

CHAPTER 10 – ARTICLE 11

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Respondent Type: Normal Response

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IP Address: 63.232.79.42

Response Started: Friday, May 3, 2013 1:42:41 PM

Response Modified: Friday, May 3, 2013 3:56:44 PM

1. What parts of the draft rules do you believe are effective?No Response

2. How can the draft rules be improved?

1) R9-10-1102 Sub Section B # 3- Replace the word "hospital with "Adult Day Center" or "Facility". 2) R9-10-1105 Sub Section A - There should be some guidelines for required training, the drafted language leaves too much up for interpretation 3) R9-10-1106 Sub Section F # 1 - According to the AZ Board of Nursing, LPN's can gather and record assessment data therefore I would recommend replacing "Registered Nurse" with "Nurse". All day center participants have there own physicians that nurses report to 4) R9-10-1106 Sub Section F # 3, C - Again replace "Registered Nurse" with "Nurse" 5) R9-10-1110 Sub Section E # 1, e - Remove this statement as this is not in the scope of the Adult Day Center as this is not in the scope of the Adult Day Center to order medications for participants. 6) R9-10-1110 Sub Section F # 1, b, i - Remove this statement as this is not in the scope of the Adult Day Center to order medications for participants

3. Has anything been left out that should be in the rules?No Response

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IP Address: 63 232 79 42

Response Started: Friday, May 3, 2013 8:53:46 AM

Response Modified: Friday, May 3, 2013 9:56:54 AM

1. What parts of the draft rules do you believe are effective?

Break out of departments is better versus mixing a few departments under one section

2. How can the draft rules be improved?

R9-10-1102 Administration B 3 --Has the authority to manage the hospital? Did you mean Adult Day Center?
 R9-10-1102 and R9-10-1105 Personnel A 1 2--In the old Rules and Regs it outlines the expected training for new hires and 10 hours of in-service training annually. It could be a mistake to leave this area to interpretation
 1) If a new day center administrator does not know "what they don't know" then proper training may not be offered
 2) The state surveyor at the time of inspection will be left to make a judgment call unfair to all day centers going through the inspection process. R9-10-1103--I understand the need for Quality Management
 What is being proposed here is overboard and would require a Quality Assurance Director--way beyond the budget of any day center. A suggestion would be to monitor data such as medication errors and accidents to ensure safety
 R9-10-1105 Personnel D 3--After being associated with our day center for 14 years, I believe that a day center does not need to require an RN to be on staff. The Rules & Regs are already saying that a nurse (whether RN or LPN) is present to administer medications and monitor health status (Also stated in R9-10-1110 D)
 If an LPN can monitor, document, dispense medications why does an RN need to supervise? If the LPN is already doing the hands on job why should they have to educate the RN as to what is happening?
 1) If a day center chooses to hire a seasoned LPN over an inexperienced RN this could impact a day center's a) budget and b) best person for the job
 2) I know currently the Rules do state that an RN shall supervise the health care needs of the participants. The reality is if there are major medical issues the participant's doctor is contacted, the family and/or emergency personnel if needed
 3) If the participant is too ill or interferes with the overall well being of the entire center then the participant is not appropriate to be there
 R9-10-1106 Enrollment D 1 & F 1 & 3 --D 1 States participant has medical assessment completed by medical practitioner within 60 days
 1) 60 days is too long. Change to 30 days
 Change RN to Nurse
 1) A comprehensive assessment written by an RN is not needed. Although the day centers do medical monitoring and dispense medications, they are not places of heavy medical needs.
 2) A comprehensive assessment should be written by the Assessment Team and not just one person
 3) Also it states that the RN should complete the "Social History". Again an Assessment Team should complete and really if a Social History is required this should be completed by a Social Worker
 R9-10-1107 A 2 c --Discharge Requires 5 days written notice. If a participant is a danger to himself or others, this should call for immediate discharge until the family can get resolved through a medical practitioner
 R9-10-1108 Participant Rights C --First Participant Right now includes Source of Payment. Please remove or revise language. If someone cannot afford to attend and does not qualify for contract funding then this language indicates a day center will provide the service for free --Error in numbering the last two should be # 10 & 11 and not a repeated 7&8
 R9-10-1110 Adult Day Health Services --This section is cumbersome
 1) Break out into different sections- i.e. Activities which would also include information on Participant Council, Volunteers and Activity Guidelines; Medications
 2) Regarding Medication language in this section
 a) The nurse or any other staff member should not be responsible for educating participants about their medications, ordering medications for participants or being part of a "recall" process for medications (Isn't there a law that states only the physician or pharmacist can do this?)
 The participant's doctor orders the medications and the doctor and/or pharmacist should be educating a participant on what they are taking. Day Centers are simply following doctor's orders as to what to dispense. Also if a participant requires assistance only, I believe we should not be training just any personnel member to assist (In G 3) but require the nurse (whether an LPN or RN) to provide the assistance no differently than requiring a nurse to dispense medications. This section opens up major liability for day centers and probable increase insurance costs to cover that liability
 3) M states For a participant whose care plan requires counselling "A personnel member provides counseling to the participant according to policies and procedures." You do not define who that personnel member is and the required qualifications.
 R9-10-1112 Medical Records C 15 d Could you use a different word other than biological?

3. Has anything been left out that should be in the rules?

Yes 1) Where is the list of requirements which define contracted services as stated in section R9-10-1104? 2) Please put back in as requested above required qualifications of personnel Your hard work and consideration of feedback is appreciated. Thank you

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IP Address: 206 80 197 45

Response Started: Tuesday, April 16 2013 5:04:43 PM

Response Modified: Tuesday, April 16, 2013 5:11:06 PM

1 What parts of the draft rules do you believe are effective?

As an Association for the Adult Day Services Industry in Arizona we are grateful and excited to have the Adult Day Service regulations as it's own Article

2 How can the draft rules be improved?

Department of Health Services – Comments/Suggestions/Recommendations/Clarification Requests Health Care Institution (HCI) Licensing – Article 11 – Adult Day Health Care Facilities R9-10-1102 Administration B. 3 Has the authority and responsibility to manage the hospital; and Recommend – remove the word “hospital” and replace with “facility” C 1. a. Include job descriptions, duties, and qualifications including required skills and knowledge for personnel members, employees volunteers and students Recommend – clarification on “required skills”. In the past this had been spelled out What “required skills” is DHS looking for. R9-10-1105 Personnel A 1 The qualifications, skills and knowledge required for each type of personnel member: Request for Clarification on the qualifications, skills and knowledge DHS will accept. 2. A personnel member’s skills and knowledge are verified Request for Clarification – what is actually being looked for? License verification, skills test, etc ? D 3. A registered nurse manages the nursing services and provides direction for health-related services provided by the adult day health care facility Request for Clarification – define manages? R9-10-1106 Enrollment 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: Recommend: NOT STATING one discipline that will complete the comprehensive assessment and state rather that THE COMPREHENSIVE ASSESSMENT will be completed by the interdisciplinary team before 10th visit or within 30 calendar days after enrollment R9-10-1110 Adult Day Health Services E 1 e. Procedures for assisting a participant in obtaining medications Recommend/Comment – assisting a participant in obtaining medications is not within the scope of services by the RN in the adult day health care centers Can this be removed? F 1 b i Specify the individuals who may: order medication Recommend/Comment – ordering medication is not done at the Adult Day Center Can this be removed? G 4 a&b Training for a personnel member, other than a medical practitioner or a registered nurse in the self-administration of medication: is provided by a medical practitioner or a registered nurse; Includes: a demonstration of the personnel member’s skills and knowledge necessary to provide assistance in the self-administration of medication Identification of medication errors and medical emergencies related to medication that require emergency medical intervention and process for notifying the appropriate entities when an emergency medical intervention is needed Recommend/Comment – can this be Nurse and not just Registered Nurse? Not all Adult Day Centers have RN’s on duty at all times Some have LPN’s with RN oversight There is no other staff at the Adult Day Centers that would pass medication or be trained in assisting with the self-medication program Can you also clarify the training needed to be able to complete this? H 1 & 2 “a Current drug reference and a Current toxicology reference guide Clarification – Can you clarify the word ‘current’ – can it state that they be no older than 2 years? H 4 c. A medication recall and notification of participants who received recalled medication Recommend/Comment – medications are obtained by families and/or caregivers The Adult Day Centers wouldn’t receive the recall notification Can this be removed? R9-10-1111 Care Plan 2 b The nurse who performed the comprehensive assessment Recommend/Comment – replace “nurse” with interdisciplinary team. R9-10-1112 Medical Records C 15 c i Documentation of a medication or a biological administered to the participant that includes: for a medication administered for pain: an assessment of the participant’s pain before administering the medication Recommend/Comment/Clarification Request – Can you clarify or define “biological” and when referring to an assessment of the participant’s pain are you looking for a physical form? R9-10-1113 Food Service 2 b a current therapeutic diet reference manual is available to the food service supervisor Recommend/Comment – can you please clarify the word “current” – is a therapeutic diet reference manual dated within the last two years sufficient? R9-10-1114 Emergency and Safety Standards 2 an evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution Recommend/Comment – please change “nursing care institution” to adult day center

3 Has anything been left out that should be in the rules?

No Response

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Response Started: Wednesday, April 17, 2013 4:45:35 PM

Response Modified: Wednesday April 17, 2013 4:52:01 PM

1 What parts of the draft rules do you believe are effective?

The new outpatient facility rules are very well written. In the past, numerous unclassified facilities were operating throughout Arizona and there have been a lot of safety issues because many of them do not feel they have to develop or update policies, monitor clinical competencies, address infection control and risk issues and for the most part the new rules will force all outpatient facilities to adhere to safer practice

2. How can the draft rules be improved?

Will any of the older outpatient treatment centers be allowed to practice under the old unclassified rules, or will notification be sent out that all these facilities have to adhere to Title 9, Chapter 10, Article 10 [the new rules] for any entities that are providing outpatient services--to include behavioral health [especially in the event they are also providing medication management]

3. Has anything been left out that should be in the rules?

No Response