NOTICES OF PROPOSED RULEMAKING

Unless exempted by A.R.S. § 41-1005, each agency shall begin the rulemaking process by first submitting to the Secretary of State’s Office a Notice of Rulemaking Docket Opening followed by a Notice of Proposed Rulemaking that contains the preamble and the full text of the rules. The Secretary of State’s Office publishes each Notice in the next available issue of the Register according to the schedule of deadlines for Register publication. Under the Administrative Procedure Act (A.R.S. § 41-1001 et seq.), an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the Register before beginning any proceedings for making, amending, or repealing any rule. (A.R.S. §§ 41-1013 and 41-1022)

NOTICE OF PROPOSED RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 48. ARIZONA UNIFORM PLUMBING CODE COMMISSION

PREAMBLE

1. Sections Affected
   Rulemaking Action
   R4-48-101     Amend
   R4-48-103     Amend
   Table A       Amend
   R4-48-106     Amend
   R4-48-107     Amend
   R4-48-109     Amend
   R4-48-112     Amend
   Illustration A New Illustration
   R4-48-114     Amend
   Table A       Amend
   R4-48-122     Amend
   R4-48-129     Amend
   R4-48-130     New Section
   R4-48-131     New Section
   R4-48-132     New Section
   R4-48-133     New Section
   R4-48-134     New Section
   R4-48-135     New Section
   R4-48-136     New Section
   R4-48-137     New Section
   R4-48-138     New Section
   R4-48-139     New Section
   R4-48-140     New Section
   R4-48-141     New Section
   R4-48-142     New Section
   R4-48-143     New Section
   R4-48-144     New Section
   R4-48-145     New Section
   R4-48-146     New Section
   R4-48-147     New Section
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
   
   - Authorizing statute: A.R.S. § 41-619
   - Implementing statute: A.R.S. § 41-619

3. **A list of all previous notices appearing in the Register addressing the proposed rules:**
   
   Notice of Rulemaking Docket Opening: 8 A.A.R. 3935, September 13, 2002

4. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
   
   - Name: Brian Townsend, Chairperson
   - Address: Arizona Uniform Plumbing Code Commission
c/o Arizona Registrar of Contractors
800 W. Washington, 6th Floor
Phoenix, AZ 85007

   - Telephone: (602) 542-1525, ext. 7652
   - Fax: (602) 542-7852

5. **An explanation of the rules, including the agency’s reasons for initiating the rules:**
   
   Over the past three years, the Arizona Uniform Plumbing Code Commission has adopted and amended the International Association of Plumbing and Mechanical Officials’ (IAPMO) 1994 Uniform Plumbing Code (UPC), including its appendices and installation standards, as the state plumbing code.

   On March 20, 2001, the Commission came together to produce a timeline and code amendment submittal guidelines for the public to submit amendments to the Arizona Uniform Plumbing Code (AUPC). The timeline and guidelines were distributed to potential proponents with a deadline for submittal of June 1, 2001. On July 9th and 10th, 2001 the Commission met to review 15 submittals, of the 15, 11 of the submittals were approved, some with modifications.

   This proposed rulemaking is in preparation to submit those amendments for final rulemaking.

6. **A reference to any study relevant to the rule that the agency reviewed and either proposes to rely on in its evaluation of or justification for the rule or proposes not to 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

7. **A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:**
   
   The Arizona State Plumbing Code was initially adopted from a 1994 edition of the IAPMO Uniform Plumbing Code. Since this code’s initial inception by International Association of Plumbing & Mechanical Officials in 1994, there has been much progress in new products and procedures in the plumbing field to date. In order to keep up with that progress, the Commission is submitting various amendments within each of the above-mentioned sections.

8. **The summary of the economic, small business, and consumer impact:**
   
   Although the Commission has proposed 15 changes to the AUPC, few of them have an economic impact on Arizona’s consumers, businesses, small businesses, public and private employment, state revenues, administrative authorities, or political subdivisions. The following, by Section, are the reasons why they have little or no economic impacts:

   **R4-48-103. Chapter 3, General Provisions, Section 316.1.5:**
   
   - **Impacted parties:** Cost impact would largely be limited to contractors where installation time could be reduced slightly because of using only one chemical solvent instead of two for making a joint.

   - **Probable impacts on employment:** None.
   - **Probable impacts on state revenue:** None.
   - **Probable impacts on small business:** See “impacted parties”.
   - **Probable impacts on state revenue:** None.
   - **Probable impacts on political subdivisions of the state:** None.
• **Summary:** In general there would be no cost impact in order to implement a technology that is more user-friendly and better for the environment.

R4-48-109. Chapter 9, Vents. Section 909.0, Special Vents:

To permit the continued use of this product by adopting this amendment would add no cost to the construction of buildings in Southern Arizona. If this amendment is not adopted, the costs would increase for buildings in Southern Arizona. The cost to use traditional venting methods instead of air admittance valves in a typical dwelling would add approximately $192 to $321 to every house according to Pat O’Neil with Studor Inc. based on published information.

• Parties affected include the public home buyers, licensed plumbers and owner-builders.
• Probable impact on employment is favorable, preventing layoff of plumbers and tradesmen.
• Probable impact on small business is favorable, preventing increased costs for licensed plumbers.
• Probable impact on state revenue is favorable, increasing tax revenues because of increased housing starts.
• Impact on political subdivision revenue is favorable because tax revenues will increase with increased housing starts.
• The air admittance valves are less intrusive and less costly.

**Summary of the economic benefits:** This is one way of decreasing the costs of building an affordable home, improving the economic climate in the entire state.

R4-48-112. Chapter 12, Fuel Piping. Section 1211.3:

To permit the continued use of this practice, by adopting this amendment would add no cost to the construction of buildings in Southern Arizona. If this amendment is not adopted, the practice would forbid gas fixtures in island locations for buildings in Southern Arizona.

• Parties affected include the public home buyers, licensed plumbers, and owner-builders.
• Probable impact on employment is an increase statewide.
• Probable impact on small business is increasing revenues by providing an option.
• Probable impact on state revenue is increased tax revenues because of increased housing starts.
• Impact on political subdivision revenue is increased tax revenues because of increased housing starts.
• The air admittance valves are less intrusive and less costly.

**Summary of the economic benefits:** This is one way of providing for modern design methods for an affordable home, improving the economic climate in the entire state.

R4-48-145. Installation Standards, Section 301.1.2.3.2 Color; and Section 316.1.2 Procedures:

• **Impacted parties:** Cost impact would largely be limited to contractors if installation time could be reduced slightly because of using only one chemical solvent instead of two for making a joint.

• **Probable impacts on employment:** None.

• **Probable impacts on state revenue:** None.

• **Probable impacts on small business:** See “impacted parties”.

• **Probable impacts on state revenue:** None.

• **Probable impacts on political subdivisions of the state:** None.

• **Summary:** In general there would be no cost impact in order to implement a technology that is more user-friendly and better for the environment.
The following two groups of amendments were also accepted:

GROUP 1:
R4-48-103. Chapter 3, General Provisions, Table A, Materials and Types of Joints (Horizontal and Vertical);
R4-48-106. Chapter 6, Water Supply and Distribution, Section 604.1; and
R4-48-114. Chapter 14, Referenced Standards, Table A, Plumbing Material Standards:

Crosslinked Polyethylene-Aluminum-Crosslinked Polyethylene (PEX-AL-PEX) and Polyethylene-Aluminum-Polyethylene (PE-AL-PE) Composite Piping. Presumably consumers and businesses act in their own best interests and choose an available alternative, such as Crosslinked Polyethylene-Aluminum-Crosslinked Polyethylene (PEX-AL-PEX) and Polyethylene-Aluminum-Polyethylene (PE-AL-PE) Composite Piping, that best suits their individual purposes. Thus, as the range of alternatives available to consumers or businesses expands, they would presumably only choose 1 of the new alternatives because they deem it best suits their needs. Consequently, if the range of alternatives available to consumers and business increases, it cannot have a negative economic impact.

GROUP 2:
R4-48-122. Appendix D, Rainwater Systems, Section D 1 (a) Materials:

• Impacted Parties: Impacted parties are, generally, those paying the costs of construction whether that be private parties or government. Use of plastic drain waste vent (DWV) will, generally, lower construction costs.

• Probable impacts on employment: Impacts would be relatively small except that plastic pipe is made in Arizona and cast iron pipe is not. Some jobs might be created in the manufacturing sector and potentially within the installation sector.

• Probable impacts on small business: Plastic pipe manufacturers in Arizona and plumbing contractors would be classified as small businesses. Both potentially would benefit. No small businesses would be impacted negatively. Construction costs for small businesses could be lower.

• Probable impacts on state revenues: No impact would be foreseen.

• Probable impacts on political subdivisions of the state: No impact would be foreseen.

• Summary: In general cost impacts would be positive. Plastic DWV costs less than the alternatives and this would positively affect the overall costs of construction. Arizona companies make plastic pipe and would be able to sell more pipe in Arizona. There is a shortage of qualified plumbers in most of the nation, including Arizona. Being able to install more pipe with the same number of employees (plumbers) would be a direct benefit to contractors and others relying on building contracting by being able to move building along more quickly.

9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Name: Brian Townsend, Chairperson
Address: Arizona Uniform Plumbing Code Commission
c/o Arizona Registrar of Contractors
800 W. Washington, 6th Floor
Phoenix, AZ 85007
Telephone: (602) 542-1525, ext. 7652
Fax: (602) 542-7852

10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rules, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rules:

The Arizona Uniform Plumbing Code Commission meets at least once each year and at additional times on the call of the chairperson or a majority of its members. Oral comments will be accepted at these meetings until the close of record. Written comments will be accepted until the close of record at the location listed in item #4 from 8:30 a.m. to 5:00 p.m., Monday through Friday.

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

None
12. **Incorporations by reference and their location in the rules:**

Chlorinated Poly (Vinyl Chloride) (CPVC) Plastic Hot- and Cold-Water Distribution Systems, ASTM D 2846/D 2846M-99:

- R4-48-103. Chapter 3, General Provisions, page 13

Solvent Cements for Chlorinated Poly (Vinyl Chloride) (CPVC) Plastic Pipe and Fittings, ASTM F493-97:

- R4-48-103. Chapter 3, General Provisions, page 13

Air Admittance Valves for Plumbing Drainage Systems, ASSE Standard 1051:

- R4-48-109. Chapter 9, Referenced Standard, page 15

Crosslinked Polyethylene/Aluminum/Crosslinked Polyethylene (PEX-AL-PE) Pressure Pipe, ASTM F1281-02e1:

- R4-48-114. Chapter 14, Referenced Standards, page 18

Polyethylene/Aluminum/Polyethylene (PE-AL-PE) Composite Pressure Pipe, ASTM F 1282-02e1:

- R4-48-114. Chapter 14, Referenced Standards, page 18

Metal Insert Fittings for Polyethylene/Aluminum/Polyethylene and Crosslinked Polyethylene/Aluminum/Cross-linked Polyethylene Composite Pressure Pipe, ASTM F1974-01e1:

- R4-48-114. Chapter 14, Referenced Standards, page 18

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

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 48. ARIZONA UNIFORM PLUMBING CODE COMMISSION**

**ARTICLE 1. ARIZONA UNIFORM PLUMBING CODE**

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<th>Section</th>
<th>Description</th>
</tr>
</thead>
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<tr>
<td>R4-48-103</td>
<td>Chapter 3, General Provisions</td>
</tr>
<tr>
<td>R4-48-106</td>
<td>Table A. Materials and Types of Joints (Horizontal and Vertical)</td>
</tr>
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<td>R4-48-107</td>
<td>Chapter 6, Water Supply and Distribution</td>
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<tr>
<td>R4-48-108</td>
<td>Chapter 7, Sanitary Drainage</td>
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<tr>
<td>R4-48-109</td>
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<td>R4-48-114</td>
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<td>R4-48-129</td>
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<td>R4-48-130</td>
<td>Installation Standard for Tile-lined Roman Bathtubs</td>
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<td>R4-48-131</td>
<td>Installation Standard for Copper Plumbing Tube, Pipe, and Fittings</td>
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<tr>
<td>R4-48-132</td>
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<td>Installation Standard for ABS Building Drain, Waste, and Vent Pipe and Fittings</td>
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<td>R4-48-134</td>
<td>Installation Standard for Hubless Cast Iron Sanitary and Rainwater Systems</td>
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<tr>
<td>R4-48-135</td>
<td>Installation Standard for Polyethylene (PE) Cold Water Building Supply</td>
</tr>
<tr>
<td>R4-48-136</td>
<td>Installation Standard for PVC Cold Water Building Supply and Yard Piping</td>
</tr>
<tr>
<td>R4-48-137</td>
<td>Installation Standard for PVC Building Drain, Waste and Vent Pipe and Fittings</td>
</tr>
<tr>
<td>R4-48-138</td>
<td>Installation Standard for Poly (Vinyl Chloride) (PVC) Natural Gas Yard Piping</td>
</tr>
<tr>
<td>R4-48-139</td>
<td>Installation Standard for ABS Sewer Pipe and Fittings</td>
</tr>
<tr>
<td>R4-48-140</td>
<td>Installation Standard for Polyethylene (PE) for Gas Yard Piping</td>
</tr>
<tr>
<td>R4-48-141</td>
<td>Installation Standard for Protectively Coated Pipe</td>
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<tr>
<td>R4-48-142</td>
<td>Installation Standard for Asbestos Cement Pressure Pipe for Water Service and Yard Piping</td>
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<tr>
<td>R4-48-143</td>
<td>Installation Standard for Lower Pressure Air Test for Building Sewers</td>
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<td>R4-48-144</td>
<td>Installation Standard for Extra Strength Vitrified Clay Pipe in Building Drains</td>
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<tr>
<td>R4-48-145</td>
<td>Installation Standard for CPVC Solvent Cemented Hot and Cold Water Distribution Systems</td>
</tr>
</tbody>
</table>
ARTICLE 1. ARIZONA UNIFORM PLUMBING CODE

R4-48-101. Chapter 2, Definitions

A. The following definition applies in this Article: “Person” has the meaning set forth in A.R.S. § 1-215.

B. The Uniform Plumbing Code incorporated in R4-48-102(A) is modified as follows:

1. Sec. 202.0 Add a definition for “Air Admittance Valve which reads:
   “Air Admittance Valve means a one-way valve designed to allow air to enter the plumbing drainage system when negative pressure develops in the piping system.”

2. Sec. 202.0. Modify the definition of “Insanitary” by replacing numbered paragraphs (2) and (3) with the following:
   “(2) Any opening in a drainage system, except where lawful, which is not provided with an approved liquid sealed trap.
   (3) Any plumbing fixture or other waste discharging receptacle or device, which is not supplied with water sufficient to flush it and maintain it in a clean condition except those specifically designed to function without water.”


4. Sec. 202.0 Add the following definition:
   PEX-AL-PE – Crosslinked Polyethylene-Aluminum-Crosslinked Polyethylene

5. Sec. 202.0 Add the following definition:
   PEX-AL-PEX – Crosslinked Polyethylene-Aluminum-Crosslinked Polyethylene

R4-48-103. Chapter 3, General Provisions

A. No change

B. No change

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
8. No change
9. No change
10. No change
11. No change
12. No change
13. No change
14. No change
15. No change
16. No change
17. No change
18. No change
19. No change
20. No change
21. No change
22. No change
23. No change
24. No change
25. No change
26. No change
27. No change
28. No change
29. No change
30. No change

31. Add 3 new rows to Table 3-1. Refer to Table A – Materials and Types of Joints (Horizontal and Vertical):

32. Sec. 316.1.5 is modified to read:
   “Solvent Cement Plastic Pipe Joints. Plastic pipe and fittings designed to be joined by solvent cementing shall comply with appropriate IAPMO Installation Standards.
   ABS pipe and fittings shall be cleaned and then joined with listed solvent cement(s).
CPVC pipe and fittings shall be cleaned and joined with listed primer(s) and solvent cement(s).
Exception: Listed solvent cements that do not require the use of a primer shall be permitted for use with CPVC pipe and fittings 1/2" through 2" in diameter, manufactured in accordance with ASTM D 2846/D 2846M-99, which is incorporated by reference and published by American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959. This incorporation by reference does not include any later amendments or editions.
PVC pipe and fittings shall be cleaned and joined with listed primer(s) and solvent cement(s) conforming to ASTM F 493-97, which is incorporated by reference and published by American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959. This incorporation by reference does not include any later amendments or editions.

Table A. Materials and Types of Joints (Horizontal and Vertical)

<table>
<thead>
<tr>
<th>Materials</th>
<th>Type of Joints</th>
<th>Horizontal</th>
<th>Vertical</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEX</td>
<td>Mechanical</td>
<td>One inch (25.4 mm) and smaller,</td>
<td>Base and each floor. Provide mid-story guide.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Three feet (0.9 m), 1-1/4 inch (31.8 mm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and larger four feet (1.2 m).</td>
<td></td>
</tr>
<tr>
<td>PE-AL-PE</td>
<td>Mechanical</td>
<td>One inch (25.4 mm) and smaller,</td>
<td>Base and each floor. Provide mid-story guide.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>98 inches (2489 mm)</td>
<td></td>
</tr>
<tr>
<td>PEX-AL-PEX</td>
<td>Mechanical</td>
<td>One inch (25.4 mm) and smaller,</td>
<td>Base and each floor. Provide mid-story guide.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>98 inches (2489 mm)</td>
<td></td>
</tr>
</tbody>
</table>

R4-48-106. Chapter 6, Water Supply and Distribution
The Uniform Plumbing Code incorporated in R4-48-102(A) is modified as follows:
1. No change
2. No change
3. Sec. 604.1 is modified to read:
   “Water pipe and fittings shall be of brass, copper, cast iron, galvanized malleable iron, galvanized wrought iron, galvanized steel, or other approved materials. Asbestos-cement, CPVC, PE, PEX, PEX-AL-PEX, PE-AL-PE, or PVC water pipe manufactured to recognized standards may be used for cold water distribution systems outside a building. CPVC, PE, or PEX-AL-PEX water pipe and tubing may be used for hot and cold water distribution systems within a building. PE-AL-PE water pipe may be used for cold water distribution systems within a building. All materials used in the water supply system, except valves and similar devices shall be of a like material, except where otherwise approved by the Administrative Authority.”
4. No change
5. Sec. 604.12 is added to read:
   “Crosslinked Polyethylene-Aluminum-Crosslinked Polyethylene (PEX-AL-PEX) and Polyethylene-Aluminum-Polyethylene (PE-AL-PE) composite piping shall be marked with appropriate designation or designations consistent with the fitting system or systems for which the piping has been listed or approved. PEX-AL-PE and PE-AL-PE piping shall be installed with mechanical joints in compliance with the appropriate standards and the manufacturer’s instructions.”
6. No change
7. No change
8. No change

R4-48-107. Chapter 7, Sanitary Drainage
The Uniform Plumbing Code incorporated in R4-48-102(A) is modified as follows:
1. Section 701.1.2 is deleted.
2. No change
   (a) No change
   (b) No change
   (c) No change
3. No change
4. No change
5. No change
6. No change
7. No change
R4-48-109.  Chapter 9, Vents
This chapter has no modifications.
The Uniform Plumbing Code incorporated in R4-48-102(A) is modified as follows:

1. Sec. 903.1.2 is deleted.
2. Sec. 909.0 is modified to read:
   "Special Venting
   909.1 Air Admittance Valve
   909.1.1 Vent systems utilizing air admittance valves shall comply with this section. Individual and branch-type
   air admittance valves shall conform to ASSE Standard 1051, which is incorporated by this reference and
   published by the American Society of Sanitary Engineering for Plumbing and Sanitary Research, 28901
   Clemens Rd, Ste 100, Westlake, OH 44145. This incorporation by reference does not include any later
   amendments or editions. This device shall close by gravity and seal the vent terminal at zero differential
   pressure (no flow condition) and under positive internal pressure. The air admittance valve provides a
   method of allowing air to enter the plumbing drainage system without the use of a vent extending to the open
   air and prevents sewer gases from escaping into the building.
   909.1.2 The valves shall be installed in accordance with this section and the manufacturer’s installation instruc-
   tions. Air admittance valves shall be installed after the drain, waste, and vent testing required by Sections
   712.2 or 712.3 has been approved by the administrative authority.
   909.1.3 Individual and branch vents shall be permitted to terminate with a connection to the air admittance valve.
   The air admittance valve shall only be permitted to vent fixtures on the same floor, which connect to a build-
   ing drain.
   909.1.4 The air admittance valve shall be located at least 4 inches (102 mm) above the horizontal branch drain, or
   fixture drain being vented, within the maximum developed length permitted for the vent, and shall terminate
   at least 6 inches (152 mm) above insulation materials.
   909.1.5 The air admittance valve shall be accessible for the purpose of maintenance or replacement. The valve
   shall be located within a space that allows air to enter the valve.
   909.1.6 The air admittance valve shall be rated for the size of the vent to which it is connected.
   909.1.7 Within each plumbing system utilizing air admittance valves, a minimum of one vent stack shall extend
   outdoors to the atmosphere.
   909.1.8 Air admittance valves shall not be installed in special waste systems, as described in Chapter 8, nor in
   spaces used as supply or return air plenums.
   909.2 Island Fixtures
   Traps for island sinks and similar equipment shall be roughed in above the floor and may be vented by extending
   the vent as high as possible, but not less than the drainboard height and then returning it downward and connect-
   ing it to the horizontal sink drain immediately downstream from the vertical fixture drain. The return vent shall
   be connected to the horizontal drain through a wye-branch fitting and shall, in addition, be provided with a foot
   vent taken off the vertical fixture vent by means of a wye-branch immediately below the floor and extending to
   the nearest partition and then through the roof to the open air or may be connected to other vents at a point not
   less than 6 inches (152.4 mm) above the flood level rim of the fixtures served. Drainage fittings shall be used on
   all parts of the vent below the floor level and a minimum slope of 1/4 inch per foot (21 mm/m) back to the drain
   shall be maintained. The return bend used under the drainboard shall be a 1 piece fitting or an assembly of a 45
   degree, a ninety degree, and a 45 degree elbow in the order named. Pipe sizing shall be as elsewhere required in
   this Code."

R4-48-112.  Chapter 12, Fuel Piping
The Uniform Plumbing Code incorporated in R4-48-102(A) is modified as follows:

1. Sec. 1210.1 is modified to read: All pipe used for the installation, extension, alteration, or repair of any gas piping
   shall be standard weight wrought iron or steel (galvanized or black) or yellow brass (containing not more than 75 per-
   cent copper) or listed corrugated stainless steel tubing systems for interior use only. Approved PE pipe may be used in
   exterior buried piping systems. Exception: CSST piping installed outside a building shall be sleeved, or shall be
   installed with protection from mechanical damage equivalent of that required for CSST piping within the building.
   When installed underground CSST shall be sleeved and shall have a minimum burial depth of 18 inches (457.2 mm).
2. Sec. 1211.3 modify the exception to read:
   “Exception: when necessary due to structural conditions, approved type gas piping may be installed in other loca-
   tions, when permission has first been obtained from the administrative authority. Natural gas piping (L.P. gas piping
   excluded) may be installed under a slab in accordance with Illustration A when building conditions prevent above-
   slab installation.”
R4-48-114. Chapter 14, Referenced Standards

The Uniform Plumbing Code incorporated in R4-48-102(A) is modified as follows:

Table 14-1. Add standards in alphabetical order listed under appropriate sections. Refer to Table A - Plumbing Material Standards. These standards are incorporated by reference. This incorporation by reference does not include any later amendments or editions. Copies of the incorporated material are on file with the Arizona Uniform Plumbing Code Commission and the Office of the Secretary of State.

Add 3 new rows to Table A. Refer to Table A – Plumbing Material Standards.
Table A. Plumbing Material Standards

<table>
<thead>
<tr>
<th>Materials and Products</th>
<th>ANSI</th>
<th>ASTM</th>
<th>FS</th>
<th>IAPMO</th>
<th>Other Standards</th>
<th>Footnote Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONMETALLIC PIPE: Crosslinked Polyethylene-Aluminum-Copper Cold Expansion Fitting</td>
<td>F1807-97</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Crosslinked Polyethylene-Aluminum-Copper Cold Expansion Fitting (PEX-AL-PEX)</td>
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<td>Crosslinked Polyethylene-Aluminum-Copper Cold Expansion Fitting (PEX-AL-PEX)</td>
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<td>Cold Expansion Fitting with PEX reinforcing ring for use with SDR-9 Cross-Linked Polyethylene (PEX Tubing).</td>
<td>F1960-99</td>
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Note: * published by the American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959.

R4-48-122. Appendix D, Rainwater Systems
The Uniform Plumbing Code incorporated in R4-48-102(A) is modified as follows:
1. Appendix D 1 (a) is modified to read:
   “Rainwater piping placed within the interior of a building or run within a vent or shaft shall be of cast iron, galvanized steel, wrought iron, brass, copper, lead, Schedule 40 ABS DWV, Schedule 40 PVC DWV, or other approved materials, and changes in direction shall conform to the requirements of Section 706.0.”
2. No change
3. No change
   (a) No change
   (b) No change
   (c) No change

R4-48-129. Installation Standards
Installation Standard for Non-metallic Building Sewers
This installation standard has no modifications.

R4-48-130. Installation Standard for Tile-lined Roman Bathtubs
This installation standard has no modifications.

R4-48-131. Installation Standard for Copper Plumbing Tube, Pipe, and Fittings
This installation standard has no modifications.

R4-48-132. Installation Standard for Tile-lined Shower Receptors (and Replacements)
This installation standard has no modifications.

R4-48-133. Installation Standard for ABS Building Drain, Waste, and Vent Pipe and Fittings
This installation standard has no modifications.
R4-48-134. Installation Standard for Hubless Cast Iron Sanitary and Rainwater Systems
This installation standard has no modifications.

R4-48-135. Installation Standard for Polyethylene (PE) Cold Water Building Supply
This installation standard has no modifications.

R4-48-136. Installation Standard for PVC Cold Water Building Supply and Yard Piping
This installation standard has no modifications.

R4-48-137. Installation Standard for PVC Building Drain, Waste and Vent Pipe and Fittings
This installation standard has no modifications.

R4-48-138. Installation Standard for Poly (Vinyl Chloride) (PVC) Natural Gas Yard Piping
This installation standard has no modifications.

R4-48-139. Installation Standard for ABS Sewer Pipe and Fittings
This installation standard has no modifications.

R4-48-140. Installation Standard for Polyethylene (PE) for Gas Yard Piping
This installation standard has no modifications.

R4-48-141. Installation Standard for Protectively Coated Pipe
This installation standard has no modifications.

R4-48-142. Installation Standard for Asbestos Cement Pressure Pipe for Water Service and Yard Piping
This installation standard has no modifications.

R4-48-143. Installation Standard for Lower Pressure Air Test for Building Sewers
This installation standard has no modifications.

R4-48-144. Installation Standard for Extra Strength Vitrified Clay Pipe in Building Drains
This installation standard has no modifications.

R4-48-145. Installation Standard for CPVC Solvent Cemented Hot and Cold Water Distribution Systems
The Uniform Plumbing Code incorporated in R4-48-102(A) is modified as follows:

1. IS 20-93, Sec. 301.1.2.3.2 Color, is modified to read:
   “Color. Solvent cements requiring the use of a primer, shall be colored orange. Solvent cements that do not require
   the use of a primer shall be colored yellow.”

2. IS 20-93, Sec. 316.1.2 Procedures, steps 5 through 7 are modified to read:
   “Step 5. Apply CPVC primer (see Section 316.1.1.1) to inside of fitting socket. Take care to avoid puddling.
   Note: If listed, single-step cement is utilized, this step may be eliminated.
   Step 6. Apply CPVC primer to outside surface of pipe to depth of fitting socket.
   Note: If listed, single-step cement is utilized, this step may be eliminated.
   Step 7. Wait until primer surface is tacky. DO NOT attempt to soften (dissolve) the surface as is required for PVC.
   Note: If listed, single-step cement is utilized, this step may be eliminated.”

R4-48-146. Installation Standard for Welded Copper and Copper Allov Water Tube
This installation standard has no modifications.

R4-48-147. Installation Standard for PEX-AL-PEX and PE-AL-PE
The Uniform Plumbing Code incorporated in R4-48-102(A) is modified as follows:
Add a new installation standard for PEX-AL-PEX and PE-AL-PE:

COMPOSITE PEX-AL-PEX HOT AND PE-AL-PE COLD WATER-DISTRIBUTION SYSTEMS
This Standard shall govern the installation of composite piping in potable hot and cold water distribution systems within and
under buildings and shall apply only to PEX-AL-PEX and PE-AL-PE piping meeting the requirements of ASTM F 1281 and
ASTM F 1282. Installation, materials, and inspection should comply with the 1994 edition of the Uniform Plumbing Code as
modified by this Chapter, published by the International Association of Plumbing and Mechanical Officials, and shall also
comply with this standard and manufacturer’s installation recommendations.

NOTE: The following sections of the Uniform Plumbing Code shall apply to composite PEX-AL-PEX and PE-AL-PE
      piping.
301.0 Materials – Standards and Alternates
310.0 Workmanship
313.0 Protection of Piping, Materials, and Structures
314.0 Hangers and Supports
316.1.4 Flexible Compression Factory Fabricated Joints
316.2.3 Plastic Pipe to Other Materials
606.0 Joints and Connections
608.0 Water Pressure, Pressure Regulators, and Pressure Relief Valves
609.0 Installation, Unions, and Location
610.0 Size of Potable Water Piping

Note: The following clauses are the Installation Standard. Note that the Section numbers 301, 313, 314, 316, 606, 608, 609, and 610 relate to the sections of the UPC but the specific clause numbers of this Installation Standard are not intended to match the UPC.

Chapter 2 DEFINITIONS
ASTM American Society for Testing and Materials
IAPMO International Association of Plumbing and Mechanical Officials
PEX-AL-PEX Crosslinked Polyethylene-Aluminum-Crosslinked Polyethylene
PE-AL-PE Polyethylene-Aluminum-Polyethylene
UPC Uniform Plumbing Code as published by IAPMO

301.0 Materials – Standards and Alternates
301.1 Minimum Standards
301.1.1 Materials – Materials shall comply with the following requirements:

<table>
<thead>
<tr>
<th>Materials</th>
<th>ASTM Standard</th>
</tr>
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<tbody>
<tr>
<td>Crosslinked Polyethylene-Aluminum-Crosslinked Polyethylene (PEX-AL-PE)</td>
<td>F 1281-01a</td>
</tr>
<tr>
<td>Polyethylene-Aluminum-Polyethylene (PE-AL-PE)</td>
<td>F 1282-01a</td>
</tr>
<tr>
<td>Metal Insert Fittings for PEX-AL-PE and PE-AL-PE composite pipe</td>
<td>F 1974-00a</td>
</tr>
</tbody>
</table>

301.1.1.1 Piping – PEX-AL-PEX composite pipe shall comply with ASTM F 1281.
301.1.1.2 Fittings – Piping – PE-AL-PE composite pipe shall comply with ASTM F 1282.

Manufacturers of fittings shall recommend assembly procedures. Fittings are limited to the following types:
(a) Insert fittings or compression type fittings,
(b) Special listed fittings of other types - Connections to galvanized pipe or fittings shall be specifically designed for that purpose.

301.1.2 Markings
301.1.2.1 Piping – Composite piping shall be legibly marked at intervals of not more than 5 ft. (1.5m) with at least the following:
(a) Manufacturer’s name or trademark;
(b) ASTM F 1281(PEX-AL-PEX) or F 1282(PE-AL-PE);
(c) Piping size;
(d) Material type – PEX-AL-PEX or PE-AL-PE;
(e) Pressure ratings at 125 psi (862 kPa) at 180°F (82°C) (PEX-AL-PEX)* or, 200psi (1380 kPa) at 73°F (23°C) (PE-AL-PE)*;
(f) Mark of an acceptable certification agency;
(g) Manufacturer’s date and material code.

* The elevated temperature and pressure ratings for PEX-AL-PEX and PE-AL-PE in accordance with ASTM F1281 and ASTM F1282 are:

<table>
<thead>
<tr>
<th>Piping Type</th>
<th>Pressure Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEX-AL-PEX (orange colored)</td>
<td>200 psi at 73°F, 125 psi at 180°F</td>
</tr>
<tr>
<td>PE-AL-PE (blue colored)</td>
<td>200 psi at 73°F, 160 psi at 140°F</td>
</tr>
</tbody>
</table>

301.1.2.2 Fittings – Fittings shall be marked with at least the following:
(a) Manufacturer’s name or trademark or other acceptable markings; and
(b) Fittings shall be labeled with the mark of an acceptable certification agency.
(c) If size permits, ASTM F1974.

301.1.2.3 Position of Markings – When practical, markings shall be visible for inspection. Markings shall be visible prior to installation.

313.0 Protection of Piping, Materials, and Structures
313.1 Abrasion – Piping passing through metallic studs, joists, or hollow masonry walls shall be protected from abrasion or sharp edges by elastomeric or plastic sleeves, grommets, conical shaped punch holes or other approved means.
313.2 Puncture – Steel plate protection, minimum 18 gauge, shall be installed when the piping is within 1” (25 mm) of the nailing surface.

313.3 Exposed Piping
313.3.1 General – Where exposed piping may be subjected to mechanical damage it must be protected.
313.4 Freezing – In areas where the system must be drained to protect the system from freezing, horizontal lines shall be graded to drain.
313.5 Storage – Piping shall be stored in a way to protect the system from mechanical damage (slitting, puncturing, etc.). Piping should be stored undercover to keep it clean and avoid long term exposure to sunlight. Consult piping manufacturer for recommended limits for outside storage.

313.6 Thermal Expansion
313.6.1 General – The linear expansion rate for PEX-AL-PEX and PE-AL-PE is 1.56 in. (39.6 mm) per 100 ft. (30m) of tube per 100° F (55° C) change in temperature. No accommodation for thermal expansion is required.
313.6.2 Clearance – Bored holes and sleeves shall provide adequate clearance between the piping and structure to allow for free longitudinal movement.

314.0 Hangers and Supports
314.1 Vertical Piping – Vertical piping shall be supported at every floor. Piping shall have a mid-story guide.
314.2 Horizontal Piping – Horizontal piping shall be supported according to the following Table A.

### Table A. Support Spacing

<table>
<thead>
<tr>
<th>Nominal Diameter</th>
<th>Spacing</th>
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<tbody>
<tr>
<td>1/2&quot;, 3/4&quot;, and 1”</td>
<td>8 ft. 2 in. (2489 mm)</td>
</tr>
</tbody>
</table>

314.3 Hangers and Anchors – Piping shall not be anchored rigidly to a support; but shall be secured with hangers or straps that provide for a degree of movement and that prevent damage to the piping. Do not use hangers or straps with sharp or abrasive edges. Do not use hangers that pinch the piping.

314.4 Inspection and Testing
A. Inspection – All piping shall be properly seated on to the fitting per the manufacturer instructions. Buckled, gouged or obviously damaged pipe shall not be used. Consult manufacturer recommendations for repair procedures.
B. Testing – Upon completion of a section or of the entire hot and cold water supply system it shall be tested and proved tight under a water pressure or air test not less than the working pressure under which it is to be used. The water used for tests shall be obtained from a potable source. The system shall withstand the test without leaking for a period of not less than fifteen (15) minutes.

316.0 Joints and Connections
316.1 Joints and Connections
316.1.1 Procedure – Piping should be cut with a pipe cutter designed specifically for composite pipe. Piping shall be cut square, i.e. perpendicular to the length. If other cutting methods are used care must be taken to remove any excess material, flashing, or burrs.
316.1.2 Tools – The manufacturer’s recommend fitting tool shall be used with the composite insert fitting systems. For specific procedures, follow the manufacturer’s recommendations.
316.2 Special Joints
316.2.1 Fittings – Transitions for composite piping to metal piping or valves shall be made only with transition fittings intended for that purpose.

606.0 Joints and Connections
606.1 Joints – Joints shall not be allowed in piping installed in or under a concrete slab resting on grade unless for repair within a building structure. All repair joints shall be properly protected with a heat shrink sleeve. All slab penetrations shall be sleeved.

608.0 Water Pressure, Pressure Regulators, and Pressure Relief Valves
608.1 PEX–AL-PEX Piping – PEX-AL-PEX piping used for temperature and/or pressure relief valve drain lines shall be graded to the outlet end and shall be supported at a maximum of 8 ft. 2 in. (2489 mm) interval horizontally. Vertical piping shall be supported at every floor. Vertical piping shall have a mid-story guide.

609.0 Installation, Unions, and Location
609.1 Bends – Piping shall be installed by bending the composite pipe by hand to a minimum radius of 5 times the nominal pipe diameter. External bend supports or sleeves are not required as the composite piping is rigid after bending.
609.2 Damage – Kinked, buckled, gouged, or other obvious damaged piping shall not be used.
609.3 Finish Nipples – Finish nipples shall be connected to drop ear fittings to prevent rotation. Finish nipples shall not be PEX.
609.4 Hose Bibs – The piping directly connected to any hose bib shall be so anchored that the load on the hose bib will not strain the composite piping.
609.5 Heated Joints – An open flame shall not be applied to PEX-AL-PEX or PE-AL-PE piping when brazing, soldering, or welding joints.
609.6 Working Pressure and Temperature – Long term working pressures for the PEX-AL-PEX shall not exceed a maximum of 115 psi (793 kPa) and the long term working temperature shall not exceed 210°F (99°C). Long term working pressures for the PE-AL-PE shall not exceed a maximum of 160 psi (1103.2 kPa) and the long term working temperature shall not exceed 140°F (60°C).
609.7 Exposure to Sunlight – Only UV stabilized composite piping can be subjected to direct sunlight after installation and can be installed on the surface of the building. Kitec pipe contains an ultraviolet (UV) inhibitor to withstand limited exposure to UV light. Manufacturer recommends placing the unused portion of a Kitec coil back in the product’s box rather than storing in the sunlight while not in use.
609.8 Water Heater Connections – PEX-AL-PEX or PE-AL-PE piping shall not be installed within the first eighteen inches (18) (457 mm) of piping connected to a water heater.
609.10 Water Hammer Arrestors – A composite hot water system will withstand repeated pressure surges, well in excess of its rated pressure. The Arizona Uniform Plumbing Code requires a means of attenuating water hammer. Consequently water hammer arrestors may be advisable when solenoid valves or other quick closing devices are used in the system. In designing for such situations, it is advisable to consult the pipe or fittings manufacturer for recommended surge pressure limits. Water hammer and surge pressure calculations are reviewed in Chapter 7, AWWA Manual M-11.

610.1 Size of Potable Water Piping
610.1.1 Method – Piping shall be sized in accordance with a Arizona Uniform Plumbing Code Section 610.0.

When a Arizona Uniform Plumbing Code Appendix A is applicable, use Table B.
Add equivalent lengths from Table C when determining developed length.
Maximum velocities through PEX-AL-PEX and PE-AL-PE copper alloy fittings shall be limited to 8 feet per second (fps) (2.4 mps) in cold water and 5 feet per second (fps) (1.52 mps) in hot water.
Table B. Head Loss vs. Flow Rate

<table>
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<tr>
<th>Flow Rate U.S. GPM</th>
<th>1/2&quot;</th>
<th>3/4&quot;</th>
<th>1&quot;</th>
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<td>Head Loss Psi/c.ft.</td>
<td>Velocity Ft/s</td>
<td>Head Loss Psi/c.ft.</td>
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<td>0.02</td>
<td>0.2</td>
<td>0.002</td>
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NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

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

PREAMBLE

1. Sections Affected

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Table C. Developed Length

<table>
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<tr>
<th>Sizes, Inches</th>
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<td>Adapters</td>
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<td>Elbows</td>
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Arizona Administrative Register

Notices of Proposed Rulemaking

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 Repeal
R9-10-916 New Section
R9-10-917 Repeal
R9-10-917 New Section
R9-10-918 New Section
R9-10-919 New Section

2. **The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
   
   Authorizing statutes: A.R.S. §§ 36-132(A) and 36-136(F)
   
   Implementing statutes: A.R.S. §§ 36-405 and 36-406

3. **A list of all previous notices appearing in the Register addressing the proposed rule:**
   
   Notice of Rulemaking Docket Opening: 8 A.A.R. 3582, August 16, 2002

4. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
   
   Name: Judy Sgrillo, Program Manager
   
   Address: Division of Assurance and Licensure Services
   
   1647 E. Morten, Suite 130
   
   Phoenix, AZ 85020
   
   Telephone: (602) 674-9705
   
   Fax: (602) 395-8910
   
   E-mail: jsgrill@hs.state.az.us
   
   or
   
   Name: Kathleen Phillips, Rules Administrator
   
   Address: Office of Administrative Rules
   
   1740 W. Adams, Suite 102
   
   Phoenix, AZ 85007
   
   Telephone: (602) 542-1264
   
   Fax: (602) 364-1150
   
   E-mail: kphilli@hs.state.az.us

5. **An explanation of the rule, including the agency’s reasons for initiating the rule:**
   
   A.R.S. § 36-136(F) provides the general statutory authority for the Department of Health Services (Department) to make and amend rules. A.R.S. § 36-405(A) requires the Director of the Department to adopt rules establishing minimum standards and requirements for the construction, modification and licensure of health care institutions necessary to assure the public health, safety and welfare. It further requires that the standards and requirements relate to the construction, equipment, sanitation, staffing for medical, nursing, and personal care services, and recordkeeping pertaining to the administration of medical, nursing, and personal care services in accordance with generally accepted practices of health care. A.R.S. § 36-405(B) allows the Department to, by rule, classify and subclassify health care institutions according to character, size, and range of services provided. A.R.S. § 36-425.02 requires the Department to issue a quality rating to each nursing care institution based on the results of a licensure survey, or inspection. The proposed rules replace and update current nursing care institution rules by setting forth the Department’s requirements for application requirements, contracted services, administration, staff and volunteers, nursing services, resident rights, admission, transfer or discharge, medical services, medication, food services, medical records, physical plant standards, environmental and equipment standards, safety standards, infection control, quality management, and quality rating.
There are currently 142 nursing care institutions in Arizona. The Department’s Office of Long Term Care Licensure, which licenses Arizona’s nursing care institutions, receives approximately 75% of its budget from the federal Centers for Medicare and Medicaid Services to inspect and certify nursing care institutions for Medicare. While all of Arizona’s nursing care institutions are licensed by the Department, 137 (or 96%) of the state licensed nursing care institutions meet federal Medicare requirements, are certified by the Department, and receive federal Medicare dollars. Both the current and the proposed rules are consistent with the federal Medicare requirements so that consumers, as well as applicable nursing care institutions, will benefit from consistent standards.

The proposed rules parallel many of the Medicare requirements for nursing care institutions. The proposed rules also incorporate recent changes in state statutes that impact nursing care institutions, reflect changes that have occurred in the delivery of services in nursing care institutions, restructure and clarify Arizona requirements for a nursing care institution’s quality rating, and conform to current rulemaking style and format requirements.

6. A reference to any study relevant to the rule that the agency reviewed and either proposes to rely on in its evaluation of or justification for the rule or proposes not to 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

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

Not applicable

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

There are currently 142 nursing care institutions in Arizona. While all of Arizona’s nursing care institutions are licensed by the Department, 137 (or 96%) of the state licensed nursing care institutions meet federal Medicare requirements and are certified by the Department to receive Medicare dollars. Implementing the proposed rules will impose one-time costs to the Department. The Department’s initial implementation costs include training surveyors and support staff, notifying providers of the new rules, offering training to providers and other stakeholders, and updating the Department’s database and forms to reflect the changes in the state licensure rules for nursing care institutions. The Department estimates that its one-time costs to implement the proposed rules will be moderate. The Department does not anticipate incurring ongoing annual costs resulting from changes in the proposed rules. Many of the proposed changes to the rules are current nursing care institution practice and thus the economic impact to a nursing care institution is minimal. The Department, under agreement with the U.S. Department of Health and Human Services, also inspects nursing care institutions for Medicare certification, investigates complaints as directed by Medicare, and receives federal dollars accordingly. Therefore, the Department benefits by rules that are consistent with Medicare requirements.

The rules should not benefit or cost a political subdivision.

Businesses that own or operate nursing care institutions could experience substantial cost savings as a result of the proposed rulemaking. Cost savings are realized by not requiring an assessment on residents who are hospitalized and readmitted to the nursing care institution unless the resident has had a significant change in condition; by allowing other medical practitioners such as physician assistants and nurse practitioners to perform medical histories and physical examinations; by allowing each resident’s unique health and nutritional needs to be considered in the provision of food services; by eliminating the minimum age requirement to perform direct care; by lengthening the time-frame for submitting pulmonary tuberculosis skin test results; and by reducing ambiguity in the quality rating.

Some businesses that own or operate nursing care institutions may experience minimal to moderate costs resulting from the new rule requiring that equipment be calibrated every 12 months or according to the manufacturer’s recommendations, and by requiring medical practitioners to perform a medical history and physical examination on a resident within 10 days rather than 14 days after the resident’s date of admission. Most nursing care institutions calibrate equipment on a regular basis or according to the manufacturer’s recommendations to ensure the accuracy of the equipment for health and safety. Additionally, most new admissions to a nursing care institution have already received a medical history and physical examination in the individual’s physician’s office, which may have precipitated the admission to the nursing care institution. If the medical history and physical examination was performed within 30 days before to admission, a new history and physical is not required. Additional costs resulting from the shorter time-frame for a resident’s medical history and physical examination may be offset by cost savings in appropriate resident care that a timely medical history and physical examination provides.

The proposed rules benefit private or public employment by allowing physician assistants and nurse practitioners to perform annual physical examinations that may benefit employment opportunities for physician assistants and nurse practitioners.
practitioners. In addition, repealing the statute requiring that personnel be at least 18 years of age provides additional employment opportunities for nursing assistants who have received certification by the State Board of Nursing before the age of 18. As of June 2002, there were 156 nursing assistant programs in Arizona approved by the State Board of Nursing.

The Department does not have precise data on the number of Arizona’s 142 licensed nursing care institutions that are small businesses as defined in A.R.S. § 41-1001. The Department estimates that the majority of Arizona’s nursing care institutions are not small businesses. The economic impact of the proposed rules is the same for a small business as it is for a large business and the Department does not differentiate between small businesses and large businesses from a health and safety standpoint.

The proposed rules benefit the consumers of nursing care institution services and their families. For those few nursing care institutions that are not Medicare certified, these rules will serve as a safety net for the community. The proposed rules provide similar, consistent, health and safety standards so there is a consistent enforcement mechanism for nursing care institutions that may not be Medicare certified.

The proposed rules should not benefit, cost, or otherwise impact state revenues.

The Department believes that conforming the state rules to the federal Medicare requirements to the extent possible, incorporating statutory changes, updating the rules to conform to industry practice, and restructuring the quality rating to reduce ambiguity and increase understandability, are the least intrusive and least costly methods of achieving the purpose of the proposed rulemaking.

9. **The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:**

   Name: Judy Sgrillo, Program Manager
   Address: Division of Assurance and Licensure Services
             1647 E. Morten, Suite 130
             Phoenix, AZ 85020
   Telephone: (602) 674-9705
   Fax: (602) 395-8910
   E-mail: jsgrill@hs.state.az.us
   or
   Name: Kathleen Phillips, Rules Administrator
   Address: Office of Administrative Rules
             1740 W. Adams, Suite 102
             Phoenix, AZ 85007
   Telephone: (602) 542-1264
   Fax: (602) 364-1150
   E-mail: kphilli@hs.state.az.us

10. **The time, place, and nature of the proceedings for the making, amendment, or repeal of the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

    The Department has scheduled the following oral proceedings:
    Date: November 5, 2002
    Time: 10:00 a.m.
    Location: Tucson State Complex
              400 W. Congress, Room 444
              Tucson, AZ 85701
    Date: November 6, 2002
    Time: 9:00 a.m.
Arizona Administrative Register
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Location: Department of Health Services
1647 E. Morten, Hearing Room
Phoenix, AZ 85020

A person may submit written comments on the proposed rules no later than the close of record, 5:00 p.m., November 8, 2002, to the individuals listed in items #4 and #9.

11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:
   Not applicable

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

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

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

ARTICLE 9. NURSING CARE INSTITUTIONS

Section
R9-10-901. Definitions
R9-10-902. Administration Application Requirements
R9-10-903. Personnel Contracted Services
R9-10-904. Staffing Administration
R9-10-905. Nursing Services Staff and Volunteers
R9-10-906. Resident Rights Nursing Services
R9-10-907. Admissions Resident Rights
R9-10-908. Transfers or Discharges Admission
R9-10-909. Service Standards Transfer or Discharge
R9-10-910. Medications Medical Services
R9-10-911. Food Services Medication
R9-10-912. Resident Records Food Services
R9-10-913. Physical Plant Standards Medical Records
R9-10-914. Environmental Standards Physical Plant Standards
R9-10-915. Safety Standards Environmental and Equipment Standards
R9-10-916. Quality Management Safety Standards
R9-10-917. Quality Rating Infection Control
R9-10-918. Repealed Quality Management
R9-10-919. Repealed Quality Rating

ARTICLE 9. NURSING CARE INSTITUTIONS

R9-10-901. Definitions

In this Article, unless the context otherwise requires:
1. “Abuse” means the same as defined in A.R.S. § 46-451(A)(1) and includes corporal punishment, involuntary seclusion, and mental, physical, sexual, and verbal abuse.
2. “Accident” means an unexpected occurrence that causes harm to a resident.
3. “Activities of daily living” means ambulating, bathing, toileting, shaving, brushing teeth, combing hair, dressing, eating, getting in or out of a bed or chair, cleaning the resident’s room, laundering, shopping, using public transportation, writing letters, communicating, making telephone calls, obtaining appointments, recreation, and leisure activities.
4. “Administrator” means the same as defined in A.R.S. Title 36, Chapter 4, Article 6.
5. “Advance directive” means a written expression of a resident’s wishes relating to the provision of health care when the resident is incapacitated and includes a living will, prehospital medical care directive, or health care power of attorney.
6. “Biologics” mean medicinal compounds that include serums, vaccines, antigens, and antitoxins prepared from living organisms and their products.
7. “Care plan” means a written program of action for each resident which includes measurable objectives and timetables for meeting a resident’s physical, medical, nursing, mental, and psychosocial needs that have been identified in the resident’s assessment.
8. “Chemical restraint” means a psychopharmacologic drug that is used for discipline or convenience and is not required to treat a resident’s medical symptoms.
9. “Cognitive status” means an individual’s level of awareness with perception, reasoning, judgment, intuition, and memory.
10. “Corporal punishment” means the infliction of a physical penalty causing suffering, pain, or loss that serves as retribution.
11. “Disaster” means an unforeseen event, including a flood or fire, which may result in a facility, or a portion thereof, becoming uninhabitable and which necessitates evacuation of residents to another location.
12. “Hospital-based nursing care institution” means a department, division, or unit of a licensed hospital that provides nursing and health-related services within the hospital, on a contiguous portion of the hospital’s campus, or not more than 300 yards from the hospital to allow the coordination of services.
13. “Interdisciplinary team” means a group consisting of the attending physician, a registered nurse responsible for the resident, and other appropriate staff as determined by the resident’s needs.
14. “Involuntary seclusion” means the separation of a resident from other residents against the will of the resident or the resident’s representative unless the separation is necessary in treating the resident’s medical symptoms.
15. “Licensed nurse” means an individual licensed pursuant to A.R.S. Title 32, Chapter 15.
16. “Medical director” means a physician licensed pursuant to A.R.S. Title 32, Chapters 13 and 17.
17. “Medication” means any drug or medicine used in the maintenance of health and prevention or treatment of disease and illness.
18. “Medication error” means any of the following:
   a. A medication ordered but not administered and the omission not recorded,
   b. The wrong medication administered, or
   c. A medication administered:
      i. In the wrong dosage,
      ii. More than 60 minutes from the ordered time of administration,
      iii. By the wrong route of administration, or
      iv. To the wrong resident.
20. “Neglect” means the lack of supervision, failure to provide care or services necessary to ensure the health, safety and well-being of a resident, failure to determine what care or services are necessary for the well-being of a resident or failure to provide a safe and sanitary environment.
21. “Physical abuse” means beating, inflicting physical pain or causing injury to a resident, or endangering a resident’s health or well-being, including withholding food or medical care.
22. “Physical restraint” means confinement in a locked room or the use of any article, device, or garment that interferes with freedom of movement, that cannot be easily removed by the resident, or that is used to control the resident’s behavior.
23. “Resident” means an individual admitted into a facility and includes any person who is receiving respite care services.
24. “Resident group” means a number of individuals who reside in a facility and meet to discuss issues related to facility operation.
25. “Resident’s representative” means a person acting on behalf of a resident with the written consent of the resident or resident’s legal guardian.
26. “Significant change in condition” means a deterioration in health, mental, or psychosocial status in either life-threatening circumstances or clinical complications.
27. “Significant medication error” means the administration of medications, or omission thereof, which causes the resident severe discomfort or jeopardizes a resident’s health and safety.
28. “Treatment” means medical, surgical, dental, or psychiatric management of a resident, and any specific procedure used for the prevention, cure, or amelioration of a disease or pathological condition.
29. “Unnecessary drug” means medication that is used:
   a. When there is no indication for its use;
   b. In excessive dose, including duplicate therapy.
Without adequate monitoring to assess the effectiveness of the medication; or
Under adverse consequences that indicate the dose should be reduced or discontinued.

“Verbal abuse” means any use of disparaging or derogatory comments that describe residents or their relatives, regardless of the resident’s age, disability, or ability to comprehend.

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 same meaning as 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 same meaning as 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. “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.
7. “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.
8. “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 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 in this Article.
9. “Behavioral health services” has the same meaning as in A.A.C. Title 9, Chapter 20.
10. “Biohazardous medical waste” has the same meaning as in A.A.C. R9-13-1401.
11. “Biological” means a medicinal compound prepared from living organisms and their products such as serums, vaccines, antigens, and antitoxins.
12. “Business day” means Monday through Friday, 8:00 a.m. to 5:00 p.m.
13. “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.
14. “Cognitive status” means a resident’s level of awareness including perception, reasoning, judgment, intuition, and memory.
15. “Communicable disease” has the same meaning as in A.A.C. R9-6-101.
16. “Comprehensive assessment” means an analysis of a resident’s need for nursing care institution services that is performed according to R9-10-906(B).
17. “Conspicuously posted” means placed within a nursing care institution at a location that is visible and accessible to residents and the public.
18. “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.
19. “Controlled substance” has the same meaning in A.R.S. § 36-2501.
20. “Corporal punishment” means physical action that causes suffering or pain, and serves as retribution.
21. “Current” means up-to-date and extending to the present time.
22. “Dignity” means the quality or condition of esteem or worth.
23. “Direct care” means medical services, nursing services, or medically-related social services provided to a resident.
24. “Director of nursing” means an individual who is responsible for the nursing services provided in a nursing care institution.
25. “Disaster” means an unexpected adverse occurrence that affects the nursing care institution’s ability to provide nursing care institution services.
26. “Discharge” means a nursing care institution’s termination of nursing care institution services to a resident.
27. “Discipline” means any verbal or physical action taken by a staff member or volunteer to punish or penalize a resident.
28. “Documentation” or “documented” means information in written, photographic, electronic, or other permanent form.
29. “Drill” means a response to a planned, simulated event.
30. “Drug” has the same meaning as in A.R.S. § 32-1901.
31. “Electronic” has the same meaning as in A.R.S. § 44-7002.
32. “Electronic signature” has the same meaning as in A.R.S. § 44-7002.
33. “Emergency” means an immediate threat to the life or health of a resident.
34. “Environmental services” means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
35. “Exploitation” has the same meaning as in A.R.S. § 46-451.
36. “Family” means an individual related to a resident by blood, marriage, or adoption or other individual designated by the resident.
37. “Food services” means the storage, preparation, and serving of food intended for consumption in a nursing care institution.
38. “Full time” means 40 hours or more every consecutive seven days.
39. “Health care directive” has the same meaning as in A.R.S. § 36-3201.
40. “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.
41. “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.
42. “Hospital services” has the same meaning as in R9-10-201.
43. “Incident” means an unexpected occurrence that poses a threat to the health and safety of residents.
44. “Injury” means trauma or damage to some part of the human body.
45. “Inservice education” means organized instruction or information related to nursing care institution services that is provided to a staff member.
46. “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.
47. “Medical director” means a physician who is responsible for the coordination of medical services provided to residents in a nursing care institution.
48. “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.
49. “Medical history” means a part of a resident’s medical record consisting of an account of the resident’s health, including past and present illnesses, diseases, or medical conditions.
50. “Medical record” has the same meaning as in A.R.S. § 12-2291.
51. “Medication” has the same meaning as drug.
52. “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.
53. “Medication error rate” means the percentage of medication errors, which is calculated by the number of medication errors divided by the opportunities for errors.
54. “Misappropriation of resident property” means the intentional use of a resident’s belongings or money without the resident’s consent.
55. “Monitor” means the ongoing observation of a resident’s behavior or medical condition.
56. “Nurse” has the same meaning as registered nurse or practical nurse defined in A.R.S. § 32-1601.
57. “Nursing care institution services” means medical services, nursing services, medically-related social services, and environmental services.
58. “Nursing personnel” means an individual authorized under A.R.S. Title 32, Chapter 15, to provide nursing services.
59. “Ombudsman” means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
60. “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.
61. “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.
62. “Orientation” means the initial instruction and information provided to an individual starting work or volunteer services in a nursing care institution.
63. “Person” has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
64. “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
65. “Physician” means an individual licensed under A.R.S. Title 32, Chapters 13, 14, 17, or 29.
66. “Physician assistant” means an individual licensed under A.R.S. Title 32, Chapter 25.
67. “Physical examination” means to observe, test, or inspect an individual’s body to evaluate health or determine cause of illness or disease.
68. “Qualified” means meeting the requirements specified in a nursing care institution’s written job description for a job position.
69. “Quality management program” means ongoing activities designed and implemented by a nursing care institution to improve the delivery of nursing care institution services.
70. “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.
71. “Registered dietitian” means an individual approved to work as a dietitian by the American Dietetic Association’s Commission on Dietetic Registration.
72. “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
73. “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
74. “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.
75. “Regular basis” means at recurring, fixed, or uniform intervals.
76. “Resident” means an admitted individual receiving nursing care institution services.
77. “Resident advocate” means an individual who acts on behalf of a resident regarding the resident’s legal or personal issues.
78. “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.
79. “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.
80. “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.
81. “Risk” means potential for an adverse outcome.
82. “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.
83. “Secured” means the use of a method, device, or structure that:
   a. Prevents a resident from leaving an area or a nursing care institution; or
   b. Alerts a staff member of a resident’s departure from a nursing care institution.
84. “Semipublic pool” means the same as in A.A.C. R18-5-201.
85. “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.
86. “Significant medication error” means the administration of a medication, or omission of a medication, that endangers the health or safety of a resident.
87. “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; or
   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;
88. “Staff member” means an individual who receives wages from a nursing care institution.
89. “Survey” means a license inspection of a nursing care institution by the Department.
90. “Total health condition” means a resident’s overall physical and psychosocial well-being as determined by the resident’s comprehensive assessment.
91. “Transfer” means relocating a resident from a nursing care institution to another health care institution.
92. “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.
93. “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
R9-10-902. Administration Application Requirements

A. Each facility shall have a governing authority responsible for the organization and administration of the facility. The governing authority shall:

1. Ensure facility compliance with state laws, rules and local ordinances;
2. Adopt policies and procedures for the facility;
3. Appoint an administrator to manage the facility. The administrator shall be appointed in accordance with 1 of the following:
   a. By the governing authority of the facility;
   b. By a hospital governing authority to serve a dual role, as follows:
      i. For both the hospital and a hospital-based nursing care institution whose bed capacity does not exceed 60; or
      ii. Two hospital-based nursing care institutions, provided 1 of the facilities operates within the hospital and its bed capacity does not exceed 60;
   c. By the governing authority of 2 or more facilities to manage no more than 2 of the facilities under the following conditions:
      i. The distance between the 2 facilities does not exceed 40 miles, and
      ii. Neither facility is operating under a provisional license;
4. Appoint another administrator when the administrator is absent for 30 consecutive days; and
5. Notify the Department, in writing, of the following:
   a. The name and license number of a newly-appointed administrator within 5 working days after the effective date of change;
   b. A change of ownership not less than 30 days prior to the change; and
   c. The location and arrangements for the maintenance of records not less than 30 days prior to the cessation of facility operations

B. The administrator shall report to the governing authority and shall be responsible for the following:

1. Staffing, which shall include the following:
   a. Appointing a medical director to be responsible for resident medical care in the facility, which shall include:
      i. Overseeing physician practices, including any physician-delegated tasks to a physician assistant or nurse practitioner pursuant to A.R.S. Title 32, Chapters 15 and 25;
      ii. Providing supervision of the clinical care of residents; and
      iii. Monitoring and evaluating health care and treatment and taking corrective action for related problems;
   b. Appointing a registered nurse to serve as a full-time director of nursing;
   c. Appointing a social services director to develop and conduct a social services program; and
   d. Appointing an activities director to develop and conduct an activities program;
2. Supervising and evaluating staff performance;
3. Developing and implementing written policies and procedures for the following:
   a. Resident rights;
   b. Nursing services;
   c. Advance directives;
   d. Personnel;
   e. Orientation and inservice training;
   f. Admission and discharge;
   g. Safety and emergency plan;
   h. Infection control;
   i. Quality management plan;
   j. Maintenance of residents’ personal accounts, and
   k. Residents’ petty cash fund;
4. Designating, in writing, an individual who shall be on duty, in charge, and have access to all areas within the facility and grounds that are related to resident care and operation of the facility when the administrator is absent;
5. Notifying, in writing, each resident or resident’s representative of any change in rates or services 60 days prior to the change;
6. Ensuring the safe and orderly transfer of residents and their clinical records if the facility ceases operation;
7. Ensuring that all facility records are transferred to the new owner in the event of a change in ownership;
8. Investigating and reporting all allegations involving resident neglect, abuse, or misappropriation of resident property to the Office of Long Term Care Licensure and Adult Protective Services, if required by A.R.S. § 46-454, and preventing further neglect, abuse, or misappropriation of property while the investigation is in progress;  
9. Reporting to the Arizona State Board of Nursing, Nurse Aide Registry, or appropriate licensing board any knowledge of a criminal conviction of a nurse aide or a licensed professional;  
10. Investigating and reporting to the Office of Long Term Care Licensure any injuries of an unknown source which may require physician intervention and any disaster or unusual occurrence of the severity that poses a threat to the health and safety of residents;  
11. Designating a staff person to act as a resident advocate to assist and act upon requests and recommendations from residents or resident and family groups, and to respond, in writing, to grievances and complaints that are submitted;  
12. Posting in a conspicuous area, the following documents:  
a. Operating permits, licenses, and certificates;  
b. Names, addresses, and telephone numbers of the Office of Long Term Care Licensure, the State Long Term Care Ombudsman Program, and Adult Protective Services;  
c. A statement that the resident may file a complaint with the Office of Long Term Care Licensure regarding any area of facility operation;  
d. The results of the most recent survey of the facility and any plan of correction in effect, or a notice of its availability and location, 7 days a week, in a place that is readily accessible to residents; and  
13. Ensuring the maintenance of the following:  
a. Schedules of rates and charges;  
b. Policies and procedures;  
c. Staffing records for the preceding 6 months;  
d. Current fire inspection and sanitation reports;  
e. Records of fire and disaster drills for the preceding licensure period;  
f. Orientation and inservice program records;  
g. Job descriptions which define qualifications, duties, and responsibilities; and  
h. Personnel and resident records.  
C. The administrator may accept, upon request of a resident or resident’s representative, responsibility for managing a personal account for a resident. If the administrator accepts the responsibility, the administrator shall ensure the following:  
1. A system is maintained with complete and separate accounting of each resident’s personal account;  
2. A person is designated to be responsible for managing residents’ personal accounts;  
3. A written authorization for expenditures is given by each resident;  
4. A resident’s personal funds in excess of $50 are deposited in an interest-bearing account and that all interest earned on the resident’s funds is credited toward that account;  
5. A separate account record is maintained for each resident who authorizes expenditures;  
6. Records are maintained on all receipts and expenditures of the personal account;  
7. There is no commingling of residents’ accounts with facility accounts;  
8. Each resident or resident’s representative shall be given a written statement of the financial transactions made on the resident’s behalf, every calendar quarter, and upon request by the resident or resident’s representative; and  
9. Upon the death of a resident, the facility shall convey the resident’s monies and a final accounting of those monies to the individual or probate jurisdiction administering the resident’s estate within 30 days.  
D. The administrator may establish a petty cash fund for use by residents during normal business hours, in accordance with the facility’s petty cash fund policy and procedures which shall include:  
1. Prescribed cash limits of the petty cash fund;  
2. Internal procedures for use of the fund; and  
3. Written acknowledgment, by the resident, of each petty cash transaction.  
A. In addition to the license application requirements in A.R.S. § 36-422 and Title 9, Chapter 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.  
B. An administrator shall:  
1. Notify the Department immediately when there is a change in administrator according to A.R.S. § 36-425(E).
2. Notify the Department at least 30 days before the nursing care institution terminates operations according to A.R.S. § 36-422(D); and
3. Notify the Department of a planned change in ownership at least 30 days before the change according to A.R.S. § 36-422(D).

R9-10-903. Personnel Contracted Services

A. An employee, at the time of employment and annually thereafter, shall submit 1 of the following as evidence of being free from pulmonary tuberculosis:
1. A report of a negative Mantoux skin test taken within 3 months of submitting the report; or
2. A written physician’s statement indicating freedom from tuberculosis, if the individual has had a positive skin test for tuberculosis.

B. The administrator shall ensure that orientation for personnel is provided within the first week of employment which shall include:
1. Policies and procedures;
2. Resident rights and facility rules;
3. Basic infection control techniques, including hand washing, linen handling, and prevention of communicable diseases; and
4. Fire, disaster, and emergency preparedness.

C. The administrator shall ensure that personnel who provide direct care to residents shall be 18 years of age or older and shall attend 12 hours of inservice education annually which may include time spent in orientation.

D. The administrator shall ensure that a personnel record for each employee is maintained on the premises and shall include the following:
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 records.

E. The administrator shall ensure that inservice records are maintained on each employee which shall include:
1. Date of inservice;
2. Class content;
3. Length of inservice;
4. Instructor’s name; and
5. Signatures of those in attendance.

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 subsection (3) and (4) are provided to the Department for review within two hours of the Department’s request.

R9-10-904. Staffing Administration

A. The administrator shall ensure that personnel provide the following:
1. Nursing services;
2. Nutritional services;
3. Activities program;
4. Social services;
5. Housekeeping services; and

B. The administrator for a hospital-based nursing care institution and an affiliated hospital may designate personnel to jointly provide services in each facility unless this is expressly prohibited by federal or state law. Staff time spent in each facility shall be documented.

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); and
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; and
9. Approve contracted services or designate an individual to approve contracted services.

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 according to 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 inservice 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;
   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
   c. 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 of an unknown source which 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, and a resident group with requests or recommendations, and responds in writing to complaints 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;

c. 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.

E. 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 required in 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, 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 required in 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.

R9-10-905. Nursing Services Staff and Volunteers

A. The director of nursing shall be responsible for the management and supervision of nursing services which shall include:

1. Developing and implementing written nursing policies and procedures for:
   a. Resident care, and
   b. Medications, including administration, storage, and disposal;
2. Participating in quality management activities;
3. Appointing, in writing, a registered nurse to act in the absence of the director of nursing;
4. Designating a licensed nurse to serve as a charge nurse on each shift who shall have overall supervisory authority for the provision of nursing services to no more than 64 residents during each shift;
5. Serving as a charge nurse only when a facility has an average daily occupancy of 60 or fewer residents;
6. Ensuring that the facility is staffed with nursing personnel to provide each resident the care and services identified in the resident’s assessment and care plan; and
7. Maintaining daily staffing records for the past 6 months which include the census on each unit, name and license of each individual, and actual hours worked.

B. A registered nurse shall complete an assessment of each resident’s needs that describes the resident’s capability to perform activities of daily living and significant impairments in functional capacity. The assessment shall include the following information:

1. Medically defined conditions and prior medical history;
2. Medical status measurement, including information on vital signs, clinical laboratory values, or diagnostic tests;
3. Physical functional status;
4. Sensory and physical impairments;
5. Nutritional status and requirements;
6. Special treatments or procedures;
7. Mental and psychosocial status;
8. Discharge potential;
9. Dental condition;
10. Activities potential;
11. Rehabilitation potential;
12. Cognitive status; and

C. Assessments shall be completed:

1. Within 14 days of admission,
2. After a significant change in the resident’s physical or mental condition, and
3. Twelve months from the last complete assessment.
D. A registered nurse shall review the resident’s assessment every 3 months and, if significant changes in the resident’s health status have occurred, shall revise the assessment and the care plan.

E. An interdisciplinary team, in conjunction with the resident or resident’s representative to the extent possible, shall develop a care plan within 7 days after the completion of a resident’s assessment which shall:
1. Be based on the resident’s assessment;
2. Have measurable objectives and timetables to meet the resident’s needs that are identified in the assessment; and
3. Specify the care and services necessary for the resident to maintain the highest practicable physical, mental, and psychosocial well-being.

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 criteria 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 inservice education every 12 months from the starting date of employment;
5. A nursing care institution policy and procedure is established to provide criteria for inservice education;
6. Documentation of inservice education required in subsection (A)(4) includes:
   a. The date of the inservice education,
   b. The subject matter of the inservice education,
   c. The number of clock hours of the inservice education,
   d. The instructor’s name, and
   e. The signature of the staff member participating in the inservice 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. An individual who is a staff member or a volunteer submits one of the following as evidence of freedom from infectious pulmonary tuberculosis at the start of employment or volunteer service and every 12 months from the initial date of employment or volunteer service:
   a. A report of a negative Mantoux skin test administered within six months of submitting the report;
   b. If the staff member or volunteer has had a positive skin test for infectious pulmonary tuberculosis, a physician’s written statement, dated within six months of submitting the statement, that the staff member is free from infectious pulmonary tuberculosis; or
   c. A report of a negative chest x-ray for infectious pulmonary tuberculosis dated within six months of submitting the report;
9. A record for a staff member and a volunteer is maintained that includes:
   a. An application including the date of employment or volunteer service and the first working day or date 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;
10. A staff member or volunteer record and inservice education documentation is provided to the Department for review:
   a. For a current staff member and 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 and volunteer who are not currently working or providing volunteer services in the nursing care institution, within two hours from the Department’s request;
11. A staff member or volunteer record and inservice education documentation is 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. An 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), 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 subsection (D)(1), (D)(2), and (D)(3) within two hours of a request by the nursing care institution or the Department.

R9-10-906. Resident Rights Nursing Services
A. The administrator shall ensure that each resident or resident’s representative is given a list of resident rights and a copy of the facility rules at the time of admission. Receipt of the documents shall be acknowledged in writing by the recipient and kept in the resident’s current clinical record.
B. The administrator and staff shall ensure that language barriers or physical disabilities do not prevent a resident or resident’s representative from being aware of facility rules governing resident conduct and the following resident rights:
1. To be free from:
   a. Chemical and physical restraints imposed for purposes of discipline or convenience and not required to treat the resident’s medical symptoms;
   b. Verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion; and
   c. Interference, coercion, discrimination, and reprisal from the facility in exercising the resident’s rights; and
2. To be treated with respect and dignity in full recognition of the resident’s individuality;
3. To receive services in the facility which accommodate, within reason, the individual needs and preference of the resident;
4. To independently manage personal financial affairs;
5. To be fully informed of the resident’s total health status, including the resident’s medical conditions;
6. To choose a personal physician, unless a resident’s insurance or pay source dictates otherwise, at which time, a resident may choose to assume full financial responsibility for selection of a physician of the resident’s choice and to be informed of the name and method of contacting the physician responsible for the resident’s care;
7. To participate in planning or changes in care and treatment, unless the resident is incapacitated under state law;
8. To personal privacy in accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family or resident groups;
9. To submit grievances to facility staff and outside representatives without restraint;
10. To examine the results of the most recent survey of the facility and any plan of correction in effect;
11. To receive information from agencies acting as client advocates and to be allowed the opportunity to contact these agencies;
12. To be informed of the facility’s policy regarding the implementation of advance directives;
13. To refuse treatment which includes the formulating of an advance directive or withdraw consent for treatment;
14. To refuse to participate in experimental research;
15. To perform or refuse to perform services for the facility;
16. To have immediate access to, and communication with, any individuals, organizations, or agencies the resident desires;
17. To choose activities, schedules, and health care consistent with the resident’s interests and assessment;
18. To organize and participate in resident and family groups within the facility;
19. To participate in social, religious, political, and community activities that do not interfere with the rights of other residents in the facility;
20. To retain and use personal possessions, including furnishings and clothing as space permits, unless it infringes on the rights or health and safety of other residents;
21. To share a room with the resident’s spouse, if space is available, providing both spouses consent to the arrangement;
22. To have access to all records pertaining to the resident, including clinical records, within 24 hours of making a request;
23. To purchase, at a cost that does not exceed the actual cost of reproducing the photocopies, copies of the resident’s records on request within 2 working days’ notice to the facility;
24. To select and use a pharmacy of choice provided that the choice is in compliance with facility pharmacy policies and does not result in a situation hazardous to resident health and safety;

25. To have financial and medical records kept in confidence. The release of such records shall be by written consent of the resident or resident’s representative, except as otherwise required or permitted by law; and

26. To be informed, in writing, of rates and charges and any changes 60 days prior to the change.

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. There are sufficient nursing personnel 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,
   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
   c. Has had 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.

R9-10-907. Admissions - Resident Rights

A. The administrator shall ensure that each resident is admitted only on a physician’s order and that the resident’s care needs do not exceed that for which the facility is licensed.

B. Within 30 days before, or 14 days after the date of admission, the administrator shall ensure that the resident has had a medical history and physical examination completed by those individuals licensed to do so pursuant to A.R.S. Title 32.

C. Prior to or on admission of a resident to the facility, the administrator shall ensure that the resident or the resident’s representative enters into an admission agreement which shall include the per diem rate and the services covered, as well as the charges for all other services offered separately.

D. The administrator shall ensure that, upon admission, the resident or resident’s representative is informed and provided written information concerning the right to formulate an advance directive, including the facility’s policies regarding the implementation of advance directives.

E. At the time of a resident’s admission and annually thereafter, the administrator shall ensure that each resident has provided documented evidence that the resident is free from pulmonary tuberculosis as required of personnel in R9-10-903(A)(1) or (2).

F. Prior to, or on admission, the administrator shall ensure that the resident or resident’s representative is advised of possible third party coverage for facility services and charges, reasons for transfer or discharge from the facility and the facility’s refund policy.

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 when not medically indicated unless necessary to prevent harm to self or others and the reasons for restraint and seclusion are documented in the resident’s medical record;
      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;
   c. Is provided with reasonable accommodations unless the health or safety of the resident or other resident is at risk;
   d. May formulate a health care directive;
   e. May refuse to be photographed or refuse to participate in research, education, and experimentation;
   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;
   c. 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;
   f. May submit a grievance without retaliation;
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 record 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 changes in rates and charges 60 days before the effective date of a 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 record; 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.

R9-10-908. Transfers or Discharges

A. The administrator shall ensure that:

1. Notification is provided to the resident if the resident is competent, or to the resident’s representative if the resident is incompetent, before instituting a change in room or roommate assignment;

2. A resident is transferred or discharged pursuant to the following:

   a. The resident’s needs can no longer be met in the facility and the resident has received a written notice 30 days prior to the transfer or discharge;

   b. The resident’s urgent medical needs require immediate transfer or discharge;

   c. The resident’s behavior is a threat to the health and safety of individuals in the facility. The discharge shall be documented in the resident’s clinical record to demonstrate measures taken to protect the resident and other individuals during pursuit of the discharge to a more appropriate setting; or

   d. The resident has failed, after receiving a 30-day prior notice, to pay for a stay at the facility;

2. Written notification is provided to a resident regarding transfer or discharge pursuant to subsections (2)(a) through (d) and includes the reason and the effective date of the transfer or discharge.

B. If an administrator transfers or discharges a resident under any of the circumstances specified in subsection (A)(2), the clinical record shall contain the following:

1. Documentation regarding the resident’s prior notification,

2. Reason for the transfer or discharge, and

3. Physician documentation that the transfer or discharge was necessary for the welfare of the resident or others in the facility or that the resident’s needs cannot be met by the facility.

C. The director of nursing shall ensure that:

1. A written discharge summary is completed which includes:

   a. A final summary of the resident’s status at the time of discharge,

   b. Past medical or psychosocial history, and

   c. The date and location to which the resident was transferred or discharged; and

2. The resident shall be provided with a written post discharge plan, developed with the participation of the resident or the resident’s representative for the following purposes:

   a. To help the resident adjust to a new living environment; and

   b. To provide the resident with the name, address, and telephone number of the state long-term care ombudsman.

D. If a resident is transferred from the facility to the hospital or another nursing care institution, the director of nursing shall ensure that medical and other information needed for care and treatment of the resident is provided to the receiving facility.

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 on 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;
   c. 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. At the time of admission and every 12 months from the date of admission, a resident 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 of submitting the report;
   b. If the resident has had a positive skin test for pulmonary tuberculosis, a physician’s written statement dated within six months of submitting the statement, indicating that the resident is free from infectious pulmonary tuberculosis; or
   c. A report of a negative chest x-ray for infectious pulmonary tuberculosis dated within six months of submitting the report; and

7. Compliance with the requirements in subsection (4) is documented in the resident’s medical record.

R9-10-909. Service Standards: Transfer or Discharge

A. The administrator shall ensure that:
   1. The medical care of each resident is supervised by a physician;
   2. An attending physician designates an alternate physician when the attending physician is not available;
   3. Physician services are provided or arranged 24 hours a day in case of emergency;
   4. Each resident receives an annual physical examination by a physician;
   5. A resident’s physician is consulted, and the resident’s representative is notified as soon as possible, when an accident involving a resident occurs which may result in physician intervention or if the resident’s health status indicates a significant change in condition; and
   6. Residents are assisted, at their own expense, in obtaining the following:
      a. Vision and hearing care services;
      b. Routine and emergency dental care;
      c. Clinical laboratory services from a laboratory licensed pursuant to A.R.S. Title 36, Chapter 4.1;
      d. Mental or psychosocial adjustment services;
      e. Specialized rehabilitative services, including physical, speech, and occupational therapies; and
      f. Special services for mental illness and mental retardation as identified in the resident’s assessment.

B. The social services director shall provide medically-related social services in accordance with the resident’s assessment and care plan to maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

C. The activities director shall provide for an ongoing program of activities designed to meet, in accordance with resident assessments, the interests and the physical, mental, and psychosocial well-being of each resident taking into consideration the resident’s acuity and expected length of stay.

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 record 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 record;
   3. The discharge summary 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 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 record information and any other
information necessary for the treatment of the resident is provided to the hospital.

R9-10-910. Medications

A. The administrator shall ensure that:
   1. Pharmaceutical services are provided at the resident’s expense, including emergency medications and biologicals, or
shall be obtained through an agreement with a pharmacy licensed pursuant to A.R.S. Title 32, Chapter 18 or as other-
wise provided by law;
   2. The facility complies with all drug-related rules established by the Arizona Board of Pharmacy pursuant to A.R.S.
Title 32, Chapter 16;
   3. The facility stores all medications and biologicals in locked compartments under manufacturer required temperature
controls with access restricted only to authorized personnel in accordance with state and federal laws;
   4. The facility medication error rate, which is determined by calculating the percentage of errors noted during medica-
tion administration observation by the surveyor, is less than 5%;
   5. A licensed pharmacist reviews the medication regimen of each resident every quarter and reports irregularities, in
writing, to the attending physician and the director of nursing;
   6. Documented medication irregularities have been acted upon by the attending physician; and
   7. A current drug reference source is available for use by staff.
B. The director of nursing shall ensure that:
   1. Medication policies and procedures include the following:
      a. A system of records of receipt and disposition of all controlled substances which are reconciled in accordance
with the facility’s policies and procedures; and
      b. Provisions for separately locked and permanently affixed compartments for the storage of controlled substances
listed in A.R.S. §36-2513, except if the facility uses single unit package medication distribution systems;
   2. Residents are free from significant medication errors;
   3. Medication errors are reported to the attending physician and recorded in the resident’s clinical record;
   4. Adverse medication reactions are reported immediately to the attending physician and recorded in the nurses’
progress notes in the resident’s clinical record; and
   5. Based on a resident’s assessment:
      a. Each resident’s medication regimen is free from unnecessary drugs;
      b. A resident who has not used antipsychotic medication is given this medication only if antipsychotic medication
therapy is necessary to treat a specific condition as diagnosed or documented in the clinical record; and
      c. A resident who uses antipsychotic medication is given gradual dose reductions and behavioral interventions
including modification of the resident’s behavior or environment, unless clinically contraindicated, in an effort to
discontinue antipsychotic medication.
C. A resident may self-administer medications only if the interdisciplinary team has determined that self-administration is
safe and the attending physician has approved the self-administration.
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 record 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 Title 36, Chapter 5.1, Article 1.

C. If the attending physician has designated a physician assistant or registered nurse practitioner to provide medical services to a resident, the attending physician is responsible for the medical services provided.

R9-10-911. Food Services Medication

A. The administrator shall appoint a food service supervisor who shall, in consultation with a registered dietician, ensure that:
   1. Each resident receives a nourishing, flavorful, well-balanced diet that meets the resident’s daily nutritional and special dietary needs, including:
      a. Food prepared by methods that conserve nutritive value, flavor, and appearance; and
      b. Food prepared in a texture designed to meet individual needs, including being cut, chopped, or ground;
   2. Menus are prepared 1 week in advance, followed, and are posted in an area accessible to residents;
   3. Each resident receives:
      a. Three meals daily with not more than a 14-hour span between the evening meal and breakfast. If a substantial evening snack was consumed the previous evening, which included meat, fish, eggs, or cheese or other high quality protein, and if a resident group agrees, the 14-hour span may be extended to 16 hours. The option to have a daily bedtime snack;
   4. Food substitutions of similar nutritive value are provided to residents who refuse food served.

B. Meals for each day shall include:
   1. A total of 5 servings of fruits and vegetables. A serving size is 1/2 (4 ounces) to 1 cup (8 ounces) of all juices, fruits, and vegetables.
   2. A total of 6 servings of whole grain or enriched cereal, bread, rice, or pasta. A serving size is 1 slice of bread, 1/2 to 1 cup of cereal, or 1/2 cup enriched grain products.
   3. A total of 2 servings of milk, yogurt, or cheese. A serving size is 1 cup of milk or yogurt, 1 1/2 ounces of cheese, or 3/4 cup (6 ounces) of cottage cheese. Cheese is considered both a dairy product and a protein and can be counted as 1 or the other but not both.
   4. A total of 2 servings of protein: meat, fish, poultry, cheese, egg, peanut butter, peas, dry beans, lentils, or equivalent. A serving size is 2 to 3 ounces of lean meat without bone, 1 cup dry beans or legumes, 1 tablespoons of peanut butter, or 2 eggs.

C. Residents shall eat meals in a dining area unless they choose to eat in their rooms or are confined to their rooms for personal or medical reasons.

D. Residents who need help in eating shall be assisted in a manner that recognizes each individual’s nutritional and social needs, including the provision of adaptive eating equipment or utensils.

E. Food preparation, storage, and handling shall comply with applicable food and drink rules of 9 A.A.C. 8, Article 1.

A. An administrator shall comply with the requirements in A.R.S. Title 32, Chapter 18, and A.A.C. Title 4, Chapter 23;
B. An administrator shall ensure that:
   1. A medication and a biological is provided to a resident at the resident’s expense including a medication and 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 and a biological is:
      a. Stored in a locked compartment;
      b. Maintained at temperatures recommended by the manufacturer; and
      c. 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 5%;
   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
      c. Identification of individuals who are authorized to have access to controlled substances;
   2. Controlled substances are stored in a locked compartment separate from other medications;
   3. A medication administration error or an adverse reaction to a medication are reported to a resident’s attending physician or the attending physician’s designee and documented in the resident’s medical record;
   4. An antipsychotic medication:
      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
      c. 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 record.

E. A nurse shall document a resident’s self-administration of medication as required in R9-10-913.

R9-10-912. Resident Records

A. The administrator shall ensure that clinical records are maintained on each resident which shall contain:
   1. Full name, date of birth, social security number, and last address of the resident;
   2. Admission date and initial diagnosis;
   3. Names, addresses, telephone numbers of the resident’s representative and family;
   4. The original admission physician orders, history, and physical;
   5. Written acknowledgment by the resident or resident’s representative of the receipt of a copy of the resident rights and facility rules;
   6. Documentation of advance directive information having been provided by the facility on admission, and a copy of advance directives executed by the resident, including a living will or medical power of attorney if one has been appointed;
   7. The current address and telephone number of the attending physician;
   8. Current annual physical examination;
   9. Physician orders and progress notes which are signed and dated;
   10. Assessment and care plan;
   11. Medications and treatment record;
   12. Laboratory and diagnostic reports, including consultations;
   13. Progress notes;
   14. Documentation of freedom from pulmonary tuberculosis;
   15. Documentation of accidents or incidents involving the resident; and
   16. Other documentation regarding the resident’s health status recorded in the past 90 days.
B. Clinical records shall be legibly recorded in ink, with entries dated and signed with the surname and title of the individual providing the service.

C. Clinical records shall be protected at all times from possible loss, damage or unauthorized use and shall be retained for 5 years from the date of discharge. If the resident is a minor, the records shall be retained for 3 years after a resident reaches the age of 18.

A. An administrator shall ensure that:
   1. Food services are provided in compliance with A.A.C. Title 9, Chapter 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 A.A.C. Title 9, Chapter 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, DC 20055; and
   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 (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 record.

R9-10-913. Physical Plant Standards

A. Medical records
   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. Modifications to an existing facility shall meet the same construction and safety code standards for construction of new facilities as required in A.A.C. R9 1 412.

C. All construction of new facilities shall meet the requirements of A.A.C. R9 1 412.
D. Each resident room shall have a window opening to the outside. Window shades or drapes shall be provided as a means of controlling light. Windows shall be located to permit the resident a view from a sitting position.

E. Facilities shall have no more than 2 beds per resident room except those facilities operating on the effective date of these rules under a license variance permitting more than 2 beds per resident room. Facilities operating under a license variance that undergo construction or modification as defined in A.R.S. § 36-101(10) and (25) shall have no more than 2 beds per resident room in any part of the facility that undergoes construction or modification.

F. A resident room or a suite of resident rooms shall be accessible, without passing through another resident’s room.

G. A resident room or suite of rooms shall not open into any room in which food is prepared, served or stored.

H. Each resident room or main entry into a suite of rooms shall be numbered.

I. Cubical curtains or similar type separations shall be provided for all multi-bed rooms to ensure privacy.

J. An individual resident care unit shall include a bed, nurse call system, bedside chair, bedside stand, and reading light.

K. All swimming pools shall, unless otherwise required by A.R.S. § 36-1681:
   1. Be enclosed by a 5-foot solid wall or a 5-foot fence with openings not exceeding 4 inches, and
   2. Have 1 or more self-closing and self-latching gates which shall be locked when the pool is not in use.

L. Swimming pools which are used by residents 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 ensure that:
   1. A medical record is established and maintained for a 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
      c. 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 record 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, personal, 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
      c. 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. There are safeguards to prevent unauthorized access; and
   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 a medical record 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);
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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.

R9-10-914. Environmental Standards

A. Physical Plant Standards

1. Housekeeping and maintenance services are provided to maintain a safe and sanitary environment;
2. The facility maintains a pest control program to control insects and rodents;
3. Equipment is operational and inspected in accordance with the facility’s policies and procedures, which shall include the following:
   a. Testing, calibrating, servicing, or repairing equipment;
   b. Maintaining records documenting the service and calibration; and
   c. Maintaining durable medical equipment in good repair and providing it to residents who may require it;
4. The facility complies with infection control policies and procedures that include:
   a. Surveillance, prevention, and control of infection;
   b. Disposal of waste, including blood and body fluid;
   c. Storage and maintenance of sterile supplies and equipment; and
   d. Storage, handling, processing, and transporting of linens, including:
      i. Separately maintained areas for soiled and clean laundry, and
      ii. Containers for clean linen which shall be covered and kept separate from those for soiled linen; and
5. Residents have adequate space and equipment to enable staff to provide the services identified in each resident’s assessment and care plan, including:
   a. Individual and group activities;
   b. Community dining areas; and
   c. Special therapies, if provided

B. Staff shall wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice and immediately after handling soiled linen or clothing.

C. Staff with a communicable disease or infected skin lesions shall be prohibited from working in the facility.

D. Staff shall use, maintain, and store oxygen 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. Room designated for resident dining and activities shall be ventilated with nonsmoking areas identified.

G. Each resident shall be provided with:
   1. A separate bed;
   2. Bed and bath linens that are clean, without holes, stains, and not in need of repair;
   3. Closet space in the resident’s bedroom with clothes racks and shelves accessible to the resident;
   4. Lighting that is suitable for the performance of tasks by a resident or staff; and
   5. Room temperature levels that are comfortable and safe ranging from 71°F to 81°F.

H. The facility shall have outside ventilation by means of windows or mechanical ventilation, or a combination of the two.

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 R9-1-412 applicable at the time of licensure; and
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;

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 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 Title 9, Chapter 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;

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 semi-public 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;
   c. 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.

R9-10-915. Safety Standards Environmental and Equipment Standards
A. The administrator shall ensure that the resident environment is maintained as free of accident hazards as possible.
B. The administrator shall be responsible for facility compliance with the safety and emergency plan procedures developed with the assistance of qualified fire safety and emergency preparedness experts. The plan shall include procedures to be followed in the event of a fire, disaster, or other threat to resident safety and shall include the following:
   1. Procedures for prompt transportation of casualties and clinical records;
   2. Instructions regarding the location and use of alarm systems and fire fighting equipment;
   3. Information regarding methods of containing fires;
   4. Procedures for notification of the appropriate persons and agencies;
   5. Specification of evacuation routes and procedures which shall be posted throughout the facility;
   6. Designation of the specific places to which residents may be evacuated; and
   7. Detailed arrangements to provide shelter, beds, food, water, medication, nursing care, and any other services critical to the well being of residents.
C. Employees shall be oriented to emergency preparedness within the first week of employment. The training program shall include ongoing training and drills every 6 months so that each employee can promptly and correctly perform specific duties in case of a fire, disaster, or other threat to resident safety.
D. There shall be 1 fire drill per shift during each calendar quarter. Records of fire and disaster drills shall be retained for 1 year and include the date, time, scenario, participant list, and a critique of the drill.
E. The facility shall pass an annual inspection for fire safety by the fire authority having jurisdiction.
F. Smoking shall be permitted only in designated areas of the facility.

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
   c. 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° or more than 84° Fahrenheit;
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 recommendation; and
   c. 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.

R9-10-916. Quality Management Safety Standards
A. The administrator shall ensure the implementation and maintenance of a quality management program that monitors and evaluates the provision of all aspects of resident 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 and shall include the monitoring activities.
C. The administrator shall maintain a record of quality management activities that includes recommendations for corrective action.

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;
   c. 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;
   c. 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.

R9-10-917. Quality Rating Infection Control
A. Pursuant to A.R.S. § 36-125.02(A), the Department shall issue each licensed facility, except for provisionally licensed facilities, a quality rating based on an evaluation of the quality of services provided by the facility. The evaluation shall result from the onsite visit of the facility during the licensure survey.
B. Each facility which has been licensed for 1 year or more shall be evaluated and assigned a quality rating score in accordance with performance criteria outlined in subsection (C). The quality rating score, which can range from 1 to 40 points maximum, shall reflect the facility’s performance, as follows:
   1. “Excellent performance”, if the facility scores a total of 36 or more points resulting in a percentile of 90% to 100%;
   2. “Standard performance”, if the facility scores a total of 28 to 35 points resulting in a percentile of 70% to 88%; or
   3. “Substandard performance”, if the facility scores a total of 27 or fewer points resulting in a percentile of 68% or less.
C. The quality rating shall be based on the facility’s compliance with specific standards in the following 5 evaluation components: This component has 8 criteria worth a total of 8 maximum points or 1 point each, as follows:
   a. The facility does not have any current licensure deficiencies that were cited during the last licensure survey.
b. The facility investigates and reports all allegations involving neglect, abuse, or misappropriation of resident property to the Office of Long Term Care Licensure and Adult Protective Services, if required by A.R.S. § 46-45.1, and takes action to prevent further neglect, abuse, or misappropriation of property after the investigations.

c. The facility has a quality management program which addresses resident care standards, with documentation that recommendations for correction have been implemented.

d. The facility has a staff person designated to assist and respond, in writing, to grievances and concerns from residents and family groups, and provides evidence of the facility’s responsiveness.

e. The facility provides medically related social services to maintain each resident’s highest practicable physical, mental, and psychosocial well-being in accordance with the resident’s assessment.

f. The facility provides each resident with an ongoing program of activities which meets the resident’s interests and physical, mental, and psychosocial well-being in accordance with the resident’s assessment.

g. The facility has personnel records for each employee which include documentation of freedom from tuberculosis at the time of hire and annually thereafter.

h. The facility has documentation that personnel, who provide direct care to residents, attend 12 hours of inservice annually.

2. Nursing. This component has 4 criteria worth a total of 8 maximum points or 2 points each, as follows:

   a. Each resident is provided care and services to maintain the resident’s highest practicable physical, mental, and psychosocial well-being in accordance with the resident’s assessment.

   b. Each resident is free of significant medication errors that may adversely affect the resident’s health, safety, and well-being.

   c. Each resident’s medication regimen is free from unnecessary drugs.

   d. In the event of an accident involving a resident, the resident’s representative has been notified, and the resident’s attending physician has been consulted if the accident requires possible physician intervention, or if the resident’s health status indicates a significant change in condition.

3. Resident rights. This component has 8 criteria worth a total of 8 maximum points or 1 point each, as follows:

   a. Each resident is free from physical and chemical restraints used for purposes other than to treat the resident’s medical symptoms.

   b. Each resident is free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

   c. Each resident is treated in a manner that recognizes the resident’s right to a dignified existence.

   d. Each resident is allowed to participate in the planning of, or decisions on, care and treatment, including the right to refuse treatment and to formulate an advance directive.

   e. The facility honors each resident’s right to personal privacy in accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings with family and resident groups.

   f. The facility helps each resident communicate with resident advocacy agencies by posting the names, addresses, and telephone numbers of these agencies in a conspicuous area.

   g. The facility accommodates each resident’s needs in a manner and environment that promotes maintenance and enhancement of a resident’s quality of life.

   h. The facility provides each resident, upon discharge, a written plan with information to help the resident adjust to a new environment.

4. Food and nutrition. This component has 7 criteria worth a total of 7 maximum points or 1 point each, as follows:

   a. The facility provides evidence that a registered dietician has been consulted in determining the nutritional needs of residents; food purchasing; meal planning and production; sanitation; and staff development, training, and participation in developing food service policies.

   b. The facility provides each resident with food that is flavorful, served at a temperature recommended by the dietician, and in a form that meets the resident’s needs as specified in the resident’s assessment.

   c. Each resident who needs help in eating receives assistance, including the provision of special eating equipment and utensils, in accordance with the resident’s assessment.

   d. The facility encourages residents to eat meals in dining areas.

   e. The facility prepares menus 1 week in advance, posts the menus, and adheres to the planned menus.

   f. The facility provides food substitutions with similar nutritive value.

   g. The facility complies with applicable food and drink rules regarding food preparation, storage and handling pursuant to 9 A.A.C. 8, Article 1.

5. Environment. This component has 9 criteria worth a total of 9 maximum points or 1 point each, as follows:

   a. The facility has implemented policies and procedures to investigate, control, and prevent the spread of infection.

   b. The facility has a hazard-free environment for residents.

   c. The facility has common dining areas that are designed, furnished, and decorated in a manner that promotes resident socialization and provides a homelike environment.
The facility has provided residents with clean bedding and linens that are in good condition and meet the needs of the residents.

Each employee washes his or her hands after each direct resident contact for which handwashing is indicated by accepted professional practice and immediately after handling soiled linen or clothing.

The facility maintains an effective pest control program.

The facility provides housekeeping and maintenance services that result in a clean, sanitary, and orderly environment.

Each employee is oriented to emergency preparedness within the first week of employment and is able to promptly and correctly respond to emergency situations.

The facility has corrected deficiencies identified in the annual fire inspections and has implemented recommendations on fire safety issued by the fire authority having jurisdiction for the facility.

The facility quality rating category assignment shall remain in effect until the next licensure survey is conducted.

If a facility receives a "substandard performance" quality rating, the Department shall review the facility’s performance within 60 days to determine if the deficiencies have been corrected.

If the Department receives a substantiated complaint that affects the health, welfare, and safety of residents, the Department may reduce the facility’s quality rating. Upon correction of the deficiencies, the facility may request, in writing, another review by the Department for an amended quality rating.

The quality rating process does not preclude the Department from seeking the assessment of a civil penalty pursuant to A.R.S. § 36-431.01, or suspension or revocation of license pursuant to A.R.S. § 36-424.

Each facility’s quality rating shall be displayed with the facility license in a public viewing area in the facility.

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
   c. 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
   c. 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.

**R9-10-918. Repealed Quality Management**

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.
**R9-10-919. 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 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 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 significant 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 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.
   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.

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.
   c. 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 residents’ 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 inservice 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.
   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 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 comliies with Arizona Administrative Code, Title 9, Chapter 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 residents or the resident’s representatives and implements recommendations for meal planning and food choices consistent with the residents’ 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 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.

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**NOTICE OF PROPOSED RULEMAKING**

**TITLE 18. ENVIRONMENTAL QUALITY**

**CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY ADMINISTRATION**

**PREAMBLE**

1. **Sections Affected**
   - Table 6 Repeal
   - Table 6-E Repeal
   - Table 6-N Repeal
   - Table 6-S Repeal
   - Table 7 Repeal
   - Table 7 N New Table
   - Table 7-S Repeal
   - Table 10 Repeal
   - Table 10 New Table
   - Table 12 Amend

2. **The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
   - Authorizing statutes: A.R.S. §§ 41-1003, 49-104, 49-203, and 49-425
   - Implementing statute: A.R.S. § 41-1076(A)

3. **A list of all previous notices appearing in the Register addressing the proposed rule:**
   - Notice of Rulemaking Docket Opening: 8 A.A.R. 2759, June 28, 2002
4. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

Name: Shirley J. Conard  
Address: Arizona Department of Environmental Quality  
1110 W. Washington, 5420E  
Phoenix, AZ 85007  
Telephone: (602) 771-4632 (Metro-Phoenix area) or (800) 234-5677, ext. 4632 (other areas)  
Fax: (602) 771-4674  
E-mail: conard.shirley@ev.state.az.us

5. **An explanation of the rule, including the agency’s reasons for initiating the rule:**

A.R.S. § 41-1073 requires all state agencies to adopt licensing time-frames during which the agency will either grant or deny each type of license it issues. “License” is defined in A.R.S. § 49-1001(10) as including the whole or part of any agency permit, certificate, approval, registration, charter or similar form of permission required by law, but it does not include a license required solely for revenue purposes.

This rulemaking updates the licensing time-frames for rules that were repealed or amended in January 2001 and no longer apply to the current Aquifer Protection or Reclaimed Water permitting programs, including repealing the time-frames for wastewater approval-to-construct (ATC) and approvals of construction (AOC) licenses, which no longer exist.

The time-frames for “pesticide contamination prevention licenses,” currently in Table 10, Group X, have been transferred to new Table 7.

“Noneffluent groundwater recharge licenses” are issued by the state Department of Water Resources (DWR). The Department’s involvement with this license is a consulting issue, rather than a license approval. The Department offers technical review and input to DWR, and DWR makes the licensing decision for groundwater recharge permits based upon our information and many other judgements made by their staff. The ultimate decision to issue rests with DWR. DWR has licensing time-frames established in regulations for their decision process. The time-frames and administrative processes in the Department’s current LTF rule conflict with DWR time-frames and processes. This conflict causes confusion for the applicants, for DWR staff, and for Department staff administering the program. For these reasons time-frames for these licenses, currently in Table 10, Group VIII, have been deleted.

The rulemaking amends Table 12 to coincide with the January 2001 Section numbering changes of the Aquifer Protection Permitting program and transfers the biosolid applicator registration request acknowledgment from Table 12 to Table 10, now authorized under A.R.S. § 49-255.03.

The rulemaking includes licensing time-frames for individual permits and pretreatment approvals under the Arizona Pollutant Discharge Elimination System (AZPDES) permitting program.

The Department believes that the new Table 10 format provides stakeholders with an easier and clearer understanding of the number of days designated for the administrative and substantive review portions of the licensing time-frames. Many of the current licensing categories, such as the duplication of licenses under the various tables have never been implemented by the Department because the program is not set up to designate a separate (but same) type of license for different types of facilities, or from a different Department location. The new format segregates the name of the permit, the statutory and rule authorities, and includes the total number of days in the overall time-frame. Stakeholders can quickly determine what steps are taken by the Water Permits Section when administering licensing-time-frames and clears up any confusion that currently exists. The new table also provides a two-part substantive review process, which is an important condition in the Aquifer Protection Permitting program. Once an application is reviewed and the administrative review process complete, a Type 4 General Permit stakeholder may take up to two years to build a facility. The permitting process is suspended until the applicant notifies the Department that the facility is complete and the applicant provides documentation regarding the construction. After the Department reviews these documents for completeness, the second segment of the substantive review process commences to allow the Department to verify that the facility meets the conditions previously specified by the Department.

Licenses issued in combination with one or more general permits are addressed at the end of the Type 4 General Permit time-frames. These “combined permits” address when a primary permit must include another general permit, such as a 4.02 septic tank general permit must have some type of tank and disposal system; or a 4.04 pressure distribution system general permit must have the rest of the treatment system. These combined permits apply to the 4.04 through 4.12 and 4.15 through 4.23 general permits.
Time-frames for pesticide contamination prevention licenses (new Table 7) and time-frames for solid waste licenses (Table 12) have not changed in this rulemaking. The only changes made to these Tables consist of updating citations and moving the pesticide contamination prevention licenses from Table 10, Group X, to new Table 7.

6. A reference to any study relevant to the rule that the agency reviewed and either proposes to rely on in its evaluation or justification for the rule or proposes not to rely on in its evaluation 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

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

Not applicable

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

It is not anticipated that the adoption of this rule will have any impact on private industry, small business, or consumers. This rule action provides the codification of the time-frames currently observed by the Water Permits Section of the Arizona Department of Environmental Quality.

Although the time-frames proposed in Table 10 appear to have changed from the repealed rules, the proposed time-frames actually address entirely new permits promulgated in the January 2001 rulemaking. The January 2001 rulemaking combined several programs and streamlined the permitting process. In the Aquifer Protection Permitting program, permits included not only individual permits, which are issued on a case-by-case basis, but general permits, which were organized into four separate categories (Type 1, Type 2, Type 3, and Type 4), depending upon the requirements for each type.

Time-frames for pesticide contamination prevention licenses (new Table 7) and solid waste licenses (Table 12) have not changed in this rulemaking.

The rule provides stakeholders with all time-frames categories used to administer a permit, including the time considered if a public hearing is held.

A. Estimated Costs and Benefits to the Arizona Department of Environmental Quality.

Except for the time-frames for the AZPDES permitting program, which has not yet been approved by EPA, or implemented by the Department, this rulemaking codifies the time-frames and procedures already observed by the Water Permits Section in administering the programs regulated by this time-frame rule. The Department does not anticipate that penalties will be incurred for noncompliance with the overall time-frames.

B. Estimated Costs and Benefits to Political Subdivisions.

Political subdivisions of this state are not directly affected by the implementation and enforcement of this rulemaking.

C. Businesses Directly Affected by the Rulemaking.

Any businesses applying for a license will follow current procedures and practices and no additional cost or benefits will occur. The rule will provide an intangible benefit for these businesses by identifying the time-frames in which the Water Permits Section will approve or deny licenses.

D. Estimated Costs and Benefits to Private and Public Employment.

Private and public employment are not directly affected by the implementation and enforcement of this rulemaking.

E. Estimated Costs and Benefits to Consumers and the Public.

When consumers and the public follow current procedures and practices when applying for licenses, no additional cost or benefits will occur. Consumers may also receive an intangible benefit by the identification of specific time limits for processing licenses.

F. Estimated Costs and Benefits to State Revenues.

This rulemaking will have no impact on state revenues unless the Department does not grant or deny a license within the established time-frames and is required to refund fees and pay a penalty.
9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Name: Shirley J. Conard
Address: Arizona Department of Environmental Quality
1110 W. Washington, 5420E
Phoenix, AZ 85007
Telephone: (602) 771-4632
Fax: (602) 771-4674

10. The time, place, and nature of the proceedings for the adoption, amendment, or repeal of the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Date: November 7, 2002
Time: 10:00 a.m.
Location: Arizona Department of Environmental Quality
1110 W. Washington, Suite 5100B
Phoenix, AZ 85007
Nature: Oral Proceeding

Written comments on the proposed rules or preliminary economic, small business, and consumer impact statement must be received by 5:00 p.m., November 12, 2002.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the Department’s coordinator, Katie Huebner, at (602) 771-4794 (voice) or (800) 367-3839 (TDD Relay). Requests should be made as early as possible to allow time to arrange the accommodation.

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

None

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

None

13. The full text of the rules follows:

TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 1. DEPARTMENT OF ENVIRONMENTAL QUALITY ADMINISTRATION

ARTICLE 5. LICENSING TIME-FRAMES

Section
Table 6. Wastewater Construction Licenses Issued by the Phoenix Office Repealed
Table 6-E. Wastewater Construction Licenses Issued by the Enforcement Unit Repealed
Table 6-N. Wastewater Construction Licenses Issued by the Northern Regional Office Repealed
Table 6-S. Wastewater Construction Licenses Issued by the Southern Regional Office Repealed
Table 7. Subdivision Sanitary Facility Licenses Issued by the Phoenix Office Pesticide Contamination Prevention Licenses
Table 7-N. Subdivision Sanitary Facility Licenses Issued by the Northern Regional Office Repealed
Table 7-S. Subdivision Sanitary Facility Licenses Issued by the Southern Regional Office Repealed
Table 10. Water Quality Licenses Water Permit Licensing Time-frames
Table 12. Solid Waste Licenses

ARTICLE 5. LICENSING TIME-FRAMES
### Table 6. Wastewater Construction Licenses Issued by the Phoenix Office Repealed

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.
SRFTF means Substantive Review Time-frame.
Day means business day.

<table>
<thead>
<tr>
<th>Licence Category</th>
<th>ACRTF Days</th>
<th>SRFTF Days</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group I: Wastewater approval-to-construct (ATC) licences:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 6 (Continued). Wastewater Construction Licenses Issued by the Phoenix Office

**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.

SRTF means Substantive Review Time-frame.

Day means business day.

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR</th>
<th>SR</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group I (Continued): Wastewater approval-to-construct (ATC) licenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group II: Wastewater approval-of-construction (AOC) licenses:</strong></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>
Table 6 (Continued). Wastewater Construction Licenses Issued by the Phoenix Office

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR TF Days</th>
<th>SR TF Days</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group II</strong> (Continued): Wastewater approval-of-construction (AOC) licenses:</td>
<td></td>
<td></td>
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<tr>
<td><strong>Group III</strong>: Other wastewater licenses:</td>
<td></td>
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</tbody>
</table>
### Table 6-F. Wastewater Construction Licenses Issued by the Enforcement Unit

**Repealed**

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACRTF</th>
<th>SRTF</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group I: Wastewater approval-to-construct (ATC) licences</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 6-E (Continued).—Wastewater Construction Licenses Issued by the Enforcement Unit

Subject to A.R.S. § 41-1073(A). Licensing Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.
SRTF means Substantive Review Time-frame.
Day means business day.

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR</th>
<th>SR</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I (Continued): Wastewater approval-to-construct (ATC) licenses:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group II: Wastewater approval-of-construction (AOC) licenses:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. Complex sewerage collection system approval of construction,
A.R.S. §§ 49-361 and 49-362,
A.A.C. R18-9-804.

15. Standard individual on-site wastewater facility approval of construction,
A.R.S. § 49-361 and 49-362,
A.A.C. R18-9-804.
### Table 6-E (Continued) — Wastewater Construction Licenses Issued by the Enforcement Unit

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.  
SRTF means Substantive Review Time-frame.  
Day means business day.

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR T F</th>
<th>S R T F</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group II (Continued): Wastewater approval-of-construction (AOC) licenses:</strong></td>
<td></td>
<td></td>
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</tbody>
</table>

**Group III: Other wastewater licenses:**

# Notices of Proposed Rulemaking

**Table 6 N. Wastewater Construction Licenses Issued by the Northern Regional Office Repealed**

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

<table>
<thead>
<tr>
<th>ACR</th>
<th>SR</th>
<th>Subject</th>
<th>TE</th>
<th>TE to</th>
<th>Days</th>
<th>Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
</table>

**ACRTF** means Administrative Completeness Review Time-frame.

**SRTF** means Substantive Review Time-frame.

Day means business day.

### Group I: Wastewater approval-to-construct (ATC) licences:

1. Standard wastewater treatment facility approval to construct:
   A.R.S. §§ 49-361 and 49-362,
   A.A.C. R18-9-804.
   

2. Complex wastewater treatment facility approval to construct:
   A.R.S. §§ 49-361 and 49-362,
   A.A.C. R18-9-804.
   

3. Standard sewerage collection system approval to construct:
   A.R.S. §§ 49-361 and 49-362,
   A.A.C. R18-9-804.
   

4. Complex sewerage collection system approval to construct:
   A.R.S. §§ 49-361 and 49-362,
   A.A.C. R18-9-804.
   

5. Standard individual on-site wastewater facility approval to construct:
   A.R.S. § 49-361 and 49-362,
   A.A.C. R18-9-804.
   

6. Complex individual on-site wastewater facility approval to construct:
   A.R.S. § 49-361 and 49-362,
   A.A.C. R18-9-804.
   

7. Standard non-individual on-site wastewater facility approval to construct:
   A.R.S. § 49-361 and 49-362,
   A.A.C. R18-9-804.
   
Arizona Administrative Register
Notices of Proposed Rulemaking

Table 6-N (Continued).—Wastewater Construction Licenses Issued by the Northern Regional Office

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.
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<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR TF</th>
<th>SR TF</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group I (Continued): Wastewater approval-to-construct (ATC) licenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group II: Wastewater approval-of-construction (AOC) licenses:</strong></td>
<td></td>
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<td></td>
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<tr>
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<td>SR</td>
<td>Subject to Sanctions</td>
<td>Application Components</td>
</tr>
<tr>
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<td>------------------------</td>
</tr>
<tr>
<td><strong>Group II (Continued): Wastewater approval of construction (AOC) licenses:</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group III: Other wastewater licenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. CWA § 208 consistency review approval, A.R.S. §§ 49-361 and 49-362, A.A.C. R18-9-804(I) and R18-9-804(J).</td>
<td>21</td>
<td>21</td>
<td>No</td>
<td>A.A.C. R18-9-804(I) and R18-9-804(J); Department application form required.</td>
</tr>
</tbody>
</table>

ACRTF means Administrative Completeness Review Time-frame.
SRTF means Substantive Review Time-frame.
Day means business day.
### Table 6-S.—Wastewater Construction Licenses Issued by the Southern Regional Office

**Repealed**

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.

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Day means business day.

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR TF</th>
<th>SR TF</th>
<th>Days</th>
<th>Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
</table>

#### Group I: Wastewater approval-to-construct (ATC) licences:

   - Fee: R18-14-101 through R18-14-108.
   - Department application form, site inspection, § 208-consistency determination, and initial fee required.

   - Fee: R18-14-101 through R18-14-108.
   - Department application form, site inspection, § 208-consistency determination, and initial fee required.

   - Fee: R18-14-101 through R18-14-108.
   - Department application form, site inspection, § 208-consistency determination, and initial fee required.

   - Fee: R18-14-101 through R18-14-108.
   - Department application form, site inspection, § 208-consistency determination, and initial fee required.

   - Fee: R18-14-101 through R18-14-108.
   - Department application form, site inspection, § 208-consistency determination, and initial fee required.

   - Fee: R18-14-101 through R18-14-108.
   - Department application form, site inspection, § 208-consistency determination, and initial fee required.

   - Fee: R18-14-101 through R18-14-108.
   - Department application form, site inspection, § 208-consistency determination, and initial fee required.
### Table 6-8 (Continued). Wastewater Construction Licenses Issued by the Southern Regional Office

<table>
<thead>
<tr>
<th>License Category</th>
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<th>SR TF Days</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group I (Continued): Wastewater approval-to-construct (ATC) licenses:</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

ACRTF means Administrative Completeness Review Time-frame.
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Day means business day.

### Group II: Wastewater approval-of-construction (AOC) licenses:

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACRTF Days</th>
<th>SR TF Days</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
### Table 6-S (Continued).—Wastewater Construction Licenses Issued by the Southern Regional Office

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACRTF</th>
<th>SRTF</th>
<th>Day</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group II (Continued): Wastewater approval-of-construction (AOC) licenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group III: Other wastewater licenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Arizona Administrative Register

## Notices of Proposed Rulemaking

Table 7.—Subdivision Sanitary Facility Licenses Issued by the Phoenix Office

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.
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Day means business day.

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR Days</th>
<th>SR Days</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
</table>
### Table 7: Pesticide Contamination Prevention Licenses

**Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame  
SRTF means Substantive Review Time-frame  
Day means business day

<table>
<thead>
<tr>
<th>ACR TF Days</th>
<th>SR TF Days</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td>124</td>
<td>No</td>
<td>A.A.C. R18-6-102, R18-6-106.</td>
</tr>
<tr>
<td>21</td>
<td>41</td>
<td>No</td>
<td>A.A.C. R18-6-102.14.</td>
</tr>
<tr>
<td>21</td>
<td>41</td>
<td>No</td>
<td>A.A.C. R18-6-105(D).</td>
</tr>
</tbody>
</table>
Table 7-N—Subdivision Sanitary Facility Licenses Issued by the Northern Regional Office Repealed

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR TF Days</th>
<th>SR TF Days</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Standard subdivision water and wastewater approval,</td>
<td>21</td>
<td>37</td>
<td>Yes</td>
<td>A.A.C. R18-5-401 through R18-5-411, R18-9-803, R18-9-804, and R18-9-806,</td>
</tr>
<tr>
<td>A.R.S. § 49-104(B)(11),</td>
<td></td>
<td></td>
<td></td>
<td>Fee: R18-14-101 through R18-14-108.</td>
</tr>
<tr>
<td>A.A.C. R18-5-401 through R18-5-411 and R18-9-804.</td>
<td></td>
<td></td>
<td></td>
<td>Department application form, site inspection, §208-consistency determination, and initial fee required.</td>
</tr>
<tr>
<td>2. Complex subdivision water and wastewater,</td>
<td>24</td>
<td>67</td>
<td>Yes</td>
<td>A.A.C. R18-5-401 through R18-5-411, R18-9-803, R18-9-804, and R18-9-806,</td>
</tr>
<tr>
<td>A.R.S. § 49-104(B)(11),</td>
<td></td>
<td></td>
<td></td>
<td>Fee: R18-14-101 through R18-14-108.</td>
</tr>
<tr>
<td>A.A.C. R18-5-401 through R18-5-411 and R18-9-804.</td>
<td></td>
<td></td>
<td></td>
<td>Department application form, site inspection, §208-consistency determination, and initial fee required.</td>
</tr>
<tr>
<td>A.R.S. § 49-104(B)(11),</td>
<td></td>
<td></td>
<td></td>
<td>Fee: R18-14-101 through R18-14-108.</td>
</tr>
<tr>
<td>A.A.C. R18-5-401 through R18-5-411 and R18-9-804.</td>
<td></td>
<td></td>
<td></td>
<td>Department application form, site inspection, §208-consistency determination, and initial fee required.</td>
</tr>
<tr>
<td>A.R.S. § 49-104(B)(11),</td>
<td></td>
<td></td>
<td></td>
<td>Fee: R18-14-101 through R18-14-108.</td>
</tr>
<tr>
<td>A.A.C. R18-5-401 through R18-5-411 and R18-9-804.</td>
<td></td>
<td></td>
<td></td>
<td>Department application form, site inspection, §208-consistency determination, and initial fee required.</td>
</tr>
<tr>
<td>5. Standard dry lot and on-site wastewater subdivision approval,</td>
<td>24</td>
<td>46</td>
<td>Yes</td>
<td>A.A.C. R18-5-401 through R18-5-411, R18-9-803, R18-9-804, and R18-9-806,</td>
</tr>
<tr>
<td>A.R.S. § 49-104(B)(11),</td>
<td></td>
<td></td>
<td></td>
<td>Fee: R18-14-101 through R18-14-108.</td>
</tr>
<tr>
<td>A.A.C. R18-5-401 through R18-5-411 and R18-9-804.</td>
<td></td>
<td></td>
<td></td>
<td>Department application form, site inspection, §208-consistency determination, and initial fee required.</td>
</tr>
<tr>
<td>6. Complex dry lot and on-site wastewater subdivision approval,</td>
<td>24</td>
<td>67</td>
<td>Yes</td>
<td>A.A.C. R18-5-401 through R18-5-411, R18-9-803, R18-9-804, and R18-9-806,</td>
</tr>
<tr>
<td>A.R.S. § 49-104(B)(11),</td>
<td></td>
<td></td>
<td></td>
<td>Fee: R18-14-101 through R18-14-108.</td>
</tr>
<tr>
<td>A.A.C. R18-5-401 through R18-5-411 and R18-9-804.</td>
<td></td>
<td></td>
<td></td>
<td>Department application form, site inspection, §208-consistency determination, and initial fee required.</td>
</tr>
</tbody>
</table>
Table 7-S. Subdivision Sanitary Facility Licenses Issued by the Southern Regional Office Repealed

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR TF Days</th>
<th>SR TF Days</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
</table>
### Table 10—Water Quality Licenses

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.

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<thead>
<tr>
<th>License Category</th>
<th>ACR TF</th>
<th>SR TF</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group I: Wastewater treatment facility individual discharging aquifer protection (AP) licenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 10 (Continued).—Water-Quality Licenses

Subject to A.R.S. § 41-1073(A) Licensing-Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.
SRTF means Substantive Review Time-frame.
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<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR TF</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group I (Continued): Wastewater treatment facility individual discharging aquifer protection (AP) licenses:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Wastewater treatment facility AP VEMUR approval, A.R.S. § 49-152(B), A.A.C. R18-7-207.</td>
<td>45 47 No</td>
<td>A.A.C. R18-7-207, Department application form and initial fee required.</td>
<td></td>
</tr>
<tr>
<td>16. Wastewater treatment facility AP VEMUR cancellation approval, A.R.S. § 49-152(C), A.A.C. R18-7-207.</td>
<td>45 27 No</td>
<td>A.A.C. R18-7-207, Department application form and initial fee required.</td>
<td></td>
</tr>
<tr>
<td><strong>Group II: Wastewater treatment facility (with recharge component) individual discharging aquifer protection (AP) licenses:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permit Type</td>
<td>Site Number</td>
<td>Permit Required</td>
<td>Fee Required</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>-----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>18 Standard wastewater treatment facility (with recharge component) AP new permit with a public hearing</td>
<td>35</td>
<td>Yes</td>
<td>Department application form, site inspection, and initial fee required</td>
</tr>
</tbody>
</table>
Table 10 (Continued).—Water-Quality Licenses
Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements
ACRTF means Administrative Completeness Review Time-frame.
SRTF means Substantive Review Time-frame.
Day means business day.

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR</th>
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<th>Sister</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
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<tr>
<td>Group II (Continued): Wastewater treatment facility (with recharge-component) individual discharging aquifer protection (AP) licenses:</td>
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### Table 10 (Continued).—Water Quality Licenses

**Subject to A.R.S. §41-1073(A) Licensing Time-frame Requirements**

ACRTF means Administrative Completeness Review Time-frame.
SRTF means Substantive Review Time-frame.
Day means business day.

<table>
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<th>Application Components</th>
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<tr>
<td><strong>Group III: Small BADCT wastewater treatment facility (with designs less than 250,000 gpd) individual discharging aquifer protection (AP) licenses:</strong></td>
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</table>
AP other modification permit.
Fee: R18-14-101 through R18-14-108.
Department application form, site inspection, and initial fee required.
### Notices of Proposed Rulemaking

Table 10 (Continued).—Water Quality Licenses

Subject to A.R.S. § 41-1073(A) Licensing-Time-frame Requirements

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<tr>
<td>41. Small BADCT wastewater treatment facility AP VEMUR approval, A.R.S. § 49-152(B), A.A.C. R18-7-207.</td>
<td>45</td>
<td>47</td>
<td>No</td>
<td>A.A.C. R18-7-207, Department application form and initial fee required.</td>
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<tr>
<td>42. Small BADCT wastewater treatment facility AP VEMUR cancellation approval, A.R.S. § 49-152(C), A.A.C. R18-7-207.</td>
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<td>A.A.C. R18-7-207, Department application form and initial fee required.</td>
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</table>
Table 10 (Continued) - Water Quality Licenses

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.
SRTF means Substantive Review Time-frame.
Day means business day.

Group IV: Industrial facility-individual discharging aquifer protection (AP) licenses:

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<th>ACR Days</th>
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<th>Application Components</th>
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Table 10 (Continued).—Water Quality Licenses

<table>
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<th>ACR TF</th>
<th>SR TF</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
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<tr>
<td>57. Industrial facility AP VEMUR approval, A.R.S. § 49-152(B), A.A.C. R18-7-207.</td>
<td>45 47</td>
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<td>58. Industrial facility AP VEMUR cancellation approval, A.R.S. § 49-152(C), A.A.C. R18-7-207.</td>
<td>45 27</td>
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Group V: Mine facility individual discharging aquifer protection (AP) licenses:

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<th>Application Components</th>
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<td>Description</td>
<td>Fee</td>
<td>Fee Description</td>
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Subject to A.R.S. § 41-1023(A) Licensing Time-frame Requirements

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<th>Application Components</th>
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<td><strong>Group V (Continued): Mine facility individual discharging aquifer protection (AP) licenses:</strong></td>
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<td>No.</td>
<td>Description</td>
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<td>Fee</td>
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<tr>
<td>72</td>
<td>Complex mine facility AP post-closure plan approval, A.R.S §§ 49-241 through 49-251, A.A.C. R18-9-101 through R18-9-130.</td>
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<td></td>
<td>A.A.C. R18-9-116, Fee: R18-14-101 through R18-14-108. Department application form, site inspection, and initial fee required.</td>
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### Table 10 (Continued).—Water Quality Licenses

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<th>Application Components</th>
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<td>73. Mine facility AP VEMUR approval, A.R.S. § 49-152(B), A.A.C. R18-7-207.</td>
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<td>No</td>
<td>A.A.C. R18-7-207, Department application form and initial fee required.</td>
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<td>74. Mine facility AP VEMUR cancellation approval, A.R.S. § 49-152(C), A.A.C. R18-7-207.</td>
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#### Group VI: Other discharging facility individual discharging aquifer protection (AP) licenses:

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<th>Application Components</th>
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<th>A.A.C.</th>
<th>Fee:</th>
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<td>89. Other discharging facility AP VEMUR approval:</td>
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<td>No</td>
<td>A.A.C. R18-7-207.</td>
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<td>90. Other discharging facility AP VEMUR cancellation approval:</td>
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</table>
Table 10 (Continued).—Water Quality Licenses
Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements
ACRTF means Administrative Completeness Review Time-frame.
SRTF means Substantive Review Time-frame.
Day means business day.

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR Time-frame</th>
<th>SR Time-frame</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
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<tbody>
<tr>
<td>Group VII: Reclaimed wastewater reuse licenses:</td>
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<tr>
<td>Item</td>
<td>Number</td>
<td>Fee</td>
<td>Description</td>
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<tr>
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<tr>
<td>99.</td>
<td>35</td>
<td>Yes</td>
<td>A.A.C. R18-9-705.</td>
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<td>Fee: R18-14-101 through R18-14-108, Department application form, site inspection, and initial fee required.</td>
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</table>

Standard reclaimed wastewater reuse other modification permit.
A.R.S. § 49-250(B)(8).
### Table 10 (Continued)—Water Quality Licenses

Subject to A.R.S. § 41-1072(A) Licensing Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.
SRTF means Substantive Review Time-frame.
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<table>
<thead>
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<th>License Category</th>
<th>ACRTF</th>
<th>SRTF</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
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<tbody>
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<td><strong>Group VII (Continued): Reclaimed wastewater reuse licenses:</strong></td>
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<tr>
<td>100. Complex reclaimed wastewater reuse other modification permit</td>
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<td>249</td>
<td>Yes</td>
<td>A.A.C. R18-9-705. Fee: R18-14-101 through R18-14-108. Department application form, site inspection, and initial fee required.</td>
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<tr>
<td>101. Reclaimed wastewater reuse permit transfer approval</td>
<td>21</td>
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<td>Yes</td>
<td>A.A.C. R18-9-121(E), Fee: R18-14-101 through R18-14-108, Department application form and initial fee required.</td>
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<td><strong>Group VIII: Noneffluent groundwater recharge licenses:</strong></td>
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<tr>
<td>102. Standard noneffluent groundwater recharge approval</td>
<td>35</td>
<td>70</td>
<td>No</td>
<td>A.R.S. § 45-811.01(C)(5).</td>
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<td>A.R.S. § 45-811.01(C)(5).</td>
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<td>103. Complex noneffluent groundwater recharge approval</td>
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<td>No</td>
<td>A.R.S. § 45-811.01(C)(5).</td>
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<td>A.R.S. § 45-811.01(C)(5).</td>
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<td>104. Noneffluent groundwater recharge pilot project time extension approval</td>
<td>40</td>
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<td>No</td>
<td>A.A.C. R18-9-127(B).</td>
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<td>A.R.S. § 49-241, A.A.C. R18-9-127(B).</td>
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<td><strong>Group IX: Facility registration licenses:</strong></td>
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<td>105. Dry well registration</td>
<td>24</td>
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<td>No</td>
<td>Fee: A.A.C. R18-14-103(B)(1), Department application form and initial fee required.</td>
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<td>A.R.S. § 49-332.</td>
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<td>106. Significant industrial user registration</td>
<td>24</td>
<td>0</td>
<td>No</td>
<td>Fee: A.A.C. R18-14-103(B)(2), Department application form and initial fee required.</td>
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<td>A.R.S. § 49-200.</td>
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<td><strong>Group X: Pesticide contamination prevention licenses:</strong></td>
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<td>107. New pesticide approval</td>
<td>62</td>
<td>124</td>
<td>No</td>
<td>A.A.C. R18-6-102, R18-6-106.</td>
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<td>A.R.S. § 49-302(F), A.A.C. R18-6-102(B).</td>
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<td>108. Active ingredient or pesticide criticality determination</td>
<td>24</td>
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<td>No</td>
<td>A.A.C. R18-6-102.</td>
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**TABLE 10. WATER PERMIT LICENSING TIME-FRAMES**  
(Business Days)

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<tr>
<th>Permits</th>
<th>Authority</th>
<th>Administrative Completeness Review</th>
<th>Substantive Review Pre-Construction</th>
<th>Post-Construction</th>
<th>Total</th>
<th>Overall Time-frame</th>
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<td><strong>AQUIFER PROTECTION PERMITS</strong></td>
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<tr>
<td>Individual Permit</td>
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<td>n/a</td>
<td>186</td>
<td>231²</td>
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<tr>
<td>No public hearing</td>
<td>18 A.A.C. 9, Article 2</td>
<td>35</td>
<td>n/a</td>
<td>n/a</td>
<td>221</td>
<td>266</td>
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<td>Public hearing</td>
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<td>Complex Individual Permit</td>
<td>A.R.S. §§ 49-203, 49-242</td>
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<td>Temporary Individual Permit</td>
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<td>A.R.S. § 49-245</td>
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<td>A.A.C. R18-9-D301 through R18-9-D307</td>
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<td>4.01 General Permit</td>
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<td>21</td>
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<td>300 services or less</td>
<td>A.A.C. R18-9-E301 through R18-9-D307</td>
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<td>More than 300 services</td>
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<td>A.R.S. § 49-245</td>
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<td>32</td>
<td>21</td>
<td>53</td>
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<td>A.A.C. R18-9-E314</td>
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<td>Standard Combined</td>
<td>A.R.S. § 49-245</td>
<td>21</td>
<td>62</td>
<td>21</td>
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<td>Two or three Type 4 general</td>
<td>A.A.C. R18-9-E402 through R18-9-E333</td>
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<td>Permits</td>
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<td>Complex Combined</td>
<td>A.R.S. § 49-245</td>
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<td>21</td>
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<td>Four or more Type 4 general</td>
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</table>
A request for a public hearing allows the Department 60 days to publish the notice of public hearing and for the official comment period. Forty-five business days are added to the substantive review time-frame.

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### SUBDIVISION APPROVALS

<table>
<thead>
<tr>
<th>Subdivision</th>
<th>A.R.S. § 49-104(B)(11)</th>
<th>A.A.C. R18-5-408</th>
<th>21</th>
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<td>Community facilities</td>
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<td>A.A.C. R18-5-403</td>
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### RECLAIMED WATER PERMITS

<table>
<thead>
<tr>
<th>Individual Permit</th>
<th>A.R.S. § 49-203</th>
<th>35</th>
<th>n/a</th>
<th>n/a</th>
<th>186</th>
<th>231</th>
<th>221</th>
<th>266</th>
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<tbody>
<tr>
<td>No public hearing</td>
<td></td>
<td>35</td>
<td>n/a</td>
<td>n/a</td>
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<td>294</td>
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<td>Complex Individual Permit</td>
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<td>186</td>
<td>231</td>
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<td>266</td>
</tr>
<tr>
<td>No public hearing</td>
<td></td>
<td>35</td>
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<td>n/a</td>
<td>249</td>
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<td>Type 3 General Permit</td>
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### ARIZONA POLLUTANT DISCHARGE ELIMINATION SYSTEM (AZPDES) PERMITS

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<tr>
<th>Individual Permit</th>
<th>A.R.S. § 49-255.01</th>
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<th>n/a</th>
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<th>249</th>
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<tr>
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<tr>
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<td>n/a</td>
<td>n/a</td>
<td>249</td>
<td>294</td>
<td>284</td>
<td>329</td>
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<tr>
<td>Public hearing</td>
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<td>n/a</td>
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<td>Individual Permit</td>
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<td>Minor Facility</td>
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<td>n/a</td>
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<td>284</td>
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<tr>
<td>No public hearing</td>
<td></td>
<td>35</td>
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<td>n/a</td>
<td>186</td>
<td>231</td>
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<td>Public hearing</td>
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<td>n/a</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Individual Permit</td>
<td>A.R.S. § 49-255.01</td>
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<td>171</td>
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<td>Stormwater / Construction</td>
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<td>n/a</td>
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<td>Activities</td>
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<td>Individual Permit</td>
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<td>Major Modification</td>
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<td>284</td>
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<tr>
<td>No public hearing</td>
<td></td>
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<td>n/a</td>
<td>186</td>
<td>231</td>
<td>221</td>
<td>266</td>
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<tr>
<td>Public hearing</td>
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### LAND APPLICATION OF BIOSOLIDS REGISTRATIONS

<table>
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<tr>
<th>Biosolid Applicator Registration Request Acknowledgment</th>
<th>A.R.S. § 49-255.03</th>
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<tr>
<td>A.A.C. R18-9-1004</td>
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</table>

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Table 12. Solid Waste Licenses

ACRTF means Administrative Completeness Review Time-frame.
SRTF means Substantive Review Time-frame.
Day means business day.

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR TF Days</th>
<th>SR TF Days</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I: Solid waste variance licenses:</td>
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<td>A.R.S. § 49-763.01, Department application form required.</td>
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<td>1. Rule or standard variance request, A.R.S. § 49-763.01.</td>
<td>21</td>
<td>41</td>
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<td>Group II: Land application of biosolids licenses:</td>
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<td>2. Biosolid applicator registration request acknowledgment, A.A.C. R18-13-1504(C), Department application form required.</td>
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<td>9</td>
<td>No</td>
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<td>Group III: Nonlandfill solid waste facility individual discharging aquifer protection (AP) licenses:</td>
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</table>
### Table 12 (Continued). Solid Waste Licenses

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

ACRTF means Administrative Completeness Review Time-frame.
SRTF means Substantive Review Time-frame.
Day means business day.

<table>
<thead>
<tr>
<th>License Category</th>
<th>ACR TF Days</th>
<th>SR TF Days</th>
<th>Subject to Sanctions</th>
<th>Application Components</th>
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<td><strong>Group III (Continued): Nonlandfill solid waste facility individual discharging aquifer protection (AP) licenses:</strong></td>
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### Table 12 (Continued).  Solid Waste Licenses

Subject to A.R.S. § 41-1073(A) Licensing Time-frame Requirements

<table>
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<th>Application Components</th>
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<th>Days</th>
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<td>45. Nonlandfill solid waste VEMUR approval,</td>
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<td>A.R.S. § 49-152(B),</td>
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<td>A.A.C. R18-7-207.</td>
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</table>

Department application form and initial fee required.

46. Nonlandfill solid waste VEMUR cancellation approval,                                 | 45    | 27   | No   |                  |
| A.R.S. § 49-152(C),                                                                    |       |      |      |                  |
| A.A.C. R18-7-207.                                                                      |       |      |      |                  |

Department application form and initial fee required.