

**ARTICLE 5. RECOVERY CARE CENTERS**

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## ARTICLE 5. RECOVERY CARE CENTERS

### R9-10-501. Definitions

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

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

### R9-10-502. Administration

A. A governing authority shall:

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

B. An administrator:

1. Is directly accountable to the governing authority of a recovery care center for the daily operation of the recovery care center and all services provided by or at the recovery care center;

2. Has the authority and responsibility to manage a recovery care center; and
  3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on the recovery care center's premises and accountable for the recovery care center when the administrator is not present on the recovery care center premises.
- C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to patient care;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training required in R9-10-505(G) including:
      - i. The method and content of cardiopulmonary resuscitation training,
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
    - f. Cover first aid training;
    - g. Include a method to identify a patient to ensure the patient receives services as ordered;
    - h. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
    - i. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. The recovery care center to respond to a patient's complaint;
    - j. Cover health care directives;
    - k. Cover medical records, including electronic medical records;
    - l. Cover a quality management program, including incident reports and supporting

- documentation;
- m. Cover contracted services;
- n. Cover tissue and organ procurement and transplant; and
- o. Cover when an individual may visit a patient in a recovery care center;
- 2. Policies and procedures for recovery care services are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
  - b. Cover the provision of recovery care services;
  - c. Include when general consent and informed consent are required;
  - d. Cover prescribing a controlled substance to minimize substance abuse by a patient;
  - e. Cover dispensing, administering, and disposing of medications;
  - f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - g. Cover infection control; and
  - h. Cover environmental services that affect patient care;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
- 5. Unless otherwise stated:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a recovery care center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the recovery care center.

**R9-10-503. Quality Management**

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;

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

**R9-10-504. Contracted Services**

An administrator shall ensure that:

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

**R9-10-505. Personnel**

A. An administrator shall ensure that:

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

- services listed in the established job description,
  - ii. The type and duration of education that may allow the personnel member to have acquired 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 have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
- a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures; and
3. Sufficient personnel members are present on a recovery care center's premises with the qualifications, skills, and knowledge necessary to:
- a. Provide the services in the recovery care center's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient.
- B. An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- C. An administrator shall ensure that a personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
- 1. On or before the date the individual begins providing services at or on behalf of the recovery care center, and
  - 2. As specified in R9-10-113.
- D. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
- 1. The individual's name, date of birth, and contact telephone number;
  - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - 3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the

- employee's job duties;
  - b. The individual's education and experience applicable to the employee's job duties;
  - c. The individual's completed orientation and in-service education as required by policies and procedures;
  - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - e. The individual's compliance with the requirements in A.R.S. § 36-411;
  - f. Cardiopulmonary resuscitation training, if required for the individual, according to R9-10-502(C)(1)(e);
  - g. First aid training, if the individual is required to have according to this Article and policies and procedures; and
  - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (C).
- E. An administrator shall ensure that personnel records are:
- 1. Maintained:
    - a. Throughout the individual's period of providing services in or for the recovery care center, and
    - b. For at least 24 months after the last date the individual provided services in or for the recovery care center; and
  - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the recovery care center during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- F. An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member;

5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  6. A work schedule of each personnel member is developed and maintained at the recovery care center for at least 12 months from the date of the work schedule.
- G. An administrator shall ensure that a nursing personnel member:
1. Is 18 years of age or older,
  2. Is certified in cardiopulmonary resuscitation within the first month of employment,
  3. Maintains current certification in cardiopulmonary resuscitation, and
  4. Attends additional orientation that includes patient care and infection control policies and procedures.

**R9-10-506. Medical Staff**

- A. A governing authority shall require that:
1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a recovery care center;
  2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
  3. A medical staff member complies with medical staff bylaws and medical staff regulations;
  4. The medical staff includes at least two physicians who have clinical privileges to admit patients to the recovery care center;
  5. A medical staff member is available to direct patient care;
  6. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
    - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
    - b. Appointing members to the medical staff, subject to approval by the governing authority;
    - c. Establishing committees, including identifying the purpose and organization of each committee;
    - d. Appointing one or more medical staff members to a committee;
    - e. Requiring that each patient has a medical staff member who coordinates the patient's care;

- f. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
  - g. Defining a medical staff member's responsibilities for the transfer of a patient;
  - h. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
  - i. Establishing a time-frame for a medical staff member to complete a patient's medical record; and
  - j. Establishing criteria for granting, denying, revoking, and suspending clinical privileges; and
7. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.
- B. An administrator shall ensure that:
- 1. A medical staff member provides evidence of freedom from infectious tuberculosis as specified in R9-10-113 before providing services at the recovery care center and at least once every 12 months thereafter;
  - 2. A record for each medical staff member is established and maintained that includes:
    - a. A completed application for clinical privileges,
    - b. The dates and lengths of appointment and reappointment of clinical privileges,
    - c. The specific clinical privileges granted to the medical staff member including revision or revocation dates for each clinical privilege, and
    - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
  - 3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
    - a. For a current medical staff member, within 2 hours after the Department's request, or
    - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

**R9-10-507. Admission**

- A. An administrator shall ensure that a physician only admits patients to the recovery care center who require recovery care services, as defined in A.R.S. § 36-448.51.
- B. An administrator shall ensure that the following documents are in a patient's medical record at the

time the patient is admitted to the recovery care center:

1. A medical history and physical examination performed or approved by a member of the recovery care center's medical staff within 30 calendar days before the patient's admission to the recovery care center,
2. A discharge summary from the referring health care institution or physician,
3. Physician orders, and
4. Documentation concerning health care directives.

**R9-10-508. Discharge**

A. For a patient, an administrator shall ensure that discharge planning:

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

B. For a patient discharge or a transfer of the patient, an administrator shall ensure that:

1. A discharge summary is developed that includes:
  - a. A description of the patient's medical condition and the medical services provided to the patient, and
  - b. The signature of the medical practitioner coordinating the patient's medical services;
2. A discharge order for the patient is received from a medical practitioner coordinating the patient's medical services before discharge, unless the patient leaves the recovery care center against a medical staff member's advice;
3. Discharge instructions are developed and documented; and
4. The patient or the patient's representative is provided with a copy of the discharge instructions.

**R9-10-509. Transfer**

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

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

**R9-10-510. Patient Rights**

- A. An administrator shall ensure:
  1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of the patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;

- h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by a recovery care center's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
- a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
  - d. Is informed of the following:
    - i. The recovery care center's policy on health care directives, and
    - ii. The patient complaint process;
  - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a recovery care center for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records.
- C. A patient has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
  - 3. To receive privacy in treatment and care for personal needs;
  - 4. To have access to a telephone;
  - 5. To be advised of the recovery care center's policy regarding health care directives;
  - 6. To associate and communicate privately with individuals of the patient's choice;
  - 7. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  - 8. To receive a referral to another health care institution if the health care institution is not authorized or not able to provide physical health services or behavioral health services needed by the patient;

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

**R9-10-511. Medical Records**

- A. An administrator shall ensure that:
1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical staff according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical staff issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A patient's medical record is available to an individual:
    - a. Authorized according by policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    - c. As permitted by law;
  6. Policies and procedures that include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff or authorized personnel member; and
  7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If a recovery care center maintains patients' medical records electronically, an administrator shall

ensure that:

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

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

1. Patient information that includes:
  - a. The patient's name,
  - b. The patient's address,
  - c. The patient's date of birth, and
  - d. Any known allergies;
2. The date of admission and, if applicable, the date of discharge;
3. The admitting diagnosis;
4. A discharge summary from the referring health care institution or physician;
5. If applicable, documented general consent and informed consent by the patient or the patient's representative;
6. The medical history and physical examination required in R9-10-507(B)(1);
7. A copy of the patient's health care directive, if applicable;
8. The name and telephone number of the patient's medical practitioner;
9. If applicable, the name and contact information of the patient's representative and:
  - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
  - b. If the patient's representative;
    - i. Is a legal guardian, a copy of the court order establishing guardianship; or
    - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
10. Orders;
11. Nursing assessment;
12. Treatment plans;
13. Progress notes;
14. Documentation of recovery care center services provided to a patient;

15. The disposition of the patient after discharge;
  16. The discharge plan;
  17. A discharge summary, if applicable;
  18. Transfer documentation from the referring health care institution or physician;
  19. If applicable:
    - a. A laboratory report,
    - b. A radiologic report,
    - c. A diagnostic report, and
    - d. A consultation report;
  20. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  21. If applicable, documentation that evacuation from the recovery care center would cause harm to the patient; and
  22. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain on a PRN basis:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication administered on a PRN basis:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The signature of the individual administering or observing the patient self-administer the medication; and
    - f. Any adverse reaction a patient has to the medication.
- D. An administrator shall ensure that a patient's medical record is completed within 30 calendar days after the patient's discharge.

**R9-10-512. Nursing Services**

- A. An administrator shall appoint a registered nurse as the director of nursing who has the authority and responsibility to manage nursing services at a recovery care center.
- B. A director of nursing shall:

1. Ensure that policies and procedures are developed, documented, and implemented to protect the health and safety of a patient that cover nursing assessments;
  2. Designate, in writing, a registered nurse to manage nursing services when the director of nursing is not present on a recovery care center's premises;
  3. Ensure that a recovery care center is staffed with nursing personnel according to the number of patients and their health care needs;
  4. Ensure that a patient receives medical services, nursing services, and health-related services based on the patient's nursing assessment and the physician's orders; and
  5. Ensure that medications are administered by a nurse licensed according to A.R.S. Title 32, Chapter 15 or as otherwise provided by law.
- C. An administrator shall ensure that a registered nurse completes a nursing assessment of each patient, which addresses patient care needs, when the patient is admitted to the recovery care center.
- D. An administrator shall ensure that a licensed nurse provides a patient with written discharge instructions, based on the patient's health care needs and physician's instructions, before the patient is discharged from the recovery care center.

**R9-10-513. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures for documenting medication administration; and
    - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication

- regimen meets the patient's needs; and
- 2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication is documented in the patient's medical record;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  - 3. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record.
- C. An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members;
  - 2. A current toxicology reference guide is available for use by personnel members; and
  - 3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and

- d. A copy of the pharmacy license is provided to the Department upon request.
- D. When medication is stored at a recovery care center, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the recovery care center's director of nursing.

**R9-10-514. Ancillary Services**

An administrator shall ensure that:

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

**R9-10-515. Food Services**

A. An administrator shall ensure that:

- 1. The recovery care center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
- 2. A copy of the recovery care center's food establishment license or permit is maintained; and
- 3. If a recovery care center contracts with a food establishment, as established in 9 A.A.C.

8, Article 1, to prepare and deliver food to the recovery care center:

- a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the recovery care center; and
- b. The recovery care center is able to store, refrigerate, and reheat food to meet the dietary needs of a patient.

B. An administrator shall:

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

C. A food service manager shall ensure that:

1. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served each day,
  - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
  - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks provided by the recovery care center are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
5. A patient is provided:
  - a. A diet that meets the patient's nutritional needs and, if applicable, the orders of the patient's physician;
  - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (C)(5)(d);
  - c. The option to have a daily evening snack identified in subsection (C)(5)(d)(ii) or

- other snack; and
- d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
  - i. A patient agrees; and
  - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
- 6. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
- 7. Water is available and accessible to a patient.

**R9-10-516. Emergency and Safety Standards**

- A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
  - 1. Basic life support procedures, including the administration of oxygen and cardiopulmonary resuscitation; and
  - 2. Transfer arrangements for patients who require care not provided by the recovery care center.
- B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the recovery care center according to policies and procedures.
- C. An administrator shall ensure that:
  - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where patients will be relocated, including:
      - i. Instructions for the evacuation or transfer of patients,
      - ii. Assigned responsibilities for each employee and personnel member, and
      - iii. A plan for providing continuing services to meet patient's needs;
    - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
    - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the recovery care

- center or the recovery care center's relocation site during a disaster;
  - 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
  - 3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  - 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  - 5. An evacuation drill for employees and patients:
    - a. Is conducted at least once every six months;
    - b. Includes all individuals on the premises except for:
      - i. A patient whose medical record contains documentation that evacuation from the recovery care center would cause harm to the patient, and
      - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (C)(5)(b)(i);
  - 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees and patients to evacuate to a designated area;
    - c. If applicable:
      - i. An identification of patients needing assistance for evacuation, and
      - ii. An identification of patients who were not evacuated;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  - 7. An evacuation path is conspicuously posted on each hallway of each floor of the recovery care center.
- D. An administrator shall:
- 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the inspection report, and

3. Maintain documentation of a current fire inspection.

**R9-10-517. Environmental Standards**

- A. An administrator shall ensure the recovery care center's infection control policies and procedures include:
  1. Development and implementation of a written plan for preventing, detecting, reporting, and controlling communicable diseases and infection;
  2. Handling and disposal of biohazardous medical waste; and
  3. Sterilization, disinfection, and storage of medical equipment and supplies.
- B. An administrator shall ensure that:
  1. A recovery care center's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
  2. A pest control program is implemented and documented;
  3. Equipment used to provide recovery care services is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  6. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination;
    - b. Bagged at the site of use; and
    - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
  7. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;

8. Heating and cooling systems maintain the recovery care center at a temperature between 70° F and 84° F;
  9. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;
  10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  11. Oxygen containers are secured in an upright position;
  12. Poisonous or toxic materials stored by the recovery care center are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  13. Combustible or flammable liquids and hazardous materials stored by the recovery care center are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
  14. If pets or animals are allowed in the recovery care center, pets or animals are:
    - a. Controlled to prevent endangering the patients and to maintain sanitation; and
    - b. Licensed consistent with local ordinances;
  15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- C. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a recovery care center; and
  2. Smoking tobacco products may be permitted outside a recovery care center if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.

**R9-10-518. Physical Plant Standards**

- A. An administrator shall ensure that a recovery care center's patient rooms and service areas

comply with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412(A)(2)(b), in effect on the date the recovery care center submitted architectural plans and specifications to the Department for approval, according to R9-10-104.

- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
  - 1. The services stated in the recovery care center's scope of services; and
  - 2. An individual accepted as a patient by the recovery care center.
- C. An administrator shall ensure that the recovery care center does not allow more than two beds per room.