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TITLE 9. HEALTH SERVICES
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ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

R9-10-701. Definitions

- . “Emergency safety response” means physically holding a resident to manage the resident’s sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.
- . “Resident” means a patient admitted to a behavioral health residential facility.
- . “Resident’s representative” means
 - a. The resident’s legal guardian;
 - b. If the resident is under 18 years of age and not an emancipated minor, the resident’s parent;
 - c. If the resident is 18 years of age or older or an emancipated minor, an individual acting on behalf of the resident with the written consent of the resident or the resident’s legal guardian; or
 - d. A surrogate as defined in A.R.S. § 36-3201.
- . “Treatment plan” means a description of the specific services that a behavioral health residential facility plans to provide to a resident.

R9-10-702. Application Requirements

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

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

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

R9-10-703. Administration

A. A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of a behavioral health residential facility;
2. Establish in writing:
 - a. A behavioral health residential facility's scope of services, and
 - b. Qualifications for an administrator;
3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
4. Approve a behavioral health residential facility's policies and procedures;
5. Adopt a quality management program according to R9-10-704;
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. Not expected to be present on a behavioral health residential facility's premises for more than 30 calendar days, or
 - b. Not present on a behavioral health residential facility's premises for more than 30 calendar days; and
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.

B. An administrator:

1. Is directly accountable to the governing authority for the operation of a behavioral health residential facility and services provided by or at the behavioral health residential facility;
2. Has the authority and responsibility to manage the behavioral health residential facility; and

3. Except as provided in subsection (A)(7), designates, in writing, an individual who is on the behavioral health residential facility's premises and is available and accountable for the services provided by the behavioral health residential facility when the administrator is not present on the behavioral health residential facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications, including required skills 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 resident;
 - d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the employee have received cardiopulmonary resuscitation training;
 - e. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - f. Cover first aid training;
 - g. Cover resident rights including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
 - h. Cover resident and resident's medical records, including electronic medical records;
 - i. Cover a quality management program, including incident reporting; and
 - j. Cover when an individual may visit a resident in a behavioral health residential facility;
2. Policies and procedures for behavioral health residential facility services are established, documented, and implemented that:
 - a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge plan, and discharge;

- b. Cover resident outings;
 - c. Include when general consent and informed consent are required;
 - d. Cover the provision of behavioral health services and physical health services;
 - e. Cover administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - f. Cover respite services;
 - g. Cover services provided by an outdoor behavioral health care program, if applicable;
 - h. Cover infection control;
 - i. Cover resident time out;
 - j. Cover environmental services that affect resident care;
 - k. Cover specific steps and deadlines for:
 - i. A resident to file a complaint;
 - ii. The behavioral health residential facility to respond to and resolve a resident complaint; and
 - iii. The behavioral health residential facility to obtain documentation of fingerprint clearance, if applicable;
 - l. Cover whether pets and other animals are allowed on the premises including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;
 - m. If animals are used as part of a therapeutic program, cover:
 - i. Inoculation/vaccination requirements, and
 - ii. Methods to minimize risks to resident's health and safety;
 - n. Cover the process for receiving and refunding a fee;
 - o. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - p. Cover the security of a resident's possessions that are allowed on the premises;
 - q. Cover smoking and the use of tobacco products on the premises; and
 - r. Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
3. Policies and procedures are reviewed at least once every 24 months and updated as needed;

4. Policies and procedures are available to personnel members; 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 hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- D. If an applicant requests or a behavioral health residential facility has a licensed capacity of 10 or more residents, an administrator shall designate a clinical director who:
1. Provides direction for behavioral health services provided at the behavioral health residential facility, and
 2. Is a behavioral health professional.
- E. An administrator shall provide written notification to the Department:
1. Within one working day after a resident's death;
 2. Within two working days after a resident's suicide attempt or infliction of self-injury that results in the resident needing medical services; and
 3. Within three working days after a resident has an accident, emergency, or serious injury that results in the resident needing medical services.
- F. If abuse, neglect, or exploitation of a resident is alleged or suspected, an administrator shall:
1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the resident:
 - a. To the local law enforcement agency; or
 - b. As follows:
 - i. For an individual 18 years of age or older, to Adult Protective Services in the Department of Economic Security according to A.R.S. § 46-454; or
 - ii. For an individual under 18 years of age, to Child Protective Services in the Department of Economic Services according to A.R.S. § 13-3620;
 3. Document the action in subsection (F)(1) and the report in subsection (F)(2) and maintain the documentation for 12 months after the date of the report;
 4. Investigate the alleged or suspected abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in (F)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;

- b. A description of any injury to the resident and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
5. Submit a copy of the investigation report required in subsection (F)(4) to the Department within five working days after submitting the report in subsection (F)(2); and
 6. Maintain a copy of the investigation report required in subsection (F)(4) for 12 months after the date of the investigation report.
- G. An administrator shall:
1. Establish and document requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
 2. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
 3. If children under the age of 12, who are not admitted to a behavioral health residential facility, are residing at the behavioral health residential facility and being cared for by employees or personnel members, ensure that:
 - a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the age of children being cared for, and
 - b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained based on the age of the youngest child in the group;
 4. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services; and
 5. Establish and document the criteria for determining when a resident's absence is unauthorized, including whether the resident was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3, is absent against medical advice, or is under the age of 18.
- H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
1. The resident rights listed in R9-10-713,
 2. The behavioral health residential facility's current license,

3. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and
 4. The calendar days and times when a resident may accept visitors or make telephone calls.
- I. An administrator shall ensure that:
1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;
 2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
 3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
 4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.
- J. An administrator shall:
1. If the administrator determines that a resident is incapable of handling the resident's financial affairs:
 - a. Notify the resident's representative or contacts a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
 - b. Maintain documentation of the notification required in subsection (J)(1)(a) in the resident's medical record for 12 months after the date of the notification; and
 2. If a resident refuses medical services or nursing services:
 - a. Notify the resident's primary care provider or other medical practitioner, and
 - b. Maintain documentation of the notification required in subsection (J)(2)(a) in the resident's medical record for at least 12 months after the date of notification.
- K. If an administrator manages a resident's money through a personal funds account, the administrator shall ensure:
1. Policies and procedure are established, developed, and implemented for:
 - a. Using resident's funds in a personal funds account,
 - b. Protecting resident's funds in a personal funds account,
 - c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
 - d. Processing each deposit into and withdrawal from a personal funds account, and

- e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
- 2. The personal funds account is only initiated after receiving a written request that:
 - a. Is provided:
 - i. Voluntarily by the resident,
 - ii. By the resident's representative, or
 - iii. By a court of competent jurisdiction;
 - b. May be withdrawn at any time; and
 - c. Is maintained in the resident's record.

R9-10-704. Quality Management

An administrator shall ensure that:

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

R9-10-705. 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.

R9-10-706. Personnel and Staffing

A. An administrator shall ensure that:

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

B. An administrator shall ensure that:

1. The qualifications, education, experience, skills, and knowledge required for each type of personnel member:

a. Are based on:

- i. The type of behavioral health services expected to be provided by the personnel member according to the established job description, and
- ii. The acuity of the residents receiving 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 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 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 behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified by a behavioral health professional according to policies and procedures; and
3. The behavioral health residential facility has personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
 - a. Provide the behavioral health services, physical health services, and ancillary services in the behavioral health residential facility's scope of services;

- b. Meet the needs of a resident; and
 - c. Ensure the health and safety of a resident.
- C. For behavioral health paraprofessional and a behavioral health technician, an administrator shall comply with the requirements in R9-10-114.
- D. An administrator shall ensure that:
 - 1. A written plan is developed and implemented to provide orientation specific to the duties of the personnel member, employee, volunteer, or student;
 - 2. A personnel member completes orientation before providing services related to resident care;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A written plan is developed and implemented to provide personnel member in-service education specific to the duties of the personnel member; and
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- E. An administrator shall ensure that a personnel member or an employee, volunteer, or student that has direct interaction with a resident provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- F. An administrator shall ensure that a personnel member or employee record is maintained for each that contains:
 - 1. The individual's name, date of birth, home address, and home telephone number;
 - 2. The name and telephone number of an individual to be notified in case of an emergency;
 - 3. The starting date of employment, volunteer service, or contract service and, if applicable, the ending date; and
 - 4. If applicable, documentation of:
 - a. The individual's qualifications including education, experience, skills, and knowledge applicable to the individual's job duties;
 - b. The individual's work experience;

- c. If the behavioral health residential facility provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
 - d. The clinical oversight required in R9-10-114;
 - e. The individual's completion of orientation;
 - f. The individual's completion of in-service education;
 - g. The individual's documentation of cardiopulmonary resuscitation training according to R9-10-703(C)(1)(d) and first aid training; and
 - i. The individual's freedom from infectious tuberculosis required in subsection (E).
- G. An administrator shall ensure that personnel records are maintained:
 - 1. Throughout an individual's period of providing services in or for the behavioral health residential facility; and
 - 2. For at least two years after the last date the individual provided services in or for the behavioral health residential facility.
- H. An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the behavioral health residential facility:
 - 1. At least one personnel member who is present at the behavioral health residential facility during hours of behavioral health residential facility operation, and
 - 2. Each personnel member participating in an outing.
- I. An administrator shall ensure that:
 - 1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
 - 2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
 - 3. The behavioral health residential facility has sufficient personnel members to provide general resident supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each resident;
 - 4. There is a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 - b. Includes documentation of the employees who work each calendar day and the hours worked by each employee;

- c. Is maintained for 12 months after the last date on the documentation; and
 - d. Is provided to the Department for review within two hours of the Department's request;
- 5. A behavioral health professional is present at the behavioral health residential facility or on-call;
 - 6. A registered nurse is present at the behavioral health residential facility or on-call; and
 - 7. If a resident requires services that the behavioral health residential facility is not licensed or able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

R9-10-707. Resident Admission; Assessment

- A. An administrator shall ensure that:
 - 1. A resident is admitted based upon the resident's presenting behavioral health issue and treatment needs and the behavioral health residential facility's scope of services;
 - 2. A behavioral health professional, authorized by policies and procedures to accept a resident for admission, is available;
 - 3. General consent is obtained from:
 - a. An adult resident or the resident's representative before or at the time of admission, or
 - b. A resident's representative, if the resident is not an adult;
 - 4. The general consent obtained in subsection (A)(3) is documented in the resident's medical record;
 - 5. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within seven calendar days after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within seven calendar days after admission;
 - 6. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note into or a nurse enters a progress note in the resident's medical record at the time of admission;
 - 7. Except as provided in subsection (A)(8), an assessment for a resident is completed before treatment for the resident is initiated;
 - 8. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the

behavioral health residential facility has a medical record for the resident that contains an assessment that was completed within 12 months before the date of the resident's current admission:

- a. The resident's assessment information is reviewed and updated if additional information that affects the resident's assessment is identified, and
- b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;

9. An assessment:

- a. Documents a resident's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history;
 - ix. Symptoms reported by the resident; and
 - x. Referrals needed by the resident, if any;
- b. Includes:
 - i. Recommendations for further assessment or examination of the resident's needs,
 - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
 - iii. The signature and date signed of the personnel member conducting the assessment; and

c. Is documented in resident's medical record; and

10. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition.

B. An administrator shall ensure that:

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

- for every 10 residents;
- b. There are at least two working toilets that flush and two sinks with running water, if there are 11 to 25 residents; and
- c. There is at least one working toilet that flushes and one sink with running water for each additional 20 residents.

R9-10-708. Treatment Plan

- A. An administrator shall ensure that a treatment plan is developed and implemented for each resident that is:
 - 1. Based on the assessment and on-going changes to the assessment of the resident;
 - 2. Completed:
 - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
 - b. Before the resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;
 - 3. Documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;
 - 4. Includes:
 - a. The resident's presenting issue;
 - b. The physical health services or behavioral health services to be provided to the resident;
 - c. The signature of the resident or the resident's representative and dated signed, or documentation of the refusal to sign;
 - d. The date when the resident's treatment plan will be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge; and
 - f. The signature of the personnel member who developed the treatment plan and the date signed;
 - 5. If the treatment plan was completed by a behavioral health technician, reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and
 - 6. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changed,

- c. When additional information that affects the resident's assessment is identified, and
- d. When a resident has a significant change in condition or experiences an event that affects treatment.

B. An administrator shall ensure that:

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

R9-10-709. Discharge

A. An administrator shall ensure that a discharge plan for a resident is:

- 1. Developed that:
 - a. Identifies any specific needs of the resident after discharge,
 - b. Is completed before discharge occurs,
 - c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
- 2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
- 3. Provided to the resident or the resident's representative before the discharge occurs.

B. An administrator shall ensure that:

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

C. An administrator shall ensure that a resident is discharged from a behavioral health residential facility:

- 1. When the resident's treatment goals are achieved, as documented in the resident's treatment plan; or
- 2. When the resident's treatment needs are not consistent with the services that the behavioral health residential facility is authorized or able to provide.

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

R9-10-710. Transport; Transfer

- A. Except for a transport of a patient due to an emergency, an administrator shall ensure that:
 - 1. Policies and procedures are established, documented, and implemented:

- a. Specify the process by which personnel members coordinate the transport and the services provided to a patient to protect the health and safety of the patient;
 - b. Establish the criteria for determining what a patient evaluation includes based on the patient's psychological condition, medical condition, and the type of services expected to be provided or are provided to the patient at the receiving health care institution;
 - c. Require an evaluation of the patient according to the criteria established in subsection (A)(1)(b) by a personnel member qualified according to policies and procedures before transporting the patient;
 - d. Specify the medical records that are required to accompany the patient, including the medical records related to the services expected to be provided or are provided to the patient at the receiving health care institution;
 - e. Specify how medical record information for the patient that is not provided at the time of transport but is requested by the receiving health care institution is communicated to the receiving health care institution; and
 - f. Specify how a personnel member qualified according to policies and procedures explains the risks and benefits of the transport to the patient or the patient's representative based on the:
 - i. Patient's condition, and
 - ii. Mode of transport; and
2. Documentation in the patient's medical record includes:
 - a. Except for transport for court-ordered treatment provided according to A.R.S. Title 36, Chapter 5, Article 5, consent for transport by the patient or the patient's representative;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transport;
 - d. The date and time of the patient's return to the behavioral health residential facility, if applicable;
 - e. The mode of transportation; and
 - f. The type of personnel member assisting in the transport if an order requires that a patient be assisted during transport.
- B. Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
 1. Policies and procedures are established, documented, and implemented that:

- a. Specify the process by which the behavioral health residential facility personnel members coordinate the transfer and the services provided to a patient to protect the health and safety of the patient during the transfer;
 - b. Establish the criteria for determining what a patient evaluation includes based on the patient's psychological condition, medical condition, and the type of services the patient is expected to be provided at the receiving health care institution;
 - c. Require an evaluation of the patient according to the criteria established by subsection (C)(1)(b), by a personnel member qualified according to policies and procedures before the patient is transferred;
 - d. Specify how medical record information for the patient that is not provided at the time of transport but is requested by the receiving health care institution is provided to the receiving health care institution; and
 - e. Specify how a personnel member qualified according to policies and procedures risks and benefits of the transfer to the patient or the patient's representative based on the:
 - i. Patient's condition, and
 - ii. Mode of transportation;
2. One of the following accompanies the patient during the transfer:
 - a. A copy of the patient's medical record for the current admission; or
 - b. All of the following for the current admission:
 - i. A medical practitioner's or behavioral health professional's summary of behavioral health and physical health services provided to the patient,
 - ii. A treatment plan containing current information,
 - iii. A record of medications administered to the patient for seven calendar days before the date of the transfer,
 - iv. Medical practitioner's orders in effect at the time of transfer, and
 - v. Any known allergy; and
 3. Documentation in the patient's medical record includes:
 - a. Consent for transfer by the patient or the patient's representative, except for court-ordered treatment;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transfer to the receiving health care institution;
 - d. The mode of transportation; and

- e. The type of personnel member assisting in the transfer if an order requires that a patient be assisted during transfer.

R9-10-711. Resident Outings

A. An administrator shall ensure that:

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

B. An administrator shall ensure that:

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

R9-10-712. Resident Time Out

An administrator shall ensure that a time out:

1. Is provided to a resident who decides they want to participate;
2. Takes place in an area that is unlocked, lighted, quiet, and private;
3. Is time limited and does not exceed the amount of time as determined by the resident;
4. Does not result in a resident missing a meal if the resident is in time out at mealtime;

5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time out; and
6. Is documented in the resident's medical record, to include:
 - a. The date of the time out,
 - b. The reason for the time out,
 - c. The duration of the time out, and
 - d. The action planned and taken by the administrator to prevent the use of time out in the future.

R9-10-713. Resident Rights

- A. An administrator shall ensure:
 1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
 3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of resident rights in subsection (E), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that a resident:
 1. Is not subjected to:
 - a. The intentional infliction of physical, mental or emotional pain unrelated to the resident'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;
 - j. Misappropriation of personal and private property;

- k. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident or the resident's representative; and
- l. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or;
 - iii. The opportunity to use the toilet;
- 2. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, is allowed to:
 - a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility and conspicuously posted in the behavioral health residential facility;
 - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, send and receive uncensored and unopened mail, unless restricted by court order; and
- 3. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the resident's life or physical health, or is provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The behavioral health residential facility's policy on health care directives, and
 - ii. The resident complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of the resident's:
 - i. Medical records, and
 - ii. Financial records.
- C. For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral

health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(2), the behavioral health professional shall:

1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,
 2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
 3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.
- D. For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(2), the clinical director shall comply with the requirements in subsection (C)(1) through (3).
- E. A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
 2. To receive treatment that:
 - a. Supports and respects the resident's individuality, choices, strengths, and abilities;
 - b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or resident's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the resident's treatment needs;
 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
 - b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis.
 4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is unable to exercise a specific right or category of rights;

5. To review, upon written request, the resident's own medical record according to A.R.S. §§12-2293; 12-2294, and 12-2294.01;
6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
9. To receive a referral to another health care institution if the behavioral health residential facility is unable to provide physical health services or behavioral health services for the resident;
10. To participate or have the resident's representative participate in the development of or decisions concerning treatment;
11. To participate or refuse to participate in research or experimental treatment; and
12. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-714. Resident Records

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

4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
 5. A resident's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;
 6. Information in a resident's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a resident or the resident's representative or as permitted by law;
 7. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
 8. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If a behavioral health residential facility maintains resident's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's address;
 - c. The resident's date of birth;
 - d. The name and contact information of the resident's representative, if applicable; and
 - e. Any known allergies including medication or biological allergies;
 2. The name of the admitting medical practitioner or behavioral health professional;
 3. An admitting diagnosis or presenting behavioral health issues;
 4. Documentation of general consent, and if applicable informed consent, for treatment by the resident or the resident's representative except in an emergency;
 5. Documentation of medical history and results of a physical examination;
 6. Copy of resident's health care directive, if applicable;
 7. Orders;
 8. Assessment;
 9. Treatment plans;

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

R9-10-715. Physical Health Services

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

1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5); and

2. Residents receive personal care services according to the requirements in R9-10-812(A), (C), (D), and (E).

R9-10-716. Behavioral Health Services

A. An administrator shall ensure that:

1. If a behavioral health residential facility is licensed to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently, a resident admitted to the behavioral health residential facility with limited ability to function independently receives, in addition to behavioral health services and personnel care services as indicated in the resident's treatment plan, receives continuous protective oversight;
2. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident's ability to function independently participates, in addition to receiving behavioral health services, and, if indicated in the resident's treatment plan, personal care services, is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while caring for the resident's health, safety, or personal hygiene or performing homemaking functions;
3. Behavioral health services are provided to meet the needs of a resident and consistent with a behavioral health residential facility's scope of services;
4. Behavioral health services:
 - a. Listed in the behavioral health residential facility's scope of services are provided on the premises; and
 - b. When in a setting or activity with more than one resident participating, are provided to residents having similar diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories including any history of physical or sexual abuse, to ensure that the:
 - i. Health and safety of each resident is protected, and
 - ii. Treatment needs of each resident participating are being met; and
5. A resident does not:
 - a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or

- a. A resident does not receive the following from other residents at the behavioral health residential facility:
 - i. Threats,
 - ii. Ridicule,
 - iii. Verbal harassment,
 - iv. Punishment, or
 - v. Abuse;
 - b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the resident receiving services at the behavioral health residential facility;
 - c. A resident older than three years of age does not sleep in a crib;
 - d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and
 - e. A resident's educational needs are met, including providing or arranging for transportation:
 - i. By establishing and providing an educational component, approved in writing by the Arizona Department of Education; or
 - ii. As arranged and documented by the administrator through the local school district.
- E. An administrator shall ensure that an emergency safety response is:
1. Only used:
 - a. By a personnel member trained to use an emergency safety response,
 - b. For the management of a resident's violent or self-destructive behavior, and
 - c. When less restrictive interventions have been determined to be ineffective;
 2. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated; and
 3. Documented as follows:
 - a. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
 - i. The date and time the emergency safety response was used;
 - ii. The name of each personnel member who used an emergency safety response;

- iii. The specific emergency safety response used;
- iv. Personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
- v. Any injury that resulted from the emergency safety response;
- b. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical director reviews the information in subsection (E)(3)(a); and
- c. After the review required in subsection (E)(3)(b), the following information is entered into the resident's medical record:
 - i. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,
 - ii. A determination of whether the resident is appropriately placed at the behavioral health residential facility, and
 - iii. Whether the resident's treatment plan was reviewed or needs to be reviewed and amended to ensure that the resident's treatment plan is meeting the resident's treatment needs.

F. An administrator shall ensure that:

- 1. A personnel member whose job description includes the ability to use an emergency safety response:
 - a. Completes training in crisis intervention that includes:
 - i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
 - iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
 - b. Completes training required in subsection (F)(1)(a):
 - i. Before providing behavioral health services, and
 - ii. At least once every 12 months after the date the personnel member completed the initial training;
- 2. Documentation of the completed training in subsection (F)(1)(a) includes:

- a. The name and credentials of the individual providing the training,
 - b. Date of the training, and
 - c. Verification of a personnel member's ability to use the training; and
3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

R9-10-717. Outdoor Behavioral Health Care Programs

- A. An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:
 1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
 2. Continuous protective oversight is provided to a resident;
 3. Transportation is provided to a resident from the behavioral health residential facility's administration office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behavioral health care program is provided to the behavioral health residential facility's administration office for the outdoor behavioral health care program; and
 4. Communication is available between the outdoor behavioral health care program personnel and:
 - a. A behavioral health professional,
 - b. A registered nurse,
 - c. An emergence medical response team, and
 - d. The behavioral health residential facility's administration office for the outdoor behavioral health care program.
- B. An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:
 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
 2. A food menu is prepared based on the number of days scheduled for the behavioral health care program;

3. Meals and snacks provided are served according to menus;
 4. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
 5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
 6. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan;
 7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 8. Food is protected from potential contamination; and
 9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food's packaging, wrapping, or container or the positioning of the food in the ice or water.
- C. An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:
1. The location and equipment, if applicable, used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
 2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
 3. Garbage and refuse are:
 - a. Stored in plastic bags in covered containers, and
 - b. Removed from the location used by the outdoor behavioral health care program at least once a week;
 4. Common areas:
 - a. Are lighted when in use to assure the safety of residents, and
 - b. Have sufficient lighting to allow personnel members to monitor resident activity;

5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
6. Soiled clothing is stored in closed containers away from food storage, medications, and eating area;
7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
9. If a non-municipal water source is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coli form or *E. coli* bacteria and corrective action is taken to ensure the water is safe to drink, and
 - b. Documentation of testing is retained for 24 months after the date of the test; and
10. Smoking or the use of tobacco products may be permitted away from the residents.

R9-10-718. Medication Services

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

- e. Procedures for assisting a resident in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B. If a behavioral health residential facility provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a resident only as prescribed; and
 - d. A resident's refusal to take prescribed medication is documented in the resident's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 3. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the resident's medical record;
 4. If pain medication is administered to a resident, documentation in the resident's medical record includes:
 - a. An identification of the resident's pain before administering the pain medication, and
 - b. The effect of the pain medication administered; and
 5. If a psychotropic medication is administered to a resident, documentation in the resident's medical record includes:
 - a. An identification of the resident's behavior before administering the psychotropic medication, and
 - b. The effect of the psychotropic medication administered.
- C. If behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the behavioral health residential facility;

2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the resident;
 - c. Observing the resident while the resident removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the resident at the time stated on the medication container label; or
 - e. Observing the resident while the resident takes the medication;
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 6. Assistance with the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.
- D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;
 2. A current toxicology reference guide is available for use by personnel members; and
 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures is established to:
 - i. Develop a drug formulary;
 - ii. Update the drug formulary at least every 12 months;
 - iii. Develop medication usage and medication substitution policies and procedures; and
 - iv. Specify which medication, medication classifications, and biologicals are required to be automatically stopped after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with 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.
- E. When medication is stored at a behavioral health residential facility, an administrator shall ensure that:
1. There is a separate room or closet used for medication storage that includes a lockable door;
 2. A locked cabinet or 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 residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health residential facility's clinical director.

R9-10-719. Food Services

- A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. For a behavioral health residential facility that has more than 10 residents:
 - a. The behavioral health residential facility is licensed as a food establishment under 9 A.A.C. 8, Article 1; and
 - b. A copy of the behavioral health residential facility's food establishment license is maintained;
 2. If a behavioral health residential facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential facility, a copy of the contracted food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;
 3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.
- B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:
1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
 2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one 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;
 3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;
 4. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;

5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. The resident agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.
- C. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - 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;
- 4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
- 5. Frozen foods are stored at a temperature of 0° F or below; and
- 6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

R9-10-720. Emergency and Safety Standards

- A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:
 - 1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a), incorporated by reference in A.A.C. R9-1-412, and a sprinkler system installed according to the National Fire Protection Association 13 standards incorporated by reference in A.A.C. R9-1-412; or
 - 2. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.
- B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
 - 1. An evacuation drill for employees and residents on the premises is conducted at least once every three months on each shift;
 - 2. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;
 - c. Names of employees participating in the evacuation drill;
 - d. An identification of residents needing assistance for evacuation;
 - e. Any problems encountered in conducting the evacuation drill; and
 - f. Recommendations for improvement, if applicable;
 - 3. A written evacuation plan is developed and maintained in a location accessible to personnel members and other employees;

4. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility; and
 5. A written disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated;
 - b. How each resident's medical record will be available to personnel providing services to the resident during a disaster;
 - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility's relocation site during a disaster.
- C. An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.

R9-10-721. Environmental Standards

- A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. The premises and equipment are:
 - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
 - b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
 2. A pest control program is used to minimize the presence of insects and vermin to ensure the health and safety of a resident;
 3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
 4. Equipment is:

- a. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
- b. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the behavioral health residential facility used by residents;
11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
12. Soiled linen and soiled clothing stored by the behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to residents;
15. Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored in the original labeled containers or safety containers in a storage area outside the behavioral health residential facility or in an attached garage that is locked and inaccessible to residents;
16. Pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. Vaccinated as follows:

- i. A dog is vaccinated against rabies and leptospirosis; and
 - ii. A cat is vaccinated against rabies;
 17. If a non-municipal water source is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria and corrective action is taken to ensure the water is safe to drink;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for 24 months after the date of the test; and
 18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B. An administrator shall ensure that:
1. Smoking or the use of tobacco products is not permitted within a behavioral health residential facility; and
 2. Smoking and the use of tobacco products may be permitted on the premises outside a behavioral health residential facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C. If a swimming pool is located on the premises, an administrator shall ensure that:
1. On each day that a resident uses the swimming pool, an employee:
 - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
 - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
 - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
 - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
 - b. Records the results of the water quality tests in a log that includes each testing date and test result;
 2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
 3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
 4. At least one personnel member with cardiopulmonary resuscitation training that meets

the requirements in R9-10-703(C)(1)(d), is present in the pool area when a resident is in the pool area; and

5. At least two personnel members are present in the pool area if two or more residents are in the pool area.

R9-10-722. Physical Plant Standards

- A. Except for a behavioral health outdoor program, an administrator shall ensure that:
 1. The premises and equipment are sufficient to accommodate the services in the behavioral health residential facility's scope of services; and
 2. An individual accepted as a resident by the behavioral health residential facility.
- B. An administrator shall ensure that:
 1. A behavioral health residential facility has a:
 - a. Room that provides privacy for a resident to receive treatment or visitors; and
 - b. Common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;
 2. A bathroom is available for use by visitors during the behavioral health residential facility's hours of operation and:
 - a. Provides privacy; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
 3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one working toilet that flushes and one sink with running water;
 4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;
 5. A resident bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror, unless the resident's treatment plan requires otherwise;

- b. A window that opens or another means of ventilation; and
 - c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
7. Each resident is provided a bedroom for sleeping; and
8. A resident bedroom complies with the following:
- a. Is not used as a common area;
 - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 - c. Contains a door that opens into a hallway, common area, or outdoors;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide resident privacy;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than eight residents;
 - (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - (3) Provides at least three feet of floor space between beds or bunk beds;
 - h. Contains for each resident occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
 - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
 - j. Has sufficient lighting for a resident occupying the bedroom to read; and
 - k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.

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