and the date signed;
4. The duration of the clinical supervision;
5. A description of the topic or topics addressed in clinical supervision, as described in subsection (E);
6. Whether clinical supervision occurred on a group or individual basis; and
7. Identification or recommendation of additional training that may enhance the staff member's skills and knowledge.

A. A provider shall notify the Department in writing at least 30 days before the effective date of:

1. A termination of treatment provision; or
2. A change in the:
 - a. Name under which the provider does business,
 - b. Address or telephone number of a facility where treatment is provided, or

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c. Administrator.

- B.** The Department shall update the provider's approval to reflect the changes in subsection (A), but retain the existing expiration date of the application approval.

R9-20-206. Orientation and Training Rescinding Approval

A. A licensee shall ensure that:

1. ~~The clinical director develops and implements a written plan to provide staff orientation;~~
2. ~~A staff member completes orientation before providing behavioral health services;~~
3. ~~Orientation of a staff member includes:~~
 - a. ~~Reviewing:~~
 - i. ~~Client rights;~~
 - ii. ~~Agency policies and procedures necessary for the performance of the staff member's duties;~~
 - iii. ~~The staff member's job description;~~
 - iv. ~~The agency's evacuation path; and~~
 - v. ~~Procedures for responding to a fire, a disaster, a hazard, a medical emergency, and a client experiencing a crisis situation;~~
 - b. ~~Informing the staff member of the requirement to immediately report suspected or alleged abuse, neglect, or exploitation or a violation of a client's rights to the administrator or clinical director; and~~
 - c. ~~Identifying the location of client records and how client records and information are protected; and~~
4. ~~A staff member's orientation is documented, to include:~~
 - a. ~~The staff member's name, signature, and professional credential or job title;~~
 - b. ~~The date orientation was completed;~~
 - c. ~~The subject or topics covered in the orientation;~~
 - d. ~~The duration of the orientation; and~~
 - e. ~~The name, signature, and professional credential or job title of the individual providing the orientation.~~

B. A licensee shall ensure that the clinical director:

1. ~~Develops and implements a written training plan for the agency that includes a description of the training that a behavioral health professional, behavioral health technician, or behavioral health paraprofessional needs to:~~
 - a. ~~Maintain current skills and knowledge;~~
 - b. ~~Obtain or enhance skills and knowledge in the behavioral health services the agency is authorized to provide; and~~
 - c. ~~Meet the unique needs of the client populations served by the agency, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;~~
2. ~~Ensures that each staff member, except for a behavioral health professional who is required by state law to complete continuing education to maintain the behavioral health professional's occupational license or certificate, completes:~~
 - a. ~~At least 48 hours of training during the first 12 months of full-time employment or contract service, or the equivalent amount for part-time employment or contract service, after the staff member's starting date of employment or contracted service, which may include time spent in orientation and in acquiring the skills and knowledge required in R9-20-204(F); and~~
 - b. ~~At least 24 hours of training every 12 months of full-time employment or contract service, or the equivalent amount for part-time employment or contract service, after the staff member's first 12 months of employment or contract service;~~
3. ~~Ensures that during a staff member's first 12 months of employment or contract service, training includes the topics listed in R9-20-204(F) and other topics identified in the written staff member training plan; and~~
4. ~~Ensures that a staff member's training is documented, to include:~~
 - a. ~~The staff member's name, signature, and professional credential or job title;~~
 - b. ~~The date of the training;~~
 - c. ~~The subject or topics covered in the training;~~
 - d. ~~The duration of the training; and~~
 - e. ~~The name, signature, and professional credential or job title of the individual providing the training.~~

- A.** The Department may rescind the approval of a provider if the Department determines that noncompliance with this Article by the provider negatively impacts the treatment a client is receiving from the provider.

B. If the Department rescinds the approval of a provider, the Department shall:

1. Provide written notice of the rescindment to the provider that includes a list of the requirements with which the provider is not in compliance.
2. Remove the provider from the Department's list of approved treatment providers, and
3. Provide written notice of the rescindment to any referring courts identified by the provider.

C. To obtain approval after a rescindment, a provider shall submit:

1. The application required in R9-20-203, and

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2. A written recommendation for approval of the provider from a referring court notified in subsection (B)(3).

D. The Department shall review the application and recommendation in subsection (C) and issue an approval or notice of non-approval no sooner than 60 days, but not later than 90 days, after the Department receives the application and recommendation.

R9-20-207. Staffing Requirements Administration, Monitoring

~~A. A licensee shall ensure that an agency has staff members and employees to:~~

- ~~1. Meet the requirements in this Chapter;~~
- ~~2. Provide at all times:
 - a. The behavioral health services the agency is authorized to provide;
 - b. The behavioral health services stated in the agency program description, as required in R9-20-201(A)(2)(c); and
 - e. The treatment identified in each client's treatment plan; and~~
- ~~3. Ensure the health, safety, and welfare of a client:
 - a. On the premises;
 - b. On an agency-sponsored activity off the premises; and
 - e. While the client is receiving behavioral health services or ancillary services from the licensee off the premises.~~

~~B. A licensee shall ensure that at least one staff member is present at the facility during hours of agency operation or on an outing who has current documented successful completion of first aid and CPR training specific to the populations served by the agency, such as children or adults, that included a demonstration of the staff member's ability to perform CPR.~~

~~C. A licensee of a residential agency or an inpatient treatment program shall ensure that:~~

- ~~1. At least one staff member is present and awake at the facility at all times when a client is on the premises;~~
- ~~2. At least one staff member is on-call and available to come to the agency if needed; and~~
- ~~3. The agency has sufficient staff members that provide general client supervision and treatment and sufficient staff members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each client.~~

~~D. A licensee shall ensure that each agency has a daily staffing schedule that:~~

- ~~1. Indicates the date, scheduled work hours, and name of each staff member assigned to work, including on-call staff members;~~
- ~~2. Includes documentation of the staff members who work each day and the hours worked by each staff member; and~~
- ~~3. Is maintained on the premises or at the administrative office for at least 12 months after the last date on the documentation.~~

A. A provider shall designate an administrator who meets qualifications established by the provider.

B. A provider shall allow the Department immediate access to all areas of a facility, a client, or records, according to A.R.S. § 41-1009.

R9-20-208. Admission Requirements Misdemeanor Domestic Violence Offender Treatment Standards

~~A. A licensee may conduct a preliminary review of an individual's presenting issue and unique needs before conducting an assessment of the individual or admitting the individual into the agency. If a licensee determines, based on an individual's presenting issue and unique needs, that the individual is not appropriate to receive a behavioral health service or ancillary service at an agency, the licensee shall ensure that the individual is provided with a referral to another agency or entity. If an individual received a face-to-face preliminary review, a staff member shall provide the individual with a written referral.~~

~~B. A licensee of an agency that provides respite shall ensure that a policy and procedure is developed, implemented, and complied with that ensures that:~~

- ~~1. A respite admission does not cause the agency to exceed the licensed capacity identified on the agency's license;~~
- ~~2. A respite client meets the admission requirements in this Section;~~
- ~~3. A respite client receives an assessment and treatment plan for the period of time that the client is receiving respite from the agency; and~~
- ~~4. A respite client's treatment plan addresses how the client will be oriented to and integrated into the daily activities at the agency.~~

~~C. A licensee shall ensure that:~~

- ~~1. An individual is admitted into an agency based upon:
 - a. The individual's presenting issue and treatment needs and the licensee's ability to provide behavioral health services and ancillary services consistent with those treatment needs;
 - b. The criteria for admission contained in the agency program description, as required in R9-20-201(A)(2)(h)(i), and the licensee's policies and procedures; and
 - e. According to the requirements of state and federal law and this Chapter; and~~
- ~~2. An individual admitted into and receiving treatment from an agency does not require from the agency:
 - a. A behavioral health service or medical service that the agency is not authorized to provide;
 - b. A behavioral health service or medical service that the agency's staff members are not qualified or trained to pro-~~

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- vide, or
- e. A behavioral health service or ancillary service that the agency is unable to provide.
- D.** A licensee shall ensure that:
1. Based upon an assessment, if an individual is not appropriate to receive a behavioral health service or ancillary service according to the criteria in subsection (C), the individual is provided with a referral to another agency or entity; and
 2. If an individual received a face-to-face assessment, a staff member provides the individual with a written referral.
- E.** A licensee shall ensure that:
1. Except as stated in subsection (F), admission does not occur and treatment is not provided unless general consent is obtained; and
 2. Informed consent to treatment is:
 - a. Obtained from a client or, if applicable, the client's parent, guardian, custodian, or agent before a client receives a specific treatment or a change in treatment, such as use of a different medication, for which informed consent has not yet been obtained;
 - b. Obtained only after a client or, if applicable, the client's parent, guardian, custodian, or agent receives a verbal explanation of the following:
 - i. The specific treatment being proposed;
 - ii. The intended outcome, nature, and procedures of the proposed treatment;
 - iii. Any risks and side effects of the proposed treatment, including any risks of not proceeding with the proposed treatment;
 - iv. The alternatives to the proposed treatment; and
 - v. That informed consent is voluntary and may be withheld or withdrawn at any time; and
 - c. Documented by:
 - i. Having the client sign and date or, if applicable, having the client's parent, guardian, custodian, or agent sign and date, an acknowledgment that the client or, if applicable, the client's parent, guardian, custodian, or agent has received the information in subsection (E)(2)(b) and gives informed consent to the treatment; or
 - ii. If the client or, if applicable, the client's parent, guardian, custodian, or agent gives verbal informed consent to the treatment but refuses to sign an acknowledgement according to subsection (E)(2)(c)(i), having the medical practitioner ordering the treatment sign and date a statement that the client or, if applicable, the client's parent, guardian, custodian, or agent received the information in subsection (E)(2)(b) and gives informed consent but refuses to sign the acknowledgement.
- F.** A licensee is not required to obtain general consent as described in subsection (E)(1) from a client receiving court-ordered evaluation, court-ordered treatment, or treatment in a Level 1 specialized transitional agency.
- G.** A licensee is not required to obtain general consent as described in subsection (E)(1) or informed consent as described in subsection (E)(2) from a client receiving treatment according to A.R.S. § 36-512.
- H.** A licensee shall ensure that, at the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent are provided the following information:
1. A list of client rights;
 2. An explanation of any fees that the client is required to pay;
 3. A copy of the agency's refund policy and procedure;
 4. The current telephone number and address of:
 - a. The OBHL;
 - b. The Department's Division of Behavioral Health Services;
 - c. If the client is enrolled by a regional behavioral health authority as an individual who is seriously mentally ill, the human rights advocates provided by the Department or the Department's designee;
 - d. The Arizona Department of Economic Security Office of Adult Protective Services, if applicable;
 - e. The Arizona Department of Economic Security Office of Child Protective Services, if applicable; and
 - f. The local office of the regional behavioral health authority;
 5. A copy of the agency's grievance policy and procedure;
 6. If the agency is a residential agency or an inpatient treatment program and has a dress code, a written description of the dress code;
 7. If the agency is an inpatient treatment program, an explanation of whether treatment is provided in a secure facility; and
 8. If the agency is a Level 1 RTC or a Level 1 sub-acute agency authorized to provide restraint or seclusion:
 - a. The agency's policy for the use of restraint or seclusion, in a language that the client or the client's parent, guardian, custodian, or agent understands; and
 - b. The name, telephone number, and mailing address for the Arizona Center for Disability Law.
- I.** A licensee shall ensure that receipt of the applicable information in subsection (H) is documented by having the client or the client's parent, guardian, custodian, or agent sign and date an acknowledgment that the client or the client's parent,

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~~guardian, custodian, or agent received the information.~~

- A.** An administrator shall ensure that:
1. A program description is developed that includes a method for providing treatment;
 2. Treatment:
 - a. Is based on methodologies developed by behavioral health professionals and supported by published research results;
 - b. Does not disproportionately or exclusively include one or more of the following:
 - i. Anger or stress management,
 - ii. Conflict resolution,
 - iii. Family or couples counseling, or
 - iv. Education or information about domestic violence;
 - c. Emphasizes personal responsibility;
 - d. Identifies domestic violence as a means of asserting power and control over another individual;
 - e. Does not require the participation of a victim of domestic violence;
 - f. Is not provided at a location where a victim of domestic violence is sheltered;
 - g. Includes individual counseling, group counseling, or a combination of individual counseling and group counseling that:
 - i. Is conducted by a behavioral health professional; and
 - ii. Requires each counseling session to be documented in the client record;
 - h. Does not include more than 15 clients in group counseling; and
 3. Treatment is provided to a client according to subsection (C).
- B.** An administrator shall ensure that policies and procedures are developed, documented, and implemented that:
1. Unless the period of time for a client to complete treatment is extended, require a client to complete treatment in not less than three months and no more than 12 months after the date the client begins treatment; and
 2. Establish criteria for determining whether to extend the time for a client's completion of treatment, such as:
 - a. Receiving a recommendation from a behavioral health professional, or
 - b. An occurrence of one of the following during the 12 months after the date the client is admitted for treatment:
 - i. The client serving jail time,
 - ii. Illness of the client or a client's family member, or
 - iii. Death of a client's family member, or
 - c. The court requiring the client to complete more than 52 sessions of treatment.
- C.** An administrator shall ensure that:
1. Except as provided in a court order, treatment includes, at a minimum, the following number of sessions, to be completed after the applicable offense for which the client was required to complete treatment:
 - a. For a first offense, 26 sessions;
 - b. For a second offense, 36 sessions; and
 - c. For a third offense or any subsequent offense, 52 sessions;
 2. The duration of a session in subsection (C)(1) is:
 - a. For an individual session, not less than 50 minutes; and
 - b. For a group session, not less than 90 minutes and not longer than 180 minutes; and
 3. Except if extended according to subsection (B)(2), treatment for a client is scheduled to be completed in not less than three months and no more than 12 months after the client is admitted into treatment.
- D.** An administrator shall ensure that policies and procedures are developed, documented, and implemented for providing treatment that:
1. Establish:
 - a. The process for a client to begin and complete treatment;
 - b. The timeline for a client to begin treatment;
 - c. The timeline for a client to complete treatment, which shall not exceed 12 months, except as provided in subsection (B)(2); and
 - d. Criteria for a client's successful completion treatment, including attendance, conduct, and participation requirements;
 2. Require notification to a client at the time of admission of the consequences to the client if the client fails to successfully complete treatment;
 3. Require notification, in writing, to the entity that referred the client to the provider on behalf of the court, within a timeline established by the referring court or the entity that referred the client to the provider on behalf of the court, when any of the following occurs:
 - a. A client referred by the court has not reported for admission to treatment,
 - b. A client referred by the court is ineligible or inappropriate for treatment.

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- c. A client is admitted for treatment.
 - d. A client is voluntarily or involuntarily discharged from treatment.
 - e. A client fails to comply with treatment, or
 - f. A client completes treatment;
 - 4. Are reviewed and revised as necessary by the provider at least once every 12 months; and
 - 5. Are maintained at the facility.
 - E.** An administrator shall ensure that:
 - 1. Treatment is provided by a behavioral health professional who:
 - a. Has at least six months of full-time work experience with domestic violence offenders or other criminal offenders, or
 - b. Is visually observed and directed by a behavioral health professional with at least six months of full-time work experience with domestic violence offenders or other criminal offenders; and
 - 2. Policies and procedures are developed, documented, and implement that establish education and training requirements for a behavioral health professional providing treatment that demonstrate that the behavioral health professional is qualified to provide treatment.
 - F.** An administrator shall ensure that:
 - 1. All employees are provided orientation specific to the duties of the employee.
 - 2. An employee completes orientation before the employee provides treatment.
 - 3. Annual training requirements are established for an employee, and
 - 4. Orientation and training required in this subsection are documented.
 - G.** An administrator shall ensure that:
 - 1. A behavioral health professional completes an assessment of each client;
 - 2. The assessment includes a client's:
 - a. Substance abuse history.
 - b. Legal history.
 - c. Family history.
 - d. History of trauma or abuse.
 - e. Behavioral health treatment history, and
 - f. Potential for self-harm or to harm another individual;
 - 3. The following information is requested:
 - a. The case number or identification number assigned to the client by the referring court;
 - b. Whether the client has any past or current orders for protection or no-contact orders issued by a court;
 - c. The client's history of domestic violence or family disturbances, including incidents that did not result in arrest; and
 - d. The details of the misdemeanor domestic violence offense that led to the client's referral for treatment; and
 - 4. The assessment and information in subsection (G)(3) are documented in the client record.
 - H.** For a client who has completed treatment, an administrator shall:
 - 1. Issue a certificate of completion that includes:
 - a. The case number or identification number assigned to the client by the referring court or, if the provider has made three documented attempts to obtain the case number or identification number without success, the client's date of birth;
 - b. The client's name;
 - c. The date of completion of treatment;
 - d. The name, address, and telephone number of the provider; and
 - e. The signature of an individual authorized to sign on behalf of the provider;
 - 2. Provide the original of the client's certificate of completion to the client;
 - 3. Provide a copy of the client's certificate of completion to the referring court according to the timeline established in the provider's policies and procedures; and
 - 4. Maintain a copy of the client's certificate of completion in the client record.
- R9-20-209. ~~Assessment and Treatment Plan Repealed~~**
- A.** ~~A licensee shall develop, implement, and comply with policies and procedures for conducting an assessment that ensure that a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional, conducting an assessment:~~
 - 1. ~~Refers the client to a medical practitioner if there is evidence that the client's behavioral health issue may be related to a medical condition; and~~
 - 2. ~~Addresses a client's:~~
 - a. ~~Presenting issue;~~
 - b. ~~Substance abuse history;~~
 - e. ~~Co-occurring disorder;~~

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- d. ~~Medical condition and history;~~
- e. ~~Legal history, including:~~
 - i. ~~Custody;~~
 - ii. ~~Guardianship;~~
 - iii. ~~Pending litigation;~~
 - iv. ~~Court-ordered evaluation;~~
 - v. ~~Court-ordered treatment; and~~
 - vi. ~~Criminal justice record;~~
 - f. ~~Family history; and~~
 - g. ~~Behavioral health treatment history.~~
- B.** ~~A licensee shall ensure that:~~
 - 1. ~~A behavioral health professional or a behavioral health technician, under the supervision of a behavioral health professional, initiates an assessment of a client before treatment is initiated, and~~
 - 2. ~~If an assessment is conducted and documented by a behavioral health technician, a behavioral health professional reviews the assessment information documented by the behavioral health technician to ensure that the assessment information identifies the behavioral health services needed by the client and whether the client needs medical services.~~
- C.** ~~A licensee shall ensure that a client's assessment is completed with the participation of:~~
 - 1. ~~The client or the client's guardian or agent, if applicable;~~
 - 2. ~~If the client is a child, the client's parent, guardian, or custodian;~~
 - 3. ~~An individual requested by the client or the client's guardian or agent or, if the client is a child, by the client's parent, guardian, or custodian; and~~
 - 4. ~~Any individual required by federal or state law.~~
- D.** ~~A licensee may use a documented assessment completed by a behavioral health professional or a behavioral health technician not affiliated with the licensee's agency if:~~
 - 1. ~~The assessment was completed in compliance with this Section;~~
 - 2. ~~The assessment was completed within 12 months before the date of the client's admission to the licensee's agency; and~~
 - 3. ~~The behavioral health professional or the behavioral health technician at the licensee's agency updates the documented assessment to include any changes to the client's condition since the assessment was completed.~~
- E.** ~~A licensee shall ensure that, except for a client receiving behavioral health services in a crisis situation, a client's assessment information is documented in the client record within seven days after initiating or updating the assessment, to include:~~
 - 1. ~~A description of the client's presenting issue;~~
 - 2. ~~An identification of the client's behavioral health symptoms and of each behavioral health issue that requires treatment;~~
 - 3. ~~A description of the medical symptoms reported by the client and medical referrals needed by the client, if any;~~
 - 4. ~~Recommendations for further assessment or examination of the client's needs;~~
 - 5. ~~Recommendations for treatment needed by the client;~~
 - 6. ~~Recommendations for ancillary services or other services needed by the client; and~~
 - 7. ~~The signature, professional credential or job title, and date signed of:~~
 - a. ~~The staff member conducting the assessment; and~~
 - b. ~~If the assessment information was documented by a behavioral health technician, the behavioral health professional who reviewed the assessment information.~~
- F.** ~~A licensee shall ensure that:~~
 - 1. ~~A client's assessment information is reviewed and updated:~~
 - a. ~~When additional information that affects the client's assessment is identified, and~~
 - b. ~~At least once every 12 months; and~~
 - 2. ~~A review and update of a client's assessment information is documented in the client record within seven days after the review is completed.~~
- G.** ~~A licensee shall ensure that the assessment information of a client receiving behavioral health services in a crisis situation is documented in the client record:~~
 - 1. ~~Before the individual's or client's:~~
 - a. ~~Admission;~~
 - b. ~~Transfer; or~~
 - c. ~~Referral; and~~
 - 2. ~~To include the requirements in subsections (E)(1) through (6), the name of each behavioral health professional who reviewed the assessment information according to subsection (B)(2), and the date of the review.~~
- H.** ~~A licensee shall ensure that policies and procedures for developing, implementing, monitoring, and updating a treatment~~

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plan are developed, implemented, and complied with.

- I. A licensee shall ensure that an initial treatment plan is developed for each client that:
 - 1. Is based upon the initial assessment of the client and, if applicable, the client's physical examination required in R9-20-1003(E);
 - 2. Is completed and documented:
 - a. Before a client:
 - i. Receives counseling;
 - ii. Is admitted to an inpatient facility or residential agency, unless a client's presenting issue requires immediate admission;
 - iii. Receives treatment of the client's behavioral health issue with medication; or
 - iv. Receives opioid treatment according to Article 10;
 - b. No later than 30 days after the client's first visit with a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional;
 - c. By a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional;
 - d. With the participation of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian;
 - 3. Includes:
 - a. The client's presenting issue;
 - b. The behavioral health services or ancillary services to be provided to the client until completion of the treatment plan in subsection (J);
 - c. Identification of individuals or entities to provide behavioral health services or ancillary services in subsection (I)(3)(b);
 - d. The information in subsection (J) for a client:
 - i. Receiving DUI treatment;
 - ii. Receiving misdemeanor or domestic violence offender treatment;
 - iii. Receiving counseling;
 - iv. Receiving treatment of the client's behavioral health issue with medication;
 - v. Admitted to an inpatient facility or residential agency; or
 - vi. Receiving opioid treatment according to Article 10;
 - e. The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and
 - f. The signature, professional credential or job title and date signed of:
 - i. The staff member developing the treatment plan; and
 - ii. If the treatment plan was completed by a behavioral health technician, the behavioral health professional who reviewed the treatment plan;
 - 4. If the initial treatment plan was completed by a behavioral health technician, is reviewed by a behavioral health professional to ensure that the initial treatment plan is complete and accurate and meets the client's treatment needs; and
 - 5. Is entered in the client record within seven days of completion.
- J. A licensee shall ensure that a treatment plan is developed for each client and that the treatment plan:
 - 1. Is based upon the initial assessment and ongoing assessment of the client;
 - 2. Is completed and documented no later than 90 days after the client's first visit with a behavioral health professional or behavioral health technician under supervision of a behavioral health professional;
 - 3. Is developed by a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional;
 - 4. Is developed with the participation of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian;
 - 5. If the treatment plan was completed by a behavioral health technician, is reviewed by a behavioral health professional to ensure that the treatment plan is complete and accurate and meets the client's treatment needs;
 - 6. Includes:
 - a. The client's presenting issue;
 - b. One or more treatment goals;
 - c. One or more treatment methods and the frequency of each treatment method;
 - d. The date when the client's treatment plan shall be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge;
 - f. The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and
 - g. The signature, professional credential or job title and date signed of:
 - i. The staff member developing the treatment plan; and

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- ii. ~~If the treatment plan was completed by a behavioral health technician, the behavioral health professional approving the treatment plan;~~
- 7. ~~Is reviewed and updated on an on-going basis:~~
 - a. ~~According to the review date specified in the treatment plan and at least annually;~~
 - b. ~~When a treatment goal is accomplished or changes;~~
 - c. ~~When additional information that affects the client's assessment is identified;~~
 - d. ~~When a client has a significant change in condition or experiences an event that affects treatment; and~~
 - e. ~~If the client is receiving opioid treatment according to Article 10, at least once every three months during the client's first year of opioid treatment and at least once every six months after the client's first year of opioid treatment; and~~
- 8. ~~Is entered in the client record within seven days of completion.~~
- K.** ~~A licensee shall ensure that the treatment plan to resolve or address a crisis situation is documented at the agency:~~
 - 1. ~~Before the date of the individual's or client's:~~
 - a. ~~Admission;~~
 - b. ~~Transfer; or~~
 - c. ~~Referral; and~~
 - 2. ~~To include the name of the behavioral health professional who reviewed the treatment plan and the date and time of the review.~~
- L.** ~~A licensee shall ensure that:~~
 - 1. ~~A client's treatment is based upon the client's treatment plan;~~
 - 2. ~~When a client's treatment plan is reviewed under subsection (J)(7), a behavioral health professional or behavioral health technician reviews the client's progress in treatment and determines whether the client needs to continue with treatment or to be transferred or discharged; and~~
 - 3. ~~If a client's progress is reviewed by a behavioral health technician, the behavioral health technician's review and determinations are approved by a behavioral health professional.~~
- M.** ~~A licensee shall ensure that a client's initial treatment plan and treatment plan are implemented.~~

R9-20-210. Discharge Repealed

- A.** ~~A licensee shall ensure that a client is discharged from an agency:~~
 - 1. ~~According to the requirements of this Chapter and state and federal law;~~
 - 2. ~~According to the agency's discharge criteria contained in the agency's program description according to R9-20-201(A)(2)(h)(iv);~~
 - 3. ~~When the client's treatment goals are achieved, as documented in the client's treatment plan; or~~
 - 4. ~~When the client's behavioral health issues or treatment needs are not consistent with the behavioral health services that the agency is authorized or able to provide.~~
- B.** ~~A licensee shall ensure that, at the time of discharge, a client receives a referral for treatment or ancillary services that the client may need after discharge.~~
- C.** ~~A licensee shall ensure that a discharge summary:~~
 - 1. ~~Is entered into the client record within 15 days after a client's discharge;~~
 - 2. ~~Is completed by a behavioral health professional or a behavioral health technician; and~~
 - 3. ~~Includes:-~~
 - a. ~~The client's presenting issue and other behavioral health issues identified in the client's treatment plan;~~
 - b. ~~A summary of the treatment provided to the client;~~
 - c. ~~The client's progress in meeting treatment goals, including treatment goals that were and were not achieved;~~
 - d. ~~The name, dosage, and frequency of each medication for the client ordered at the time of the client's discharge by a medical practitioner at the agency; and~~
 - e. ~~A description of the disposition of the client's possessions, funds, or medications.~~
- D.** ~~A licensee shall ensure that a client who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the client is discharged from the agency if a medical practitioner for the agency will not be prescribing the medication for the client at or after discharge.~~
- E.** ~~A licensee shall ensure that a client who is involuntarily discharged is offered or provided a written notice indicating:~~
 - 1. ~~The client's right to submit a grievance, and~~
 - 2. ~~The agency's grievance policy and procedure.~~

R9-20-211. Client Records Repealed

- A.** ~~A licensee shall ensure that a single active client record is maintained for each client and:~~
 - 1. ~~Is protected at all times from loss, damage, or alteration;~~
 - 2. ~~Is confidential;~~
 - 3. ~~Is only released or disclosed:~~
 - a. ~~As provided in:~~

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- i. A.R.S. § 12-2292(B);
 - ii. A.R.S. § 12-2294;
 - iii. A.R.S. § 36-504;
 - iv. A.R.S. § 36-509;
 - v. A.R.S. § 36-3283(D);
 - vi. 42 CFR 2.11 through 42 CFR 2.67 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954; or
 - vii. Another applicable federal or state law that authorizes release or disclosure; or
 - b. With written authorization from the client or, if applicable, the client's parent, guardian, custodian, or agent, according to subsection (B);
4. Is legible and recorded in ink or electronically recorded;
5. Contains entries that are dated and:
- a. Signed by the individual making the entry;
 - b. Initialed by the individual making the entry; or
 - c. Authenticated by the individual making the entry in accordance with the following:
 - i. The individual who makes the entry embosses the entry with a rubber stamp or uses a computer code;
 - ii. The rubber stamp or computer code is not authorized for use by another individual; and
 - iii. The individual who makes the entry signs a statement that the individual is responsible for the use of the rubber stamp or the computer code;
6. Is available for review during the agency's hours of operation or at another time agreed upon by the clinical director upon written request by the client or the client's parent, guardian, custodian, or agent, if applicable, unless the client's physician:
- a. Determines that the client's review of the client record is contraindicated, and
 - b. Documents the reason for the determination in the client record;
7. Does not contain information about another client or individual unless the information impacts the treatment to the client;
8. Is current and accurate;
9. Is amended as follows:
- a. The information to be amended is struck out with a single line that allows the struck information to be read; and
 - b. The amended entry is signed, initialed, or authenticated as described in subsection (A)(5)(c) by the individual making the amended entry;
10. Except as provided in subsection (A)(11), contains original documents and original signatures, initials, or authentication;
11. For events occurring in group counseling, may contain photocopies of original documents but with client specific treatment information added;
12. Is maintained on the premises of the behavioral health agency at which the client is admitted until the client is discharged;
13. Is available and accessible to staff members who provide behavioral health services to the client;
14. Is retained after a client's discharge:
- a. For a client who is an adult, for seven years after the date of the client's discharge, unless otherwise provided by law or this Chapter; and
 - b. For a client who is a child, for seven years after the date of discharge or for at least three years after the date of the client's 18th birthday, whichever is a longer period of time; and
15. Is disposed of in a manner that protects client confidentiality.
- B.** A licensee shall ensure that written authorization for release of a client record or information, as described in subsection (A)(3)(b), is obtained according to the following:
- 1. Written authorization is obtained before a client record or information is released or disclosed;
 - 2. Written authorization is obtained in a language understood by the individual signing the written authorization under subsection (B)(3)(h);
 - 3. Written authorization includes:
 - a. The name of the agency disclosing the client record or information;
 - b. The purpose of the disclosure;
 - c. The individual, agency, or entity requesting or receiving the record or information;
 - d. A description of the client record or information to be released or disclosed;
 - e. A statement indicating authorization and understanding that authorization may be revoked at any time;
 - f. The date or condition when the authorization expires;
 - g. The date the authorization was signed; and

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- h. The signature of the client or the client's parent, guardian, custodian, or agent; and
- 4. Written authorization is maintained in the client record.
- ~~C.~~ A licensee shall ensure that a progress note is documented on the date that an event occurs. Any additional information added to the progress note is identified as a late entry.
- ~~D.~~ A licensee shall ensure that a client record contains the following, if applicable:
 - 1. The client's name, address, home telephone number, and date of birth;
 - 2. The name and telephone number of:
 - a. An individual to notify in case of medical emergency;
 - b. The client's medical practitioner, if applicable;
 - c. The individual who coordinates the client's behavioral health services or ancillary services, if applicable;
 - d. The client's parent, guardian, or custodian, if applicable; or
 - e. The client's agent, if applicable;
 - 3. The date the client was admitted into the agency;
 - 4. The following information about each referral made or received by the agency:
 - a. The date of the referral;
 - b. The reason for the referral; and
 - e. The name of the entity, agency, or individual that the client was referred to or from;
 - 5. Whether the client is receiving court-ordered evaluation or court-ordered treatment or is a DUI client or a client in a misdemeanor domestic violence offender treatment program;
 - 6. If the client is receiving court-ordered evaluation or court-ordered treatment, a copy of the court order, pre-petition screening, and court-ordered evaluation as required by A.R.S. Title 36, Chapter 5;
 - 7. Documentation of general and, if applicable, informed consent to treatment, as required in R9-20-208(E);
 - 8. Documentation signed and dated by the client or, if applicable, the client's parent, guardian, custodian, or agent, indicating receipt of the information required to be provided under R9-20-208(G);
 - 9. The client's written informed consent to participate in research or treatment that is not a professionally recognized treatment, according to R9-20-201(F), if applicable;
 - 10. The assessment information and updates to the assessment information, as required in R9-20-209(E) and (F);
 - 11. The initial treatment plan as required in R9-20-209(I)(2), and the treatment plan and updates and revisions to the treatment plan, as required in R9-20-209(J)(2) and (7);
 - 12. Results from an additional examination or assessment recommended according to R9-20-209(E)(4);
 - 13. Information or records provided by or obtained from another individual, agency, or entity regarding the client;
 - 14. Documentation of authorization to release a client record or information, as required in subsection (A)(3)(b) and (B), if applicable;
 - 15. Documentation of requests for client records and of the resolution of those requests;
 - 16. Documentation of the release of the client record or information from the client record to an individual or entity as described in subsection (A)(3)(a);
 - 17. Progress notes;
 - 18. Documentation of telephone, written, or face-to-face contact with the client or another individual that relates to the client's health, safety, welfare, or treatment;
 - 19. Documentation of:
 - a. Assistance provided to a client who does not speak English;
 - b. Assistance provided to a client who has a physical or other disability, as required in R9-20-203(A)(3); and
 - e. A client's known allergies or other medical condition;
 - 20. Documentation of behavioral health services provided to the client, according to the client's treatment plan;
 - 21. Documentation of medication services or assistance in the self-administration of medication, if applicable;
 - 22. Medical orders, as required in this Chapter, if applicable;
 - 23. Date of discharge and discharge summary as required in R9-20-210(C), if applicable;
 - 24. If the client is receiving treatment in a residential agency or an inpatient treatment program, documentation of the client's:
 - a. Orientation, as required in R9-20-401(B);
 - b. Screening for infectious pulmonary tuberculosis, as required in R9-20-401(A)(3); and
 - e. Nursing assessment or physical examination, as required in R9-20-401(A)(1) or (2), as applicable;
 - 25. If the client is a child, the names of the individuals to whom the child may be released according to R9-20-201(E)(5);
 - 26. Documentation of an agency's coordination with or communication to an individual, agency, or entity involved in the provision of treatment or ancillary services to the client; and
 - 27. Other information or documentation required by state or federal law or this Chapter.
- ~~E.~~ A licensee shall develop, implement, and comply with a policy and procedure to ensure the confidentiality and security of client records and client-related information, which shall include requirements that:
 - 1. If maintained other than electronically, client records and other written client-related information be stored in a

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~~locked container or area;~~

- ~~2. If maintained electronically, client records and other written client-related information be protected from unauthorized access; and~~
- ~~3. Staff members release and discuss client-related information only as necessary for the provision of behavioral health services.~~

R9-20-212. Transportation Repealed

A. A licensee of an agency that uses a vehicle owned or leased by the licensee to transport a client shall ensure that:

1. The vehicle:
 - a. Is safe and in good repair;
 - b. Contains a first aid kit that meets the requirements in R9-20-214(I);
 - e. Contains drinking water sufficient to meet the needs of each client present;
 - d. Contains a working heating and air conditioning system; and
 - e. Is insured according to A.R.S. Title 28, Chapter 9;
2. Documentation of vehicle insurance and a record of each maintenance or repair of the vehicle is maintained on the premises or at the administrative office;
3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - e. Does not wear headphones or operate a cellular telephone while operating the vehicle;
 - d. Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;
 - e. Does not leave in the vehicle an unattended:
 - i. Child;
 - ii. Client who may be a threat to the health, safety, or welfare of the client or another individual; or
 - iii. Client who is incapable of independent exit from the vehicle;
 - f. Operates the vehicle safely; and
 - g. Ensures the safe and hazard-free loading and unloading of clients;
4. Transportation safety is maintained as follows:
 - a. Each individual in the vehicle wears a working seat belt while the vehicle is in motion;
 - b. Each seat in a vehicle is securely fastened to the vehicle and provides sufficient space for a client's body; and
 - e. Each individual in the vehicle is sitting in a seat while the vehicle is in motion; and
5. There is a sufficient number of staff members present to ensure each client's health, safety, and welfare.

B. A licensee of a residential agency or an inpatient treatment program shall ensure that:

1. A client receives transportation to needed medical services and to the treatment identified in the client's treatment plan or assessment; and
2. Emergency information for each client transported is maintained in the vehicle used to transport the client and includes:
 - a. The client's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the client during the anticipated duration of the transportation;
 - e. The client's allergies; and
 - d. The name and telephone number of the individual to notify at the agency in case of medical emergency or other emergency.

R9-20-213. Outings Repealed

A. A clinical director or designee shall ensure that:

1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each client participating in the outing; and
2. Probable hazards, such as weather conditions, adverse client behavior, or medical situations, that may occur during the outing are identified and staff members participating in the outing are prepared and have the supplies necessary to prevent or respond to each probable hazard.

B. A licensee shall ensure that:

1. There is a sufficient number of staff members present to ensure each client's health, safety, and welfare on an outing;
2. There are at least two staff members present on an outing;
3. At least one staff member on the outing has documentation of current training in CPR and first aid according to R9-20-207(B);
4. Documentation is developed before an outing that includes:
 - a. The name of each client participating in the outing;
 - b. A description of the outing;

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- e. The date of the outing;
- d. The anticipated departure and return times;
- e. The name, address, and, if available, telephone number of the outing destination; and
- f. The license plate number of each vehicle used to transport a client;
- 5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained on the premises for at least 12 months after the date of the outing;
- 6. Emergency information for each client participating in the outing is maintained in the vehicle used to transport the client and includes:
 - a. The client's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the client during the anticipated duration of the outing;
 - e. The client's allergies; and
 - d. The name and telephone number of the individual to notify at the agency in case of medical emergency or other emergency;
- 7. A copy of the agency's policy and procedure for outings, as required in R9-20-201(B)(1)(a)(iii), is maintained in each vehicle used on the outing; and
- 8. Each client participating in the outing is safely returned after the outing.

R9-20-214. Environmental Standards Repealed

~~A.~~ A licensee shall ensure that:

- 1. An agency's facility, furnishings, and premises are:
 - a. In good repair;
 - b. Clean; and
 - e. Free of:
 - i. Odors, such as from urine or rotting food;
 - ii. Insects and rodents;
 - iii. Accumulations of garbage or refuse; and
 - iv. Hazards;
- 2. A heating and cooling system maintains the facility at a temperature between 65° F and 85° F;
- 3. Water is available and accessible to a client at all times unless otherwise indicated in the client's treatment plan;
- 4. Hot water provided in an area of the facility used by a client is maintained between 90° F and 120° F;
- 5. Each common area of the facility has lighting sufficient to allow staff members to monitor client activity;
- 6. Except as described in subsection (A)(7), a toxic or other hazardous material stored by the licensee on the premises is in a labeled container in a locked area other than a food preparation or storage area, a dining area, or a medication storage area;
- 7. Except for medical supplies needed for a client, such as oxygen, a combustible or flammable liquid material stored by the licensee on the premises is stored in the original labeled container or a safety container in a locked area inaccessible to a client outside of the facility or in an attached garage;
- 8. Garbage and refuse are:
 - a. Stored in covered containers or in plastic bags, and
 - b. Removed from the premises at least once a week; and
- 9. If a pet or other animal is on the premises or at the administrative office, the pet or other animal is:
 - a. Controlled to prevent endangering a client or another individual;
 - b. Controlled to maintain sanitation of the premises; and
 - e. Vaccinated against rabies and all other diseases that are communicable to humans and for which a vaccine is available and documentation is maintained at the facility or administrative office indicating current vaccinations.

~~B.~~ A licensee shall ensure that:

- 1. Smoking or tobacco products are not permitted within a facility; and
- 2. Smoking or tobacco products may be permitted on the premises outside a facility if:
 - a. Signs designating smoking areas are conspicuously posted; and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.

~~C.~~ A licensee shall ensure that:

- 1. If a client has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the client; and
- 2. An agency's premises has:
 - a. Except for an adult therapeutic foster home, a waiting area with seating for clients and visitors;
 - b. A room that provides privacy for a client to receive treatment or visitors; and
 - e. Rooms or areas sufficient to accommodate the activities, treatment, and ancillary services stated in the agency's program description.

~~D.~~ A licensee shall ensure that an agency has a bathroom that:

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1. ~~Is available for use by a client and visitors during the agency's hours of operation;~~
 2. ~~Provides privacy; and~~
 3. ~~Contains:~~
 - a. ~~A working sink with running water;~~
 - b. ~~A working toilet that flushes and has a seat;~~
 - e. ~~Toilet tissue;~~
 - d. ~~Soap for hand washing;~~
 - e. ~~Paper towels or a mechanical air hand dryer;~~
 - f. ~~Lighting; and~~
 - g. ~~A window that opens or another means of ventilation.~~
- E.** A licensee shall ensure that if a swimming pool is located on the premises:
1. The pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height;
 - b. Has no vertical openings greater than four inches across;
 - e. Has no horizontal openings, except as described in subsection (E)(1)(c);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height;
 - f. Has a self-closing, self-latching gate that opens away from the pool and that has a latch located at least five feet from the ground; and
 - g. Is locked when the pool is not in use;
 2. At least one staff member with CPR training, as required in R9-20-207(B), is present in the pool area when a client is in the pool area;
 3. At least two staff members are present in the pool area if two or more clients are in the pool area; and
 4. A life preserver is available and accessible in the pool area.
- F.** A licensee shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (E)(1) is covered and locked when not in use.
- G.** A licensee shall ensure that:
1. An evacuation path is conspicuously posted on each hallway of each floor of the facility; and
 2. A written disaster plan is developed and maintained on the premises.
- H.** A licensee shall ensure that:
1. A fire drill for staff members and, except for clients in a correctional facility, clients on the premises is conducted at least once every three months on each shift;
 2. Documentation of each fire drill is created and includes:
 - a. The date and time of the drill;
 - b. The amount of time taken for all clients and staff members to evacuate the facility;
 - e. Any problems encountered in conducting the drill; and
 - d. Recommendations for improvement, if applicable; and
 3. Documentation of a fire drill is available for review for 12 months after the date of the drill.
- I.** A licensee shall ensure that a first aid kit is maintained on the premises, is accessible to staff members, and contains the following supplies in a quantity sufficient to meet the needs of all clients:
1. Adhesive bandages;
 2. Gauze pads;
 3. Antiseptic solution;
 4. Tweezers;
 5. Scissors;
 6. Tape;
 7. Disposable medical-grade latex and non-latex gloves; and
 8. Resealable plastic bags of at least one-gallon size.

R9-20-215. Time-Out Repealed

A licensee shall ensure that a time-out:

1. Takes place in an area that is unlocked, lighted, quiet, and private;
2. Is time limited and does not exceed two hours per incident or four hours per day;
3. Does not result in a client's missing a meal if the client is in time-out at mealtime;
4. Includes monitoring of the client by a staff member at least once every 15 minutes to ensure the client's health, safety, and welfare and to determine if the client is ready to leave time-out; and
5. Is documented in the client record, to include:
 - a. The date of the time-out;
 - b. The reason for the time-out;
 - e. The duration of the time-out; and

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- d. ~~The action planned and taken by the licensee to prevent the use of time out in the future.~~

R9-20-216. Emergency Safety Response Repealed

A licensee shall ensure that an emergency safety response:

- 1. ~~Is used only:~~
 - a. ~~In an emergency that is an immediate threat to the life or health of a client or other individual;~~
 - b. ~~When less restrictive methods have been attempted and were unsuccessful;~~
 - c. ~~For the shortest possible duration of time needed to bring the client's behavior under control or to prevent harm to the client or another individual and not longer than five minutes;~~
 - d. ~~With the least amount of force needed to bring the client's behavior under control or to prevent harm to the client or another individual;~~
 - e. ~~Not more than twice in a period of 60 minutes, and~~
 - f. ~~Not more than four times within a 12-hour period of time;~~
- 2. ~~Is documented, reported, and reviewed as follows:~~
 - a. ~~Is documented within one day from the date of the emergency safety response including:~~
 - i. ~~The date and time of the emergency safety response;~~
 - ii. ~~The name of the client for whom the emergency safety response was used;~~
 - iii. ~~The names of each staff member using the emergency safety response;~~
 - iv. ~~The specific emergency safety response that was used;~~
 - v. ~~The precipitating factors that created a need for use of the emergency safety response;~~
 - vi. ~~The outcome of the emergency safety response, including any injuries resulting from the emergency safety response;~~
 - vii. ~~If applicable, whether requirements in R9-20-202 were complied with; and~~
 - viii. ~~If any individual was injured, the circumstances that caused the injury and a plan addressing ways to prevent future injuries;~~
 - b. ~~Documentation in subsection (2)(a) is reviewed at least once monthly by the administrator, manager, or clinical director for each use of an emergency safety response that occurred at the agency during the previous month and the following is documented at the agency by the administrator, manager, or clinical director:~~
 - i. ~~Whether each staff member using an emergency safety response complied with the agency's policies and procedures and this Chapter;~~
 - ii. ~~Actions the agency shall take to prevent the need for use of an emergency safety response, such as additional staff training, additional staffing, or changes to the agency's policies and procedures;~~
 - iii. ~~Whether a client is appropriately placed at the agency; and~~
 - iv. ~~Whether a client's treatment plan shall be reviewed or revised to ensure that the client's treatment is meeting the client's treatment needs;~~
 - c. ~~The information in subsections (2)(a) and (b) is reported in writing to OBHL within five days after the end of the calendar month in which an emergency safety response occurred; and~~
 - d. ~~Documentation required in subsections (2)(a) and (b) and documentation of each report required in subsection (2)(c) is maintained at the agency for six years from the date of the report; and~~
- 3. ~~Is only used by a staff member who has documentation of successful completion annually of a:~~
 - a. ~~Training program in crisis intervention from an organization nationally recognized for providing training in crisis intervention; or~~
 - b. ~~For an emergency safety response used before July 1, 2004, nationally recognized training program in crisis intervention that includes:~~
 - i. ~~Techniques to identify staff member and client behaviors, events, and environmental factors that may trigger the need for an emergency safety response;~~
 - ii. ~~The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and~~
 - iii. ~~The safe use of an emergency safety response, including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response.~~

ARTICLE 3. OUTPATIENT CLINIC REQUIREMENTS REPEALED

R9-20-301. Universal Outpatient Clinic Requirements Repealed

A. A licensee shall ensure that an outpatient clinic is located:

- 1. ~~In an area of a facility that is physically separated from the bedrooms, treatment rooms and common areas used by a client in a residential agency or an inpatient treatment program; or~~
- 2. ~~In a separate facility from a residential agency, an inpatient treatment program, a Level 4 transitional agency, or a domestic violence shelter.~~

B. A licensee of an outpatient clinic that provides partial care to more than ten clients and serves food on the premises shall:

- 1. ~~Comply with 9 A.A.C. 8, Article 1;~~

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2. If the licensee contracts with a food establishment to prepare and deliver food to the facility, maintain on the premises or at the administrative office a copy of the food establishment's license issued according to 9 A.A.C. 8, Article 1; and
 3. Ensure that if a client needs a therapeutic diet:
 - a. A therapeutic diet is provided to the client; and
 - b. A therapeutic diet manual with a copyright date that is no more than five years before the current date is available and accessible for use by employees or staff members who prepare food at the facility.
- C.** A licensee of an outpatient clinic that serves food on the premises shall ensure that:
1. Each meal served includes a variety of foods from each food group in "The Food Guide Pyramid" in Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, Home and Garden Bulletin No. 252, The Food Guide Pyramid (rev. 1996), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, 1120 20th Street, N.W., Suite 200, North Lobby, Washington, DC 20036-3475; and
 2. Client input is obtained in planning menus.

R9-20-302. Supplemental Requirements for Counseling Repealed

- A.** A licensee shall ensure that counseling is:
1. Offered as described in the agency's program description in R9-20-201(A)(2)(d);
 2. Provided according to the frequency and number of hours identified in the client's treatment plan;
 3. Provided by a behavioral health professional or a behavioral health technician; and
 4. If group counseling, limited to no more than 15 clients or, if family members participate in group counseling, no more than a total of 20 individuals, including all clients and family members.
- B.** A licensee shall ensure that a staff member providing counseling that addresses a specific type of behavioral health issue, such as substance abuse or crisis situations, has skills and knowledge in providing the counseling that addresses the specific type of behavioral health issue that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4).
- C.** A licensee shall ensure that each counseling session is documented in a client record to include:
1. The date of the counseling session;
 2. The amount of time spent in the counseling session;
 3. The location where the counseling session occurred, if it occurred off the premises;
 4. Whether the counseling was individual counseling, family counseling, or group counseling;
 5. The treatment goals addressed in the counseling session;
 6. The client's observed response to the counseling; and
 7. The signature and professional credential or job title of the staff member who provided the counseling and the date signed.

R9-20-303. Supplemental Requirements for Medication Services Repealed

- A.** A licensee of an agency that provides medication services shall ensure that policies and procedures are developed; approved by a pharmacist, medical practitioner, or registered nurse within six months after the effective date of this Chapter; implemented; and complied with and include:
1. A requirement that each client receive instruction in the use of the client's prescribed medication and information regarding:
 - a. The prescribed medication's anticipated results;
 - b. The prescribed medication's potential adverse reactions;
 - c. The prescribed medication's potential side effects; and
 - d. Potential adverse reactions that could result from not taking the medication as prescribed;
 2. Requirements for storing medication, including storage of bulk medication and, if applicable, medication that is provided off the premises;
 3. Requirements for ensuring that all medication is accounted for, including bulk medication and, if applicable, medication that is provided off the premises;
 4. Requirements for disposing of medication;
 5. Procedures for providing medication services;
 6. Procedures for preventing, responding to, and reporting a medication error, an adverse response to a medication, or a medication overdose;
 7. Procedures to ensure that medication is administered to a client only as prescribed and that a client's refusal to take prescribed medication is documented in the client record;
 8. A requirement that verbal orders for medication services be taken only by a nurse, unless otherwise provided by law;
 9. Procedures to ensure that a client's medication regimen is reviewed by a medical practitioner and meets the client's treatment needs;
 10. Procedures for documenting medication services;
 11. Procedures for assisting a client in obtaining medication; and

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12. Procedures for providing medication services off the premises, if applicable.
- ~~B.~~ A licensee shall ensure that medication administration is provided only by a medical practitioner, nurse, or other individual authorized by law to provide medication administration.
- ~~C.~~ A licensee shall ensure that medication monitoring for a client is provided as follows:
1. A nurse or medical practitioner collects:
 - a. Information from the client regarding:
 - i. Benefits experienced from the medication;
 - ii. Any adverse reactions experienced from the medication, and
 - iii. Any side effects experienced from the medication; and
 - b. Medical information as required by the client's medical practitioner; and
 2. A registered nurse or medical practitioner analyzes the client's information and determines whether the medication is achieving the desired effect.
- ~~D.~~ A licensee shall ensure that medication adjustment is provided only by a medical practitioner.
- ~~E.~~ A licensee shall ensure that the following texts are available and accessible at the facility, with copyright dates that are no more than two years before the current date:
1. A drug reference guide, such as the Physician Desk Reference; and
 2. A toxicology reference book.
- ~~F.~~ A licensee shall ensure that a record is maintained for storage and administration of a medication that is a schedule II drug listed in A.R.S. § 36-2513, schedule III drug listed in A.R.S. § 36-2514, or schedule IV drug listed in A.R.S. § 36-2515, to include:
1. The name of the medication;
 2. The date and quantity of the medication received by the agency;
 3. The name of the individual who ordered the medication;
 4. The name of each client for whom the medication is prescribed;
 5. The date, time, and dosage of each medication administration;
 6. The signature and professional credential or job title of each staff member administering the medication; and
 7. The amount of medication remaining in the container after each medication administration.

ARTICLE 4. RESIDENTIAL AGENCY REQUIREMENTS REPEALED

R9-20-401. Supplemental Admission Requirements Repealed

- ~~A.~~ A licensee shall ensure that:
1. A client who is an adult receives a nursing assessment within seven days after the date of the client's admission unless medical records are provided indicating that the client has received a physical examination or a nursing assessment within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a registered nurse or a medical practitioner;
 2. A client who is a child receives a physical examination within seven days after the date of the client's admission unless medical records are provided indicating that the client has received a physical examination within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a medical practitioner; and
 3. A client receives a Mantoux skin test for infectious pulmonary tuberculosis within seven days after the date of the client's admission, unless the client has documentation of the client's freedom from infectious pulmonary tuberculosis in the client's record from another residential agency, inpatient treatment program, or adult therapeutic foster home and was discharged from the other residential agency, inpatient treatment program, or adult therapeutic foster home no more than seven days before the date of the client's admission. If a client's Mantoux skin test is positive, the licensee shall ensure that the client is examined by a medical practitioner to determine whether the client is free from infectious pulmonary tuberculosis and documentation of the client's freedom from infectious pulmonary tuberculosis is maintained in the client's record.
- ~~B.~~ A licensee of a residential agency shall ensure that a client receives orientation to the agency, within 24 hours after admission to the agency or arrival on the premises, that:
1. Includes:
 - a. An explanation of the behavioral health services the agency provides;
 - b. A description of the expectations for the client's behavior and of any program rules;
 - c. A tour of the premises and identification of the evacuation path;
 - d. A schedule of the client's planned activities; and
 - e. Introductions to staff members and employees at the facility at the time of the client's orientation; and
 2. Is documented by having the client sign and date an acknowledgment that the client has completed orientation.

R9-20-402. Supplemental Requirements for Social, Recreational, or Rehabilitative Activities Repealed

- A licensee shall ensure that social, recreational, or rehabilitative activities are provided at an agency each day and are:
1. Scheduled to fill the hours that a client is not involved in other planned or structured activities;

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2. Planned at least seven days in advance;
3. Advertised by a notice conspicuously posted on a calendar that:
 - a. Includes any substitution to an activity; and
 - b. Is maintained on the premises or at the administrative office for at least six months after the last date on the calendar; and
4. Developed based upon:
 - a. Client input or, if applicable, input from a client's parent, guardian, custodian, designated representative, or agent; and
 - b. The clients' ages, developmental capabilities, and treatment needs.

R9-20-403. Supplemental Requirements for Client Funds Repealed

- A.** A licensee shall ensure that a client's funds are managed by:
1. The client;
 2. The client's parent or guardian;
 3. The client's custodian;
 4. The client's agent; or
 5. The licensee through:
 - a. A representative payee agreement established and administered as required by the Social Security Administration; or
 - b. A personal funds account established and administered according to this Section.
- B.** A licensee shall ensure that if the licensee manages a client's money through a personal funds account, the personal funds account is only initiated after receiving a written request that:
1. Is provided voluntarily by:
 - a. The client;
 - b. The client's parent or guardian;
 - c. The client's custodian;
 - d. The client's agent; or
 - e. A court of competent jurisdiction;
 2. May be withdrawn at any time; and
 3. Is maintained in the client record.
- C.** A licensee of an agency that manages client funds through personal funds accounts shall ensure that a policy and procedure is developed, implemented, and complied with for:
1. Using client funds in a personal funds account;
 2. Protecting client funds in a personal funds account;
 3. Investigating a grievance about the use of client funds in a personal funds account and ensuring that the grievance is investigated by an individual who does not manage a personal funds account;
 4. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
 5. Processing each deposit into and withdrawal from a personal funds account.
- D.** A licensee of an agency that manages client funds through a personal funds account shall ensure that:
1. The administrator or the administrator's designee:
 - a. Is responsible for each personal funds account; and
 - b. Initiates, maintains, and closes a personal funds account according to a voluntary written authorization from an individual listed in subsection (B)(1);
 2. No more than \$250 in a client's funds is maintained at the agency;
 3. A client's funds in excess of \$250 are maintained in an interest-bearing bank account in which the client's funds and the accrued interest attributable to the client's funds are the property of the client;
 4. A client who withdraws client funds from a personal funds account that includes funds that are maintained in an interest-bearing bank account receives the accrued interest attributable to the client's funds;
 5. A bond is maintained in the amount necessary to cover all client personal funds accounts maintained at the agency;
 6. A personal funds account is maintained separately from any other account at the agency;
 7. A staff member, employee, intern, or volunteer who is not a family member of the client has no direct or indirect ownership or survivorship interest in a client's personal funds account;
 8. Except for fees that a client is responsible to pay and is notified of according to R9-20-208(G)(2) and R9-20-201(E)(1) and (2), a client's funds in a personal funds account are not used for items, behavioral health services, or ancillary services that the agency is required to provide;
 9. A separate record for each client's personal funds account:
 - a. Is maintained on the premises;
 - b. Includes copies of receipts for all purchases made using client funds from the personal funds account;
 - c. Includes documentation of all deposits and withdrawals; and
 - d. During the agency's hours of operation or at another time agreed to by the administrator or clinical director, is

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- available for review by a client; a client's parent, guardian, or custodian; a client's agent; or an official of a court of competent jurisdiction;
10. A withdrawal from a client's personal funds account:
 - a. Is made only with written authorization from the client; the client's parent, guardian, or custodian; the client's agent; or an official of a court of competent jurisdiction;
 - b. Is only made for the use and benefit of the client;
 - c. Is not made for the purpose of enabling a client to purchase something that would place the client or another individual in immediate danger; and
 - d. Is immediately documented in the client's personal funds account record, to include:
 - i. The date of the withdrawal;
 - ii. The amount of the withdrawal;
 - iii. The name of the individual or entity requesting or authorizing the withdrawal;
 - iv. The purpose of the withdrawal; and
 - v. The name, signature, and professional credential or job title of the administrator or the administrator's designee who provided the funds withdrawn to the client;
 11. A copy of a client's personal funds account record is provided to a client; the client's parent, guardian, or custodian; the client's agent; or an official of a court of competent jurisdiction at least once every three months, unless otherwise provided by law;
 12. Documentation is made each time that a copy of a client's personal funds account record is provided as described in subsection (D)(11), to include:
 - a. The name of the individual or entity to whom the record was provided;
 - b. The name of the individual providing the record, and
 - c. The date that the record was provided; and
 13. At the time of a client's discharge, the balance of the client's funds in the client's personal funds account and a copy of the client's personal funds account record are provided to the client; the client's parent, guardian, or custodian; the client's agent; or an official of a court of competent jurisdiction; or as otherwise provided by law.

R9-20-404. Supplemental Requirements for an Agency that Provides Behavioral Health Services to Children Repealed

- A.** A licensee shall ensure that:
1. The telephone number and address of Arizona Department of Economic Security Office of Child Protective Services is conspicuously posted and provided to the client's parent, guardian, or custodian according to the requirements in R9-20-208(G)(4)(e);
 2. A child does not receive any of the following from other children at the agency:
 - a. Threats;
 - b. Ridicule;
 - c. Verbal harassment;
 - d. Punishment; or
 - e. Abuse by other children;
 3. A child does not receive punishment that involves the infliction of pain or injury to the body of the child;
 4. A client who is a child does not:
 - a. Share a bedroom, indoor common area, dining area, outdoor area, or other area where behavioral health services or activities are provided with a client age 18 or older, unless the client age 18 or older is a client described under subsection (B); or
 - b. Interact with a client who is age 18 or older, unless the client age 18 or older is a client described under subsection (B);
 5. A child older than three years of age does not sleep in a crib;
 6. Clean and hazard free toys, educational materials, and sports equipment are available and accessible to children on the premises in a quantity sufficient to meet each child's needs and are appropriate to each client's age, developmental level, and treatment needs;
 7. The living areas of the facility are decorated in a manner appropriate to the ages of the children served at the agency;
 8. A child's educational needs are met, including providing or arranging for transportation, if a child is out of school and receiving treatment for seven days or more:
 - a. By establishing and maintaining an educational component, approved in writing by the Arizona Department of Education; or
 - b. As arranged and documented by the licensee through the local school district; and
 9. The immunization requirements in 9 A.A.C. 6, Article 7 are met, if applicable.
- B.** A licensee may continue to provide behavioral health services to a client who is age 18 or older:
1. If the client was admitted to the agency before the client's 18th birthday and is completing high school or a high school equivalency diploma or is participating in a job training program; or

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2. Through the last day of the month of the client's 18th birthday.

R9-20-405. Environmental Standards Repealed

- A.** A licensee of a residential agency or an inpatient treatment program shall ensure that the premises have:
1. An indoor common area, that is not used as a sleeping area, and that has:
 - a. A working telephone that allows a client to make a private telephone call;
 - b. A distortion-free mirror;
 - c. A current calendar and an accurate clock;
 - d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of clients;
 - e. A working television and access to a radio; and
 - f. Space sufficient to accommodate the social and recreational needs of clients and to allow private conversations and group activities;
 2. A dining room or dining area that:
 - a. Is lighted and ventilated;
 - b. Contains tables and seats, and
 - c. Is not used as a sleeping area;
 3. For every six clients, at least one working toilet that flushes and one sink with running water;
 4. For every eight clients, at least one working bathtub or shower, with a slip resistant surface;
 5. A separate lockable storage space for each client according to the agency's policy and procedure; and
 6. An outdoor area that:
 - a. Is accessible to clients;
 - b. Has sufficient space to accommodate the social and recreational needs of clients, and
 - c. Has shaded and unshaded areas.
- B.** A licensee of a residential agency or an inpatient treatment program shall ensure that a client's sleeping area is in a bedroom that:
1. Meets one of the following:
 - a. Is a private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - b. Is a shared bedroom that:
 - i. Is shared by no more than four individuals;
 - ii. Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - iii. Provides at least three feet of space between beds;
 2. For an agency licensed after the effective date of this Chapter, has walls from floor to ceiling;
 3. Contains a door that opens into a hallway, common area, or the outside;
 4. Is constructed and furnished to provide unimpeded access to the door;
 5. Is not used as a passageway to another bedroom or a bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 6. Contains the following for each client:
 - a. An individual storage space, such as a dresser or chest;
 - b. A table or other surface;
 - c. Except for a child who sleeps in a crib as permitted in R9-20-404(A)(5), a bed that:
 - i. Consists of at least a mattress and frame;
 - ii. Is in good repair, clean, and free of odors and stains; and
 - iii. Is at least 36 inches wide and 72 inches long; and
 - d. A pillow and linens that are clean, free of odors, and in good repair, including:
 - i. A mattress pad;
 - ii. A top sheet and a bottom sheet that are large enough to tuck under the mattress;
 - iii. A pillow case;
 - iv. A waterproof mattress cover, if needed; and
 - v. A blanket or bedspread sufficient to ensure the client's warmth; and
 7. Contains:
 - a. Lighting sufficient for a client to read;
 - b. Windows or doors with adjustable window or door covers that provide client privacy, if applicable; and
 - c. To provide safe egress in an emergency, a working door to the outside or an openable window to the outside, unless the facility contains an automatic sprinkler system as required in R9-20-406(C)(3)(b), that is no higher than 20 feet above grade and that:
 - i. Meets the fire safety requirements of the local jurisdiction;
 - ii. Has no dimension less than 20 inches, has an area of at least 720 square inches, and has a window sill that is no more than 44 inches off the floor; or

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- iii. Is large enough, accessible to a client, and within the capability of the client to egress in an emergency.
- ~~C.~~ If a licensee's agency was licensed before the effective date of this Chapter with a shared bedroom containing at least 50 square feet of floor space, not including a closet, for each individual occupying the room, the licensee may operate the agency with a shared bedroom containing at least 50 square feet of floor space, not including a closet, for each individual occupying the room.
- ~~D.~~ A licensee shall ensure that:
 - 1. The supply of hot water is sufficient to meet:
 - a. Each client's daily personal hygiene needs; and
 - b. The laundry, cleaning, and sanitation requirements in this Chapter;
 - 2. Clean linens and bath towels are provided to a client as needed and at least once every seven days;
 - 3. One of the following is available to ensure that client clothing can be cleaned:
 - a. A working washing machine and dryer on the premises;
 - b. An agency provided process for cleaning clothing; or
 - c. An agency provided process for transporting a client to a building with washing machines and dryers that a client can use; and
 - 4. Soiled linen and clothing stored by the licensee are in covered containers or closed plastic bags away from a food preparation or food storage area or a dining area.
- ~~E.~~ A licensee shall ensure that:
 - 1. Except for an agency located in a correctional facility, a client is not locked into a bedroom; and
 - 2. If a client's bedroom is capable of being locked from the inside, a staff member has a key that allows access to the bedroom at all times.
- ~~F.~~ A licensee shall ensure that clients are assigned to a bedroom:
 - 1. As required in R9-20-404(A)(4)(a), if applicable;
 - 2. To ensure client health, safety, and welfare; and
 - 3. After considering a client's:
 - a. Age;
 - b. Gender;
 - c. Developmental level;
 - d. Behavioral health issues;
 - e. Treatment needs; and
 - f. Need for group support, independence, and privacy.

R9-20-406. Fire Safety Standards Repealed

- ~~A.~~ A licensee of a residential agency or an inpatient treatment program shall ensure that a fire inspection is conducted at least every 12 months by the local fire department, the Office of the State Fire Marshal, or a designee of the Office of the State Fire Marshal.
- ~~B.~~ A licensee of a residential agency or an inpatient treatment program shall ensure that:
 - 1. The agency address is posted on a contrasting background and is visible from the street;
 - 2. A battery operated smoke detector is:
 - a. Installed in each:
 - i. Bedroom;
 - ii. Hallway adjacent to a bedroom;
 - iii. Utility room; and
 - iv. Room or hallway adjacent to a kitchen; and
 - b. In working order;
 - 3. There are at least two means of egress from each bedroom;
 - 4. A multipurpose fire extinguisher with at least a 2A10BC rating is hung on wall brackets with the top of the extinguisher handhold located less than five feet above the floor as follows:
 - a. In the kitchen; and
 - b. One fire extinguisher for every 3,000 square feet in the facility, not including the fire extinguisher in the kitchen;
 - 5. An exit sign is posted above each door to the outside;
 - 6. No extension cord is used in place of permanent wiring;
 - 7. If an extension cord is used on a temporary basis, an extension cord does not exceed seven feet in length; is not fastened to a wall, fixture, floor, or ceiling; and is not placed under a rug;
 - 8. An electrical outlet:
 - a. Is not used beyond its rate of capacity; and
 - b. Has a safety cover placed in each receptacle opening that is not in use;
 - 9. No electrical cord in use is spliced or has tears or exposed wires;
 - 10. Circuit breakers or fuses are labeled;
 - 11. A space heater;

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- a. Is labeled as acceptable by a nationally recognized testing laboratory, such as Underwriters Laboratory, Factory Mutual, or American Gas Association;
 - b. Does not use kerosene or other flammable liquid; and
 - c. Is placed away from a trash can, curtain, towel, or other material that may create a hazard;
12. A fireplace opening is protected by a screen that prevents sparks from leaving the fireplace;
13. The cooking range contains a hood, grease filter, and fan that are free of grease buildup;
14. No flammable liquid or material is stored near a water heater or other heat producing appliance;
15. All walls and ceilings are intact; and
16. A door separating the facility from an attached garage, carport, or storage room is of solid core construction.
- C.** A licensee of a residential agency or an inpatient treatment program shall ensure that a facility meets the fire safety requirements of the local jurisdiction and one of the following, as applicable:
- 1. If licensed for three or fewer clients, meets the requirements in subsections (A) and (B);
 - 2. If licensed for between four and eight clients who are able to evacuate the facility in three minutes or less, has an automatic sprinkler system that complies with subsection (C)(3)(b) or a fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - a. A manual pull fire alarm system;
 - b. Automatic occupancy notification;
 - c. A smoke or fire detection system; and
 - d. Notification of a local emergency response team;
 - 3. If licensed for between four and eight clients who are unable to evacuate the facility in three minutes or less, has at least one of the following:
 - a. A fire alarm system that complies with subsection (C)(2) and at least two staff members present at the facility at all times; or
 - b. An automatic sprinkler system installed according to the applicable standard incorporated by reference in R9-1-412(A)(4):
 - i. NFPA 13: Installation of Sprinkler Systems (1999);
 - ii. NFPA 13D: Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes (1999); or
 - iii. NFPA 13R: Standard for Installation of Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height (1999);
 - 4. If licensed for nine or more clients:
 - a. Has an automatic sprinkler system that complies with subsection (C)(3)(b); or
 - b. If a licensee's agency was licensed before the effective date of this Chapter without an automatic sprinkler system, meets the requirements in subsection (C)(2); or
 - 5. If a secure facility, has an automatic sprinkler system that complies with subsection (C)(3)(b).

R9-20-407. Food Service Requirements Repealed

- A.** A licensee of an agency that provides behavioral health services to more than 10 clients and serves food on the premises shall:
- 1. Comply with 9 A.A.C. 8, Article 1; and
 - 2. If the licensee contracts with a food establishment to prepare and deliver food to the facility, maintain on the premises or at the administrative office a copy of the food establishment's license issued according to 9 A.A.C. 8, Article 1.
- B.** A licensee shall ensure that:
- 1. Except as provided in subsection (B)(2) for a correctional facility, three meals a day are served with not more than a 14-hour time span between the evening meal and the morning meal;
 - 2. For a correctional facility:
 - a. Three meals a day are served with not more than a 14-hour time span between the evening meal and the morning meal; or
 - b. On Saturday, Sunday, or state and federal holidays, two meals are served.
 - 3. At least one snack a day is available to clients;
 - 4. A client's daily nutritional needs are met based upon the client's age, health needs, and, if applicable, prescribed therapeutic diet;
 - 5. Each meal or snack is served according to a preplanned menu;
 - 6. Each meal provides a variety of foods from each food group in the Food Guide Pyramid incorporated by reference in R9-20-301(C)(1);
 - 7. Menus are developed with consideration for client food preferences; eating habits; customs; health needs; appetites; and religious, cultural, and ethnic backgrounds;
 - 8. Menus are:
 - a. Prepared at least one week before the date food is served;

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- b. Dated and conspicuously posted, reflecting any substitutions made to the menu;
 - e. Approved by a registered dietician at least once every 12 months; and
 - d. Maintained on the premises for at least six months after the date on the menu;
9. Documentation of the dietician's review is maintained at the facility or administrative office for at least two years after the date of the review;
10. At least a one-day supply of perishable food and at least a three-day supply of non-perishable food is maintained on the premises; and
11. If a client needs a therapeutic diet:
- a. A therapeutic diet is provided to the client; and
 - b. A therapeutic diet manual with a copyright date that is no more than five years before the current date is available and accessible for use by employees or staff members who prepare food at the facility.
- C.** A licensee shall ensure that:
- 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 commercial sources;
 - 4. If canned food is used, only commercially canned food is used;
 - 5. Foods requiring refrigeration are maintained at 41° F or below;
 - 6. Food is cooked according to the requirements in §§ 3-401.11, 3-401.12, and 3-401.13 and reheated according to the requirements in § 3-403.11 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
 - 7. Food service is provided by an individual who:
 - a. Is not infected with a communicable disease listed in R9-6-202(A) or (B) that may be transmitted by food handling;
 - b. Washes the individual's hands and arms with soap and warm water:
 - i. Before handling food;
 - ii. After smoking;
 - iii. After using the toilet, and
 - iv. As often as necessary to remove soil and contamination; and
 - e. Maintains or restrains the individual's hair to ensure that food and food-contact surfaces do not come in contact with the individual's hair;
 - 8. A refrigerator contains a thermometer, accurate to $\pm 3^{\circ}$ F;
 - 9. Raw fruits and raw vegetables are rinsed with water before being cooked or served;
 - 10. Food that has been opened or removed from its original container is stored in a dated covered container, a minimum of four inches off the floor, and protected from splash and other contamination;
 - 11. Frozen foods are maintained in a frozen state;
 - 12. Tableware and eating utensils are provided and are clean and in good repair;
 - 13. Food preparation, storage, and service areas are clean, in good repair, and free of insects or rodents;
 - 14. Food preparation equipment and food-contact surfaces are clean and in good repair; and
 - 15. Second servings of a meal or snack are available to a client at meal or snack time, unless otherwise indicated in the client's treatment plan or the client record.

R9-20-408. Assistance in the Self-Administration of Medication Repealed

- A.** A licensee shall ensure that a client who requires assistance in the self-administration of medication receives assistance in the self-administration of medication, which may include one or more of the following:
- 1. Storage of the client's medication;
 - 2. A reminder when it is time to take a medication;
 - 3. Verification that the medication is taken as directed by the client's medical practitioner by:
 - a. Confirming that a medication is being taken by the client for whom it is prescribed;
 - b. Checking the dosage against the label on the container; and
 - e. Confirming that the client is taking the medication as directed;
 - 4. Opening of the medication container for the client; or
 - 5. Observation of the client while the client removes the medication from the container or takes the medication.
- B.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that policies and procedures are developed; approved by a medical practitioner, pharmacist, or registered nurse; implemented; and complied with and include:
- 1. A requirement that each client receive instruction in the use of the prescribed medication and information regarding:
 - a. The prescribed medication's:
 - i. Anticipated results;
 - ii. Potential adverse reactions; and

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- iii. Potential side effects; and
 - b. Potential adverse reactions that could result from not taking the medication as prescribed;
 - 2. Procedures for:
 - a. Storage of medication;
 - b. Informing a client when medication should be taken;
 - e. Ensuring that a client takes only medication prescribed for the client and that medication is taken as directed;
 - d. Observing a client taking medication;
 - e. Preventing, responding to, and reporting a medication error, adverse reaction to medication, or medication overdose;
 - f. Disposing of medication;
 - g. Assisting a client in obtaining medication and ensuring that a client does not run out of medication; and
 - h. Documenting the instruction provided in subsection (B)(1);
 - 3. A list of the staff members authorized to assist a client in self-administration of medication and to have access to a client's medication;
 - 4. A requirement that a client's medication regimen:
 - a. Be reviewed by a registered nurse or medical practitioner according to the client's treatment needs; and
 - b. Meet the client's treatment needs; and
 - 5. A requirement that each instance of assistance in the self-administration of medication be documented.
- C.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that:
 - 1. Assistance in the self-administration of medication is provided only by:
 - a. A medical practitioner;
 - b. A nurse; or
 - e. A staff member who has the following skills and knowledge before providing assistance in the self-administration of medication to a client and that are verified by a pharmacist, medical practitioner, or registered nurse according to the requirements in R9-20-204(F)(2)(c) and documented according to R9-20-204(G)(1) through (4), although training to obtain skills and knowledge may be obtained from another agency, entity or staff member:
 - i. Knowledge of the medications commonly prescribed for clients with behavioral health issues treated by the agency;
 - ii. Knowledge of the common benefits, side effects, and adverse reactions of those medications;
 - iii. Knowledge of the signs, symptoms, or circumstances indicating that a client should not take a medication and of who to contact to review and address the client's situation;
 - iv. Knowledge of the differences between assisting in the self-administration of medication and medication administration;
 - v. Skill in assisting in the self-administration of medication;
 - vi. Knowledge of the medical terminology used in assisting in the self-administration of medication;
 - vii. Knowledge of the signs, symptoms, and indicators of toxicity or overdose and skill in identifying the signs, symptoms, and indicators of toxicity or overdose;
 - viii. Skill in responding to a medication error or medical emergency; and
 - ix. Skill in documenting assistance in the self-administration of medication;
 - 2. A staff member qualified according to subsection (C)(1) is present at the facility at all times when a client who needs assistance in the self-administration of medication is present at the facility; and
 - 3. A staff member who is not a medical practitioner or nurse receives training in the items listed in subsection (C)(1)(e) from another agency, entity or staff member at least once every 12 months according to R9-20-206(B)(2) and that the training is documented according to R9-20-206(B)(4).
- D.** A licensee shall ensure that if a client receives assistance in the self-administration of injectable medication, the client:
 - 1. Has written authorization from a medical practitioner;
 - 2. Receives instruction from a nurse or medical practitioner in administering the injectable medication and demonstrates to the nurse or medical practitioner that the client is capable of administering the injectable medication; and
 - 3. Disposes of used syringes, vials, and testing materials in a manner that protects the health and safety of the client and other individuals.
- E.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a client's medication regimen is reviewed to determine if the client's medication regimen is meeting the client's treatment needs:
 - 1. By a registered nurse or medical practitioner, and
 - 2. According to the timeline determined by the client and the client's medical practitioner.
- F.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a medication error or a client's adverse reaction to a medication is immediately reported to the clinical director or the clinical director's designee and recorded in the client record.
- G.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that the following texts are available and accessible to a staff member assisting in the self-administration of medication at the facility or off

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the premises:

1. A drug reference guide, such as the Physician Desk Reference, with a copyright date that is no more than two years before the current date; and
2. A toxicology reference book, with a copyright date that is no more than five years before the current date.

H. A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a client's medication:

1. Is stored in one of the following containers:
 - a. An original labeled container that indicates:
 - i. The client's name;
 - ii. The name of the medication, the dosage, and directions for taking the medication;
 - iii. The name of the individual prescribing the medication; and
 - iv. The date that the medication was prescribed; or
 - b. In a medication organizer that:
 - i. May be prepared up to one week in advance;
 - ii. States the client's name and the date prepared;
 - iii. Is prepared according to a medical practitioner's orders; and
 - iv. Is prepared by a medical practitioner, a nurse, a client or the client's parent, guardian, family member, custodian, or agent with observation from a medical practitioner, nurse, or staff member qualified according to subsection (C)(1); or another individual authorized by state law;
2. Is stored in a locked container, cabinet, or area that is inaccessible to a client and that complies with the medication manufacturer's recommendations;
3. While unlocked, is not left unattended by a staff member; and
4. If medication for other than oral administration, is stored separately from medication for oral administration.

I. A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a staff member qualified according to subsection (C)(1) conducts an inspection of the medication storage area or areas at least once every three months to ensure compliance with this Section and documents the results of the inspection, to include:

1. The name of the staff member conducting the inspection;
2. The date of the inspection;
3. The area or areas inspected;
4. Whether medication is stored according to the requirements in this Section;
5. Whether medication is disposed of according to the requirements in this Section; and
6. Any action taken to ensure compliance with the requirements in this Section.

J. A licensee of an agency that provides assistance in the self-administration of medication shall ensure that:

1. Medication is disposed of when:
 - a. The medication has expired, according to the date on the medication container label;
 - b. The label on the medication container is missing or illegible;
 - c. The client's medical practitioner orders that the client discontinue use of the medication;
 - d. The client's medical practitioner orders that the client's medication not be released to the client at the time of the client's discharge or transfer; and
 - e. When required by state or federal law or the agency's policy and procedure;
2. Medication is disposed of by at least two staff members qualified according to subsection (C)(1); and
3. Medication disposal is documented in the client record, to include:
 - a. The date of disposal;
 - b. The method of disposal; and
 - c. The name, signature, and professional credential or job title of the staff members disposing of the medication and the date signed.

K. A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a separate medication record is maintained for each client that:

1. Is current and accurate;
2. Documents each instance when a client received assistance in the self-administration of medication;
3. Is maintained at the agency where the client receives treatment; and
4. Contains the following:
 - a. The name of the client;
 - b. The name of the medication and dosage and directions for taking the medication;
 - c. The name of the medical practitioner who prescribed the medication;
 - d. The date and time the medication was taken by the client;
 - e. If the assistance in the self-administration of medication occurred off the premises, the location where it occurred;
 - f. The observations of the staff member, if applicable;

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- g. ~~The signature or initials and professional credential or job title of the staff member providing assistance in the self-administration of medication; and~~
- h. ~~The signature or initials of the client receiving assistance in the self-administration of medication.~~
- L.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a record is maintained for storage and administration of a medication that is a schedule II drug listed in A.R.S. § 36-2513, a schedule III drug listed in A.R.S. § 36-2514, or a schedule IV drug listed in A.R.S. § 36-2515, to include:
 - 1. ~~The name of the medication;~~
 - 2. ~~The date and quantity of the medication received by the agency;~~
 - 3. ~~The name of the individual who ordered the medication;~~
 - 4. ~~The name of each client for whom the medication is prescribed;~~
 - 5. ~~The date, time, and dosage of each medication administration;~~
 - 6. ~~The signature and professional credential or job title of each staff member assisting in the self-administration of the medication; and~~
 - 7. ~~The amount of medication remaining in the container after each self-administration of medication.~~

R9-20-409. Supplemental Requirements for a Level 2 Behavioral Health Residential Agency Repealed

A licensee of a Level 2 behavioral health residential agency shall ensure that:

- 1. ~~The agency has a written agreement with a behavioral health medical practitioner and a registered nurse to provide treatment as needed;~~
- 2. ~~The written agreement described in subsection (1) is maintained on the premises or at the administrative office;~~
- 3. ~~A behavioral health professional is present at the facility or on-call at all times;~~
- 4. ~~A behavioral health professional is present at the facility and available to see clients at least once a week and sees and interacts with each client at least once a month;~~
- 5. ~~Progress notes are written in a client record at least once a day; and~~
- 6. ~~A client receives:~~
 - a. ~~Observation, assistance, or supervision in activities to maintain health, safety, personal care or hygiene, or independence in home making activities; and~~
 - b. ~~Age-appropriate training or skill building in communication, the development and maintenance of productive interpersonal relationships, and occupational or recreational activities intended to prepare a client to live independently or to enhance a client's independence.~~

R9-20-410. Supplemental Requirements for a Level 3 Behavioral Health Residential Agency Repealed

A licensee of a Level 3 behavioral health residential agency shall ensure that:

- 1. ~~The agency has a written agreement with a behavioral health professional and a registered nurse to provide treatment as needed;~~
- 2. ~~The agreement described in subsection (1) is maintained on the premises or at the administrative office;~~
- 3. ~~Progress notes are written in a client record:~~
 - a. ~~At least once a day for the first seven days after admission, and~~
 - b. ~~At least once a week thereafter; and~~
- 4. ~~A client receives:~~
 - a. ~~Observation, assistance, or supervision in activities to maintain health, safety, personal care or hygiene, or independence in home making activities; and~~
 - b. ~~Age-appropriate training or skill building in communication, the development and maintenance of productive interpersonal relationships, and occupational or recreational activities intended to prepare a client to live independently or to enhance a client's independence.~~

ARTICLE 5. INPATIENT TREATMENT PROGRAM REQUIREMENTS REPEALED

R9-20-501. Universal Inpatient Treatment Program Requirements Repealed

A. A licensee of an inpatient treatment program shall designate in writing a medical director who is:

- 1. ~~A psychiatrist or a physician with behavioral health work experience, and~~
- 2. ~~In charge of medical services at the agency.~~

B. ~~A licensee of an inpatient treatment program shall ensure that a behavioral health medical practitioner is present at the facility or on-call at all times to admit an individual to the inpatient treatment program or to respond to the needs of clients.~~

C. A licensee of an inpatient treatment program shall ensure that:

- 1. ~~If a client requires medical services that the agency is not authorized or able to provide, a staff member provides transportation or arranges for the client to be transported to a hospital or another health care institution where the medical services can be provided;~~
- 2. ~~The licensee has a written agreement with a hospital in or near the community where the agency is located to provide medical services for clients who require medical services that the agency is not authorized or able to provide; and~~

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3. The written agreement described in subsection (C)(2) is maintained on the premises or at the administrative office.

R9-20-503. Supplemental Requirements for Crisis Services Repealed

- A.** A licensee of an agency that provides crisis services shall ensure that:
1. Policies and procedures are developed, implemented, and complied with for providing crisis services and ensuring that a staff member providing crisis services has skills and knowledge in providing crisis services; and
 2. Crisis services are available at all times.
- B.** A licensee of an agency that provides crisis services shall ensure that:
1. A psychiatrist or a physician with behavioral health work experience is present at the facility or on-call at all times;
 2. A registered nurse is present at the facility at all times; and
 3. A staff member who provides crisis services has skills and knowledge in providing crisis services that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4).
- C.** A licensee of an agency that provides crisis services shall ensure that:
1. An individual who arrives at the agency and is in need of immediate medical services is examined by a physician or a registered nurse as soon as possible and is admitted to the agency or transferred to an entity capable of meeting the individual's immediate medical needs;
 2. Within 24 hours after an individual has arrived at the agency, a physician determines whether the individual will be:
 - a. Admitted to the agency for treatment;
 - b. Transferred to another entity capable of meeting the individual's needs; or
 - c. Provided a referral to another entity capable of meeting the individual's needs; and
 3. A client who, in the judgment of a physician or registered nurse, does not need immediate medical services receives:
 - a. An assessment and treatment plan, according to R9-20-209; and
 - b. The treatment identified in the individual's treatment plan.

R9-20-504. Supplemental Requirements for Detoxification Services Repealed

- A.** A licensee of an agency that provides detoxification services shall ensure that:
1. Policies and procedures are developed, implemented, and complied with for providing detoxification services and ensuring that a staff member providing detoxification services has skills and knowledge in providing detoxification services;
 2. The agency's program description, completed according to R9-20-201(A)(2), includes:
 - a. Whether the agency provides involuntary, court-ordered alcohol treatment;
 - b. Whether the agency contains a local alcoholism reception center, as defined in A.R.S. § 36-2021; and
 - c. A description of:
 - i. The types of substances for which the agency provides detoxification services; and
 - ii. The detoxification process or processes used by the agency; and
 3. Detoxification services are available at all times.
- B.** A licensee of an agency that provides detoxification services shall ensure that:
1. A psychiatrist or physician with skills and knowledge in providing detoxification services is present at the facility or on-call at all times;
 2. A registered nurse is present at the facility at all times; and
 3. A staff member who provides detoxification services has skills and knowledge in providing detoxification services that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4).
- C.** A licensee of an agency that provides detoxification services shall ensure that a client in need of immediate medical services is admitted to the agency or transferred to an entity capable of meeting the client's immediate medical needs.
- D.** A licensee of an agency that provides detoxification services shall ensure that a client's treatment plan addresses the client's need for laboratory testing, such as drug screening.

R9-20-505. Supplemental Requirements for a Level 1 RTC Repealed

- A.** A licensee of a Level 1 RTC shall ensure compliance with the following:
1. 42 CFR 441.150 through 441.156 (2002), incorporated by reference in R9-20-502(A)(3);
 2. 42 CFR 456.180, incorporated by reference in R9-20-502(A)(2)(b);
 3. 42 CFR 456, Subpart J, incorporated by reference in R9-20-502(A)(2)(g);
 4. 42 CFR Part 483, Subpart G, (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 5. R9-20-401;
 6. R9-20-402;
 7. R9-20-403;
 8. R9-20-404(A)(1) through (A)(3), (A)(5) through (A)(9), and (B);
 9. R9-20-405; and
 10. R9-20-407.

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- ~~**B.** A licensee of a Level I RTC shall ensure that:
 - 1. A registered nurse is present at the facility full time to provide or oversee medical services; and
 - 2. A nurse is present at the facility at all times.~~
- ~~**C.** A licensee of a Level I RTC shall ensure that within 24 hours after an individual's arrival at the agency, the individual is:
 - 1. Admitted to the agency for treatment;
 - 2. Transferred to another entity capable of meeting the individual's needs, or
 - 3. Provided a referral to another entity capable of meeting the individual's needs.~~
- ~~**D.** A licensee of a Level I RTC shall ensure that a client who is a child does not:
 - 1. Share a bedroom, indoor common area, dining area, outdoor area, or other area where behavioral health services or activities are provided with a client age 18 or older, unless the client age 18 or older is a client described under subsection (E)(2); or
 - 2. Interact with a client who is age 18 or older, unless the client age 18 or older is a client described under subsection (E)(2).~~
- ~~**E.** A licensee of a Level I RTC may:
 - 1. Admit an individual who is younger than 21; and
 - 2. Continue to provide behavioral health services to a client age 18 or older until the client reaches the age of 22 if the client was admitted to the agency before the client's 21st birthday and continues to require treatment.~~
- ~~**F.** A licensee of a Level I RTC shall ensure that:
 - 1. A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction;
 - 2. The most recent fire inspection report and documentation of any corrections stated in the inspection report are maintained on the premises or at the administrative office; and
 - 3. The facility meets the fire safety requirements of the local jurisdiction and has:
 - a. A fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - i. A manual pull fire alarm system;
 - ii. Automatic occupancy notification;
 - iii. A smoke or fire detection system; and
 - iv. Notification of a local emergency response team; and
 - b. An automatic sprinkler system that:
 - i. Is installed as required in R9-20-406(C)(3)(b);
 - ii. Has a water flow device; and
 - iii. Has all control valve tampers tied into the fire alarm control panel.~~

R9-20-506. Supplemental Requirements for a Level I Sub-Acute Agency Repealed

- ~~**A.** A licensee of a Level I sub-acute agency shall ensure compliance with the following:
 - 1. If the agency is certified under Title XIX of the Social Security Act, R9-20-505(A)(1) through (5);
 - 2. R9-20-401;
 - 3. R9-20-402;
 - 4. R9-20-403;
 - 5. R9-20-404;
 - 6. R9-20-405; and
 - 7. R9-20-407.~~
- ~~**B.** A licensee of a Level I sub-acute agency shall ensure that a behavioral health technician is available at all times to admit an individual to the agency.~~
- ~~**C.** A licensee of a Level I sub-acute agency shall ensure that:
 - 1. A written agreement is developed, implemented, and maintained at the facility or administrative office to provide the services of a psychiatrist as needed by the agency;
 - 2. A behavioral health medical practitioner is present at the facility and available to see clients at least five days a week and sees and interacts with each client at least once a week;
 - 3. A registered nurse is present at the facility full time to provide or oversee medical services;
 - 4. A nurse is present at the facility at all times; and
 - 5. There is a sufficient number of behavioral health professionals to meet the needs of the clients.~~
- ~~**D.** A licensee of a Level I sub-acute agency shall ensure that within 24 hours after a client's admission:
 - 1. A client who is an adult receives a nursing assessment from a registered nurse or a medical practitioner unless medical records are provided indicating that the client has received a physical examination or a nursing assessment within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a registered nurse or a medical practitioner;
 - 2. A client who is a child receives a physical examination from a medical practitioner unless medical records are provided indicating that the client has received a physical examination within the 12 months before the date of the cli-~~

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- ent's admission and the medical records are reviewed and verified as complete by a medical practitioner; and
- 3. A psychiatrist or behavioral health medical practitioner:
 - a. Conducts the assessment or reviews the assessment and reviews other written information or records concerning the client, and
 - b. Interacts with the client.
- E. A licensee of a Level 1 sub-acute agency shall ensure that a progress note is written in a client record at least once every shift.
- F. A licensee of a Level 1 sub-acute agency shall ensure that:
 - 1. A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction;
 - 2. The most recent fire inspection report and documentation of any corrections stated in the inspection report are maintained on the premises or at the administrative office; and
 - 3. The facility meets the fire safety requirements of the local jurisdiction and has:
 - a. A fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - i. A manual-pull fire alarm system;
 - ii. Automatic occupancy notification;
 - iii. A smoke or fire detection system; and
 - iv. Notification of a local emergency response team; and
 - b. An automatic sprinkler system that:
 - i. Is installed as required in R9-20-406(C)(3)(b);
 - ii. Has a water flow device; and
 - iii. Has all control valve tampers tied into the fire alarm control panel.

ARTICLE 6. USE OF RESTRAINT OR SECLUSION REPEALED

R9-20-601. Definitions Repealed

In addition to the definitions in R9-20-101, the following definitions apply in this Article unless otherwise specified:

- 1. "Emergency safety situation" means unanticipated client behavior that creates a substantial and imminent risk that the client may inflict injury, and has the ability to inflict injury, upon:
 - a. The client, as evidenced by threats or attempts to commit suicide or to inflict injury on the client; or
 - b. Another individual, as evidenced by threats or attempts to inflict injury on another individual or individuals, previous behavior that has caused injury to another individual or individuals, or behavior that places another individual or individuals in reasonable fear of sustaining injury.
- 2. "Minor" means:
 - a. An individual under the age of 18 who is not an emancipated child, or
 - b. A client who has been declared legally incompetent by a court of competent jurisdiction.
- 3. "Serious injury" means any significant impairment of the physical condition of the client as determined by a medical practitioner or nurse.
- 4. "Serious occurrence" means:
 - a. A serious injury;
 - b. A client's death; or
 - c. A client's suicide attempt.

R9-20-602. Requirements for Use of Restraint or Seclusion Repealed

- A. A licensee shall ensure that:
 - 1. A policy and procedure is developed, implemented, and complied with:
 - a. For the use of each type of restraint or seclusion; and
 - b. That identifies the qualifications of a staff member to:
 - i. Order restraint or seclusion;
 - ii. Place a client in restraint or seclusion;
 - iii. Monitor a client in restraint or seclusion; and
 - iv. Evaluate a client's physical and psychological well being within one hour after being placed in restraint or seclusion and upon being released from restraint or seclusion;
 - 2. Restraint or seclusion is not used as a means of coercion, discipline, convenience, or retaliation;
 - 3. An order for restraint or seclusion:
 - a. Is not written as a PRN order; and
 - b. If a drug used as a restraint is ordered, the dosage is not written as PRN;
 - 4. Restraint or seclusion does not result in harm to a client and is only used:
 - a. To ensure the safety of the client or another individual during an emergency safety situation;
 - b. After other available less restrictive methods to control the client's behavior have been tried and were unsuccessful.

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4. The time and results of the face-to-face assessment required in subsections (D) through (E), (J)(2), and (K) as applicable;
 5. Documentation of the monitoring required in subsections (H) and (I);
 6. The emergency safety situation that required the client to be restrained or put in seclusion;
 7. The names of the staff members involved in the restraint or seclusion; and
 8. The outcome of each emergency safety situation or use of restraint or seclusion.
- H.** A licensee shall ensure that a client is monitored during a restraint as follows:
1. A staff member monitors the client's physical and psychological well-being and safety during the restraint on a face-to-face basis;
 2. If a client is in a restraint during a mealtime, the client is given the opportunity to eat and drink;
 3. At least once every two hours, the client is given the opportunity to use a toilet; and
 4. If a client is maintained in a mechanical restraint, the restraints are loosened at least once every 15 minutes.
- I.** A licensee shall ensure that:
1. A client is monitored during seclusion according to the requirements in subsection (H)(1);
 2. A room used for seclusion:
 - a. Is designated by the licensee as a room used for seclusion;
 - b. Is not a client's bedroom or a sleeping area;
 - c. Allows staff members full view of the client in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Contains a metal-framed bed that is bolted to the floor;
 3. If a client is in seclusion during a mealtime, the client is given the opportunity to eat and drink; and
 4. At least once every two hours, a client in seclusion is given the opportunity to use a toilet.
- J.** A licensee shall ensure that if the emergency safety situation continues beyond the time limit of the order, the order for the use of restraint or seclusion may be renewed as follows:
1. An order for the use of restraint or seclusion may be renewed one time, according to the time-frames in subsection (C)(5);
 2. If an emergency safety situation continues after the order is renewed one time, as described in subsection (J)(1), an individual who meets the qualifications in subsection (D) conducts a face-to-face assessment of the client's physical and psychological well-being before another order for restraint or seclusion is renewed; and
 3. No order for restraint or seclusion is renewed for more than 12 consecutive hours without the review and approval of the medical director.
- K.** A licensee shall ensure that immediately after a client is removed from restraint or seclusion, a medical practitioner or registered nurse with at least one year of full-time behavioral health work experience assesses the client's health, safety, and welfare.
- L.** A licensee shall ensure that:
1. If a client is a minor, the parent, guardian, or custodian of the client is notified, or an attempt is made to notify, as soon as possible and no later than one day after the initiation of restraint or seclusion or as requested by the parent, guardian, or custodian of the client; and
 2. The notification required in subsection (L)(1) is documented in the client record and includes:
 - a. The date and time of the notification or attempt, and
 - b. The name of the staff member providing the notification.
- M.** A licensee shall ensure that within 24 hours after the use of restraint or seclusion face-to-face debriefings occur or are scheduled to occur within seven days as follows:
1. Both the client, unless the client declines to participate, and all staff members involved in the restraint or seclusion receive a debriefing, although the client and staff member debriefings do not need to occur at the same time;
 2. A client's debriefing is conducted:
 - a. By a behavioral health professional; and
 - b. In a language that is understood by the client and, if present, the client's parent, guardian, or custodian;
 3. A debriefing may include the client's parent, guardian, or custodian and other staff members, if directed by the clinical director or the clinical director's designee;
 4. A debriefing provides the client and staff members the opportunity to discuss the circumstances that resulted in restraint or seclusion and strategies that may be used by the client, staff members, or other individuals to prevent future use of restraint or seclusion; and
 5. Each debriefing is documented at the agency and includes the:
 - a. Date of the debriefing;
 - b. Names of the individuals participating in the debriefing;
 - c. Precipitating factors that led up to the restraint or seclusion;
 - d. Alternative techniques that were used to prevent the use of restraint or seclusion;

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- e. Outcome of the restraint or seclusion, including any injuries that may have resulted from the restraint or seclusion; and
 - f. If any individual was injured, circumstances that caused the injury and a plan to prevent future injuries.
- N.** A licensee shall ensure that, at least once a month, the clinical director or medical director reviews documentation of each use of restraint or seclusion that has occurred at the agency in the past month and:
- 1. Determines and documents:
 - a. Whether staff members are using restraint or seclusion according to the agency's policy and procedure, this Chapter, and applicable federal or state laws and rules;
 - b. Actions to be taken by the agency to prevent the use of restraint or seclusion, such as additional staff training or changes to agency policy and procedure;
 - c. Whether a client is appropriately placed at the agency; and
 - d. Whether the client's treatment plan should be reviewed or revised to ensure that the client's treatment is meeting the client's treatment needs;
 - 2. Maintains the documentation in subsection (N)(1) at the agency for six years; and
 - 3. Provides the documentation in subsection (N)(1) to the Department within two hours of a request for the documentation by the Department.
- O.** A licensee shall ensure that:
- 1. If restraint or seclusion results in injury to a client, staff members immediately obtain medical treatment for the client;
 - 2. The licensee is affiliated with or develops and implements a written transfer agreement with one or more hospitals that provide acute medical services or psychiatric acute services and ensures that:
 - a. A client who is injured is transferred to a hospital in time to meet the client's medical or psychiatric needs;
 - b. A client's medical record or other information needed for the client's treatment is exchanged between the hospital; and the licensee according to the requirements in R9-20-211(A)(3) and (B); and
 - c. Medical services or psychiatric services provided by a hospital are available to a client at all times; and
 - 3. All injuries that occur as a result of a client's restraint or seclusion, including injuries to staff members, are documented in the client record.
- P.** A licensee shall ensure that:
- 1. If a client involved in a serious occurrence is a minor, the client's parent, guardian, or custodian is notified as soon as possible and no later than 24 hours after the serious occurrence; and
 - 2. Compliance is maintained with the applicable requirements in R9-20-202(A) and (B).
- Q.** A licensee shall ensure that any staff member, including a medical practitioner, who is involved in ordering restraint or seclusion, performing restraint or seclusion, monitoring a client during restraint or seclusion, or evaluating a client after restraint or seclusion:
- 1. Before participating in restraint or seclusion, completes education and training:
 - a. That includes:
 - i. Techniques to identify staff member and client behaviors, events, and environmental factors that may trigger emergency safety situations;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in a client who is restrained or secluded; and
 - iv. Training exercises in which staff members successfully demonstrate in practice the techniques that they have learned for managing emergency safety situations; and
 - b. Taught by individuals who have education, training, and experience in preventing and using restraint or seclusion;
 - 2. For a Level 1 RTC and a Level 1 sub-acute agency, demonstrates skills and knowledge in the subject areas in subsection (Q)(1)(a) at least once every six months, that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4);
 - 3. Successfully completes CPR training that includes a demonstration of the staff member's ability to perform CPR at least once every 12 months; and
 - 4. Has documentation in the staff member's personnel file indicating compliance with the training requirements of subsections (Q)(1) through (3) and including:
 - a. The date training was completed; and
 - b. The name of the individual verifying the staff member's completion of the training.
- R.** A licensee shall ensure that all training materials related to restraint or seclusion used by the licensee are available for review at the agency.
- S.** If a client is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, a licensee shall ensure that, in addition to meeting the requirements in this Section, the licensee meets the requirements for restraint or seclusion in 9 A.A.C. 21.

ARTICLE 7. ~~LEVEL 1 SPECIALIZED TRANSITIONAL AGENCY~~ REPEALED

R9-20-701. ~~Supplemental Requirements for a Level 1 Specialized Transitional Agency~~ Repealed

- A.** ~~A licensee of a Level 1 specialized transitional agency shall ensure compliance with:~~
- ~~1. A.R.S. Title 36, Chapter 37;~~
 - ~~2. R9-20-402;~~
 - ~~3. R9-20-403; and~~
 - ~~4. R9-20-407.~~
- B.** ~~A licensee of a Level 1 specialized transitional agency shall ensure that:~~
- ~~1. At the time of admission, a client and, if the client has a guardian or custodian, the client's guardian or custodian, receive a written list and verbal explanation of the client rights in subsections (B)(4) and (C);~~
 - ~~2. A client and, if the client has a guardian or custodian, the client's guardian or custodian acknowledge, in writing, receipt of the written list and verbal explanation required in subsection (B)(1);~~
 - ~~3. A client who does not speak English or who has a physical or other disability that limits the client's ability to understand the client rights without assistance is provided assistance in understanding the client rights; and~~
 - ~~4. A client is afforded the rights listed in A.R.S. §§ 36-504 through 36-514.~~
- C.** ~~A client in a Level 1 specialized transitional agency has the following rights:~~
- ~~1. To be treated with dignity, respect, and consideration;~~
 - ~~2. To be free from:
 - ~~a. Abuse;~~
 - ~~b. Neglect;~~
 - ~~e. Exploitation;~~
 - ~~d. Coercion;~~
 - ~~e. Manipulation;~~
 - ~~f. Retaliation; and~~
 - ~~g. Treatment that involves the denial of:
 - ~~i. Food;~~
 - ~~ii. The opportunity to sleep, or~~
 - ~~iii. The opportunity to use the toilet;~~~~~~
 - ~~3. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or economic means;~~
 - ~~4. To receive treatment that:
 - ~~a. Supports and respects the client's individual characteristics, strengths, and abilities, while enhancing pro-social decision making and choices;~~
 - ~~b. Supports the client's ability to increase personal liberty, to the extent possible within the legal restrictions required by court-ordered commitment;~~
 - ~~e. Is provided in the least restrictive environment that meets the client's treatment needs and is approved by the court;~~~~
 - ~~5. Not to be impeded from exercising the client's civil rights except those rights limited by a court order;~~
 - ~~6. To submit complaints to outside agencies without constraint or retaliation;~~
 - ~~7. To submit complaints to staff without constraint or retaliation;~~
 - ~~8. To have complaints to staff addressed in a fair, timely, and objective manner;~~
 - ~~9. To seek, speak to, and be assisted by legal counsel:
 - ~~a. Whom the court assigns to the client, or~~
 - ~~b. Whom the client obtains at the client's own expense;~~~~
 - ~~10. If enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by the Department or the Department's designee in understanding, protecting, or exercising the client's rights;~~
 - ~~11. Upon written request, to review the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in R9-20-211(A)(6);~~
 - ~~12. To review the following at the agency or at the Department:
 - ~~a. This Chapter;~~
 - ~~b. The report of the most recent inspection of the premises conducted by the Department;~~
 - ~~e. A plan of correction in effect as required by the Department;~~
 - ~~d. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and~~
 - ~~e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;~~~~

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13. To participate in and, if the client has a legal guardian or custodian, to have the client's legal guardian or custodian participate in, treatment decisions and the development and periodic review and revision of the client's written treatment plan;
 14. To control the client's own finances except as provided by A.R.S. § 36-507(5);
 15. To receive a verbal explanation of a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;
 16. To be offered the treatment or referred for the treatment specified in the client's treatment plan;
 17. To give informed consent to treatment, refuse treatment, or withdraw informed consent to treatment, unless such treatment is ordered by a court under A.R.S. Title 36, Chapter 37, is necessary to save the client's life or physical health, or is provided according to A.R.S. § 36-512;
 18. To participate or refuse to participate in the religious and spiritual activities provided on the premises;
 19. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
 20. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
 21. To participate or refuse to participate in research or experimental treatment;
 22. To give informed consent in writing, refuse to give informed consent, or withdraw written informed consent to participate in research or in treatment that is not a professionally recognized treatment;
 23. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
 24. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility;
 25. To associate in the same housing unit with a current client of the client's choice, who resides in the same housing unit as the client, unless:
 - a. The clinical director determines and documents in the treatment plan a specific treatment purpose that justifies restricting this right;
 - b. The client is informed of the reason why this right is being restricted, and
 - e. The client is informed of the client's right to file a complaint and the procedure for filing a complaint;
 26. To receive visitors and make telephone calls during the hours established by the licensee and conspicuously posted in the facility, unless:
 - a. The clinical director determines and documents a specific treatment purpose that justifies restricting this right;
 - b. The client is informed of the reason why this right is being restricted, and
 - e. The client is informed of the client's right to file a complaint and the procedure for filing a complaint;
 27. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless:
 - a. The clinical director determines and documents a specific treatment purpose that justifies restricting this right;
 - b. The client is informed of the reason why this right is being restricted, and
 - e. The client is informed of the client's right to file a complaint and the procedure for filing a complaint;
 28. To send and receive uncensored and unopened mail, unless restricted by court order, or unless:
 - a. The clinical director determines and documents a specific treatment purpose that justifies restricting this right;
 - b. The client is informed of the reason why this right is being restricted, and
 - e. The client is informed of the client's right to file a complaint and the procedure for filing a complaint;
 29. To be provided storage space, capable of being locked, on the premises while the client receives treatment;
 30. To be provided meals to meet the client's nutritional needs, with consideration for the client's dietary restrictions and preferences;
 31. To be assisted in obtaining clean, seasonably appropriate clothing that is in good repair and is selected and owned by the client;
 32. To be provided access to medical services to maintain the client's health, safety, or welfare;
 33. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
 34. To maintain, display, and use personal belongings, including clothing, that have been approved by the clinical director, unless restricted by court order;
 35. To be informed of the requirements necessary for the client's discharge or conditional release to a less restrictive alternative; and
 36. To receive, at the time of discharge or legal transfer, recommendations for treatment after the client is discharged.
- D.** A licensee of a Level 1 specialized transitional agency shall ensure that policies and procedures are developed, implemented, and complied with that include:
1. A description of the clothing that a client is required and permitted to wear;
 2. The process for the issuance and return of a razor or other potentially hazardous object;
 3. Requirements regarding locking a client in the client's bedroom, including:

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- a. The training required for a staff member who locks a client in the client's bedroom;
 - b. The criteria for locking a client in the client's bedroom;
 - c. A requirement that the need for a client to be locked in the client's bedroom be evaluated and adjusted, if necessary, by a psychiatrist or psychologist each time the client's treatment plan is reviewed as required by subsection (F)(3);
 - d. The procedures that may be used to lock a client in the client's bedroom;
 - e. The monitoring that is required while a client is locked in the client's bedroom; and
 - f. The criteria for releasing a client from the client's bedroom;
 - 4. The process and criteria for determining whether a client is capable of and eligible to self-administer medication;
 - 5. A client's visitation privileges; and
 - 6. The criteria for using a locking mechanism to restrict a client's movement during transport.
- E.** A licensee of a Level I specialized transitional agency shall ensure that, in addition to the staffing requirements contained in R9-20-207, staffing is provided as follows:
- 1. A medical practitioner is present at the facility at least 10 hours a week;
 - 2. A psychiatrist is present at the facility at least 10 hours a week;
 - 3. Each of the following staff members is present at the facility full time:
 - a. A psychologist;
 - b. A social worker;
 - c. A registered nurse with overall responsibility for the provision of nursing services; and
 - d. An individual who provides educational activities and social, recreational, or rehabilitative activities;
 - 4. In addition to the staff members listed in (E)(3), between 7:00 a.m. and 11:00 p.m.:
 - a. At least one behavioral health paraprofessional is present at the facility for every 15 clients, and
 - b. A registered nurse is present at the facility;
 - 5. In addition to the staff members listed in (E)(3), between 11:00 p.m. and 7:00 a.m.:
 - a. At least one behavioral health paraprofessional is present at the facility for every 30 clients; and
 - b. A registered nurse:
 - i. Is present at the facility; or
 - ii. If not present at the facility, is identified by the licensee on the daily staffing schedule and may be contacted by the licensee to determine the registered nurse's availability to come to the facility when requested by the licensee; and
 - 6. At least two employees responsible for maintaining a safe and secure facility are located outside the facility at all times; and
 - 7. At least one employee for every 30 clients is responsible for maintaining a safe and secure facility and is located inside the facility at all times.
- F.** A licensee of a Level I specialized transitional agency shall ensure that:
- 1. Within seven days after the date that an individual is committed to the custody of the Department for treatment:
 - a. The client receives a physical examination;
 - b. Medical records are provided indicating that the client received a physical examination within 12 months before the date of the client's admission and are reviewed and verified as current and complete by a medical practitioner; or
 - c. The client's refusal of a physical examination is documented in the client record;
 - 2. A client's assessment and treatment plan is initiated within 30 days after the date the client is admitted for treatment and is completed within 90 days after that date;
 - 3. A client's treatment is reviewed, and the client's treatment plan is updated according to the requirements in R9-20-209(J)(7) and at least once every 30 days; and
 - 4. Progress notes are written in a client record at least:
 - a. Once every shift for the first seven days after the date of the client's admission for treatment, and
 - b. Once each day thereafter.
- G.** A licensee of a Level I specialized transitional agency shall ensure that:
- 1. A client receives treatment in a secure facility;
 - 2. A client's rights are denied only if necessary to protect the safety of the client or others as determined according to A.R.S. § 36-507(5); and
 - 3. Transportation of a client is provided according to the agency's policy and procedure and R9-20-212 and as follows:
 - a. Sufficient staff members are present during transportation to meet the health, safety, and security needs of the client, other individuals, and the community; and
 - b. A locking mechanism may be used to restrict a client's physical movement during transportation to another portion of the facility, another facility, or another entity to ensure the health and safety of the client, other individuals, and the community.
- H.** A licensee of a Level I specialized transitional agency shall ensure that a premises has:

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1. ~~An indoor common area that is not used as a sleeping area and that has:~~
 - a. ~~A working telephone that allows a client to make a private telephone call;~~
 - b. ~~A distortion-free mirror;~~
 - c. ~~A current calendar and an accurate clock;~~
 - d. ~~A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of clients;~~
 - e. ~~A working television and access to a radio; and~~
 - f. ~~Space sufficient to accommodate the social and recreational needs of clients;~~
2. ~~A dining room or dining area that:~~
 - a. ~~Is lighted and ventilated;~~
 - b. ~~Contains tables and seats, and~~
 - e. ~~Is not used as a sleeping area;~~
3. ~~An outdoor area that:~~
 - a. ~~Is accessible to clients;~~
 - b. ~~Has sufficient space to accommodate the social and recreational needs of clients, and~~
 - e. ~~Has shaded and unshaded areas; and~~
4. ~~Bathrooms that contain at least:~~
 - a. ~~One working bathtub or shower, with a slip resistant surface, for every 12 clients; and~~
 - b. ~~One working flushable toilet, with a seat, for every 10 clients.~~
- I.** A licensee of a Level I specialized transitional agency shall ensure that a client's sleeping area is in a bedroom that:
 1. ~~Is a private bedroom that contains at least 60 square feet of floor space, not including the closet;~~
 2. ~~Contains a door that opens into a corridor, common area, or the outside;~~
 3. ~~Is constructed and furnished to provide unimpeded access to the door;~~
 4. ~~Is not used as a passageway to another bedroom or a bathroom unless the bathroom is for the exclusive use of the individual occupying the bedroom; and~~
 5. ~~Contains the following for each client:~~
 - a. ~~An individual storage space, such as a dresser or chest;~~
 - b. ~~A bed that:~~
 - i. ~~Consists of at least a mattress and frame;~~
 - ii. ~~Is in good repair, clean, and free of odors and stains; and~~
 - iii. ~~Is at least 36 inches wide and 72 inches long; and~~
 - e. ~~A pillow and linens that are clean, free of odors, and in good repair, including:~~
 - i. ~~A mattress pad;~~
 - ii. ~~A top sheet and a bottom sheet that are large enough to tuck under the mattress;~~
 - iii. ~~A pillow case;~~
 - iv. ~~A waterproof mattress cover, if needed; and~~
 - v. ~~A blanket or bedspread sufficient to ensure the client's warmth.~~
- J.** A licensee of a Level I specialized transitional agency shall ensure that:
 1. ~~The supply of hot water is sufficient to meet:~~
 - a. ~~Each client's daily personal hygiene needs; and~~
 - b. ~~The laundry, cleaning, and sanitation requirements in this Chapter;~~
 2. ~~Clean linens and bath towels are provided to a client as needed and at least once every seven days;~~
 3. ~~One of the following is available to ensure that client clothing can be cleaned:~~
 - a. ~~A working washing machine and dryer on the premises;~~
 - b. ~~An agency provided process for cleaning clothing; or~~
 - e. ~~An agency provided process for transporting a client to a building with washing machines and dryers that a client can use;~~
 4. ~~Soiled linen and clothing stored by the licensee are in covered containers or closed plastic bags away from a food preparation or storage area or a dining area; and~~
 5. ~~Pets and animals, except for service animals, are prohibited on the premises.~~
- K.** A licensee of a Level I specialized transitional agency shall ensure that:
 1. ~~A facility meets the fire safety requirements of the local jurisdiction;~~
 2. ~~A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction; and~~
 3. ~~The most recent fire inspection report and documentation of any corrections stated on the inspection report are maintained on the premises or at the administrative office.~~

ARTICLE 8. COURT-ORDERED SERVICES REPEALED

R9-20-801. Supplemental Requirements for Pre-petition Screening Services Repealed

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- ~~A. A licensee of an agency that only provides pre-petition screening is not required to comply with the following provisions in this Chapter:~~
- ~~1. R9-20-208 and other requirements related to admission;~~
 - ~~2. R9-20-209 and other requirements related to a client's assessment or treatment plan, and~~
 - ~~3. R9-20-210 and other requirements related to a client's discharge.~~
- ~~B. A licensee of an agency that provides pre-petition screening shall ensure compliance with the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.~~
- ~~C. A licensee of an agency that provides pre-petition screening shall ensure that:~~
- ~~1. Policies and procedures are developed, implemented, and complied with for conducting a pre-petition screening;~~
 - ~~2. Assistance is provided to an individual filing an application for a court-ordered evaluation, according to A.R.S. § 36-520(D);~~
 - ~~3. If an application for a court-ordered evaluation is not acted upon because it has been determined that the proposed client does not need an evaluation, the application for a court-ordered evaluation and any evidence of the application for a court-ordered evaluation are destroyed according to A.R.S. § 36-520(I);~~
 - ~~4. A pre-petition screening is conducted according to the definition in A.R.S. § 36-501 and according to A.R.S. §§ 36-520(E) and (F) and 36-521(A);~~
 - ~~5. After a pre-petition screening is conducted, a written report is prepared and reviewed according to A.R.S. § 36-521(B) and (C);~~
 - ~~6. A petition for a court-ordered evaluation:~~
 - ~~a. Is prepared according to A.R.S. § 36-521(D), and~~
 - ~~b. Contains the information required according to A.R.S. § 36-523 (A) through (C);~~
 - ~~7. Before a petition for court-ordered evaluation that alleges danger to others is filed, the county attorney is contacted to review the petition according to A.R.S. § 36-521(G);~~
 - ~~8. An evaluation agency is notified of an individual requiring a voluntary evaluation, according to A.R.S. § 36-522(A);~~
 - ~~9. A petition for a court-ordered evaluation that is not filed and all reports annexed to the petition are destroyed according to A.R.S. § 36-523(E); and~~
 - ~~10. An application for emergency admission meets the requirements in A.R.S. § 36-524.~~

R9-20-802. Supplemental Requirements for Court-Ordered Evaluation Repealed

- ~~A. A licensee of an agency that only provides court-ordered evaluation is not required to comply with the following provisions in this Chapter:~~
- ~~1. R9-20-208 and other requirements related to admission;~~
 - ~~2. R9-20-209 and other requirements related to a client's assessment or treatment plan;~~
 - ~~3. R9-20-210 and other requirements related to a client's discharge.~~
- ~~B. A licensee of an agency that provides court-ordered evaluation shall ensure compliance with the court-ordered evaluation requirements in A.R.S. Title 36, Chapter 5.~~
- ~~C. A licensee of an agency that provides court-ordered evaluation shall ensure that:~~
- ~~1. Policies and procedures are developed, implemented, and complied with for conducting a court-ordered evaluation;~~
 - ~~2. A medical director is appointed who:~~
 - ~~a. Meets the definition of a medical director of an evaluation agency in A.R.S. § 36-501, and~~
 - ~~b. May deputize an individual according to A.R.S. § 36-503;~~
 - ~~3. If a client is receiving an evaluation according to A.R.S. §§ 36-520 through 36-531, persons are notified according to A.R.S. § 36-504(B);~~
 - ~~4. A staff member or employee does not deprive a client of a client right identified in A.R.S. §§ 36-504(A), 36-506 (A) or (B), 36-507, 36-512, 36-514, 36-520 (H), or 36-528(D);~~
 - ~~5. If a petition for a court-ordered evaluation is not filed because the individual for whom the evaluation is sought requests a voluntary evaluation, a voluntary evaluation is not conducted unless:~~
 - ~~a. For a voluntary inpatient evaluation, informed consent is obtained according to A.R.S. § 36-518; and~~
 - ~~b. For a voluntary outpatient evaluation, informed consent is obtained according to A.R.S. § 36-522(C);~~
 - ~~6. A client admitted to an agency for an evaluation under an emergency admission does not receive treatment unless informed consent is obtained according to A.R.S. § 36-528(A), except as otherwise provided according to A.R.S. § 36-528(A);~~
 - ~~7. A client's records and information are confidential and are not disclosed except according to R9-20-211(A)(3) and (B);~~
 - ~~8. An evaluation is conducted according to the definition in A.R.S. § 36-501 and according to A.R.S. §§ 36-511(A), 36-513, and 36-530;~~
 - ~~9. If a client is evaluated on an inpatient basis and does not make application for further care and treatment:~~
 - ~~a. The client is discharged according to A.R.S. §§ 36-506(D), 36-531(A) and (D), and 36-534; or~~
 - ~~b. A petition for court-ordered treatment is prepared and filed according to A.R.S. §§ 36-531(B) and (C) and 36-533;~~

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10. Before a hearing on a petition for court-ordered treatment, information is provided to:
 - a. The client's attorney, according to A.R.S. § 36-537(A); and
 - b. The physicians treating the client, according to A.R.S. § 36-539(A);
11. At the hearing on a petition for court-ordered treatment, testimony is provided by the physicians who conducted the evaluation, according to A.R.S. § 36-539(B);
12. If a petition for court-ordered evaluation is not filed because it has been determined that the proposed client will voluntarily receive an evaluation and is unlikely to present a danger to self or others pending the voluntary evaluation, a voluntary evaluation is conducted according to the requirements in A.R.S. §§ 36-518 and 36-522;
13. If a client admitted voluntarily according to A.R.S. § 36-522 is discharged, the discharge meets the requirements in A.R.S. § 36-519; and
14. A client receives an emergency evaluation according to:
 - a. The admission requirements in A.R.S. §§ 36-524, 36-526, and 36-527(A);
 - b. The informed consent requirements in A.R.S. § 36-528(A);
 - c. The notification requirements in A.R.S. § 36-528(B) and (D);
 - d. The requirements for protection of personal property in A.R.S. § 36-528(C); and
 - e. The discharge requirements in A.R.S. § 36-527(B).

R9-20-803. Supplemental Requirements for Court-Ordered Treatment Repealed

- ~~A. A licensee of an agency that provides court-ordered treatment shall ensure compliance with the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5, Article 5.~~
- ~~B. A licensee of an agency that provides court-ordered treatment shall ensure that:
 1. Policies and procedures are developed, implemented, and complied with for providing court-ordered treatment;
 2. A medical director is appointed who:
 - a. Meets the definition of a medical director of a mental health treatment agency in A.R.S. § 36-501, and
 - b. May deputize an individual according to A.R.S. § 36-503;
 3. If a client is receiving court-ordered treatment according to A.R.S. §§ 36-533 through 36-544, the following persons are immediately notified according to A.R.S. § 36-504(B):
 - a. The client's guardian or, if the client does not have a guardian, a family member of the client; and
 - b. The client's agent, if applicable;
 4. A staff member or employee does not deprive a client of a client right identified in A.R.S. §§ 36-504(A), 36-506(A) or (B), 36-507, 36-510, 36-512, 36-514, or 36-520(H);
 5. The property of a client receiving court-ordered treatment is protected according to A.R.S. § 36-508;
 6. Client records and information are confidential and are not disclosed except according to R9-20-211(A)(3) and (B);
 7. Treatment:
 - a. Is provided according to the requirements in A.R.S. §§ 36-511, 36-540(E) and (K), and 36-540.01;
 - b. Is documented according to the requirements in A.R.S. § 36-511(A); and
 - c. Is provided without the use of restraint or seclusion, except as provided in A.R.S. § 36-513;
 8. A client who has been found to be gravely disabled and who is undergoing court-ordered treatment receives an annual examination and review to determine whether the continuation of court-ordered treatment is appropriate according to A.R.S. § 36-543(D) through (F);
 9. A client is discharged according to A.R.S. §§ 36-506(D), 36-519, 36-541.01, 36-542, and 36-543(A) and (B); and
 10. If a client seeks judicial review, the medical director complies with the requirements in A.R.S. § 36-546.~~

ARTICLE 9. DUI SERVICES REPEALED

R9-20-901. Exceptions for a Licensee of an Agency That Only Provides DUI Screening or DUI Education or Both Repealed

A licensee of an agency that only provides DUI screening or DUI education or both is not required to comply with the following:

1. R9-20-208,
2. R9-20-209, and
3. R9-20-210.

R9-20-902. Supplemental Requirements for DUI Screening Repealed

- ~~A. A licensee of an agency that provides DUI screening shall ensure that policies and procedures are developed, implemented, and complied with for:
 1. Conducting DUI screening;
 2. Tracking and referring a DUI client to DUI education or DUI treatment, and
 3. Communicating with and reporting information to a referring court.~~
- ~~B. A licensee of an agency that provides DUI screening shall ensure that:
 1. The following information is reported to the referring court:~~

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- a. The results of a DUI client's DUI screening;
 - b. The agency's recommendations, based upon the DUI screening, for DUI education or DUI treatment;
 - c. The name of the licensed agency selected by the client to provide DUI education or DUI treatment; and
 - d. If the DUI client is enrolled in DUI education or DUI treatment, the DUI client's compliance, progress, and completion; and
2. The referring court receives written notification within five working days, unless otherwise specified by the court, when a DUI client:
- a. Fails to obtain or complete DUI screening;
 - b. Fails to pay the cost of DUI screening;
 - c. Fails to comply with or to complete DUI education or DUI treatment; or
 - d. Completes DUI screening, DUI education, or DUI treatment.
- C.** A licensee of an agency that provides DUI screening shall ensure that a client's DUI screening:
- 1. Occurs within 30 days after the date of the court order, unless otherwise required in the court order;
 - 2. Is conducted by a behavioral health professional or a behavioral health technician;
 - 3. Consists of a face-to-face interview that lasts at least 30 minutes but not more than three hours;
 - 4. Includes administering at least one standardized instrument for measuring alcohol dependency or substance abuse, such as the Driver Risk Inventory, the Michigan Alcoholism Screening Test, the Minnesota Multiphasic Personality Inventory, the Mortimer Filkins, or the Substance Abuse Subtle Screening Inventory; and
 - 5. Is documented in the client record.
- D.** A licensee of an agency that provides DUI screening shall ensure that a DUI client is given the following information in writing before DUI screening is conducted and that the DUI client's receipt of the information is documented:
- 1. A description of the DUI screening process;
 - 2. The timeline for initiating and completing DUI screening;
 - 3. The consequences to the DUI client for not complying with the procedures and timeline; and
 - 4. The cost and methods of payment for DUI screening, DUI education, and DUI treatment.
- E.** A licensee of an agency that provides DUI screening shall classify a DUI client based upon the information obtained in the DUI screening in subsection (C) as follows:
- 1. A Level 1 DUI client is a DUI client who:
 - a. Meets at least one of the following:
 - i. Has been arrested or convicted two or more times for alcohol or drug-related offenses;
 - ii. Had an alcohol concentration of .15 or higher at the time of the arrest that led to the current referral and meets at least one of the criteria in subsection (E)(1)(b)(i) or (E)(1)(b)(iii) through (xii);
 - iii. Has been unable to control use of alcohol or drugs or has habitually abused alcohol or drugs;
 - iv. Admits a problem controlling alcohol or drug use;
 - v. Has been diagnosed with substance abuse or organic brain disease resulting from substance abuse;
 - vi. Has experienced symptoms of withdrawal from alcohol or drug use that included visual, auditory, or tactile hallucinations; convulsive seizures; or delirium tremens; or
 - vii. Has been diagnosed with alcoholic liver disease, alcoholic pancreatitis, or alcoholic cardiomyopathy by a medical practitioner; or
 - b. Meets at least three of the following:
 - i. During DUI screening, provided responses on the standardized instrument in subsection (C)(4) that indicated substance abuse;
 - ii. Had an alcohol concentration of .08 or higher at the time of the arrest that led to the current referral;
 - iii. Has previously been arrested or convicted one time for an alcohol or drug-related offense;
 - iv. Has experienced a decrease in attendance or productivity at work or school as a result of drug or alcohol use;
 - v. Has experienced family, peer, or social problems associated with drug or alcohol use;
 - vi. Has previously participated in substance abuse education or treatment for problems associated with alcohol or drug use;
 - vii. Has experienced blackouts as a result of alcohol or drug use;
 - viii. Has passed out as a result of drug or alcohol use;
 - ix. Has experienced symptoms of withdrawal from alcohol or drug use including shakes or malaise relieved by resumed alcohol or drug use; irritability; nausea; or anxiety;
 - x. Exhibits a psychological dependence on drugs or alcohol;
 - xi. Has experienced an increase in consumption, a change in tolerance, or a change in the pattern of alcohol or drug use; or
 - xii. Has experienced personality changes associated with alcohol or drug use; and
 - 2. A Level 2 DUI client is a DUI client who:
 - a. Does not meet any of the criteria in subsection (E)(1)(a), and
 - b. Meets no more than two of the criteria in subsection (E)(1)(b).

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- ~~F.~~ A licensee of an agency that provides DUI screening shall ensure that after completing a client's DUI screening:
 - 1. The results of the DUI screening are documented in the client record and include:
 - a. The DUI client's alcohol concentration at the time of the arrest that led to the current referral, if available;
 - b. The DUI client's history of alcohol and drug use;
 - c. The DUI client's history of treatment associated with alcohol or drug use; and
 - d. The DUI client's history of impairments in physical, educational, occupational, or social functioning as a result of alcohol or drug use; and
 - 2. A recommendation is made to the referring court for DUI education or DUI treatment or both, and referrals are made as follows:
 - a. A Level 1 DUI client is referred to:
 - i. An agency that provides DUI education for at least 16 hours of DUI education; and
 - ii. An agency that provides DUI treatment for at least 20 hours of DUI treatment; and
 - b. A Level 2 DUI client is referred to an agency that provides DUI education for at least 16 hours of DUI education.
- ~~G.~~ A licensee of an agency that provides DUI screening may refer a Level 1 or Level 2 DUI client to a self-help or peer support program that assists individuals in achieving and maintaining freedom from alcohol or drugs, such as Alcoholics Anonymous or Narcotics Anonymous. Participation in a self-help group or peer support program is not DUI education or DUI treatment and does not count toward required hours in DUI education or DUI treatment.
- ~~H.~~ Unless a court requires otherwise, a licensee of an agency that provides DUI screening shall ensure that a referral of a DUI client made under subsection (F)(2) includes:
 - 1. Providing the DUI client with the following information about three agencies authorized to provide DUI education or DUI treatment, as applicable, in the geographic area requested by the DUI client, at least two of which are not owned by, operated by, or affiliated with the licensee of the DUI screening agency:
 - a. Name;
 - b. Address; and
 - c. Telephone number;
 - 2. Instructing the DUI client:
 - a. To select an agency that provides DUI education or DUI treatment, as applicable;
 - b. To schedule an appointment or enroll in DUI education or DUI treatment, as applicable, within five working days after the date of completion of the DUI screening; and
 - c. To notify the DUI screening agency of the name of the agency selected to provide DUI education or DUI treatment, as applicable;
 - 3. Obtaining, in writing, a DUI client's authorization to release information to the selected agency; and
 - 4. Providing the following in writing to the selected agency and the referring court within five working days after the DUI client's completion of DUI screening:
 - a. The date that the DUI client completed DUI screening;
 - b. The results of DUI screening;
 - c. The recommendations of the DUI screening agency made under subsection (F)(2); and
 - d. The name of the DUI education or DUI treatment agency selected by the client.
- ~~I.~~ If a licensee of an agency that provides DUI screening does not comply with subsection (C)(3) for a referral of a DUI client because a court's requirements conflict with subsection (C)(3), the licensee shall:
 - 1. Comply with the court's requirements;
 - 2. Document in the client's record that the court's requirements conflict with subsection (C)(3); and
 - 3. Maintain at the agency a written document identifying the court's requirements.
- ~~J.~~ A licensee of an agency that provides DUI screening shall maintain a record for each DUI client that contains:
 - 1. The citation number or complaint number from the arrest that led to the current referral, if available;
 - 2. A copy of the documents referring the DUI client to DUI screening, if available;
 - 3. Documentation of the DUI client's receipt of the information contained in subsection (D);
 - 4. Documentation of the client's DUI screening, including the completed standardized instrument required under subsection (C)(4);
 - 5. Documentation of the recommendations and referrals for DUI education or DUI treatment, as applicable, required under subsections (F)(2) and (H);
 - 6. The DUI client's signed and dated release of information required under subsection (H)(3); and
 - 7. A copy of the information provided to the agency selected to provide DUI education or DUI treatment, as applicable, and to the referring court as required under subsection (H)(4).

R9-20-903. Supplemental Requirements for DUI Education Repealed

- ~~A.~~ A licensee of an agency that provides DUI education shall ensure that a DUI client is given the following information in writing before DUI education is conducted and that the DUI client's receipt of the information is documented:
 - 1. The procedures for conducting DUI education;
 - 2. The timeline for initiating and completing DUI education;

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3. The consequences to the DUI client for not complying with the procedures and timeline;
 4. The information that will be contained in a report to the DUI screening agency or the referring court; and
 5. The cost and methods of payment for DUI education and DUI treatment.
- B.** A licensee of an agency that provides DUI education shall ensure that:
1. DUI education is provided in a classroom setting;
 2. A current written schedule of DUI education classes is maintained at the agency;
 3. DUI education consists of at least 16 hours in the classroom setting;
 4. DUI education is scheduled to be completed within eight weeks from the date of the first class;
 5. The number of DUI clients enrolled in a class of DUI education does not exceed 30; and
 6. DUI education is provided by a behavioral health professional or behavioral health technician.
- C.** Participation in a self-help group or peer support program, such as Alcoholics Anonymous or Narcotics Anonymous, is not DUI education and does not count toward required hours in DUI education.
- D.** A licensee of an agency that provides DUI education shall ensure that:
1. A written pre-test is administered to a DUI client before receiving DUI education to measure the DUI client's knowledge of the subject areas listed in subsection (D)(2);
 2. DUI education includes information on:
 - a. The physiological effects of alcohol and drug use;
 - b. How alcohol use and drug use affect an individual's ability to operate a vehicle, including how an individual's alcohol concentration is measured and how alcohol concentration impacts an individual's ability to operate a vehicle;
 - c. Alternatives to operating a motor vehicle while impaired by alcohol or drug use;
 - d. The psychological and sociological effects of alcohol and drug use;
 - e. The stages of substance abuse;
 - f. Self-assessment of alcohol or drug use;
 - g. Criminal penalties and statutory requirements for sentencing DUI clients;
 - h. Alternatives to alcohol or drug use;
 - i. Identification of different approaches to the treatment of substance abuse;
 - j. Resources, programs, and interventions available in the community for treatment of substance abuse; and
 - k. Orientation to the process and benefits of group counseling and self-help groups such as Alcoholics Anonymous and Narcotics Anonymous; and
 3. A written post-test is administered to a DUI client after receiving DUI education to measure the DUI client's knowledge of the subject areas listed in subsection (D)(2).
- E.** A licensee of an agency that provides DUI education shall ensure that a policy and procedure is developed, implemented, and complied with for using the results of pre-tests and post-tests required under subsection (D) for analyzing the licensee's DUI education program.
- F.** A licensee of an agency that provides DUI education shall ensure that a DUI client who completes DUI education receives written documentation that indicates satisfactory completion of DUI education and includes:
1. The name of the agency providing the DUI education;
 2. The date of completion; and
 3. The name of the DUI client.
- G.** A licensee of an agency that provides DUI education shall ensure that a policy and procedure is developed, implemented, and complied with for providing written notification of the following events to the DUI screening agency and, if applicable, the referring court within five working days after the event:
1. A DUI client's failure to enroll in DUI education by the deadline established by the DUI screening agency or the referring court;
 2. A DUI client's failure to comply with the requirements of DUI education, including failure to attend DUI education or failure to pay required costs; and
 3. A DUI client's completion of DUI education.
- H.** A licensee of an agency that provides DUI education shall ensure that, for each DUI client, a written report is prepared and provided to the DUI screening agency and, if applicable, the referring court that includes:
1. Whether the DUI client:
 - a. Enrolled in DUI education and the date of enrollment;
 - b. Complied with the requirements of DUI education; and
 - c. Completed DUI education and, if so, the date of completion; and
 2. Any recommendation for additional DUI education or for DUI treatment.
- I.** A licensee of an agency that provides DUI education may refer a DUI client back to the DUI screening agency:
1. If the DUI education agency determines that a DUI client's treatment needs cannot be met by the DUI education agency because the DUI client:
 - a. Requires behavioral health services that the DUI education agency is not authorized or able to provide;

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- b. ~~Has a physical or other disability that the DUI education agency is unable to accommodate, or~~
- e. ~~Requires education to be provided in a language in which instruction is not provided by the DUI education agency; and~~
- 2. ~~With written documentation of the reason that the DUI education agency is unable to meet the DUI client's treatment needs and a recommendation for additional or alternative DUI education that would meet the DUI client's treatment needs.~~
- J.** ~~A licensee of an agency that provides DUI education shall maintain a record for each DUI client that contains:~~
 - 1. ~~Documents received from the DUI screening agency or referring court regarding the DUI client;~~
 - 2. ~~Documentation that the DUI client received the information contained in subsection (A);~~
 - 3. ~~The pre-test and post-test completed by the DUI client;~~
 - 4. ~~The dates of the DUI client's attendance at DUI education;~~
 - 5. ~~A copy of the documentation indicating the DUI client's satisfactory completion of DUI education as described under subsection (F);~~
 - 6. ~~A copy of the report provided to the DUI screening agency or referring court as required in subsection (H);~~
 - 7. ~~A copy of the written documentation provided to the DUI screening agency or court as described in subsection (I); and~~
 - 8. ~~Documentation of any written information or verbal contact regarding the DUI client with the DUI screening agency; the referring court, if any; a Department of Motor Vehicles; or another agency authorized to provide DUI education or DUI treatment.~~

R9-20-904. Supplemental Requirements for DUI Treatment Repealed

- A.** ~~A licensee of an agency that provides DUI treatment shall ensure that policies and procedures are developed, implemented, and complied with that:~~
 - 1. ~~Require a client to complete DUI treatment within 16 weeks after the date the client was admitted to DUI treatment, unless the agency extends the time for completion of DUI treatment;~~
 - 2. ~~Establish criteria the agency considers when determining whether to extend the time for a client's completion of DUI treatment, such as an occurrence of one of the following during the 16 weeks after the date the client was admitted to DUI treatment:~~
 - a. ~~A client serving jail time;~~
 - b. ~~Illness of a client or a family member of the client, and~~
 - e. ~~Death of a family member;~~
 - 3. ~~Require the agency to provide written notification of the following events to the DUI screening agency and, if applicable, the referring court within five working days after the event:~~
 - a. ~~A DUI client's failure to enroll in DUI treatment by the deadline established by the DUI screening agency or the referring court;~~
 - b. ~~A DUI client's failure to comply with the requirements of DUI treatment, including failure to attend DUI treatment or failure to pay required costs; and~~
 - e. ~~A DUI client's completion of DUI treatment.~~
- B.** ~~A licensee of an agency that provides DUI treatment shall ensure that a DUI client is given the following information in writing before DUI treatment is conducted and that the DUI client's receipt of the information is documented:~~
 - 1. ~~The procedures for conducting DUI treatment;~~
 - 2. ~~The timeline for initiating and completing DUI treatment and criteria the agency considers when determining whether to extend the time for completion of the DUI treatment;~~
 - 3. ~~The consequences to the DUI client for not complying with the procedures and timeline;~~
 - 4. ~~The information that will be contained in a report to the DUI screening agency or the referring court, and~~
 - 5. ~~The cost and methods of payment for DUI treatment.~~
- C.** ~~A licensee of an agency that provides DUI treatment shall ensure that DUI treatment:~~
 - 1. ~~Is based upon the information and results obtained from the DUI screening agency or referring court; and~~
 - 2. ~~Includes 16 hours of DUI education and at least 20 hours of group counseling that:~~
 - a. ~~Is provided by a behavioral health technician or behavioral health professional;~~
 - b. ~~Is provided in at least ten sessions that last between 90 and 180 minutes each;~~
 - e. ~~Includes no more than 15 DUI clients or, if family members participate in group counseling, 20 individuals; and~~
 - d. ~~Is documented in a client record according to subsection (H).~~
- D.** ~~Participation in a self-help group or peer support program, such as Alcoholics Anonymous or Narcotics Anonymous, is not DUI treatment and does not count toward required hours in DUI treatment.~~
- E.** ~~A licensee of an agency that provides DUI treatment shall ensure that, for each DUI client, a written report is prepared and provided to the DUI screening agency and, if applicable, the referring court according to the timeline established by the DUI screening agency and the DUI treatment agency that includes:~~
 - 1. ~~Whether the DUI client:~~
 - a. ~~Enrolled in DUI treatment and the date of enrollment;~~

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- b. Complied with the requirements of DUI treatment; and
 - e. Completed DUI treatment and, if so, the date of completion;
 - 2. The DUI client's progress in DUI treatment; and
 - 3. Any recommendation for additional DUI treatment.
- F.** A licensee of an agency that provides DUI treatment shall ensure that:
- 1. DUI treatment is scheduled to be completed within 16 weeks after the date that the client was admitted into DUI treatment, according to subsection (A)(1); and
 - 2. A DUI client, after completing DUI treatment, receives an exit interview from a staff member that includes a review of the information contained in the report required in subsection (E).
- G.** A licensee of an agency that provides DUI treatment may refer a DUI client back to the DUI screening agency:
- 1. If the DUI treatment agency determines that the DUI client's treatment needs cannot be met by the DUI treatment agency because the DUI client:
 - a. Requires behavioral health services that the DUI treatment agency is not authorized or able to provide;
 - b. Has a physical or other disability that the DUI treatment agency is unable to reasonably accommodate; or
 - c. Requires treatment to be provided in a language in which instruction is not provided by the DUI treatment agency; and
 - 2. With written documentation of the reason that the DUI treatment agency is unable to meet the DUI client's treatment needs and a recommendation for additional or alternative DUI treatment that would meet the DUI client's treatment needs.
- H.** A licensee of an agency that provides DUI treatment shall ensure that a record is maintained for each DUI client that contains:
- 1. Information and documents received from the screening agency or the referring court regarding the DUI client, if any;
 - 2. The DUI client's assessment and treatment plan required in R9-20-209;
 - 3. Documentation of each group counseling session in which the DUI client participated, including:
 - a. The date of the group counseling session;
 - b. The topics discussed; and
 - c. The DUI client's progress in meeting treatment goals;
 - 4. Documentation of the DUI client's exit interview required in subsection (F)(2);
 - 5. A copy of the report provided to the DUI screening agency or referring court as required in subsection (E); and
 - 6. Documentation of any other written information from or verbal contact with the DUI screening agency or the referring court, if any.

ARTICLE 10. OPIOID TREATMENT REPEALED

R9-20-1001. Definitions Repealed

In addition to the definitions in R9-20-101, the following definitions apply in this Article, unless otherwise specified:

- 1. "Administrative withdrawal" means a client's involuntary discharge from opioid treatment, typically resulting from non-payment of fees, violent or disruptive behavior, or incarceration or other confinement.
- 2. "Comprehensive initial assessment" means the collection and analysis of a client's social, medical, and treatment history.
- 3. "Comprehensive maintenance treatment" means:
 - a. Dispensing or administering an opioid agonist treatment medication at stable dosage levels for a period in excess of 21 days to an individual for opioid addiction; and
 - b. Providing medical and therapeutic services to the individual with opioid addiction.
- 4. "Dispense" has the same meaning as in A.R.S. § 32-1901.
- 5. "Diversion" means the unauthorized transfer of an opioid agonist treatment medication, such as a street sale.
- 6. "Dosage" means the amount, frequency, and number of doses of medication for an individual.
- 7. "Dose" means a single unit of opioid agonist treatment medication.
- 8. "Illicit opiate drug" means an illegally obtained opioid drug that causes addiction and reduces or destroys an individual's physical, social, occupational, or educational functioning, such as heroin.
- 9. "Intake screening" means determining whether an individual meets the criteria for receiving opioid treatment.
- 10. "Long-term detoxification treatment" means detoxification treatment for a period of more than 30 days but less than 180 days.
- 11. "Medical withdrawal" means a condition of an individual effectuated by dispensing or administering an opioid agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects of withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug-free state.
- 12. "Opioid treatment" means:
 - a. Short-term detoxification treatment;

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- b. Long-term detoxification treatment, or
- e. Comprehensive maintenance treatment.
- 13. "~~Opioid agonist treatment medication~~" means a prescription medication, such as methadone or levo-alpha-acetyl-methadol, that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opiate addiction.
- 14. "~~Physiologically dependent~~" means physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug.
- 15. "~~Program sponsor~~" means the person named in the application for licensure as responsible for the operation of the opioid treatment program and who assumes responsibility for the acts and omissions of staff members or employees of the opioid treatment program.
- 16. "~~Short-term detoxification~~" means detoxification treatment that occurs over a continuous period of 30 days or less.
- 17. "~~Take-home medication~~" means one or more doses of an opioid agonist treatment medication dispensed to a client for use off the premises.
- 18. "~~Withdrawal treatment~~" means:
 - a. Administrative withdrawal, or
 - b. Medical withdrawal.

R9-20-1002. Administration Repealed

A program sponsor shall ensure that:

- 1. ~~The program sponsor designates a physician to serve as medical director and to have authority over all medical aspects of opioid treatment;~~
- 2. ~~Written policies and procedures are developed, implemented, complied with, and maintained at the agency and include:~~
 - a. ~~Procedures to prevent a client from receiving opioid treatment from more than one agency or physician concurrently;~~
 - b. ~~Procedures to meet the unique needs of diverse populations, such as pregnant women, children, individuals with HIV or AIDS, or individuals involved in the criminal justice system;~~
 - e. ~~Procedures for relapse prevention;~~
 - d. ~~Procedures for conducting a physical examination, assessment, and laboratory test;~~
 - e. ~~Procedures for establishing substance abuse counselor caseloads, based on the intensity and duration of counseling required by each client;~~
 - f. ~~Criteria for when the level of opioid agonist treatment medication in a client's blood should be checked and procedures for having the test performed;~~
 - g. ~~A requirement that a client who is physiologically dependent as a result of chronic pain receives consultation with or a referral for consultation with a medical practitioner who specializes in chronic pain;~~
 - h. ~~Procedures for performing laboratory tests, such as urine drug screens or toxicological tests, including procedures for collecting specimens for testing;~~
 - i. ~~Procedures for addressing and managing a client's concurrent abuse of alcohol or other drugs;~~
 - j. ~~Procedures for providing take-home medication to clients;~~
 - k. ~~Procedures for conducting detoxification treatment;~~
 - l. ~~Procedures for conducting an administrative withdrawal;~~
 - m. ~~Procedures for voluntary discharge, including a requirement that a client discharged voluntarily be provided or offered follow-up services, such as counseling or a referral for medication for depression or sleep disorders;~~
 - n. ~~Procedures to minimize the following adverse events:~~
 - i. ~~A client death;~~
 - ii. ~~A client's loss of ability to function;~~
 - iii. ~~A medication error;~~
 - iv. ~~Harm to a client's family member or another individual resulting from ingesting a client's medication;~~
 - v. ~~Sales of illegal drugs on the premises;~~
 - vi. ~~Diversion of a client's medication;~~
 - vii. ~~Harassment or abuse of a client by a staff member or another client, and~~
 - viii. ~~Violence on the premises;~~
 - o. ~~Procedures to respond to an adverse event, including:~~
 - i. ~~A requirement that the program sponsor immediately investigate the adverse event and the surrounding circumstances;~~
 - ii. ~~A requirement that the program sponsor or the program sponsor's designee develop and implement a plan of action to prevent a similar adverse event from occurring in the future; monitor the action taken; and take additional action, as necessary, to prevent a similar adverse event;~~
 - iii. ~~A requirement that action taken under the plan of action be documented; and~~
 - iv. ~~A requirement that the documentation be maintained at the agency for at least two years after the date of the~~

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- adverse event;
 - p. Procedures for infection control;
 - q. Criteria for determining the amount and frequency of counseling that is provided to a client; and
 - r. Procedures to ensure that the facility's physical appearance is clean and orderly and that facility operations do not impede pedestrian or traffic flow; and
3. A written quality assurance plan is developed and implemented and includes:
- a. Procedures for providing staff members training;
 - b. Procedures for developing, administering, and reviewing client satisfaction surveys;
 - c. Procedures for monitoring and measuring treatment outcomes;
 - d. Procedures to ensure that opioid agonist treatment medications are not diverted or used for purposes other than a client's treatment; and
 - e. A requirement that the policies and procedures described in this Section are reviewed and updated, as appropriate, at least once every 12 months.

R9-20-1003. Admission Repealed

- A.** A program sponsor shall ensure that an individual is only admitted for opioid treatment after an agency medical practitioner determines and documents that:
- 1. Opioid treatment is medically necessary;
 - 2. The individual meets the definition of opioid dependence contained in the DSM-IV;
 - 3. The individual has received a physical examination as required by subsection (E);
 - 4. If the individual is requesting maintenance treatment, the individual has been physiologically dependent for at least 12 months before the admission, unless the individual receives a waiver of this requirement from an agency physician because the individual:
 - a. Was released from a penal institution within the last six months;
 - b. Is pregnant, as confirmed by the agency physician;
 - c. Was treated for opioid dependence within the last 24 months; or
 - d. Is under the age of 18, has had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period, and has had informed consent for treatment provided by a parent, guardian, or custodian; and
 - 5. If the individual is requesting long-term or short-term detoxification treatment, the individual has not been admitted for detoxification services within the past 12 months.
- B.** A program sponsor shall ensure that an individual requesting long-term or short-term detoxification treatment who has had two or more unsuccessful detoxification treatment episodes within a 12-month period is assessed by an agency physician for other forms of treatment.
- C.** An agency physician shall ensure that each client at the time of admission:
- 1. Provides written, voluntary, agency-specific informed consent to treatment;
 - 2. Is informed of all services that are available to the client through the agency and of all policies and procedures that impact the client's treatment;
 - 3. Is informed of the following:
 - a. The progression of opioid addiction and the client's apparent stage of opioid addiction;
 - b. The goal and benefits of opioid treatment;
 - c. The signs and symptoms of overdose and when to seek emergency assistance;
 - d. The characteristics of opioid agonist treatment medication, including common side effects and potential interaction effects with non-opioid agonist treatment medications or illicit drugs;
 - e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
 - f. The requirement for a staff member to comply with the confidentiality requirements of 42 CFR 2.1 and 2.2 (2002) incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - g. Drug screening and urinalysis procedures;
 - h. Take-home medication requirements;
 - i. Testing and treatment available for HIV and other communicable diseases; and
 - j. The client's right to file a grievance with the agency for any reason, including involuntary discharge, and to have the client's grievance handled in a fair and timely manner.
- D.** A program sponsor shall ensure that a written plan of relapse prevention is developed and implemented for each client admitted for opioid treatment and requires:
- 1. That the client continue to receive opioid treatment as long as opioid treatment is medically necessary and acceptable to the client;
 - 2. That the client's other behavioral health issues be identified in the client's treatment plan and addressed;

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3. ~~If the client is in medical withdrawal, that counseling or other behavioral health services be offered to the client;~~
 4. ~~That the client's treatment plan be reviewed and adjusted, if necessary, at the first signs of the client's relapse or impending relapse; and~~
 5. ~~That the client's family members be provided opportunities to be involved in the client's opioid treatment.~~
- E.** ~~A program sponsor shall ensure that an agency medical practitioner conducts a physical examination of an individual who requests admission to an agency before the individual receives a dose of opioid agonist treatment medication and that the physical examination includes:~~
1. ~~Reviewing the individual's bodily systems;~~
 2. ~~Determining whether the individual shows signs of addiction, such as old and fresh needle marks, constricted or dilated pupils, an eroded or perforated nasal septum, or a state of sedation or withdrawal;~~
 3. ~~Evaluating the observable or reported presence of withdrawal signs and symptoms, such as yawning, chills, restlessness, irritability, perspiration, nausea, or diarrhea;~~
 4. ~~Obtaining a medical and family history and documentation of current information to determine chronic or acute medical conditions such as diabetes; renal diseases; hepatitis B, C, or Delta; HIV infection; tuberculosis; sexually transmitted disease; pregnancy; or cardiovascular disease;~~
 5. ~~Obtaining a history of behavioral health issues and treatment, including any diagnoses and medications;~~
 6. ~~Obtaining the following information on the client's family:~~
 - a. ~~The dates of birth of the client's children;~~
 - b. ~~Whether the client's children are living with parents;~~
 - c. ~~Family medical history; and~~
 - d. ~~Family history of illicit drug use and alcohol abuse;~~
 7. ~~Initiating the following laboratory tests:~~
 - a. ~~A Mantoux skin test;~~
 - b. ~~A test for syphilis;~~
 - c. ~~A laboratory drug detection test for at least the following:~~
 - i. ~~Opiates;~~
 - ii. ~~Methadone;~~
 - iii. ~~Amphetamines;~~
 - iv. ~~Cocaine;~~
 - v. ~~Barbiturates; and~~
 - vi. ~~Benzodiazepines; and~~
 8. ~~Recommending additional tests based upon the individual's history and physical condition, such as:~~
 - a. ~~Complete blood count;~~
 - b. ~~EKG, chest X-ray, pap smear, or screening for sickle cell disease;~~
 - c. ~~A test for Hepatitis B and C; or~~
 - d. ~~HIV testing.~~
- F.** ~~A program sponsor shall ensure that the results of a client's physical examination are documented in the client record.~~

R9-20-1004. Assessment and Treatment Plan Repealed

A program sponsor shall ensure that:

1. ~~Except as provided in this Section, a client receives an assessment conducted according to the requirements in R9-20-209(A), (B)(2), (C), and (D);~~
2. ~~An assessment is conducted by a behavioral health professional or a behavioral health technician; and~~
3. ~~Assessment information is documented in the client record within seven working days after completing initiating or updating the assessment and includes:~~
 - a. ~~A description of the client's presenting issue;~~
 - b. ~~An identification of the client's behavioral health symptoms and the behavioral health issue or issues that require treatment;~~
 - c. ~~A list of the medical services, including medication, needed by the client, as identified in the physical examination conducted under R9-20-1003(E);~~
 - d. ~~Recommendations for further assessment or examination of the client's needs;~~
 - e. ~~Recommendations for treatment needed by the client, such as counseling;~~
 - f. ~~Recommendations for ancillary services or other services needed by the client;~~
 - g. ~~The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and~~
 - h. ~~The signature, professional credential or job title, and date signed of:~~
 - i. ~~The staff member conducting and developing the assessment; and~~
 - ii. ~~If the assessment was completed by a behavioral health technician, the behavioral health professional approving the assessment.~~

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R9-20-1005. Dosage Repealed

A: A program sponsor shall ensure that:

1. A dose of opioid agonist treatment medication is administered only after an order from a medical practitioner;
2. A client's dosage of opioid agonist treatment medication is individually determined;
3. A dose of opioid agonist treatment medication is sufficient to produce the desired response in a client for the desired duration of time and with consideration for client safety;
4. A dose of opioid medication is prescribed to meet a client's treatment needs by:
 - a. Preventing the onset of subjective or objective signs of withdrawal for 24 hours or more;
 - b. Reducing or eliminating the drug craving that is experienced by opioid addicted individuals who are not in opioid treatment; and
 - c. Blocking the effects of any self-administered opioid drugs without inducing persistent euphoric or other undesirable effects that are reported by the client or observed by other individuals;
5. A client receiving comprehensive maintenance treatment receives an initial dose of opioid agonist treatment medication based upon the medical practitioner's physical examination and with consideration for local issues, such as the relative purity of available illicit opioid drugs;
6. A client receiving methadone in comprehensive maintenance treatment receives an initial dose of methadone that does not exceed 30 milligrams and:
 - a. If the client's withdrawal symptoms are not suppressed three hours after the initial dose of 30 milligrams, a client receives an additional dose that does not exceed 10 milligrams only if an agency nurse documents in the client record that 30 milligrams did not suppress the client's withdrawal symptoms; and
 - b. If the client's withdrawal symptoms are not suppressed by a total dose of 40 milligrams, a client receives an additional dose only if an agency physician documents in the client record that 40 milligrams did not suppress the client's withdrawal symptoms;
7. A client receiving levo-alpha-acetyl-methadol in comprehensive maintenance treatment receives an initial dose according to the instructions on the opioid agonist treatment medication package insert, and any deviation from the instructions is documented by the medical practitioner in the client record; and
8. A client receives subsequent doses of opioid agonist treatment medication:
 - a. Based on the client's individual needs and the results of the physical examination and assessment;
 - b. Sufficient to achieve the desired response for at least 24 hours, with consideration for day-to-day fluctuations and elimination patterns;
 - c. That are not used to reinforce positive behavior or punish negative behavior;
 - d. As long as the client benefits from and desires comprehensive maintenance treatment; and
 - e. That are adjusted if an agency changes from one type of opioid agonist treatment medication to another.

R9-20-1006. Drug Screening Repealed

A program sponsor shall ensure that:

1. Staff members have knowledge of the benefits and limitations of laboratory drug detection tests and other toxicological testing procedures;
2. At least eight random laboratory drug detection tests are completed each year for a client in comprehensive maintenance treatment, and other toxicological tests are performed according to written orders from a medical practitioner;
3. Laboratory drug detection tests and other toxicological testing specimens are collected in a manner that minimizes falsification;
4. Samples from laboratory drug detection tests are tested for:
 - a. Opiates;
 - b. Methadone;
 - c. Amphetamines;
 - d. Cocaine;
 - e. Barbiturates;
 - f. Benzodiazepines; and
 - g. Other substances based upon the client record; and
5. The results of a client's laboratory drug detection tests or other toxicological test and any action taken relating to the results are documented in the client record.

R9-20-1007. Take-Home Medication Repealed

A: A program sponsor shall ensure that policies and procedures are developed, implemented, and complied with for the use of take-home medication and include:

1. Criteria for determining when a client is ready to receive take-home medication;
2. Criteria for when a client's take-home medication is increased or decreased;
3. A requirement that take-home medication be dispensed according to federal and state law;
4. A requirement that a medical practitioner review a client's take-home medication regimen at intervals established in

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- ~~the client's treatment plan and adjust the client's dosage, as needed;~~
- 5. ~~Procedures for safe handling and secure storage of take-home medication in a client's home; and~~
- 6. ~~Criteria and duration of allowing a physician to prescribe a split medication regimen.~~
- B.** ~~Except as provided in subsection (C), a program sponsor shall ensure that a client is permitted to have take-home medication only upon the determination and written permission of the agency medical director, based upon the following:~~
 - 1. ~~Absence of abuse of drugs, including alcohol;~~
 - 2. ~~Regularity of agency attendance;~~
 - 3. ~~Length of time in comprehensive maintenance treatment;~~
 - 4. ~~Absence of criminal activity;~~
 - 5. ~~Absence of serious behavioral problems at the agency;~~
 - 6. ~~Special needs of the client such as physical health needs;~~
 - 7. ~~Assurance that take-home medication can be safely stored in the client's home;~~
 - 8. ~~Stability of the client's home environment and social relationships;~~
 - 9. ~~The client's work, school, or other daily activity schedule;~~
 - 10. ~~Hardship experienced by the client in traveling to and from the agency; and~~
 - 11. ~~Whether the benefit the client would receive by decreasing the frequency of agency attendance outweighs the potential risk of diversion.~~
- C.** ~~A client in comprehensive maintenance treatment may receive a single dose of take-home medication for each day that an agency is closed for business, including Sundays and state and federal holidays.~~
- D.** ~~A program sponsor shall ensure that take-home medication is only issued to a client in compliance with the following restrictions:~~
 - 1. ~~During the first 90 days of comprehensive maintenance treatment, a client may receive take-home medication as described in subsection (C);~~
 - 2. ~~During the second 90 days of comprehensive maintenance treatment, a client may receive a maximum of one dose of take-home medication each week in addition to any doses received as described in subsection (C);~~
 - 3. ~~During the third 90 days of comprehensive maintenance treatment, a client may receive a maximum of two doses of take-home medication each week in addition to any doses received as described in subsection (C);~~
 - 4. ~~In the remaining months of the client's first year, a client may receive a maximum of three doses of take-home medication each week in addition to any doses received as described in subsection (C);~~
 - 5. ~~After one year of comprehensive maintenance treatment, a client may receive a maximum of six doses of take-home medication for each week;~~
 - 6. ~~After two years of comprehensive maintenance treatment, a client may receive a maximum of 14 doses of take-home medication every two weeks; and~~
 - 7. ~~After three years of comprehensive maintenance treatment, a client may receive a maximum of 31 doses of take-home medication for a month, but shall visit the agency at least once each month.~~
- E.** ~~A program sponsor shall ensure that a client receiving take-home medication receives:~~
 - 1. ~~Take-home medication in a child-proof container; and~~
 - 2. ~~Written and verbal information on the client's responsibilities in protecting the security of take-home medication.~~
- F.** ~~The program sponsor shall ensure that a medical director's determination made under subsection (B) and the reasons for the determination are documented in the client record.~~

R9-20-1008. Withdrawal Treatment Repealed

A licensee shall ensure that:

- 1. ~~Policies and procedures are developed, implemented, and complied with for withdrawal treatment and:~~
 - a. ~~Are designed to promote successful withdrawal treatment;~~
 - b. ~~Require that dose reduction occur at a rate well tolerated by the client;~~
 - c. ~~Require that a variety of ancillary services, such as self-help groups, be available to the client through the agency or through referral;~~
 - d. ~~Require that the amount of counseling available to the client be increased before discharge; and~~
 - e. ~~Require that a client be re-admitted to the agency or referred to another agency if relapse occurs;~~
- 2. ~~A client's withdrawal treatment:~~
 - a. ~~For a client involved in comprehensive maintenance treatment, is only initiated as administrative withdrawal or when requested by the client and approved by an agency medical practitioner; and~~
 - b. ~~Is planned and supervised by an agency medical practitioner;~~
- 3. ~~Before a client begins withdrawal treatment, whether with or against the advice of an agency medical practitioner, the client:~~
 - a. ~~Is informed by an agency medical practitioner or a staff member:~~
 - i. ~~That the client has the right to leave opioid treatment at any time, and~~
 - ii. ~~Of the risks of withdrawal treatment; and~~
 - b. ~~Upon request, receives a schedule for withdrawal treatment that is developed by an agency medical practitioner~~

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with input from the client;

4. If a client who is receiving withdrawal treatment, other than a client experiencing administrative withdrawal, appears to a staff member to relapse, the client is permitted to begin comprehensive maintenance treatment, if otherwise eligible;
5. If a client who has completed withdrawal treatment within the past 30 days appears to a staff member to relapse, the client is re-admitted into the agency without a physical examination or assessment;
6. A client experiencing administrative withdrawal is referred or transferred to an agency that is capable of or more suitable for meeting the client's needs, and the referral or transfer is documented in the client record; and
7. The following information is documented in the client record:
 - a. The reason that the client sought withdrawal treatment or was placed on administrative withdrawal; and
 - b. The information and assistance provided to the client in medical withdrawal or administrative withdrawal.

R9-20-1009. Counseling and Medical Services Repealed

~~A. A program sponsor shall ensure that:~~

- ~~1. Counseling is provided to each client based upon the client's individual needs and treatment plan; and~~
- ~~2. The agency has substance abuse counselors in a number sufficient:
 - a. To ensure that clients have access to counselors;
 - b. To provide the treatment in clients' treatment plans; and
 - c. To provide unscheduled treatment or counseling to clients.~~

~~B. A program sponsor shall ensure that a client has access to a self-help group or support group, such as Narcotics Anonymous, either at the agency or through referral to a community group.~~

~~C. A program sponsor shall ensure that a client is provided medical services, including psychiatric services, if needed, either at the agency or through referral. If a client receives medical services, including psychiatric services, from a person not affiliated with the agency, agency staff members shall communicate and coordinate with the person that provides medical services to the client, according to the requirements for the release of client records or information in R9-20-211(A)(3).~~

R9-20-1010. Diverse Populations Repealed

~~A. A program sponsor shall ensure that:~~

- ~~1. Opioid treatment is provided regardless of race, ethnicity, gender, age, or sexual orientation;~~
- ~~2. Opioid treatment is provided with consideration for a client's individual needs, cultural background, and values;~~
- ~~3. Agency staff members are culturally competent;~~
- ~~4. Unbiased language is used in the agency's print materials, electronic media, and other training or educational materials;~~
- ~~5. HIV testing and education are available to clients either at the agency or through referral;~~
- ~~6. A client who is HIV positive and who requests treatment for HIV or AIDS:
 - a. Is offered treatment for HIV or AIDS either at the agency or through referral; and
 - b. Has access to an HIV or AIDS-related peer group or support group and to social services either at the agency or through referral to a community group; and~~
- ~~7. The agency has a procedure for transferring a client's opioid treatment to the medical practitioner treating the client for HIV or AIDS when HIV or AIDS becomes the client's primary health concern.~~

~~B. A program sponsor shall ensure that:~~

- ~~1. An individual who requires administration of opioid agonist treatment medication only for relief of chronic pain is:
 - a. Identified during the physical examination or assessment;
 - b. Not admitted for opioid agonist medication treatment; and
 - c. Referred for medical services; and~~
- ~~2. For a client with a chronic pain disorder who is also physically dependent the agency coordinates with the medical practitioner treating the client for pain management.~~

~~C. A program sponsor shall ensure that:~~

- ~~1. If, during the assessment or physical examination, a determination is made that a client may have a mental disorder, the client is referred for treatment of the mental disorder; and~~
- ~~2. The agency has a procedure to communicate and collaborate with a client's behavioral health professional to monitor and evaluate interactions between the client's opioid agonist treatment medication and medications used to treat the client's mental disorder.~~

~~D. A program sponsor shall ensure that a policy and procedure is developed, implemented, and complied with for the treatment of female clients, to include:~~

- ~~1. A requirement that staff members be educated in the unique needs of female clients;~~
- ~~2. A requirement that each female client be informed about or referred to a same sex support group at the agency or in the community; and~~
- ~~3. A requirement that breast feeding be encouraged during comprehensive maintenance treatment unless medically contraindicated.~~

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- ~~E.~~ A program sponsor shall ensure that a policy and procedure is developed, implemented, and complied with for the treatment of pregnant clients, to include:
- ~~1. A requirement that priority be given to pregnant individuals seeking opioid treatment;~~
 - ~~2. A requirement that the reasons for a pregnant individual's denial of admission to an agency be documented;~~
 - ~~3. A requirement that a pregnant client be offered prenatal care either at the agency or through referral to a medical practitioner;~~
 - ~~4. A requirement that the agency establish a written agreement with a medical practitioner who is providing prenatal care to a pregnant client, to include a procedure for exchanging opioid treatment and prenatal care information in accordance with R9-20-211(A)(3);~~
 - ~~5. A requirement that a staff member educate a pregnant client who does not obtain prenatal care services on prenatal care;~~
 - ~~6. A requirement that a staff member obtain a written refusal of prenatal care services from a pregnant client who refuses prenatal care services offered by the agency or a referral for prenatal care;~~
 - ~~7. A requirement that a pregnant client receiving comprehensive maintenance treatment before pregnancy be maintained at the pre-pregnancy dose of opioid agonist medication, if effective, and that the dosage requirements of R9-20-1005 be applied;~~
 - ~~8. A requirement that dosage requirements in R9-20-1005 be followed for a pregnant client's initial and subsequent doses of opioid agonist treatment medication;~~
 - ~~9. A requirement that a pregnant client be monitored by an agency medical practitioner to determine if pregnancy induced changes in the elimination or metabolism of opioid agonist treatment medication may necessitate an increased or split dose;~~
 - ~~10. A requirement that withdrawal treatment not be initiated before 14 weeks or after 32 weeks of gestation and that a pregnant client receiving withdrawal treatment be referred to a medical practitioner for supervision of withdrawal that includes fetal assessments; and~~
 - ~~11. A requirement that a pregnant client discharged from the agency be referred to a medical practitioner and that a staff member document the name, address, and telephone number of the medical practitioner in the client record.~~
- ~~F.~~ A program sponsor shall ensure that, if a client is placed in jail, the agency:
- ~~1. Makes efforts to obtain approval from the criminal justice system for the continued treatment of the client by the agency while the client is in jail;~~
 - ~~2. If approval is obtained according to subsection (F)(1), the agency continues to treat the client while the client is in jail; and~~
 - ~~3. If approval is not obtained according to subsection (F)(1), the agency's attempts to obtain approval are documented in the client's record.~~

R9-20-1011. Preparedness Planning Repealed

- ~~A.~~ A program sponsor shall ensure that:
- ~~1. The program sponsor has a written agreement with at least one other agency for the provision of opioid agonist treatment medication to agency clients in the event that the agency is unable to provide services;~~
 - ~~2. An agency has 24-hour telephone answering service; and~~
 - ~~3. A list of all clients and the clients' dosage requirements is available and accessible to agency on-call staff members.~~
- ~~B.~~ A program sponsor shall ensure that a written plan is developed and implemented for continuity of client services if the agency is voluntarily or involuntarily closed and:
- ~~1. Includes steps for the orderly transfer of clients to other agencies, individuals, or entities that provide opioid treatment;~~
 - ~~2. Includes procedures for securing, maintaining, and transferring client records according to federal and state law; and~~
 - ~~3. Is reviewed and updated, as appropriate, at least once every 12 months.~~

R9-20-1012. Client Records Repealed

~~A program sponsor shall ensure that client records are maintained in compliance with R9-20-211 and that each client record includes:~~

- ~~1. The results of the physical examination conducted according to R9-20-1003(C);~~
- ~~2. The results of the assessment conducted according to R9-20-1004;~~
- ~~3. The results of laboratory tests and a description of any action taken based upon the results;~~
- ~~4. Documentation of the client's current dose and dosage history;~~
- ~~5. Documentation of counseling provided to the client;~~
- ~~6. Dates and results of meetings or conferences regarding the client's treatment;~~
- ~~7. Documentation of the process used and factors considered in making decisions that impact a client's treatment, such as whether to allow take-home medication and the frequency of laboratory drug detection tests; and~~
- ~~8. Documentation of the agency's efforts to learn of multiple opioid treatment program enrollment.~~

R9-20-1013. Community Relations Repealed

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- ~~A. A program sponsor shall ensure that policies and procedures are developed, implemented, and complied with to educate the community about opioid treatment and to promote understanding in the surrounding community and include:~~
 - ~~1. A mechanism for eliciting input from the community about the agency's impact on the community;~~
 - ~~2. A requirement that the program sponsor or designee interface with community leaders to foster positive relations;~~
 - ~~3. A requirement that the program sponsor or designee establish a liaison with community representatives to share information about the agency;~~
 - ~~4. A requirement that the agency have information on substance abuse and related health and social issues available to the public;~~
 - ~~5. A mechanism for addressing and resolving community concerns about opioid treatment or the agency's presence in the community; and~~
 - ~~6. A mechanism that addresses getting approval for continued treatment in treatment or care facilities and jails.~~
- ~~B. A program sponsor shall ensure that community relations efforts are documented and are evaluated at least once every 12 months.~~

R9-20-1014. Diversion Control Repealed

A program sponsor shall ensure that a written plan is developed, implemented, and complied with to prevent diversion of opioid agonist treatment medication from its intended purpose to illicit use and that the written plan includes:

- ~~1. Policies for how a staff member who diverts medication is held accountable for diverting the medication;~~
- ~~2. A requirement that treatment and administrative activities be continuously monitored to reduce the risk of diversion; and~~
- ~~3. A procedure for stopping identified diversion and for preventing future diversion.~~

ARTICLE 11. MISDEMEANOR DOMESTIC VIOLENCE OFFENDER TREATMENT REPEALED

R9-20-1101. Misdemeanor Domestic Violence Offender Treatment Standards Repealed

- ~~A. A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that:~~
 - ~~1. The agency's program description includes, in addition to the items listed in R9-20-201(A)(2), the agency's method for providing misdemeanor domestic violence offender treatment;~~
 - ~~2. The agency's method for providing misdemeanor domestic violence offender treatment:~~
 - ~~a. Is professionally recognized treatment for which supportive research results have been published within the five years before the date of application for an initial or renewal license;~~
 - ~~b. Does not disproportionately or exclusively include one or more of the following:~~
 - ~~i. Anger or stress management;~~
 - ~~ii. Conflict resolution;~~
 - ~~iii. Family counseling; or~~
 - ~~iv. Education or information about domestic violence;~~
 - ~~c. Emphasizes personal responsibility;~~
 - ~~d. Identifies domestic violence as a means of asserting power and control over another individual;~~
 - ~~e. Does not require the participation of a victim of domestic violence;~~
 - ~~f. Includes individual counseling, group counseling, or a combination of individual counseling and group counseling according to the requirements in R9-20-302; and~~
 - ~~g. Does not include more than 15 clients in group counseling;~~
 - ~~3. Misdemeanor domestic violence offender treatment is not provided at a location where a victim of domestic violence is sheltered; and~~
 - ~~4. Misdemeanor domestic violence offender treatment for a client is scheduled to be completed within not less than four months and not more than 12 months after the client is admitted into misdemeanor domestic violence offender treatment.~~
- ~~B. A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that policies and procedures are developed, implemented, and complied with that:~~
 - ~~1. Require a client to complete misdemeanor domestic violence offender treatment not less than four months or more than 12 months after the date the client begins misdemeanor domestic violence offender treatment, unless the agency extends the time for completion of the misdemeanor domestic violence offender treatment;~~
 - ~~2. Establish criteria the agency considers when determining whether to extend the time for a client's completion of misdemeanor domestic violence offender treatment, such as an occurrence of one of the following during the 12 months after the date the client is admitted to misdemeanor domestic violence offender treatment:~~
 - ~~a. A client serving jail time;~~
 - ~~b. Illness of a client or a family member of the client;~~
 - ~~c. Death of a family member; and~~
 - ~~d. The court requiring the client to complete more than 52 sessions of misdemeanor domestic violence offender treatment.~~
- ~~C. Misdemeanor domestic violence offender treatment shall include, at a minimum, the following number of sessions, to be~~

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~~completed after the applicable offense for which the client was required to complete misdemeanor domestic violence offender treatment:~~

- ~~1. For a first offense, 26 sessions;~~
- ~~2. For a second offense, 36 sessions; and~~
- ~~3. For a third offense or any subsequent offense, 52 sessions.~~

~~D. The duration of a session in subsection (C) shall be:~~

- ~~1. For an individual session, not less than 45 minutes and not longer than 60 minutes; and~~
- ~~2. For a group session, not less than 90 minutes and not longer than 180 minutes.~~

~~E. A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that, for each referring court, a policy and procedure is developed, implemented, and complied with for providing misdemeanor domestic violence offender treatment that:~~

- ~~1. Establishes:~~
 - ~~a. The process for a client to begin and complete misdemeanor domestic violence offender treatment;~~
 - ~~b. The timeline for a client to begin misdemeanor domestic violence offender treatment;~~
 - ~~c. The time line for a client to complete misdemeanor domestic violence offender treatment, which shall not exceed 12 months; and~~
 - ~~d. Criteria for a client's successful completion of misdemeanor domestic violence offender treatment, including attendance, conduct, and participation requirements;~~
- ~~2. Requires the licensee that provides misdemeanor domestic violence offender treatment to notify a client at the time of admission of the consequences to the client, imposed by the referring court or the licensee, if the client fails to successfully complete misdemeanor domestic violence offender treatment;~~
- ~~3. Requires the licensee to notify the referring court or the entity that referred the client to the agency on behalf of the court, in writing, within a timeline established with the referring court or the entity that referred the client to the agency on behalf of the court, when any of the following occur:~~
 - ~~a. The licensee determines that a client referred by the referring court has not reported for admission to the misdemeanor domestic violence offender treatment program;~~
 - ~~b. The licensee determines that a client referred by the referring court is ineligible or inappropriate for the agency's misdemeanor domestic violence offender treatment program;~~
 - ~~c. A client is admitted to the agency's misdemeanor domestic violence offender treatment program;~~
 - ~~d. A client is voluntarily or involuntarily discharged from the agency's misdemeanor domestic violence offender treatment program;~~
 - ~~e. A client fails to comply with misdemeanor domestic violence offender treatment; or~~
 - ~~f. A client completes misdemeanor domestic violence offender treatment;~~
- ~~4. Is reviewed by the referring court or the entity that refers clients to the agency on behalf of the court before the agency provides misdemeanor domestic violence offender treatment;~~
- ~~5. Requires that the review required in subsection (E)(4) be documented, to include:~~
 - ~~a. The date of the review;~~
 - ~~b. The name and title of the individual performing the review for the referring court; and~~
 - ~~c. Changes to the policy and procedure requested by the referring court, if applicable;~~
- ~~6. Requires the licensee to contact the referring court or entity that referred a client to the agency on behalf of the court at least once every 12 months after the date the licensee begins to provide misdemeanor domestic violence offender treatment to determine whether the referring court has made any changes in its procedures or requirements that necessitate changes to the licensee's policy and procedure;~~
- ~~7. Is reviewed and revised as necessary by the licensee at least once every 12 months; and~~
- ~~8. Is maintained at the agency.~~

~~F. A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that misdemeanor domestic violence offender treatment is provided by a staff member who:~~

- ~~1. Is either:~~
 - ~~a. A behavioral health professional, or~~
 - ~~b. A behavioral health technician with at least an associate's degree;~~
- ~~2. Satisfies one of the following:~~
 - ~~a. Has at least six months of full-time work experience with domestic violence offenders or other criminal offenders; or~~
 - ~~b. Is visually observed and directed by a staff member with at least six months of full-time work experience with domestic violence offenders or other criminal offenders; and~~
- ~~3. Has completed at least 40 hours of education or training in one or more of the following areas within the four years before the date the individual begins providing misdemeanor domestic violence offender treatment:~~
 - ~~a. Domestic violence offender treatment;~~
 - ~~b. The dynamics and impact of domestic violence and violent relationships; or~~

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- e. Methods to determine an individual's potential to harm the individual or another.
- ~~G.~~ A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that:
 - 1. In addition to meeting the training requirements in R9-20-206(B), a staff member completes at least eight hours of training, every 12 months after the staff member's starting date of employment or contract service, in one or more of the areas listed in subsection (F)(3); and
 - 2. Training required in this Section is documented according to R9-20-206(B)(4).
- ~~H.~~ A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that a staff member completes an assessment of each client that, in addition to the requirements of R9-20-209, includes:
 - 1. Requesting the following information:
 - a. The case number or identification number assigned by the referring court;
 - b. Whether the client has any past or current orders for protection or no-contact orders issued by a court;
 - c. The client's history of domestic violence or family disturbances, including incidents that did not result in arrest;
 - d. The details of the misdemeanor domestic violence offense that led to the client's referral for misdemeanor domestic violence offender treatment; and
 - 2. Determining the client's potential to harm the client or another.
- ~~I.~~ A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that a client who has completed misdemeanor domestic violence offender treatment receives a certificate of completion that includes:
 - 1. The case number or identification number assigned by the referring court or, if the agency has made three documented attempts to obtain the case number or identification number without success, the client's date of birth;
 - 2. The client's name;
 - 3. The date of completion of misdemeanor domestic violence offender treatment;
 - 4. The name, address, and telephone number of the agency providing misdemeanor domestic violence offender treatment; and
 - 5. The signature of an individual authorized to sign on behalf of the licensee.
- ~~J.~~ A licensee of an agency that provides misdemeanor domestic violence offender treatment shall:
 - 1. Provide the original of a client's certificate of completion to the referring court according to the timeline established in the licensee's policy and procedure;
 - 2. Provide a copy of the client's certificate of completion to the client, and
 - 3. Maintain a copy of the client's certificate of completion in the client record.

ARTICLE 12. ~~LEVEL 4 TRANSITIONAL AGENCY~~ REPEALED

R9-20-1201. ~~Definitions~~ Repealed

The following definitions apply in this Article unless otherwise specified:

- 1. "Client profile" means documentation of a client's individual information and goals.
- 2. "Substance abuse program" means a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous or a peer support group.
- 3. "Supportive intervention" means interaction between a client and a Level 4 transitional staff member to assist the client in addressing a behavioral health issue, a crisis situation, or another behavioral health need.

R9-20-1202. ~~Standards for a Level 4 Transitional Agency~~ Repealed

- ~~A.~~ A licensee of a Level 4 transitional agency shall:
 - 1. Ensure that the licensee complies with this Article and applicable federal, state, and local law;
 - 2. Ensure that a record, report, or document required to be maintained by this Article or applicable federal, state, or local law is provided to the Department as soon as possible upon request and no later than:
 - a. Two hours after the time of a request for a client currently receiving behavioral health services at the agency, or
 - b. Three working days after the time of a request for a client discharged from the agency;
 - 3. Adopt and maintain a current program description that:
 - a. Meets the requirements in R9-20-201(A)(2), and
 - b. Identifies whether the Level 4 transitional agency provides a substance abuse program at the facility;
 - 4. Develop, implement, and comply with policies for a client's use and occupancy of the Level 4 transitional agency that:
 - a. Ensure the security of a client's possessions that are allowed on the premises;
 - b. Address smoking and use of tobacco products on the premises;
 - c. Address requirements regarding pets or animals on the premises;
 - d. Ensure the safety of clients;
 - e. Establish requirements regarding clients, staff members, and other individuals entering and exiting the premises;
 - f. Establish guidelines for meeting the needs of an individual residing at an agency with a client, such as a child accompanying a parent in treatment, if applicable;
 - g. Establish the process for responding to a client's need for immediate and unscheduled behavioral health services or medical emergency;

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- h. Establish criteria for determining when a client's absence is unauthorized including whether the client:
 - i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
 - ii. Is absent against medical advice; or
 - iii. Is under the age of 18; and
 - i. Address how the agency will respond to a client's sudden, intense, or out-of-control behavior to prevent harm to the client or another individual.
5. Designate a manager who:
- a. Is at least 21 years old;
 - b. Has one of the following:
 - i. A bachelor's degree and at least one year of full-time behavioral health work experience or part-time behavioral health work experience equivalent to one year of full-time behavioral health work experience;
 - ii. An associate's degree and at least two years of full-time behavioral health work experience or part-time behavioral health work experience equivalent to two years of full-time behavioral health work experience; or
 - iii. A high school diploma or a high school equivalency diploma and at least four years of full-time behavioral health work experience or part-time behavioral health work experience equivalent to four years of full-time behavioral health work experience; and
 - e. Has access to all areas of the premises;
6. Ensure that a manager designates in writing a Level 4 transitional staff member who:
- a. Is not a client who is receiving services from the program for which the client is a staff member;
 - b. Is required to be present at the Level 4 transitional agency and in charge of operations when the manager is not present and clients are on the premises; and
 - e. Has access to all areas of the premises;
7. Ensure that at the time of admission, a client receives written notice of all fees that the client is required to pay and of the Level 4 transitional agency's refund policy;
8. Notify a client at least 30 days before changing a fee that the client is required to pay by:
- a. Conspicuously posting a notice of the fee change in the facility; or
 - b. Providing written notification to each client;
9. Develop, implement, and comply with a grievance policy and procedure that includes the steps and timeline for responding to and resolving client grievances;
10. Conspicuously post the following information in the Level 4 transitional agency:
- a. A list of the client rights in subsection (B);
 - b. The grievance policy and procedure;
 - c. The policies for a client's use and occupancy of the Level 4 transitional agency;
 - d. The current telephone number and address for:
 - i. The OBHL;
 - ii. The Arizona Department of Economic Security Office of Adult Protective Services or Office of Child Protective Services, as applicable;
 - iii. 911 or another local emergency response team; and
 - iv. A poison control center; and
 - e. The days, times, and locations in the facility for accepting visitors and making telephone calls; and
11. Ensure that the requirements for required reports in R9-20-202 are met.
- B.** A licensee shall ensure that a client is afforded the following rights:
- 1. To be treated with dignity, respect, and consideration;
 - 2. To receive services at the Level 4 transitional agency without discrimination based upon race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, legal status, or method of payment;
 - 3. To submit grievances without restraint or retaliation and have grievances considered in a fair, timely, and impartial manner;
 - 4. To have information and records kept confidential;
 - 5. To have privacy in correspondence, communication, visitation, and financial affairs;
 - 6. To review the client's own record;
 - 7. To be informed at the time of admission of all fees that the client is required to pay and to receive at least 30-day's notice before a change in a fee that the client is required to pay;
 - 8. To be free from abuse and exploitation; and
 - 9. To associate with individuals of the client's choice, receive visitors, and make telephone calls during the hours established by the licensee and posted according to subsection (A)(10)(e).
- C.** A licensee of a Level 4 transitional agency shall ensure that:
- 1. A manager or Level 4 transitional staff member:
 - a. Is at least 21 years old;

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- b. ~~Has current documented successful completion of first-aid and CPR training specific to adults that included a demonstration of the individual's ability to perform CPR;~~
- e. ~~Has skills and knowledge in providing a supportive intervention; and~~
- d. ~~At the starting date of employment and every 12 months after the starting date of employment, submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:~~
 - i. ~~A report of a negative Mantoux skin test administered within six months before submitting the report; or~~
 - ii. ~~If the individual has had a positive skin test for tuberculosis, a written statement from a medical practitioner, dated within six months before submitting the statement, indicating freedom from infectious pulmonary tuberculosis;~~
- 2. ~~There are a sufficient number of Level 4 transitional staff members to meet the requirements of this Article;~~
- 3. ~~At least the manager or one Level 4 transitional staff member is present on the premises when a client is at the facility;~~
- 4. ~~The agency has a daily staffing schedule that:~~
 - a. ~~Indicates the date, scheduled work hours, and name of each Level 4 transitional staff member assigned to work;~~
 - b. ~~Includes documentation of the Level 4 transitional staff members who work each day and the hours worked by each; and~~
 - e. ~~Is maintained on the premises or at the administrative office for at least 12 months after the last date on the documentation; and~~
- 5. ~~For the manager and each Level 4 transitional staff member, a record is maintained that:~~
 - a. ~~Includes documentation of the manager's or staff member's compliance with the requirements in this Section, and~~
 - b. ~~Is maintained on the premises or at the administrative office throughout the manager's or Level 4 transitional staff member's period of employment and for at least two years after the manager's or Level 4 transitional staff member's last date of employment.~~
- D.** ~~A licensee shall ensure that:~~
 - 1. ~~An individual is admitted into and served by the Level 4 transitional agency based upon:~~
 - a. ~~The individual's presenting issue and needs, consistent with the services that the Level 4 transitional agency is authorized and able to provide;~~
 - b. ~~The agency's criteria for admission contained in the agency's program description required in subsection (A)(3); and~~
 - e. ~~The applicable requirements in federal and state law and this Chapter;~~
 - 2. ~~An individual admitted to or served by the Level 4 transitional agency:~~
 - a. ~~Is not a danger to self or a danger to others; and~~
 - b. ~~Does not require behavioral health services, medical services, or ancillary services that the agency is not authorized or able to provide;~~
 - 3. ~~If a client or other individual does not meet the criteria in subsection (D)(1) or (2), the client or other individual is provided with a referral to another agency or entity; and~~
 - 4. ~~Before a client is admitted to a Level 4 transitional agency, the client signs and dates a general consent form.~~
- E.** ~~A licensee shall ensure that within five days after the date of a client's admission, a written client profile is completed that includes:~~
 - 1. ~~The client's name and date of birth;~~
 - 2. ~~The name and telephone number of:~~
 - a. ~~An individual to contact in case of an emergency;~~
 - b. ~~The client's parent, guardian, custodian, or agent, if applicable;~~
 - e. ~~The individual who coordinates the client's behavioral health services or ancillary services, if applicable; and~~
 - d. ~~The client's probation or parole officer, if applicable;~~
 - 3. ~~The client's reason for seeking admission to the Level 4 transitional agency;~~
 - 4. ~~The client's history of behavioral health issues and treatment;~~
 - 5. ~~A list of medication the client is currently taking;~~
 - 6. ~~The client's medical service needs, including allergies;~~
 - 7. ~~The client's substance abuse history and current pattern of substance use;~~
 - 8. ~~Whether the client has a physical or other disability;~~
 - 9. ~~The client's past and current involvement in the criminal justice system;~~
 - 10. ~~The client's goal or desired outcome while living at the Level 4 transitional agency;~~
 - 11. ~~The client's intended method of achieving the client's goals while living in the Level 4 transitional agency; and~~
 - 12. ~~The client's signature and date signed.~~
- F.** ~~A licensee may provide a client with a locked area or locked container in which to secure the client's medication if the client:~~
 - 1. ~~Is independent in self-administering medication and does not require any of the following:~~
 - a. ~~A reminder to take medication;~~

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- b. Assurance that the client is taking medication as directed by the client's medical practitioner, or
 - e. Assistance opening a medication container; and
 - 2. Has access to the client's medication at all times.
- G.** A licensee shall develop, implement, and comply with policies and procedures for storing a client's medication that include:
- 1. For a client who does not meet the requirements in R9-20-1202(F), compliance with R9-20-408;
 - 2. For a client who meets the requirements in R9-20-1202(F):
 - a. Providing the client with an individual locked storage area that is not accessible to other clients; or
 - b. Storing the medication in a central locked area or container that:
 - i. Is accessible only to a staff member at the agency;
 - ii. Complies with the medication manufacturer's recommendations; and
 - iii. While unlocked, is not left unattended by a staff member;
 - 3. If medication is stored in a central locked area or container according to subsection (G)(2)(b):
 - a. Storing medication for other than oral administration separately from medication for oral administration;
 - b. Ensuring that a client takes only medication prescribed for the client and that medication is taken as directed;
 - c. Storing the medication in an original labeled container that, for prescription medication, indicates:
 - i. The client's name;
 - ii. The name of the medication, the dosage, and directions for taking the medication;
 - iii. The name of the medical practitioner prescribing the medication; and
 - iv. The date that the medication was prescribed;
 - d. Maintaining an inventory of each medication stored; and
 - e. Inspecting the central locked storage area at least once every three months to ensure compliance with this Section, and documenting of the inspection, to include:
 - i. The name of the staff member conducting the inspection;
 - ii. The date of the inspection;
 - iii. The area or areas inspected;
 - iv. Whether medication is stored according to the requirements in this Section;
 - v. Whether medication is disposed of according to the requirements in this Section; and
 - vi. Any action taken to ensure compliance with the requirements in this Section;
 - 4. If a client requests, assisting the client in obtaining medication;
 - 5. How long the agency keeps medication after a client leaves the agency; and
 - 6. Disposal of medication:
 - a. When required by (G)(5);
 - b. If, at the time of an inspection in subsection (G)(3)(e):
 - i. The medication has expired, according to the date on the medication container label;
 - ii. The label on the medication container is missing or illegible; or
 - iii. Disposal is required by state or federal law or the agency's policy and procedure; and
 - e. That is documented, to include:
 - i. The date of the disposal;
 - ii. The method of disposal, and
 - iii. The name, signature, and professional credential or job title of the staff members disposing of the medication and the date signed.
- H.** A licensee shall ensure that a client record is maintained that:
- 1. Meets the requirements of R9-20-211(A); and
 - 2. Contains:
 - a. Documentation of the client's receipt of a list of the client rights in subsection (B);
 - b. The general consent form signed by the client as required in subsection (D)(4);
 - e. The client profile required in subsection (E);
 - d. The dates the client was admitted to and, if applicable, discharged from the Level 4 transitional agency; and
 - e. Documentation of any telephone, written, or face-to-face contacts that relate to the client's health, safety, or welfare.
- I.** A licensee shall ensure that a facility used as a Level 4 transitional agency:
- 1. Complies with:
 - a. The fire safety requirements of the local jurisdiction;
 - b. R9-20-406, and
 - e. R9-20-214;
 - 2. Contains a working telephone;
 - 3. Contains a common area that is not used as a sleeping area and a dining area that is not used as a sleeping area;
 - 4. Has a bathroom that contains:

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- a. ~~For every six clients, at least one working toilet that flushes and has a seat and one sink with running water;~~
 - b. ~~For every eight clients, at least one working bathtub or shower, with a slip resistant surface;~~
 - c. ~~Lighting;~~
 - d. ~~Hot and cold running water; and~~
 - e. ~~An openable window or other means of ventilation;~~
 - 5. ~~Has a separate, lockable storage space for each client's personal belongings; and~~
 - 6. ~~Has bedrooms that are constructed and furnished to provide unimpeded access to the door and that each provide at least two means of exit in an emergency.~~
- J.** A licensee shall ensure that:
- 1. If an agency uses a time out, the agency complies with R9-20-215; and
 - 2. If an agency uses an emergency safety response, the agency complies with R9-20-216.

ARTICLE 13. SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE REPEALED

R9-20-1301. Standards for a Shelter for Victims of Domestic Violence Repealed

- A.** A licensee of a shelter for victims of domestic violence shall comply with:
- 1. ~~R9-20-1201;~~
 - 2. ~~R9-20-1202(A) through (G) except for R9-20-1202(A)(4)(i);~~
 - 3. ~~R9-20-1202(H)(2) through (H)(6);~~
 - 4. ~~R9-20-214;~~
 - 5. ~~R9-20-405 (A) and (B);~~
 - 6. ~~R9-20-406 (A) and (B); and~~
 - 7. The applicable requirements in A.R.S. Title 36, Chapter 30, including requirements for:
 - a. ~~Fingerprinting of personnel according to A.R.S. § 36-3008; and~~
 - b. ~~Ensuring, according to A.R.S. § 36-3009, that the location of a shelter for victims of domestic violence is not disclosed.~~
- B.** A licensee of a shelter for victims of domestic violence shall ensure that:
- 1. ~~The licensee's facility meets the fire safety requirements of the local jurisdiction;~~
 - 2. ~~The licensee documents that the facility meets the fire safety requirements of the local jurisdiction;~~
 - 3. ~~If the licensee is licensed for four or more beds, the licensee's facility has, on or before July 1, 2005, an automatic sprinkler that complies with R9-20-406(C)(3)(b) or a fire alarm system, installed according to NFPA 72: National Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:~~
 - a. ~~A manual pull fire alarm system,~~
 - b. ~~Automatic occupancy notification,~~
 - c. ~~A smoke or fire detection system, and~~
 - d. ~~Notification of a local emergency response team; and~~
 - 4. ~~If, before July 1, 2005, a licensee's facility does not have an automatic sprinkler or fire alarm system described in subsection (B)(3), a fire drill for staff members and clients on the premises is:~~
 - a. ~~Conducted at least once every month on each shift, and~~
 - b. ~~Documented at the agency.~~
- C.** A licensee of a domestic violence shelter shall develop, implement, and comply with policies and procedures for storing a client's medication that include:
- 1. ~~For a client who does not meet the requirements in R9-20-1202(F), compliance with R9-20-408;~~
 - 2. ~~For a client who meets the requirements in R9-20-1202(F):~~
 - a. ~~Providing the client with an individual locked storage area that is not accessible to other clients; or~~
 - b. ~~Storing the medication in a central locked area or container that:~~
 - i. ~~Is accessible only to a staff member at the agency;~~
 - ii. ~~Complies with the medication manufacturer's recommendations; and~~
 - iii. ~~While unlocked, is not left unattended by a staff member;~~
 - 3. ~~If medication is stored in a central locked area or container according to subsection (C)(2)(b):~~
 - a. ~~Storing medication for other than oral administration separately from medication for oral administration;~~
 - b. ~~Ensuring that a client takes only medication prescribed for the client and that medication is taken as directed;~~
 - c. ~~Storing the medication in an original labeled container that, for prescription medication, indicates:~~
 - i. ~~The client's name;~~
 - ii. ~~The name of the medication, the dosage, and directions for taking the medication;~~
 - iii. ~~The name of the medical practitioner prescribing the medication; and~~
 - iv. ~~The date that the medication was prescribed;~~
 - d. ~~Maintaining an inventory of each medication stored;~~
 - e. ~~Inspecting the central locked storage area at least once every three months to ensure compliance with this Section, and documenting of the inspection, to include:~~

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- i. The name of the staff member conducting the inspection;
 - ii. The date of the inspection;
 - iii. The area or areas inspected;
 - iv. Whether medication is stored according to the requirements in this Section;
 - v. Whether medication is disposed of according to the requirements in this Section; and
 - vi. Any action taken to ensure compliance with the requirements in this Section;
4. If a client requests, assisting the client in obtaining medication;
5. How long the agency keeps medication after a client leaves the agency; and
6. Disposal of medication:
- a. When required by (C)(5);
 - b. If, at the time of an inspection in subsection (C)(3)(e):
 - i. The medication has expired, according to the date on the medication container label;
 - ii. The label on the medication container is missing or illegible; or
 - iii. Disposal is required by state or federal law or the agency's policy and procedure;
 - e. That is documented, to include:
 - i. The date of the disposal;
 - ii. The method of disposal; and
 - iii. The name, signature, and professional credential or job title of the staff members disposing of the medication and the date signed;
- D.** A licensee of a domestic violence shelter shall ensure that:
- 1. If an agency uses a time out, the agency complies with R9-20-215; and
 - 2. If an agency use an emergency safety response, the agency complies with R9-20-216.

ARTICLE 14. RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY REPEALED

R9-20-1401. Standards for a Rural Substance Abuse Transitional Agency Repealed

- A.** A licensee of a rural substance abuse transitional agency shall comply with the requirements for a Level 4 transitional agency in Article 12.
- B.** A licensee of a rural substance abuse transitional agency shall ensure that staffing is provided as follows:
- 1. A written memorandum of understanding is established, implemented, and complied with to ensure that immediate contact with a licensed hospital is available to ensure the need for a higher or more acute level of care is determined and transportation is obtained;
 - 2. A behavioral health professional with specific training or expertise in the diagnosis of substance abuse conditions is present at the agency or on-call at all times; and
 - 3. A Level 4 transitional staff member is present and awake at the agency at all times who:
 - a. Has current documented successful completion of first-aid and CPR training specific to the populations served by the agency, such as children or adults, that included a demonstration of the staff member's ability to perform CPR;
 - b. Has documented training and skills and knowledge in providing a supportive intervention and in recognizing and responding to the medical conditions and complications associated with substance abuse; and
 - e. Is an emergency medical technician.
- C.** A licensee shall ensure that:
- 1. A rural substance abuse transitional agency:
 - a. Is open at all times;
 - b. Develops, implements and complies with criteria to determine when emergency transportation is needed; and
 - e. Provides an individual with a written referral to an agency or entity that can provide the behavioral health services or medical services that the individual needs and that the rural substance abuse transitional agency is not authorized or able to provide;
 - 2. Within 24 hours after a client's admission to the rural substance abuse transitional agency, a Level 4 transitional agency staff member:
 - a. Collects and documents information on the client's medical, social, and substance abuse status and history;
 - b. Consults with an agency registered nurse or behavioral health professional to determine whether the client has a substance abuse problem and, if so, the behavioral health services that will be provided to the client for the period of time that the client is expected to remain at the rural substance abuse transitional agency;
 - e. Develops a written description of the specific behavioral health services that will be provided to the client to meet the client's needs for the period of time that the client is at the agency; and
 - d. Provides a client with an assessment completed by a medical practitioner, registered nurse, or emergency medical technician within 24 hours after the client's admission; and
 - 3. A client receives continuous supervision, supportive intervention, and periodic monitoring of the client's vital signs to ensure the client's health, safety, and welfare.

ARTICLE 15. ~~ADULT THERAPEUTIC FOSTER HOME~~ REPEALED

R9-20-1501. ~~Management~~ Repealed

A. ~~A licensee or manager of an adult therapeutic foster home is responsible for the organization and management of the adult therapeutic foster home and shall ensure compliance with:~~

- ~~1. This Article;~~
- ~~2. Article 1 of this Chapter;~~
- ~~3. Applicable federal, state, and local law;~~
- ~~4. R9-20-201(A)(2)(a) through (e);~~
- ~~5. R9-20-201(A)(2)(e) through (l);~~
- ~~6. R9-20-201(A)(2)(n)(iii);~~
- ~~7. R9-20-201(A)(3);~~
- ~~8. R9-20-202;~~
- ~~9. R9-20-203;~~
- ~~10. R9-20-205(B) and (C);~~
- ~~11. R9-20-208(B);~~
- ~~12. R9-20-210;~~
- ~~13. R9-20-211(A) and (B);~~
- ~~14. R9-20-212;~~
- ~~15. R9-20-214(A)(1) through (5);~~
- ~~16. R9-20-214(A)(7) through (9);~~
- ~~17. R9-20-214(C);~~
- ~~18. R9-20-214(D)(1) and (2);~~
- ~~19. R9-20-214(D)(3)(a), (b), (e), (d), (f), and (g);~~
- ~~20. R9-20-214(E) through (I);~~
- ~~21. R9-20-215;~~
- ~~22. R9-20-216;~~
- ~~23. R9-20-401(A)(3);~~
- ~~24. R9-20-403(A) through (C);~~
- ~~25. R9-20-403(D)(1) through (2);~~
- ~~26. R9-20-403(D)(3)(a) through (d), (f), and (g);~~
- ~~27. R9-20-403(D)(4);~~
- ~~28. R9-20-403(D)(6) through (D)(13);~~
- ~~29. R9-20-405;~~
- ~~30. R9-20-406;~~
- ~~31. If the adult therapeutic foster home is authorized to provide assistance in the self-administration of medication, R9-20-408; and~~
- ~~32. R9-20-1202(D) through (F).~~

B. ~~A licensee or manager of an adult therapeutic foster home shall have in place and comply with written policies and procedures for:~~

- ~~1. Ensuring the health, safety, and welfare of a client on the premises or participating in an agency-sponsored activity off the premises;~~
- ~~2. Maintaining client records and information;~~
- ~~3. Protecting the confidentiality of client records and information;~~
- ~~4. Reporting and investigating incidents listed in R9-20-202(A);~~
- ~~5. Ensuring the security of possessions that a client brings to the adult therapeutic foster home;~~
- ~~6. Smoking on the premises;~~
- ~~7. Ensuring communication and coordination, consistent with the release of information requirements in R9-20-211(A)(3), with:~~
 - ~~a. A client's family member, guardian, custodian, designated representative, or agent;~~
 - ~~b. The individual who coordinates the client's behavioral health services or ancillary services, if applicable; and~~
 - ~~e. Other entities or individuals from whom the client may receive treatment, medical services, or other services;~~
- ~~8. Responding to a client's medical emergency or immediate need for unscheduled behavioral health services;~~
- ~~9. Responding to a client's threat of imminent serious physical harm or death to a clearly identified or identifiable individual; and~~
- ~~10. Addressing how the agency will respond to a client's sudden, intense, or out of control behavior to prevent harm to the client or another individual.~~

C. ~~A licensee or manager of an adult therapeutic foster home shall ensure that the following documents are maintained at the adult therapeutic foster home:~~

- ~~1. The policies and procedures required in subsection (B);~~

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2. Documentation of fire drills as required in R9-20-214(H);
 3. Incident reports as required in R9-20-202, and
 4. A copy of each client's current assessment and treatment plan.
- D.** A licensee or manager of an adult therapeutic foster home shall ensure that the Department is allowed immediate access to:
1. The adult therapeutic foster home;
 2. A client living in the adult therapeutic foster home, and
 3. A document required by this Article.
- E.** A licensee or manager of an adult therapeutic foster home shall assist a client with following a regional behavioral health authority's grievance and appeal process to resolve a client's grievance.
- F.** A licensee or manager of an adult therapeutic foster home shall ensure that:
1. A toxic or other hazardous material on the premises other than one of the following is stored by the licensee in a labeled container in a locked area other than a food preparation or storage area, a dining area, or a medication storage area:
 - a. Medical supplies needed for a client, such as oxygen, as provided in R9-20-214(A)(7);
 - b. Hand soap;
 - c. Dish soap;
 - d. Laundry detergent; or
 - e. Window cleaner.
 2. In addition to the other requirements in this Chapter, a bathroom contains:
 - a. Paper towels;
 - b. A mechanical air hand dryer, or
 - c. An individual cloth hand towel for each client.

R9-20-1502. Licensee Qualifications and Requirements Repealed

- A.** A licensee or manager of an adult therapeutic foster home shall:
1. Be at least 21 years old;
 2. Have the authority and responsibility to operate the adult therapeutic foster home according to the requirements in this Article;
 3. Have the behavioral health skills and knowledge necessary to meet the unique needs of a client living at the adult therapeutic foster home, including skills and knowledge in:
 - a. Protecting the client rights listed in R9-20-203;
 - b. Providing the behavioral health services that the adult therapeutic foster home is authorized to provide and the licensee is qualified to provide;
 - c. Protecting and maintaining the confidentiality of client records and information according to R9-20-211(A) and (B);
 - d. Recognizing and respecting cultural differences;
 - e. Recognizing, preventing, or responding to a situation in which a client:
 - i. May be a danger to self or a danger to others;
 - ii. Behaves in an aggressive or destructive manner;
 - iii. May be experiencing a crisis situation; or
 - iv. May be experiencing a medical emergency;
 - f. Reading and implementing a client's treatment plan; and
 - g. Recognizing and responding to a fire, disaster, hazard, or medical emergency;
 4. Have the behavioral health skills and knowledge required in subsection (A)(3) verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4);
 5. Have current documented successful completion of first aid and CPR training specific to adults that included a demonstration of the licensee's ability to perform CPR;
 6. Demonstrate freedom from infectious pulmonary tuberculosis, as required in R9-20-204(H)(2);
 7. Complete at least 24 hours of training every twelve months in the topics listed in subsection (A)(3); and
 8. Receive at least four hours a month of guidance in developing or improving skills and knowledge in providing behavioral health services according to R9-20-205(B) and (C).
- B.** A licensee or manager shall ensure that a personnel record is maintained at the adult therapeutic foster home that contains documentation of the licensee's compliance with subsection (A).

R9-20-1503. Supervision Repealed

- A.** A licensee or manager of an adult therapeutic foster home shall ensure that a client receives the supervision necessary to:
1. Meet the requirements of this Article;
 2. Ensure the health, safety, and welfare of the client at the adult therapeutic foster home and on an agency-sponsored activity off the premises; and

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3. Meet the client's scheduled and unscheduled needs.

B. A licensee or manager of an adult therapeutic foster home shall ensure that a client receives:

1. General client supervision; and
2. Observation, assistance, or supervision in activities to maintain health, safety, personal care or hygiene, or independence in home making activities.

R9-20-1504. Admission Repealed

A licensee or manager of an adult therapeutic foster home shall ensure that, at the time of admission to the adult therapeutic foster home, a client:

1. Gives general consent to admission according to R9-20-208(E)(1);
2. Is provided the information required in R9-20-208(G), and
3. Demonstrates freedom from infectious pulmonary tuberculosis as required in R9-20-401(A)(3).

R9-20-1505. Assessment and Treatment Plan Repealed

A licensee or manager of an adult therapeutic foster home shall:

1. Only admit a client who has assessment information and a treatment plan that meets the requirements in R9-20-209, and
2. Maintain at the agency a copy of a client's current assessment information and treatment plan.

R9-20-1506. Client Records Repealed

A licensee or manager of an adult therapeutic foster home shall ensure that a client record:

1. Is maintained according to R9-20-211(A);
2. Contains:
 - a. The client's name and date of birth;
 - b. The name and telephone number of:
 - i. An individual to notify in case of an emergency;
 - ii. The client's medical practitioner;
 - iii. The individual who coordinates the client's behavioral health services or ancillary services; and
 - iv. The client's parent, guardian, designated representative, custodian, or agent, if applicable;
 - e. The date the client was admitted to the adult therapeutic foster home;
 - d. The client's general consent to admission, as required in R9-20-1504(1);
 - e. Documentation of receipt of the information required in R9-20-1504(2);
 - f. The client's assessment and any updates to the assessment;
 - g. The client's treatment plan and any updates to the treatment plan;
 - h. Documentation that the client is free from infectious pulmonary tuberculosis, as required in R9-20-1504(3); and
 - i. The date of the client's discharge and the name of the individual or entity to whom the client was discharged, if applicable.

R9-20-1507. Environmental Standards Repealed

A. A licensee or manager of an adult therapeutic foster home shall ensure that the premises have:

1. A working telephone that allows a client to make a private telephone call;
2. At least one working toilet that flushes and one sink with running water;
3. At least one working bathtub or shower, with a slip resistant surface; and
4. An individual storage space, capable of being locked, for use by each client.

B. A licensee or manager of an adult therapeutic foster home shall ensure that a client's sleeping area is in a bedroom that:

1. Meets one of the following:
 - a. Is a private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - b. Is a shared bedroom that:
 - i. Is shared by no more than four individuals;
 - ii. Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - iii. Provides at least three feet of space between beds;
2. Contains a door that opens into a corridor, common area, or the outside;
3. Is constructed and furnished to provide unimpeded access to the door;
4. Contains the following for each client:
 - a. Individual storage space, such as a dresser or chest;
 - b. A closet, wardrobe, or equivalent space for hanging clothes;
 - e. A bed that:
 - i. Consists of at least a mattress and frame;
 - ii. Is in good repair, clean, and free of odors and stains; and
 - iii. Is at least 36 inches wide and 72 inches long; and

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- d. ~~A pillow and linens that are clean, free of odors, and in good repair and that provide sufficient warmth to meet the needs of the client; and~~
- 5. ~~Contains:~~
 - a. ~~Lighting sufficient for a client to read;~~
 - b. ~~To provide safe egress in an emergency, a working door to the outside or an openable window to the outside that is no higher than 20 feet above grade and that:~~
 - i. ~~Meets the fire safety requirements of the local jurisdiction;~~
 - ii. ~~Has no dimension less than 20 inches, has an area of at least 720 square inches, and has a window sill that is no more than 44 inches off the floor; or~~
 - iii. ~~Is large enough, accessible to a client, and within the capability of the client to egress in an emergency; and~~
 - e. ~~Adjustable window or door covers that provide client privacy.~~
- C.** ~~A licensee or manager of an adult therapeutic foster home shall ensure that:~~
 - 1. ~~The supply of hot water is sufficient to meet:~~
 - a. ~~Each client's daily personal hygiene needs; and~~
 - b. ~~The laundry, cleaning, and sanitation requirements in this Article;~~
 - 2. ~~One of the following is available to ensure that client clothing can be cleaned:~~
 - a. ~~A working washing machine and dryer on the premises;~~
 - b. ~~An agency provided process for cleaning clothing; or~~
 - e. ~~An agency provided process for transporting a client to a building with washing machines and dryers that a client can use; and~~
 - 3. ~~Soiled linen and clothing stored by the licensee are in covered containers or closed plastic bags away from a food preparation or storage area or a dining area.~~
- D.** ~~A licensee or manager shall ensure that if a client's bedroom is capable of being locked from the inside, the licensee has a key that allows access to the bedroom at all times.~~

R9-20-1508. Food Services Repealed

~~A licensee or sponsor shall ensure that:~~

- 1. ~~The meals and snacks served meet a client's nutritional needs based upon the client's age and health;~~
- 2. ~~The meals and snacks served include a variety of foods from each food group in the Food Guide Pyramid, incorporated by reference in R9-20-301(C)(1);~~
- 3. ~~At least a one-day supply of perishable food and at least a three-day supply of non-perishable food are maintained on the premises;~~
- 4. ~~If a client needs a therapeutic diet, the requirements in R9-20-407(B)(10) are met; and~~
- 5. ~~Food is obtained, prepared, served, and stored according to R9-20-407(C).~~