

TITLE 9. HEALTH SERVICES
CHAPTER 10. HEALTH CARE INSTITUTIONS: LICENSING
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ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES

R9-10-1101. Definitions

In this Article, unless the context otherwise requires:

- #. "Care plan" means a written program of action for a participant's care based upon an assessment of that person's physical, nutritional, psychosocial, economic, and environmental strengths and needs and implemented according to established short- and long-term goals.
- #. "Participant" means a patient enrolled in an adult day health care facility.
- #. "Participant's representative" means a participant's legal guardian, an individual acting on behalf of a participant with written consent of the participant, or a surrogate as defined in A.R.S. § 36-3201.

R9-10-1102. Administration

A. A governing authority shall:

- 1. Consist of one or more individuals responsible for the organization, operation, and administration of an adult day health care facility;
- 2. Establish, in writing:
 - a. An adult day health care facility's scope of services, and
 - b. Qualifications for an administrator;
- 3. Designate, in writing an administrator, who has the qualifications established in subsection (A)(2)(b);
- 4. Approve policies and procedures;
- 5. Adopt a quality management program according to R9-10-1103;
- 6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
- 7. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on an adult day health care facility's premises for more than 30 calendar days, or
 - b. Not present on an adult day health care facility's premises for more than 30 calendar days; and
- 8. Except as provided in (A)(7), notify the Department according to A.R.S. § 36-425(I), if there is a change of administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is 21 years of age or older;
2. Is directly accountable to the governing authority of an adult day health care facility for services provided by or at the adult day health care facility;
3. Has the authority and responsibility to manage the hospital; and
4. Except as provided in subsection (A)(8), designates, in writing, an individual who is 21 years of age or older and available and accountable for services provided by an adult day health care facility when the administrator is not present on the adult day health care facility premises and participants are present on the adult day health care facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications including required skills and knowledge for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers; and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a participant;
 - d. Include a method to identify a participant to ensure that the participant receives the appropriate services;
 - e. Cover participant rights including assisting a participant who does not speak English or who has a disability to become aware of participant rights;
 - f. Cover medical records, including electronic medical records; and
 - g. Cover quality management, including incident documentation;
2. Policies and procedures for services provided by an adult day health care facility are established, documented, and implemented that:
 - a. Cover screening, enrollment, and discharge;
 - b. Cover the provision of the services in the adult day health care facility's scope of services;
 - c. Cover dispensing, administering, and disposing of medications, including provisions for inventory control and preventing diversion of controlled substances;
 - d. Cover food services;
 - e. Cover environmental services;
 - f. Cover infection control;

- g. Cover quality management, including incident documentation; and
- h. Cover emergency treatment provided at the adult day health care facility;
- 3. Ensure that policies and procedures are:
 - a. Available to personnel members, and
 - b. Reviewed at least once every 24 months and updated as needed; and
- 4. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; or
 - b. When documentation or information is required by this Chapter to be submitted on behalf of an adult day health care facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the adult day health care facility.

C. An administrator shall:

- 1. Maintain, and make available to individuals upon request, a schedule of rates and charges;
- 2. Ensure that a monthly calendar of planned activities is:
 - a. Posted before the beginning of a month, and
 - b. Maintained on the premise for at least 90 days after the end of the month;
- 3. Ensure that materials, supplies, and equipment are provided for the planned activities; and
- 4. Assist in the formation of a participants' council according to R9-10-1109.

R9-10-1103. Quality Management

An administrator shall ensure that:

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

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

R9-10-1104. Contracted Services

An administrator shall ensure that:

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

R9-10-1105. Personnel

A. An administrator shall ensure that:

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

2. A personnel member's skills and knowledge are verified:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. At least once every 12 months; and
 3. There are personnel members present on an adult day health care facility's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the adult day health care facility's scope of services,
 - b. Meet the needs of a participant, and
 - c. Ensure the health and safety of a participant.
- B. An administrator shall ensure that a personnel member:
1. Is 18 years of age or older, and
 2. Is not a participant of the adult day health care facility.
- C. An administrator shall ensure that a personnel record for a personnel member, employee, volunteer, or student:
1. Includes:
 - a. The individual's name, date of birth, home address, and contact telephone number;
 - b. The starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. As applicable, documentation of:
 - i. Qualifications, including education, experience, skills, and knowledge applicable to the employee's or volunteer's job duties;
 - ii. Verification of skills and knowledge;
 - iii. Training, registration, certification, or licensure;
 - iv. Evidence of freedom from infectious tuberculosis as required in subsection (A)(2); and
 - v. Orientation and in-service education; and
 2. Is maintained by the adult day health care facility for at least two years after the last date the employee or volunteer worked in the adult day health care facility.
- D. An administrator shall ensure that:
1. At least two personnel members are present on the premises whenever two or more participants are in the adult day health care facility;
 2. At least one personnel member with cardiopulmonary resuscitation and first-aid certification is on the premises at all times;

3. A registered nurse manages the nursing services and provides direction for health-related services provided by the adult day health care facility; and
4. A nurse is on the premises daily to:
 - a. Administer medications and treatments, and
 - b. Monitor a participant's health status.

R9-10-1106. Enrollment

- A. An administrator shall ensure that a participant provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- B. Before or at the time of enrollment, an administrator shall ensure that a participant or the participant's representative signs a written agreement with the adult day health care facility that includes:
 1. The participant's name and date of birth,
 2. Enrollment requirements,
 3. A list of the customary services that the adult day health care facility provides,
 4. A list of services that are available at an additional cost,
 5. A list of fees and charges,
 6. Procedures for termination of the agreement,
 7. A copy of participant rights,
 8. The requirements of the adult day health care facility,
 9. The names and telephone numbers of individuals designated by the participant to be notified in the event of an emergency, and
 10. A copy of the adult day health care facility's procedure on health care directives.
- C. An administrator shall give a copy of the agreement in subsection (B) to the participant or participant's representative and keep the original in the participant's record.
- D. An administrator shall ensure that a participant has a signed written medical assessment that:
 1. Was completed by the participant's medical practitioner within 60 days before enrollment; and
 2. Includes:
 - a. Information that addresses the participant's:
 - i. Physical health;
 - ii. Cognitive awareness of self, location, and time; and
 - iii. Deficits in cognitive awareness;
 - b. Physical, mental, and emotional problems experienced by the participant;
 - c. A schedule of the participant's medications;

- d. A list of treatments the participant is receiving;
 - e. The participant's special dietary needs; and
 - f. The participant's known allergies.
- E. At the time of enrollment, an administrator shall ensure that the participant or participant's representative
- 1. Documents whether the participant may sign in and out of the adult day health care facility; and
 - 2. Provides the following:
 - a. The name and telephone number of the:
 - i. Participant's representative;
 - ii. Family member to be contacted in an emergency;
 - iii. Participant's medical practitioner; and
 - iv. Adult who provides the participant with supervision and assistance in the preparation of meals, housework, and personal grooming, if applicable; and
 - b. If applicable, a copy of the participant's health care directive.
- F. An administrator shall ensure that a comprehensive written assessment of the participant:
- 1. Is completed by a registered nurse before the participant's tenth visit or within 30 calendar days after enrollment, whichever comes first;
 - 2. Addresses the participant's:
 - a. Physical health,
 - b. Mental and emotional status, and
 - c. Social history; and
 - 3. Includes:
 - a. Medical practitioner orders,
 - b. Adult day health care services recommended for the participant's care plan, and
 - c. The signature of the registered nurse conducting the assessment and date signed.

R9-10-1107. Discharge

- A. An administrator may discharge a participant from an adult day health care facility by terminating the agreement in R9-10-1106(B):
- 1. After giving the participant or participant's representative a five-day written notice; and
 - 2. For any of the following reasons:
 - a. Evidence of repeated failure to comply with the requirements of the adult day health care facility,

- b. Documented proof of failure to pay,
 - c. Behavior that is dangerous to self or that interferes with the physical or psychological well-being of other participants, or
 - d. The participant requires services not in the adult day health care facility's scope of services.
- B. An administrator shall ensure that discharge instructions for a participant are:
- 1. Developed that:
 - a. Identifies any specific needs of the participant after discharge,
 - b. Is completed before discharge occurs,
 - c. Includes a description of the level of care that may meet the participant's assessed and anticipated needs after discharge, and
 - d. Is documented in the participant's record within 48 hours after the discharge instructions are completed; and
 - 2. Provided to the participant or the participant's representative before the discharge occurs.

R9-10-1108. Participant Rights

- A. An administrator shall ensure:
- 1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
 - 2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
 - 3. There are policies and procedures that include:
 - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
 - b. Where participant rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that a participant:
- 1. Is not subjected to:
 - a. The intentional infliction of physical, mental or emotional pain unrelated to the participant's condition;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse according to A.R.S. § 13-1404;

- g. Sexual abuse according to A.R.S. § 13-1406;
 - h. Seclusion or restraint if not necessary to prevent harm to self or others;
 - i. Retaliation for submitting a complaint to the Department or another entity; and
 - j. Misappropriation of personal and private property by an adult day health care facility's personnel members, employees, volunteers, or students; and
2. A participant or the participant's representative:
- a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The policy on health care directives,
 - ii. The participant complaint process,
 - iii. Rates and charges for the use of the adult day health care facility, and
 - iv. The process for contacting the local office of adult protective services;
 - e. Consents to photographs of the participant before a participant is photographed; and
 - f. Except as otherwise permitted by law, provides written consent to the release of the participant's records.
- C. A participant has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
 - 2. To receive treatment that supports and respects the participant's individuality, choices, strengths, and abilities;
 - 3. To communicate, associate, and meet privately with individuals of the participant's choice;
 - 4. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the adult day health care facility;
 - 5. To arrive and depart from the adult day health care facility, consistent with the participant's care plan and personal safety;
 - 6. To receive privacy in treatment and care for personal needs;
 - 7. To review, upon written request, the participant's own records;
 - 8. To receive a referral to another health care institution if the adult day health care facility is unable to provide physical health services or participant services for the participant;

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

R9-10-1109. Participants' Council

- A. A participants' council:
 1. Is composed of participants, who are willing to serve on the council and take part in scheduled meetings;
 2. May develop guidelines that govern the council's activities;
 3. May meet quarterly and record minutes of the meeting; and
 4. May provide written input personnel on planned activities and policies of the adult day health care facility.
- B. A participants' council may invite personnel or the administrator to attend their meetings.
- C. An administrator shall act as a liaison between the participants' council and personnel members, employees, and volunteers.

R9-10-1110. Adult Day Health Services

- A. An administrator shall ensure that a personnel member provides supervision for a participant except during periods of the day when the participant signs out or is signed out according to policies and procedures.
- B. An administrator shall ensure that a personnel member provides assistance with activities of daily living and supervision of personal hygiene according to the participant's care plan and policies and procedures.
- C. An administrator shall ensure that a personnel member provides a participant with planned therapeutic individual and group activities:
 1. According to the:
 - a. Participant's care plan,
 - b. Policies and procedures, and
 - c. Monthly calendar of planned activities required in R9-10-1102(C)(2); and
 2. That include:
 - a. Physical activities,
 - b. Group discussion,
 - c. Techniques a participant may use to maintain or improve the participant's independence in performing activities of daily living,

- d. Assessment of deficits in cognitive awareness and reinforcement of remaining cognitive awareness,
 - e. Activities of daily living,
 - f. Participants' council meetings, and
 - g. Leisure time.
- D. An administrator shall ensure that a nurse monitors the health status of a participant according to the participant's care plan and policies and procedures by:
- 1. Observing the participant's mental and physical condition, including monthly monitoring of the participant's vital signs and nutritional status;
 - 2. Documenting changes in the participant's mental and physical condition in the participant's record; and
 - 3. Reporting any changes to the participant's medical practitioner or representative.
- E. If an adult day health care facility administers medication or provides assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication administration or assistance in the self-administration of medication:
- 1. Include:
 - a. A process for providing information to a participant about medication prescribed for the participant including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner and meets the participant's needs;
 - d. Procedures for documenting medication services and assistance in the self-administration of medication; and
 - e. Procedures for assisting a participant in obtaining medication; and
 - 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and

- b. An adverse reaction to a medication.
- F. An administrator shall ensure that:
 - 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a participant only as prescribed;
 - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 - 3. A medication administered to a participant:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the participant's medical record and
 - 4. If pain medication is administered to a participant, documentation in the participant's medical record includes:
 - a. An identification of the participant's pain before administering the medication, and
 - b. The effect of the pain medication administered.
- G. If an adult day health care facility provides assistance in the self-administration of medication, an administrator shall ensure that:
 - 1. A participant's medication is stored by the adult day health care facility;
 - 2. The following assistance is provided to a participant:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the participant;
 - c. Observing the participant while the participant removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
 - i. The participant taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the participant at the time stated on the medication container label; or

- e. Observing the participant while the participant takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
- 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse;
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (G)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance with the self-administration of medication provided to a participant:
 - a. Is in compliance with an order, and
 - b. Is documented in the participant's medical record.
- H. An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members, and
 - 2. A current toxicology reference guide is available for use by personnel members.
- I. When medication is stored at an adult day health care facility, an administrator shall ensure that:
 - 1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
 - 2. If medication is stored in a room or closet, a locked cabinet or container is used for medication storage;
 - 3. Medication is stored according to the manufacturer's recommendations; and
 - 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;

- c. A medication recall and notification of participants who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- J. A medication error or a participant's refusal to take a medication is:
 - a. Reported to the participant's representative within 12 hours, and
 - b. Documented in the participant's record within 24 hours; and
- K. An adverse event is:
 - a. Reported to the participant's representative and medical practitioner within 12 hours, and
 - b. Documented in the participant's record within 24 hours.
- L. An administrator shall ensure that:
 - 1. Immediate notifying a participant's medical practitioner and representative of injuries;
 - 2. Report injuries to Adult Protective Services according to A.R.S. § 46-454, when applicable;
 - 3. Prepare a written accident report on the day of occurrence or when any injury of unknown origin is detected that includes the:
 - a. Name of the participant,
 - b. Date and time of the accident,
 - c. Type of accident,
 - d. Injury sustained,
 - e. Names of witnesses, and
 - f. Action taken;
 - 4. Investigate the accident within 24 hours and documenting any corrective action in the accident or report; and
 - 5. Retain the accident report for one year after the date of the accident.
- M. For a participant whose care plan includes counseling on an individual or group basis, an administrator shall ensure that:
 - 1. If the counseling needed by the participant is within the adult day health care facility's scope of services, a personnel member provides the counseling to the participant according to policies and procedures; or
 - 2. If the counseling needed by the participant is not within the adult day health care facility's scope of services, a personnel member assists the participant or the participant's representative to obtain counseling for the participant according to policies and procedures.

R9-10-1111. Care Plan

An administrator shall ensure that a care plan for a participant:

1. Is developed within seven days after the completion of the participant's comprehensive assessment;
2. Has input from:
 - a. The participant or participant's representative,
 - b. The nurse who performed the comprehensive assessment, and
 - c. Personnel who have provided services to the participant;
3. Is based on the participant's comprehensive assessment;
4. Includes:
 - a. A summary of the participant's medical or health problems, including physical, mental, and emotional disabilities or impairments;
 - b. Adult day health services to be provided;
 - c. Goals and objectives of care that are time limited and measurable;
 - d. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers;
 - e. Any health care directives; and
 - f. Discharge instructions according to R9-10-1107(B); and
5. Is reviewed and updated at least every six months and whenever there is a significant change in the participant's condition.

R9-10-1112. Medical Records

A. An administrator shall ensure that:

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

- c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
 5. A participant's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;
 6. Information in a participant's medical record is disclosed to an individual not authorized under subsection (5) only with the written consent of a participant or the participant's representative or as permitted by law; and
 7. A participant's medical record is protected from loss, damage, or unauthorized use.
- B. If an adult day health care facility maintains participant's medical records electronically, an administrator shall ensure that:
 1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a participant's medical record contains:
 1. Participant information that includes:
 - a. The participant's name;
 - b. The participant's address;
 - c. The participant's date of birth;
 - d. The name and contact information of the participant's representative, if applicable; and
 - e. Any known allergies including medication or biological allergies;
 2. The name of the participant's medical practitioner or other individuals involved in the care of the participant;
 3. An enrollment agreement and date of the participant's first visit;
 4. Documentation of general consent, and if applicable informed consent, for treatment by the participant or the participant's representative except in an emergency;
 5. Documentation of medical history;
 6. Copy of participant's health care directive, if applicable;
 7. Orders;
 8. Assessment required in R9-10-1106(D);
 9. Care plan;

10. Comprehensive assessment required in R9-10-1106(F);
11. Progress notes;
12. Documentation of adult day health care facility services provided to the participant;
13. Disposition of the participant upon discharge;
14. Discharge date;
15. Documentation of a medication or a biological administered to the participant that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the participant's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. The identification and signature of the individual administering or observing the self-administration of the medication or biological;
 - e. If applicable, the documentation required in R9-10-1110(E)(4)(a) and (b); and
 - f. Any adverse reaction a participant has to the medication or biological;
18. Documentation of:
 - a. A significant change in the participant's condition,
 - b. An injury or accident that:
 - i. Occurred at the adult day health care facility, and
 - ii. Required medical services, and
 - c. Notification of the participant's medical practitioner and participant's representative;
19. Documentation of whether the participant may sign in or out of the adult day health care facility;
20. Documentation of freedom from infectious tuberculosis required in R9-10-1106(A); and
21. Names and telephone numbers of individuals to be notified in the event of an emergency.

R9-10-1113. Food Services

- A. An administrator shall:
 1. Designate a food service supervisor who is responsible for food service in an adult day health care facility; and
 2. If an adult day health care facility provides a therapeutic diet to participants, ensure that:
 - a. The therapeutic diet is prescribed in writing by:

- i. The participant's medical practitioner, or
 - ii. A registered dietician; and
 - b. A current therapeutic diet reference manual is available to the food service supervisor.
- B. A food service supervisor shall ensure that:
 1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 days after the last day included in the food menu;
 2. Meals and snacks provided by the adult day health care facility are served according to posted menus;
 3. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
 4. A participant is provided a diet that meets the participant's nutritional needs as specified in the participant's assessment, under R9-10-1106(F), or care plan;
 5. Water is available and accessible to participants at all times, unless otherwise stated by the participant's medical practitioner; and
 6. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the participant.
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a participant, such as cut, chopped, ground, pureed, or thickened;
 4. Potentially hazardous food is maintained as follows:

- a. Foods requiring refrigeration are maintained at 41° F or below;
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - iv. Leftovers are reheated to a temperature of at least 165° F;
 - 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
 - 6. Frozen foods are stored at a temperature of 0° F or below; and
 - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- D. An administrator shall ensure that:
- 1. An adult day health care facility with a more than 15 participants, the adult day health care facility:
 - a. Is licensed as a food establishment under 9 A.A.C. 8, Article 1; and
 - b. Maintains a copy of the adult day health care facility's food establishment license;
 - 2. If the adult day health care facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the adult day health care facility, a copy of the contracted food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the adult day health care facility; and
 - 3. The adult day health care facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant.

R9-10-1114. Emergency and Safety Standards

- A. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of participants and other individuals on the premises;
 - b. Assigned personnel responsibilities;
 - c. Instructions for the evacuation of participants, including:
 - i. When, how, and where participants will be relocated; and
 - ii. A plan for notifying the emergency contact for each participant;
 - d. A plan to ensure each participant's medications will be available to administer to the participant during a disaster; and
 - e. A plan for providing water, food, and needed services to participants present in the adult day health care facility or the adult day health care facility's relocation site during a disaster;
 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months; and
 3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement.
- B. An administrator shall ensure that:
1. A participant receives orientation to the exits from the adult day health care facility and the route to be used when evacuating participants within two visits after the participant's enrollment, and
 2. A participant's orientation is documented in the participant's record.
- C. An administrator shall ensure that:
1. An evacuation drill for employees and participants is conducted at least once every six months;
 2. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;

- b. The amount of time taken for all employees and participants to evacuate the adult day health care facility;
 - c. An identification of participants needing assistance for evacuation;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
3. An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.

R9-10-1115. Environmental Standards

An administrator shall ensure that:

- 1. The adult day health care facility's premises are:
 - a. Cleaned and disinfected according to policies and procedures to prevent, minimize, and control illness and infection, and
 - b. Free from a condition or situation that may cause a participant or an individual to suffer physical injury;
- 2. A pest control program is used to minimize the presence of insects and vermin;
- 3. Windows and doors opening to the outside are screened if they are kept open at any time for ventilation or other purposes;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
- 5. Equipment used at the adult day health care facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
- 6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
- 7. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
- 8. Heating and cooling systems maintain the adult day health care facility at a temperature between 70° F and 84° F at all times;
- 9. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;

10. Soiled linen and soiled clothing stored by the adult day health care facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
11. Oxygen containers are secured in an upright position;
12. Poisonous or toxic materials stored by the adult day health care facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to participants;
13. Combustible or flammable liquids and hazardous materials stored by the adult day health care facility are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to participants;
14. Pets or animals are:
 - a. Controlled to prevent endangering the participants and to maintain sanitation;
 - b. Not allowed in treatment, food storage, food preparation, or dining areas;
 - c. Licensed consistent with local ordinances; and
 - d. Vaccinated as follows:
 - i. A dog is vaccinated against rabies and leptospirosis, and
 - ii. A cat is vaccinated against rabies; and
15. If a swimming pool is located on the premises:
 - a. At least one personnel member with cardiopulmonary resuscitation training, required in R9-10-1105(D), is present in the pool area when a participant is in the pool area, and
 - b. At least two personnel members are present in the pool area if two or more participants are in the pool area.

R9-10-1116. Physical Plant Requirements

- A. An administrator shall ensure that an adult day health care facility complies with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, in effect on the date the adult day health care facility submitted architectural plans and specifications to the Department for approval.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
 1. The services stated in the adult day health care facility's scope of services, and
 2. An individual accepted as a participant by the adult day health care facility.
- C. If the adult day health care facility is operated by a nursing care institution, an administrator shall ensure that the adult day health care facility is physically and functionally separate from the nursing care institution.

- D. An administrator shall ensure that an adult day health care facility has at least 40 square feet of indoor activity space for each participant excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for use by individuals who are not participants.
- E. An administrator shall ensure that an outside activity space is provided and available that;
1. Is on the premises,
 2. Has a hard-surfaced section for wheelchairs,
 3. Has an available shaded area, and
 4. Has a means of egress without entering the adult day health care facility;
- F. An administrator shall ensure that:
1. There is at least one working flushable toilet and one sink with running water for each ten participants;
 2. A bathroom for use by participants provides privacy when in use and contains in a location accessible to participants:
 - a. A mirror;
 - b. Toilet paper for each toilet;
 - c. Soap accessible from each sink;
 - d. Paper towels in a dispenser or an air hand dryer; and
 - e. Grab bars for the toilet and other assistive devices, if required, to provide for participant safety;
 3. A bathroom has a window that opens or another means of ventilation;
 4. If a bathing facility is provided:
 - a. The bathing facility provides privacy when in use,
 - b. Shower enclosures have nonporous surfaces,
 - c. Showers and tubs have grab bars for participant safety, and
 - d. Tub and shower floors have slip-resistant surfaces;
 5. Dining areas are furnished with dining tables and chairs and large enough to accommodate participants;
 6. There is a wall or other means of physical separation between dining facilities and food preparation areas;
 7. If the adult day health care facility serves food, areas are designated for food preparation, storage, and handling and are not used as a passageway by participants; and
 8. All flooring is slip-resistant.
- G. If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:

1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational vacuum cleaning system;
2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least five feet from the ground; and
 - iii. Is locked when the swimming pool is not in use;
3. A life preserver or shepherd's crook is available and accessible in the pool area; and
4. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area.