NOTICE OF FINAL EXPEDITED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES

HEALTH CARE INSTITUTIONS

PREAMBLE

1.	Article, Part, or Section Affected (as applicable)	Rulemaking Action
	R9-10-101	Amend
	R9-10-104	Amend
	R9-10-104.01	New Section
	R9-10-105	Amend
	R9-10-110	Amend
	R9-10-217	Amend
	R9-10-228	Amend
	R9-10-234	Amend
	R9-10-322	Amend
	R9-10-426	Amend
	R9-10-518	Amend
	R9-10-618	Amend
	R9-10-720	Amend
	R9-10-815	Amend
	R9-10-818	Amend
	R9-10-820	Amend
	R9-10-918	Amend
	R9-10-1018	Amend
	R9-10-1019	Amend
	R9-10-1025	Amend
	R9-10-1029	Amend
	R9-10-1117	Amend
	R9-10-1315	Amend
	R9-10-1317	Amend
	R9-10-1416	Amend
	R9-10-1514	Amend
	R9-10-1910	Amend

2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statutes: A.R.S. §§ 36-136(A)(2), (A)(8), and (G)

Implementing statutes: A.R.S. §§ 36-405 and 36-406

3. The effective date of the rules:

The rules are effective the day the Notice of Final Expedited Rulemaking is filed with the Office of the Secretary of State.

4. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the record of the proposed rulemaking:

Notice of Rulemaking Docket Opening: 25 A.A.R. 1457, June 14, 2019

Notice of Proposed Expedited Rulemaking: 25 A.A.R. 2217, September 06, 2019

5. The agency's contact person who can answer questions about the rulemaking:

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6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

Arizona Revised Statutes § 36-405 requires the Department to adopt rules to establish minimum standards and requirements for the construction, modification, and licensing of health care institutions necessary to assure the public health, safety, and welfare. The Department has

adopted these rules in A.A.C. R9-1-411 and A.A.C. R9-1-412. A.A.C. R9-1-411 establishes rules of construction and provides other information for persons using the codes and standards incorporated by reference in R9-1-412. A.A.C. R9-1-412 incorporates by reference physical plant health and safety codes and standards that the Department references in its different sets of healthcare institution licensing rules in 9 A.A.C. 10. The Department has updated many of the incorporations by reference to the current codes and standards, from the 2012 versions to the 2018 versions. Since the codes and standards are used only in 9 A.A.C 10, the Department has also moved applicable requirements from A.A.C. R9-1-411 and R9-1-412 into a new Section being added to 9 A.A.C. 10, Article 1, and updated cross references throughout 9 A.A.C. 10 to the new Section.

7. **A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Department did not review or rely on any study for this rulemaking.

8. **A showing of good cause why the expedited rulemaking is necessary to promote a statewide interest if the expedited rulemaking will diminish a previous grant of authority of a political subdivision of this state.**

This final expedited rulemaking does not diminish a previous grant of authority of a political subdivision of this state.

9. **A summary of the economic, small business, and consumer impact**

Under A.R.S. § 41-1055(D)(2), the Department is not required to provide an economic, small business, and consumer impact statement.

10. **A description of any changes between the proposed rulemaking, including supplemental notices, and the final rulemaking:**

Between the proposed expedited rulemaking and the final expedited rulemaking, the Department only made changes to correct typographical errors to be consistent with Secretary of State.

11. **Agency's summary of the public or stakeholder comments or objections made about the expedited rulemaking and the agency response to the comments:**

The Department did not receive public or stakeholder comments about the rulemaking during the public comment period.

12. **Any agencies shall list other matters prescribed by statute applicalbe to the specific agency or to any specific rules or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

There are no other matters prescribed by statute applicable specifically to the Department or this specific rulemaking.

a. **Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The rule does not require a permit.

b. **Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

There are no federal rules applicable to the subject of the rule.

c. **Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

No such analysis was submitted.

13. **Incorporations by reference and their location in the rules:**

Materials incorporated by reference in this rulemaking are:

- In R9-10-104.01(B)(1) – 2018 Guidelines for Design and Construction of Health Care Facilities
- In R9-10-104.01(B)(2) – 2012 National Fire Codes
- In R9-10-104.01(B)(3) – 2017 American National Standard: Accessible and Usable Buildings and Facilities
- In R9-10-104.01(B)(4) – 2018 International Building Code
- In R9-10-104.01(B)(5) – 2018 International Mechanical Code
- In R9-10-104.01(B)(6) – 2018 International Plumbing Code
- In R9-10-104.01(B)(7) – 2018 International Fire Code
- In R9-10-104.01(B)(8) – 2018 International Fuel Gas Code
- In R9-10-104.01(B)(9) – 2018 International Private Sewage Disposal Code

14. **Whether the rule was previously made, amended, or repealed as an emergency rules. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:**

The rule was not previously made as an emergency rule.

15. **The full text of the rule follows:**

TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS

ARTICLE 1. GENERAL

ARTICLE 2. HOSPITALS

ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES

ARTICLE 4. NURSING CARE INSTITUTIONS

ARTICLE 5. RECOVERY CARE CENTERS

ARTICLE 6. HOSPICES

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Section

ARTICLE 8. ASSISTED LIVING FACILITIES

Section

ARTICLE 9. OUTPATIENT SURGICAL CENTERS

Section

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

Section

ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES

Section

ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY

Section

ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES

Section

ARTICLE 15. ABORTION CLINICS

Section

ARTICLE 19. COUNSELING FACILITIES

Section

ARTICLE 1. GENERAL

R9-10-101. Definitions

In addition to the definitions in A.R.S. § §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

1. "Abortion clinic" has the same meaning as in A.R.S. § 36-449.01.
2. "Abuse" means:
    a. The same:
        i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
        ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
    b. A pattern of ridiculing or demeaning a patient;
    c. Making derogatory remarks or verbally harassing a patient; or
    d. Threatening to inflict physical harm on a patient.
3. "Accredited" has the same meaning as in A.R.S. § 36-422.
4. "Active malignancy" means a cancer for which:
    a. A patient is undergoing treatment, such as through:
        i. One or more surgical procedures to remove the cancer;
        ii. Chemotherapy, as defined in A.A.C. R9-4-401; or
        iii. Radiation treatment, as defined in A.A.C. R9-4-401;
    b. There is no treatment; or
    c. A patient is refusing treatment.
5. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
6. "Acuity" means a patient's need for medical services, nursing services, or behavioral health services based on the patient's medical condition or behavioral health issue.
7. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
8. "Adjacent" means not intersected by:
    a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
    b. A public thoroughfare.
9. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
10. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, behavioral health

services, or health-related services.

11. "Admission" or "admitted" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
12. "Adult" has the same meaning as in A.R.S. § 1-215.
13. "Adult behavioral health therapeutic home" means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual's behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
14. "Adult residential care institution" means a subclass of behavioral health residential facility that only admits residents 18 years of age and older and provides recidivism reduction services.
15. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
16. "Affiliated counseling facility" means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.
17. "Affiliated outpatient treatment center" means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.
18. "Alternate licensing fee due date" means the last calendar day in a month each year, other than the anniversary date of a facility's health care institution license, by which a licensee is required to pay the applicable fees in R9-10-106.
19. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.
20. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
21. "Applicant" means a governing authority requesting:
    a. Approval of a health care institution's architectural plans and specifications for

construction or modification,

b. Approval of a modification,

c. Approval of an alternate licensing fee due date, or

d. A health care institution license.

22. "Application packet" means the information, documents, and fees required by the Department for the:

a. Approval of a health care institution's modification or architectural plans and specifications for construction or modification,

b. Approval of a modification,

c. Approval of an alternate licensing fee due date, or

d. Licensing of a health care institution.

23. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.

24. "Assistance in the self-administration of medication" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.

25. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.

26. "Authenticate" means to establish authorship of a document or an entry in a medical record by:

a. A written signature;

b. An individual's initials, if the individual's written signature appears on the document or in the medical record;

c. A rubber-stamp signature; or

d. An electronic signature code.

27. "Authorized service" means specific medical services, nursing services, behavioral health services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before providing the medical services, nursing services, or health-related services.

28. "Available" means:

a. For an individual, the ability to be contacted and to provide an immediate response by any means possible;

b. For equipment and supplies, physically retrievable at a health care institution; and

c. For a document, retrievable by a health care institution or accessible according to the applicable time-frames in this Chapter.

29. "Behavioral care":

a. Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient's need for physical health services, that include:

i. Assistance with the patient's psychosocial interactions to manage the patient's behavior that can be performed by an individual without a professional license or certificate including:

(1) Direction provided by a behavioral health professional, and

(2) Medication ordered by a medical practitioner or behavioral health professional; or

ii. Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient's significant psychological or behavioral response to an identifiable stressor or stressors; and

b. Does not include court-ordered behavioral health services.

30. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.

31. "Behavioral health inpatient facility" means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:

a. Have a limited or reduced ability to meet the individual's basic physical needs;

b. Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;

c. Be a danger to self;

d. Be a danger to others;

e. Be persistently or acutely disabled, as defined in A.R.S. § 36-501; or

f. Be gravely disabled.

32. "Behavioral health issue" means an individual's condition related to a mental disorder, a

personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.

33. "Behavioral health observation/stabilization services" means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
    a. Requires nursing services,
    b. May require medical services, and
    c. May be a danger to others or a danger to self.
34. "Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides, under supervision by a behavioral health professional, the following services to a patient to address the patient's behavioral health issue:
    a. Services under supervision by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S, A.R.S. Title 32, Chapter 33; or
    b. Health-related services.
35. "Behavioral health professional" means:
    a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
        i. Independently engage in the practice of behavioral health, as defined in A.R.S. § 32-3251; or
        ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health, as defined in A.R.S. § 32-3251, under direct supervision as defined in A.A.C. R4-6-101;
    b. A psychiatrist as defined in A.R.S. § 36-501;
    c. A psychologist as defined in A.R.S. § 32-2061;
    d. A physician;
    e. A behavior analyst as defined in A.R.S. § 32-2091; or
    f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or
    g. A registered nurse with:
        i. A psychiatric-mental health nursing certification, or
        ii. One year of experience providing behavioral health services.
36. "Behavioral health residential facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:

a. Limits the individual's ability to be independent, or

b. Causes the individual to require treatment to maintain or enhance independence.

37. "Behavioral health respite home" means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual's behavioral health issue and need for behavioral health services.

38. "Behavioral health specialized transitional facility" means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.

33. "Behavioral health staff" means a:

a. Behavioral health paraprofessional,

b. Behavioral health technician, or

c. Personnel member in a nursing care institution or assisted living facility who provides behavioral care.

39. "Behavioral health technician" means an individual who is not a behavioral health professional who provides, with clinical oversight by a behavioral health professional, the following services to a patient to address the patient's behavioral health issue:

a. Services with clinical oversight by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S, A.R.S. Title 32, Chapter 33; or

b. Health-related services.

40. "Benzodiazepine" means any one of a class of sedative-hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.

41. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.

42. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.

43. "Case manager" means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services

provided to a patient at the health care institution.

44. "Certification" means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01.

45. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.

46. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.

47. "Chief administrative officer" or "administrator" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.

48. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.

49. "Clinical oversight" means:

    a. Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures, and, if applicable, a patient's treatment plan;

    b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services;

    c. Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services; and

    d. Recommending training for a behavior health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.

50. "Clinical privileges" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.

51. "Collaborating health care institution" means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:
    a. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
    b. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan.
52. "Common area" means licensed space in health care institution that is:
    a. Not a resident's bedroom or a residential unit,
    b. Not restricted to use by employees or volunteers of the health care institution, and
    c. Available for use by visitors and other individuals on the premises.
53. "Communicable disease" has the same meaning as in A.R.S. § 36-661.
54. "Conspicuously posted" means placed:
    a. At a location that is visible and accessible; and
    b. Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
55. "Consultation" means an evaluation of a patient requested by a medical staff member or personnel member.
56. "Contracted services" means medical services, nursing services, behavioral health services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
57. "Contractor" has the same meaning as in A.R.S. § 32-1101.
58. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
59. "Counseling" has the same meaning as "practice of professional counseling" in A.R.S. § 32-3251.
60. "Counseling facility" means a health care institution that only provides counseling, which may include:
    a. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or

b. Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.

61. "Court-ordered evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.

62. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.

63. "Crisis services" means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.

64. "Current" means up-to-date, extending to the present time.

65. "Daily living skills" means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.

66. "Danger to others" has the same meaning as in A.R.S. § 36-501.

67. "Danger to self" has the same meaning as in A.R.S. § 36-501.

68. "Detoxification services" means behavioral health services and medical services provided to an individual to:

a. Treat the individual's signs or symptoms of withdrawal from alcohol or other drugs, and

b. Reduce or eliminate the individual's dependence on alcohol or other drugs, or

69. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.

70. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane.

71. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.

72. "Dialysis station" means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.

73. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.

74. "Disaster" means an unexpected occurrence that adversely affects a health care institution's ability to provide services.

75. "Discharge" means a documented termination of services to a patient by a health care institution.

76. "Discharge instructions" means documented information relevant to a patient's medical condition or behavioral health issue provided by a health care institution to the patient or

the patient's representative at the time of the patient's discharge.

77. "Discharge planning" means a process of establishing goals and objectives for a patient in preparation for the patient's discharge.
78. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge.
79. "Disinfect" means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
80. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
81. "Drill" means a response to a planned, simulated event.
82. "Drug" has the same meaning as in A.R.S. § 32-1901.
83. "Electronic" has the same meaning as in A.R.S. § 44-7002.
84. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
85. "Emergency" means an immediate threat to the life or health of a patient.
86. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
87. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
88. "End-of-life" means that a patient has a documented life expectancy of six months or less.
89. "Environmental services" means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
90. "Equipment" means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01.
91. "Exploitation" has the same meaning as in A.R.S. § 46-451.
92. "Factory-built building" has the same meaning as in A.R.S. § 41-4001.
93. "Family" or "family member" means an individual's spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
94. "Follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.
95. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
96. "Full-time" means 40 hours or more every consecutive seven calendar days.

97. "Garbage" has the same meaning as in A.A.C. R18-13-302.

98. "General consent" means documentation of an agreement from an individual or the individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.

99. "General hospital" means a subclass of hospital that provides surgical services and emergency services.

100. "Gravely disabled" has the same meaning as "grave disability" in A.R.S. § 36-501.

101. "Hazard" or "hazardous" means a condition or situation where a patient or other individual may suffer physical injury.

102. "Health care directive" has the same meaning as in A.R.S. § 36-3201.

103. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.

104. "Home health agency" has the same meaning as in A.R.S. § 36-151.

105. "Home health aide" means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.

106. "Home health aide services" means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.

107. "Home health services" has the same meaning as in A.R.S. § 36-151.

108. "Hospice inpatient facility" means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice's premises for 24 hours or more.

109. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.

110. "Immediate" means without delay.

111. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:

    a. On the premises of a health care institution, or

    b. Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.

112. "Infection control" means to identify, prevent, monitor, and minimize infections.

113. "Infectious tuberculosis" has the same meaning as "infectious active tuberculosis" in A.A.C. R9-6-101.

114. "Informed consent" means:

a. Advising a patient of a proposed treatment, surgical procedure, psychotropic drug medication, opioid, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic drug medication, opioid, or diagnostic procedure; and associated risks and possible complications; and

b. Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic drug medication, opioid, or diagnostic procedure from the patient or the patient's representative.

115. "In-service education" means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.

116. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment or, if applicable, placement evaluation.

117. "Intermediate care facility for individuals with intellectual disabilities" or "ICF/IID" has the same meaning as in A.R.S. § 36-551.

118. "Interval note" means documentation updating a patient's:

a. Medical condition after a medical history and physical examination is performed, or

b. Behavioral health issue after an assessment is performed.

119. "Isolation" means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.

120. "Leased facility" means a facility occupied or used during a set time period in exchange for compensation.

121. "License" means:

a. Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or

b. Written approval issued to an individual to practice a profession in this state.

122. "Licensed occupancy" means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.

123. “Licensee” means an owner approved by the Department to operate a health care institution.
124. “Manage” means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
125. “Medical condition” means the state of a patient’s physical or mental health, including the patient’s illness, injury, or disease.
126. “Medical director” means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
127. “Medical history” means an account of a patient’s health, including past and present illnesses, diseases, or medical conditions.
128. “Medical practitioner” means a physician, physician assistant, or registered nurse practitioner.
129. “Medical record” has the same meaning as “medical records” in A.R.S. § 12-2291.
130. “Medical staff” means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
131. “Medical staff by-laws bylaws” means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
132. “Medical staff member” means an individual who is part of the medical staff of a health care institution.
133. “Medication” means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
    a. Biologicals as defined in A.A.C. R18-13-1401,
    b. Prescription medication as defined in A.R.S. § 32-1901, or
    c. Nonprescription medication drug as defined in A.R.S. § 32-1901.
134. “Medication administration” means restricting a patient’s access to the patient’s medication and providing the medication to the patient or applying the medication to the patient’s body, as ordered by a medical practitioner.
135. “Medication error” means:
    a. The failure to administer an ordered medication;
    b. The administration of a medication not ordered; or
    c. The administration of a medication:
        i. In an incorrect dosage,
        ii. More than 60 minutes before or after the ordered time of administration

unless ordered to do so, or

iii. By an incorrect route of administration.

136. "Mental disorder" means the same as in A.R.S. § 36-501.

137. "Mobile clinic" means a movable structure that:

a. Is not physically attached to a health care institution's facility;

b. Provides medical services, nursing services, behavioral health services, or health related service to an outpatient under the direction of the health care institution's personnel; and

c. Is not intended to remain in one location indefinitely.

138. "Monitor" or "monitoring" means to check systematically on a specific condition or situation.

139. "Neglect" has the same meaning:

a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and

b. For an individual 18 years of age or older, as in A.R.S. § 46-451.

140. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.

141. "Nurse" has the same meaning as "registered nurse" or "practical nurse" as defined in A.R.S. § 32-1601.

142. "Nursing personnel" means individuals authorized according to A.R.S. § Title 32, Chapter 15 to provide nursing services.

143. "Observation chair" means a physical piece of equipment that:

a. Is located in a designated area where behavioral health observation/stabilization services are provided,

b. Allows an individual to fully recline, and

c. Is used by the individual while receiving crisis services.

144. "Occupational therapist" has the same meaning as in A.R.S. § 32-3401.

145. "Occupational therapist therapy assistant" has the same meaning as in A.R.S. § 32-3401.

146. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.

147. "On-call" means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.

148. "Opioid" means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of "opiate" in A.R.S. § 36-2501.

149. "Opioid agonist treatment medication" means a prescription medication that is approved

by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid -related substance use disorder.

150. "Opioid antagonist" means a prescription medication, as defined in A.R.S. § 32-1901, that:

a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and

b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.

151. "Opioid treatment" means providing medical services, nursing services, behavioral health services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opiate addiction opioid-related substance use disorder.

152. "Order" means instructions to provide:

a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or

b. Behavioral health services to a patient from a behavioral health professional.

153. "Orientation" means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.

154. "Outing" means a social or recreational activity that:

a. Occurs away from the premises,

b. Is not part of a behavioral health inpatient facility's or behavioral health residential facility's daily routine, and

c. Lasts longer than four hours.

155. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient's surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.

156. "Outpatient treatment center" means a class of health care institution without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.

157. "Overall time-frame" means the same as in A.R.S. § 41-1072.

158. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.

159. "Pain management clinic" has the same meaning as in A.R.S. § 36-448.01.

160. “Participant” means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.

161. “Participant’s representative” means the same as “patient’s representative” for a participant.

162. “Patient” means an individual receiving physical health services or behavioral health services from a health care institution.

163. “Patient’s representative” means:

a. A patient’s legal guardian;

b. If a patient is less than 18 years of age and not an emancipated minor, the patient’s parent;

c. If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient’s legal guardian; or

d. A surrogate as defined in A.R.S. § 36-3201.

164. “Person” means the same as in A.R.S. § 1-215 and includes a governmental agency.

165. “Personnel member” means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.

166. “Pest control program” means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient’s health and safety is not at risk.

167. “Pharmacist” has the same meaning as in A.R.S. § 32-1901.

168. “Physical examination” means to observe, test, or inspect an individual’s body to evaluate health or determine cause of illness, injury, or disease.

169. “Physical health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s medical condition.

170. “Physical therapist” has the same meaning as in A.R.S. § 32-2001.

171. “Physical therapist assistant” has the same meaning as in A.R.S. § 32-2001.

172. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.

173. “Placement evaluation” means the same as in A.R.S. § 36-551.

174. “Pre-petition screening” has the same meaning as “prepetition screening” in A.R.S. § 36-501.

175. “Premises” means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or

behavioral health services are provided to a patient.

176. "Prescribe" means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user's behalf, a specific dose of a specific medication in a specific quantity and route of administration.

177. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.

178. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:

    a. An observed patient response to a physical health service or behavioral health service provided to the patient,

    b. A patient's significant change in condition, or

    c. Observed behavior of a patient related to the patient's medical condition or behavioral health issue.

179. "PRN" means *pro re nata* or given as needed.

180. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.

181. "Provider" means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual's place of residence.

182. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.

183. "Psychotropic medication" means a chemical substance that:

    a. Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and

    b. Is provided to a patient to address the patient's behavioral health issue.

184. "Quality management program" means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.

185. "Recovery care center" has the same meaning as in A.R.S. § 36-448.51.

186. "Referral" means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral

health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.

187. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.

188. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.

189. "Registered nurse practitioner" has the same meaning as A.R.S. § 32-1601.

190. "Regular basis" means at recurring, fixed, or uniform intervals.

191. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.

192. "Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.

193. "Resident" means an individual living in and receiving physical health services or behavioral health services, including rehabilitation services or habilitation services if applicable, from a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.

194. "Resident's representative" means the same as "patient's representative" for a resident.

195. "Respiratory care services" has the same meaning as "practice of respiratory care" as defined in A.R.S. § 32-3501.

196. "Respiratory therapist" has the same meaning as in A.R.S. § 32-3501.

197. "Respite capacity" means the total number of children who do not stay overnight for whom an outpatient treatment center or a behavioral health residential facility is authorized by the Department to provide respite services on the premises of the outpatient treatment center or behavioral health residential facility.

198. "Respite services" means respite care services provided to an individual who is receiving behavioral health services.

199. "Restraint" means any physical or chemical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.

200. "Risk" means potential for an adverse outcome.

201. "Room" means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.

202. "Rural general hospital" means a subclass of hospital:

a. having 50 or fewer inpatient beds,

b. located more than 20 surface miles from a general hospital or another rural general hospital, and

c. that requests to be and is being licensed as a rural general hospital rather than a general hospital.

203. "Satellite facility" has the same meaning as in A.R.S. § 36-422.

204. "Scope of services" means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.

205. "Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.

206. "Sedative-hypnotic medication" means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.

207. "Self-administration of medication" means a patient having access to and control of the patient's medication and may include the patient receiving limited support while taking the medication.

208. "Sexual abuse" means the same as in A.R.S. § 13-1404(A).

209. "Sexual assault" means the same as in A.R.S. § 13-1406(A).

210. "Shift" means the beginning and ending time of a continuous work period established by a health care institution's policies and procedures.

211. "Short-acting opioid antagonist" means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.

212. "Signature" means:

a. A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or

b. An electronic signature.

213. "Significant change" means an observable deterioration or improvement in a patient's physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.

214. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).

215. "Speech-language pathologist" means an individual licensed according A.R.S. Title 35 36, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.

216. "Special hospital" means a subclass of hospital that:
    a. Is licensed to provide hospital services within a specific branch of medicine; or
    b. Limits admission according to age, gender, type of disease, or medical condition.
217. "Student" means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
218. "Substance abuse" means an individual's misuse of alcohol or other drug or chemical that:
    a. Alters the individual's behavior or mental functioning;
    b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
    c. Impairs, reduces, or destroys the individual's social or economic functioning.
219. "Substance abuse transitional facility" means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
220. "Substance use disorder" means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.
221. "Substance use risk" means an individual's unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.
222. "Substantial" when used in connection with a modification means:
    a. An addition or removal of an authorized service;
    b. The addition or removal of a colocator;
    c. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
    d. A change in the physical plant, including facilities or equipment, that costs more than $300,000; or
    e. A change in the building where a health care institution is located that affects compliance with:
        i. Applicable physical plant codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, or
        ii. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
223. "Substantive review time-frame" means the same as in A.R.S. § 41-1072.

224. "Supportive services" has the same meaning as in A.R.S. § 36-151.

225. "Surgical procedure" means the excision of or incision of in a patient's body for the:

a. Correction of a deformity or defect;

b. Repair of an injury; or

c. Diagnosis, amelioration, or cure of disease.

226. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.

227. "System" means interrelated, interacting, or interdependent elements that form a whole.

228. "Tapering" means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.

229. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.

230. "Telemedicine" has the same meaning as in A.R.S. § 36-3601.

231. "Therapeutic diet" means foods or the manner in which food is to be prepared that are ordered for a patient.

232. "Therapist" means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.

233. "Time-out" means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.

234. "Transfer" means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.

235. "Transport" means a licensed health care institution:

a. Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or

b. Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.

236. "Treatment" means a procedure or method to cure, improve, or palliate an individual's medical condition or behavioral health issue.

237. "Treatment plan" means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.

238. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule.

239. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.

240. "Volunteer" means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.

241. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

R9-10-104. Approval of Architectural Plans and Specifications

A. For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, an applicant shall submit to the Department an application packet including:

1. An application in a Department-provided format provided by the Department that contains:
    a. For construction of a new health care institution:
        i. The health care institution's name, street address, city, state, zip code, telephone number, and e-mail address;
        ii. The name and mailing address of the health care institution's governing authority;
        iii. The requested health care institution class or subclass; and
        iv. If applicable, the requested licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations for the health care institution;
    b. For modification of a licensed health care institution that requires approval of architectural plans and specifications:
        i. The health care institution's license number,
        ii. The name and mailing address of the licensee,
        iii. The health care institution's class or subclass, and
        iv. The health care institution's existing licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations; and the requested licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations for the health care institution;

c. The health care institution's contact person's name, street mailing address, city, state, zip code, telephone number, and e-mail address;

d. The name, street mailing address, city, state, zip code, telephone number, and e-mail address of:

   i. The project architect; or

   ii. If the construction or modification of the health care institution does not require a project architect, the project engineer or other individual responsible for the completion of the construction or modification;

e. A narrative description of the project;

f. The estimated total project cost including the costs of:

   i. Site acquisition,

   ii. General construction,

   iii. Architect fees,

   iv. Fixed equipment, and

   v. Movable equipment;

g. If providing or planning to provide medical services, nursing services, or health-related services that require compliance with specific physical plant codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services;

h. If providing or planning to provide behavioral health observation/stabilization services, the number of behavioral health observation/stabilization observation chairs designated for providing the behavioral health observation/stabilization services;

i. For construction of a new health care institution and if modification of a health care institution requires a project architect, a statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the:

   i. Project architect has complied with A.A.C. R4-30-301; and

   ii. Architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;

j. If construction or modification of a health care institution requires a project engineer, a statement signed and sealed by the project engineer, according to the requirements in 4 A.A.C. 30, Article 3, that the project engineer has complied

with A.A.C. R4-30-301; and

k. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;

2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:

a. A building permit for the construction or modification issued by the local governmental agency; or

b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:

i. The health care institution's name, street address, city, state, zip code, and county;

ii. The health care institution's class or subclass and each type of medical services, nursing services, or health-related services to be provided; and

iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;

3. The following information that is as necessary to demonstrate that the project described on the application complies with applicable codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01:

a. A table of contents containing:

i. The architectural plans and specifications submitted;

ii. The physical plant codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01 that apply to the project;

iii. The physical plant codes and standards that are required by a local governmental agency, if applicable;

iv. An index of the abbreviations and symbols used in the architectural plans and specifications; and

v. The facility's specific International Building Code construction type and International Building Code occupancy type;

b. If the facility is larger than 3,000 square feet and is or will be occupied by more than 20 individuals, the seal of an architect on the architectural plans and specifications according to the requirements in A.R.S. Title 32, Chapter 1 and 4 A.A.C. 30, Article 3;

c. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;

d. For each facility, on architectural plans and specifications:

i. A floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;

ii. A diagram of a section of the facility, drawn to scale, showing the vertical cross-section view from foundation to roof and specifying construction materials;

iii. Building elevations, drawn to scale, showing the outside appearance of each facility;

iv. The materials used for ceilings, walls, and floors;

v. The location, size, and fire rating of each door and each window and the materials and hardware used, including safety features such as fire exit door hardware and fireproofing materials;

vi. A ceiling plan, drawn to scale, showing the layout of each light fixture, each fire protection device, and each element of the mechanical ventilation system;

vii. An electrical floor plan, drawn to scale, showing the wiring diagram and the layout of each lighting fixture, each outlet, each switch, each electrical panel, and electrical equipment;

viii. A mechanical floor plan, drawn to scale, showing the layout of heating, ventilation, and air conditioning systems;

ix. A plumbing floor plan, drawn to scale, showing the layout and materials used for water, sewer, and medical gas systems, including the water supply and plumbing fixtures;

x. A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;

xi. A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and

xii. Technical specifications or drawings describing installation of equipment or medical gas and the materials used for installation in the health care institution;

4. The estimated total project cost including the costs of:
    a. Site acquisition,
    b. General construction,
    c. Architect fees,
    d. Fixed equipment, and
    e. Movable equipment;
5. The following, as applicable:
    a. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
        i. A copy of the certificate of occupancy for the facility,
        ii. Documentation that the facility was approved for occupancy, or
        iii. Documentation that a certificate of occupancy for the facility is not available;
    b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable licensing requirements in A.R.S. Title 36, Article 4 and this Chapter signed by the project architect, the contractor, and the owner;
    c. A written description of any work necessary to complete the construction or modification submitted by the project architect;
    d. If the construction or modification affects the health care institution's fire alarm system, a contractor certification and description of the fire alarm system in a Department-provided format provided by the Department;
    e. If the construction or modification affects the health care institution's automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system in a Department-provided format provided by the Department;
    f. If the construction or modification affects the health care institution's heating, ventilation, or air conditioning system, a copy of the heating, ventilation, air conditioning, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning system;
    g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer's certification of flame spread for the draperies, cubicle curtains, or floor coverings;

h. For a health care institution using inhalation anesthetics or nonflammable medical gas, a copy of the Compliance Certification for Inhalation Anesthetics or Nonflammable Medical Gas System required in the National Fire Codes incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01;

i. If a generator is installed, a copy of the installation acceptance required in the National Fire Codes incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01;

j. If equipment is installed, a certification from an engineer or from a technical representative of the equipment's manufacturer that the equipment has been installed according to the manufacturer's recommendations and, if applicable, calibrated;

k. For a health care institution providing radiology, a written report from a certified health physicist of the location, type, and amount of radiation protection; and

l. If a factory-built building is used by a health care institution:

i. A copy of the installation permit and the copy of a certificate of occupancy for the factory-built building from the Office of Manufactured Housing; or

ii. A written report from an individual registered as an architect or a professional structural engineer under 4 A.A.C. 30, Article 2, stating that the factory-built building complies with applicable design standards;

6. For construction of a new health care institution and for a modification of a health care institution that requires a project architect, a statement signed by the project architect that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution;

7. For modification of a health care institution that does not require a project architect, a statement signed by the project engineer or other individual responsible for the completion of the modification that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution; and

8. The applicable fee required by R9-10-106.

B. Before an applicant submits an application for approval of architectural plans and specifications for the construction or modification of a health care institution, an applicant may request an architectural evaluation by submitting providing the documents in subsection (A)(3) to the Department.

C. The Department may conduct on-site facility reviews during the construction or modification of a health care institution.

D. The Department shall approve or deny an application for approval of architectural plans and specifications of a health care institution in this Section according to R9-10-108.

E. In addition to obtaining an approval of a health care institution's architectural plans and specifications, a person shall obtain a health care institution license before operating the health care institution.

R9-10-104.01. Codes and Standards

A. For a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in this Section, an applicant shall follow the requirements in subsection (B), except as follows:

1. Physical plant standards specified in applicable Articles of this Chapter shall govern over the codes and standards incorporated by reference in subsection (B); and
2. If a conflict occurs among the codes and standards incorporated by reference in subsection (B), the more restrictive codes and standards shall govern over the less restrictive.

B. The following physical plant health and safety codes and standards are incorporated by reference as modified, are on file with the Department, and include no future editions or amendments:

1. Guidelines for Design and Construction of Health Care Facilities (2018 ed.), published by the American Society for Healthcare Engineering and available from The Facility Guidelines Institute at www.fgiguidelines.org;
2. The following National Fire Codes (2012), published by and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269, and at www.nfpa.org/catalog:
   a. NFPA70 National Electrical Code,
   b. NFPA101 Life Safety Code, and
   c. 2012 Supplements;
3. ICC/A117.1-2017, American National Standard: Accessible and Usable Buildings and Facilities (2017), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org;
4. International Building Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:

a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”;

b. Section 101.2 is modified by deleting the “Exception”;

c. Section 101.4.7 is deleted;

d. Sections 103.1 through 103.3 are deleted;

e. Sections 104.1 through 104.11.2 are deleted;

f. Sections 105.1 through 105.7 are deleted;

g. Sections 106.1 through 106.3 are deleted;

h. Sections 107.1 through 107.5 are deleted;

i. Sections 108.1 through 108.4 are deleted;

j. Sections 109.1 through 109.6 are deleted;

k. Sections 110.1 through 110.6 are deleted;

l. Sections 111.1 through 111.4 are deleted;

m. Sections 112.1 through 112.3 are deleted;

n. Sections 113.1 through 113.3 are deleted;

o. Sections 114.1 through 114.4 are deleted;

p. Sections 115.1 through 115.3 are deleted;

q. Sections 116.1 through 116.5 are deleted; and

r. Appendices A, B, C, D, K, L, and M are deleted;

5. International Mechanical Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:

a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,

b. Sections 103.1 through 103.4.1 are deleted,

c. Sections 104.1 through 104.7 are deleted,

d. Sections 105.1 through 105.5 are deleted,

e. Sections 106.1 through 106.5.3 are deleted,

f. Sections 107.1 through 107.6 are deleted,

g. Sections 108.1 through 108.7.3 are deleted,

h. Sections 109.1 through 109.7 are deleted,

i. Sections 110.1 through 110.4 are deleted, and

j. Appendix B is deleted;

6. International Plumbing Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:

a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,

b. Sections 103.1 through 103.4.1 are deleted,

c. Sections 104.1 through 104.7 are deleted,

d. Sections 105.1 through 105.4.1 are deleted,

e. Sections 106.1 through 106.6.3 are deleted,

f. Sections 107.1 through 107.7 are deleted,

g. Sections 108.1 through 108.7.3 are deleted,

h. Sections 109.1 through 109.7 are deleted,

i. Sections 110.1 through 110.4 are deleted, and

j. Appendix A is deleted;

7. International Fire Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:

a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,

b. Sections 102.3 and 102.5 are deleted,

c. Sections 103.1 through 103.4.1 are deleted,

d. Sections 104.1 through 104.11.3 are deleted,

e. Sections 105.1 through 105.7.25 are deleted,

f. Sections 106.1 through 106.5 are deleted,

g. Sections 107.1 through 107.4 are deleted,

h. Sections 109.1 through 109.3 are deleted,

i. Sections 110.1 through 110.4.1 are deleted,

j. Sections 111.1 through 111.4 are deleted,

k. Section 112.1 through 112.4 is deleted,

l. Section 113.1.is deleted, and

m. Appendix A is deleted;

8. International Fuel Gas Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:

a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,

b. Section 101.2 is modified by deleting the “Exception”,

c. Sections 103.1 through 103.4.1 are deleted,

d. Sections 104.1 through 104.7 are deleted,

e. Sections 105.1 through 105.5 are deleted,

f. Sections 106.1 through 106.6.3 are deleted,

g. Sections 107.1 through 107.6 are deleted,

h. Sections 108.1 through 108.7.3 are deleted,

i. Sections 109.1 through 109.7 are deleted, and

j. Sections 110.1 through 110.4 are deleted;

9. International Private Sewage Disposal Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:

a. Section 101.1 is modified by deleting "of [NAME OF JURISDICTION]",

b. Sections 103.1 through 103.4.1 are deleted,

c. Sections 104.1 through 104.7 are deleted,

d. Sections 105.1 through 105.5 are deleted,

e. Sections 106.1 through 106.4.3 are deleted,

f. Sections 107.1 through 107.9 are deleted,

g. Sections 108.1 through 108.7.2 are deleted,

h. Sections 109.1 through 109.7 are deleted, and

i. Sections 110.1 through 110.4 are deleted.

C. The Department shall not assess any penalty or fee specified in the physical plant health and safety codes and standards that are incorporated by reference in this Section.

R9-10-105. Initial License Application

A. A person applying for an initial a health care institution license shall submit to the Department an application packet that contains:

1. An application in a Department-provided format provided by the Department including:

a. The health care institution's:

i. Name;

ii. Street address, city, state, zip code;

iii. Mailing address;

iv. Telephone number, and;

v. E-mail address;

vi. Tax ID number; and

vii. Class or subclass listed in R9-10-102 for which licensing is requested;

b. Except for a home health agency, or hospice service agency, or behavioral health facility, whether the health care institution is located within 1/4 mile of agricultural land;

c. Whether the health care institution is located in a leased facility;

d. Whether the health care institution is ready for a licensing inspection by the Department;

e. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;

f. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;

g. Owner information including:

i. The owner's name, mailing address, telephone number, and e-mail address;

ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;

iii. If the owner is a partnership or a limited liability partnership, the name of each partner;

iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;

v. If the owner is a corporation, the name and title of each corporate officer;

vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;

vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;

viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or

revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and

ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;

h. The name and mailing address of the governing authority;

i. The chief administrative officer's:

i. Name,

ii. Title,

iii. Highest educational degree, and

iv. Work experience related to the health care institution class or subclass for which licensing is requested; and

j. Signature required in A.R.S. § 36-422(B);

2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility;

3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;

4. If applicable, the name and mailing address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);

5. Except for a home health agency or a hospice service agency, one of the following:

a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01:

i. An application packet for approval of architectural plans and specifications in R9-10-104(A), or

ii. Documentation of the Department's approval of the health care institution's architectural plans and specifications approval in R9-10-104 R9-10-104(D); or

b. If a no part of the health care institution or a part of the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01:

i. One of the following:

(1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances; or

(2) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;

ii. The licensed capacity requested by the applicant for the health care institution;

iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;

iv. If applicable, the respite capacity requested by the applicant for the health care institution;

v. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and

vi. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device;

6. The health care institution's proposed scope of services; and

7. The applicable application fee required by R9-10-106.

B. In addition to the initial license application requirements in this Section, an applicant shall comply with the supplemental application requirements in specific rules in this Chapter for the health care institution class or subclass for which licensing is requested.

C. The Department shall approve or deny a license application in this Section according to R9-10-108.

D. A health care institution license is valid:

1. Unless, as specified in A.R.S. §36-425(C):

a. The Department revokes or suspends the license according to R9-10-112, or

b. The license is considered void because the licensee did not pay the applicable

fees in R9-10-106 according to R9-10-107; or

2. Until a licensee voluntarily surrenders the license to the Department when terminating the operation of the health care institution, according to R9-10-109(B).

R9-10-110. Modification of a Health Care Institution

A. A licensee shall submit a request for approval of a modification of a health care institution when planning to make:

1. An addition or removal of an authorized service;
2. An addition or removal of a colocator;
3. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
4. A change in the physical plant, including facilities or equipment, that costs more than $300,000; or
5. A change in the building where a health care institution is located that affects compliance with:
   a. Applicable physical plant codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, or
   b. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.

B. A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01 shall submit an application packet, according to R9-10-104(A), for approval of architectural plans and specifications for a modification of the health care institution described in subsection (A)(3) through (5).

C. A licensee of a health care institution shall submit a written request an application packet for a modification of the health care institution in a Department-provided format that contains:

1. The following information in a Department-provided format:
   a. The health care institution's name, mailing address, e-mail address, and license number;
   b. A narrative description of the modification, including as applicable:
      i. The services the licensee is requesting be added or removed as an authorized service;
      ii. The name and license number of an associated licensed provider being added or removed as a colocator;
      iii. The name and professional license number of an exempt health care

provider being added or removed as a colocator;

iv. If an associated licensed provider or exempt health care provider is being added as a colocator, the proposed scope of services;

v. The current and proposed licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations;

v. The change being made in the physical plant; and

vi. The change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01; and

c. The name and e-mail address of the health care institution's administrator's or individual representing the health care institution as designated in according to A.R.S. § 36-422 and the dated signature of the administrator or individual; and

4. One of the following:

a. For a health care institution that is required to comply with the physical plant codes and standards incorporated by reference in ~~A.A.C. R9-10-412~~ R9-10-104.01 for the building, documentation of the health care institution's architectural plans and specifications approval in R9-10-104; or

b. For a health care institution that is not required to comply with the physical plant codes and standards, documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter.

2. Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:

a. A floor plan showing the location of each colocator's proposed treatment area and the areas of the collaborating outpatient treatment center's premises shared with a colocator;

b. For a change in the licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations or a modification of the physical plant:

i. A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or

ii. For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01 or the

building, documentation of the Department's approval of the health care institution's architectural plans and specifications in R9-10-104(D); and

c. Any other documentation to support the requested modification; and

3. If applicable, a copy of the written agreement the associated licensed provider or exempt health care provider has with the collaborating outpatient treatment center.

D. The Department shall approve or deny a request for a modification described in subsection (B) (C) according to R9-10-108.

E. A licensee shall not implement a modification described in subsection (B) (C) until an approval or amended license is issued by the Department.

ARTICLE 2. HOSPITALS

R9-10-217. Emergency Services

A. An administrator of a general hospital or a rural general hospital shall ensure that:

1. Emergency services are provided 24 hours a day in a designated area of the hospital;
2. Emergency services are provided as an organized service under the direction of a medical staff member;
3. The scope and extent of emergency services offered are documented in the hospital's scope of services;
4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and procedures are implemented to minimize risk to the patient until the patient is transported or transferred to another hospital;
6. A roster of on-call medical staff members is available in the emergency services area;
7. There is a chronological log of emergency services provided to patients that includes:
    a. The patient's name;
    b. The date, time, and mode of arrival; and
    c. The disposition of the patient including discharge, transfer, or admission; and
8. The chronological log required in subsection (A)(7) is maintained:
    a. In the emergency services area for at least 12 months after the date of the emergency services; and
    b. By the hospital for at least an additional four years.

B. An administrator of a special hospital that provides emergency services shall comply with subsection (A).

C. An administrator of a hospital that provides emergency services, but does not provide perinatal organized services, shall ensure that emergency perinatal services are provided within the hospital's capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.

D. An administrator of a hospital that provides emergency services shall ensure that a room used for seclusion in a designated area of the hospital used for providing emergency services, complies with applicable physical plant health and safety codes and standards for seclusion rooms a secure hold room as described in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities, incorporated by reference in

~~A.A.C. R9-1-412~~ R9-10-104.01.

R9-10-228. Multi-organized Service Unit

A. A governing authority may designate the following as a multi-organized service unit:

1. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services,
2. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services,
3. A unit that provides both perinatal services and intensive care services for obstetrical patients,
4. A unit that provides both intensive care services for neonates and a continuing care nursery, or
5. A unit that provides medical and nursing services to adult and pediatric patients.

B. An administrator shall ensure that:

1. For a patient in a multi-organized service unit, a medical staff member designates in the patient's medical record which organized service is to be provided to the patient;
2. A multi-organized service unit is in compliance with the requirements in this Article that would apply if each organized service were offered as a single organized service unit; and
3. A multi-organized service unit and each bed in the unit are in compliance with physical plant health and safety codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01 for all organized services provided in the multi-organized service unit.

R9-10-234. Physical Plant Standards

A. An administrator shall ensure that:

1. A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01 in effect on the date the hospital submitted, according to R9-10-104, an application for an approval of architectural plans and specifications to the Department;
2. A hospital's premises or any part of the hospital premises is not leased to or used by another person;
3. A unit with inpatient beds is not used as a passageway to another health care institution; and
4. A hospital's premises are not licensed as more than one health care institution.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,

2. Make any repairs or corrections stated on the inspection report, and
3. Maintain documentation of a current fire inspection report.

ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES

R9-10-322. Emergency and Safety Standards

A. An administrator shall ensure that a behavioral health inpatient facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that are in working order; or
2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

B. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. When, how, and where patients will be relocated;
   b. How a patient's medical record will be available to individuals providing services to the patient during a disaster;
   c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
   d. A plan for obtaining food and water for individuals present in the behavioral health inpatient facility or the behavioral health inpatient facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, volunteer, or student participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and patients:
   a. Is conducted at least once every six months; and

b. Includes all individuals on the premises except for:

i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, and

ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);

6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:

a. The date and time of the evacuation drill;

b. The amount of time taken for employees and patients to evacuate to a designated area;

c. If applicable:

i. An identification of patients needing assistance for evacuation, and

ii. An identification of patients who were not evacuated;

d. Any problems encountered in conducting the evacuation drill; and

e. Recommendations for improvement, if applicable; and

7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health inpatient facility.

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.

ARTICLE 4. NURSING CARE INSTITUTIONS

R9-10-426. Physical Plant Standards

A. An administrator shall ensure that:

1. A nursing care institution complies with:
   a. The applicable physical plant health and safety codes and standards, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that were in effect on the date the nursing care institution submitted architectural plans and specifications to the Department for approval according to R9-10-104; and
   b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01;
2. The premises and equipment are sufficient to accommodate:
   a. The services stated in the nursing care institution's scope of services, and
   b. An individual accepted as a resident by the nursing care institution;
3. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
4. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
5. No more than two individuals reside in a resident room unless:
   a. The nursing care institution was operating before October 31, 1982; and
   b. The resident room has not undergone a modification as defined in A.R.S. § 36-401;
6. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs in a resident room or suite of rooms;
7. A resident room has:
   a. A window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
   b. A closet with clothing racks and shelves accessible to the resident; and
   c. If the resident room contains more than one bed, a curtain or similar type of separation between the beds for privacy; and
8. A resident room or a suite of rooms:
   a. Is accessible without passing through another resident's room; and

b. Does not open into any area where food is prepared, served, or stored.

B. If a swimming pool is located on the premises, an administrator shall ensure that:

1. 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 that four inches across;

c. Has no horizontal openings, except as described in subsection (B)(1)(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 54 inches from the ground, and

iii. Is locked when the swimming pool is not in use; and

2. A life preserver or shepherd's crook is available and accessible in the pool area.

C. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (B)(1) is covered and locked when not in use.

ARTICLE 5. RECOVERY CARE CENTERS

R9-10-518. Physical Plant Standards

A. An administrator shall ensure that recovery care center's patient rooms and service areas comply with the applicable physical plant health and safety codes and standards, incorporated by reference in ~~A.A.C. R9-1-412(A)(2)(b)~~ R9-10-104.01, in effect on the date the recovery care center submitted architectural plans and specifications to the Department for approval, according to R9-10-104.

B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services stated in the recovery care center's scope of services; and
2. An individual accepted as a patient by the recovery care center.

C. An administrator shall ensure that the recovery care center does not allow more than two beds per room.

ARTICLE 6. HOSPICES

R9-10-618. Physical Plant Standards for a Hospice Inpatient Facility

A. An administrator shall ensure that a hospice inpatient facility complies with applicable ~~requirements for Health Care Occupancies in National Fire Protection Association 101, Life Safety Code~~ physical plant health and safety codes and standards, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01.

B. An administrator of a hospice inpatient facility shall ensure that the premises and equipment are sufficient to accommodate:

1. The services stated in the hospice inpatient facility's scope of services, and
2. An individual accepted as a patient by the hospice inpatient facility.

C. An administrator of a hospice inpatient facility shall ensure that a patient's sleeping area:

1. Is shared by no more than four patients;
2. Measures at least 80 square feet of floor space per patient, not including a closet;
3. Has walls from floor to ceiling;
4. Contains a door that opens into a hallway, common area, or outdoors;
5. Is at or above ground level;
6. Is vented to the outside of the hospice inpatient facility;
7. Has a working thermometer for measuring the temperature in the sleeping area;
8. For each patient, has a:
    a. Bed,
    b. Bedside table,
    c. Bedside chair,
    d. Reading light,
    e. Privacy screen or curtain, and
    f. Closet or drawer space;
9. Is equipped with a bell, intercom, or other mechanical means for a patient to alert a personnel member;
10. Is no farther than 20 feet from a room containing a toilet and a sink;
11. Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
12. Contains one of the following to provide sunlight:
    a. A window to the outside of the hospice inpatient facility, or
    b. A transparent or translucent door to the outside of the hospice inpatient facility; and
13. Has coverings for windows and for transparent or translucent doors that provide patient

privacy.

D. An administrator of a hospice inpatient facility shall ensure that there is:

1. For every six patients, a toilet room that contains:
    a. At least one working toilet that flushes and has a seat;
    b. At least one working sink with running water;
    c. Soap for hand washing;
    d. Paper towels or a mechanical air hand dryer;
    e. Grab bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect;
    f. A mirror;
    g. Lighting;
    h. Space for a personnel member to assist a patient;
    i. A bell, intercom, or other mechanical means for a patient to alert a personnel member; and
    j. An operable window to the outside of the hospice inpatient facility or other means of ventilation;
2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip-resistant surface, located in a toilet room or in a separate bathing room;
3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;
4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;
5. A room other than a sleeping area that can be used for social activities;
6. Sleeping accommodations for family members;
7. A designated toilet room, other than a patient toilet room, for personnel and visitors that:
    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;

8. If the hospice inpatient facility has a kitchen with a stove or oven, a mechanism to vent the stove or oven to the outside of the hospice inpatient facility; and

9. Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas.

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

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 and Signaling Code, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that are in working order; 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. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. When, how, and where residents will be relocated;
   b. How each resident's medical record will be available to individuals 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;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;

5. An evacuation drill for employees and residents on the premises is conducted at least once every six months on each shift;
6. 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; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility.

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.

ARTICLE 8. ASSISTED LIVING FACILITIES

R9-10-815. Directed Care Services

A. A manager shall ensure that a resident's representative is designated for a resident who is unable to direct self-care.

B. A manager of an assisted living facility authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):

1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or
2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.

C. In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:

1. The requirements in R9-10-814(F)(1) through (3);
2. If applicable, the determination in R9-10-814(B)(2)(b) R9-10-814(B)(2)(b)(iii);
3. Cognitive stimulation and activities to maximize functioning;
4. Strategies to ensure a resident's personal safety;
5. Encouragement to eat meals and snacks;
6. Documentation:
    a. Of the resident's weight, or
    b. From a medical practitioner stating that weighing the resident is contraindicated; and
7. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan.

D. A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving directed care services unless the resident has an order from a medical practitioner for the non-prescription medication.

E. A manager shall ensure that:

1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or
2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.

F. A manager of an assisted living facility authorized to provide directed care services shall ensure that:

1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;
2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:
    a. Provides access to an outside area that:
        i. Allows the resident to be at least 30 feet away from the facility, and
        ii. Controls or alerts employees of the egress of a resident from the facility;
    b. Provides access to an outside area:
        i. From which a resident may exit to a location at least 30 feet away from the facility, and
        ii. Controls or alerts employees of the egress of a resident from the facility; or
    c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the ~~Uniform~~ International Building Code incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01; and
3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.

R9-10-818. Emergency and Safety Standards

A. A manager shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to caregivers and assistant caregivers, and, if necessary, implemented that includes:
    a. When, how, and where residents will be relocated;
    b. How a resident's medical record will be available to individuals 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 assisted living facility or the assisted living facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of the disaster plan review required in subsection (A)(2) includes:
    a. The date and time of the disaster plan review;
    b. The name of each employee or volunteer participating in the disaster plan review;

c. A critique of the disaster plan review; and

d. If applicable, recommendations for improvement;

4. A disaster drill for employees is conducted on each shift at least once every three months and documented;

5. An evacuation drill for employees and residents:

a. Is conducted at least once every six months; and

b. Includes all individuals on the premises except for:

i. A resident whose medical record contains documentation that evacuation from the assisted living facility would cause harm to the resident, and

ii. Sufficient caregivers to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);

6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:

a. The date and time of the evacuation drill;

b. The amount of time taken for employees and residents to evacuate the assisted living facility;

c. If applicable:

i. An identification of residents needing assistance for evacuation, and

ii. An identification of residents who were not evacuated;

d. Any problems encountered in conducting the evacuation drill; and

e. Recommendations for improvement, if applicable; and

7. An evacuation path is conspicuously posted in each hallway of each floor of the assisted living facility.

B. A manager shall ensure that:

1. A resident receives orientation to the exits from the assisted living facility and the route to be used when evacuating the assisted living facility within 24 hours after the resident's acceptance by the assisted living facility, and

2. The resident's orientation is documented.

C. A manager shall ensure that a first-aid kit is maintained in the assisted living facility in a location accessible to caregivers and assistant caregivers.

D. When a resident has an accident, emergency, or injury that results in the resident needing medical services, a manager shall ensure that a caregiver or an assistant caregiver:

1. Immediately notifies the resident's emergency contact and primary care provider; and

2. Documents the following:

a. The date and time of the accident, emergency, or injury;

b. A description of the accident, emergency, or injury;

c. The names of individuals who observed the accident, emergency, or injury;

d. The actions taken by the caregiver or assistant caregiver;

e. The individuals notified by the caregiver or assistant caregiver; and

f. Any action taken to prevent the accident, emergency, or injury from occurring in the future.

E. A manager of an assisted living center shall ensure that:

1. Unless the assisted living center has documentation of having received an exception from the Department before October 1, 2013, in the areas of the assisted living center providing personal care services or directed care services:
   a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, and is in working order; and
   b. A sprinkler system is installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, and is in working order;
2. For the areas of the assisted living center providing only supervisory care services:
   a. A fire alarm system and a sprinkler system meeting the requirements in subsection (E)(1) are installed and in working order, or
   b. The assisted living center complies with the requirements in subsection (F);
3. A fire inspection is conducted by a local fire department or the State Fire Marshal before initial licensing and according to the time-frame established by the local fire department or the State Fire Marshal;
4. Any repairs or corrections stated on the fire inspection report are made; and
5. Documentation of a current fire inspection is maintained.

F. A manager of an assisted living home shall ensure that:

1. A fire extinguisher that is labeled as rated at least 2A-10-BC by the Underwriters Laboratories is mounted and maintained in the assisted living home;
2. A disposable fire extinguisher is replaced when its indicator reaches the red zone;
3. A rechargeable fire extinguisher:
   a. Is serviced at least once every 12 months, and
   b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher;

4. Except as provided in subsection (G):
    a. A smoke detector is:
        i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
        ii. Either battery operated or, if hard-wired into the electrical system of the assisted living home, has a back-up battery;
        iii. In working order; and
        iv. Tested at least once a month; and
    b. Documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test;
5. An appliance, light, or other device with a frayed or spliced electrical cord is not used at the assisted living home; and
6. An electrical cord, including an extension cord, is not run under a rug or carpeting, over a nail, or from one room to another at the assisted living home.

G. A manager of an assisted living home may use a fire alarm system and a sprinkler system to ensure the safety of residents if the fire alarm system and sprinkler system:
1. Are installed and in working order, and
2. Meet the requirements in subsection (E)(1).

R9-10-820. Physical Plant Standards

A. A manager shall ensure that an assisted living center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that:
1. Are applicable to the level of services planned to be provided or being provided; and
2. Were in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.

B. A manager shall ensure that:
1. The premises and equipment are sufficient to accommodate:
    a. The services stated in the assisted living facility's scope of services, and
    b. An individual accepted as a resident by the assisted living facility;
2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;

4. At least one bathroom is accessible from a common area and:
    a. May be used by residents and visitors;
    b. Provides privacy when in use; and
    c. Contains the following:
        i. At least one working sink with running water,
        ii. At least one working toilet that flushes and has a seat,
        iii. Toilet tissue for each toilet,
        iv. Soap in a dispenser accessible from each sink,
        v. Paper towels in a dispenser or a mechanical air hand dryer,
        vi. Lighting, and
        vii. A window that opens or another means of ventilation;
5. An outside activity space is provided and available that:
    a. Is on the premises,
    b. Has a hard-surfaced section for wheelchairs, and
    c. Has an available shaded area;
6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
7. The key to the door of a lockable bathroom, bedroom, or residential unit is available to a manager, caregiver, and assistant caregiver.

C. A manager shall ensure that:

1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
2. For every eight residents there is at least one working bathtub or shower; and
3. A resident bathroom provides privacy when in use and contains:
    a. A mirror;
    b. Toilet tissue for each toilet;
    c. Soap accessible from each sink;
    d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is not in a residential unit and used by more than one resident;
    e. A window that opens or another means of ventilation;
    f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
    g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.

D. A manager shall ensure that:

1. Each resident is provided with a sleeping area in a residential unit or a bedroom;
2. For an assisted living home, a resident's sleeping area is on the ground floor of the assisted living home unless:
    a. The resident is able to direct self-care;
    b. The resident is ambulatory without assistance; and
    c. There are at least two unobstructed, usable exits to the outside from the sleeping area that the resident is capable of using;
3. Except as provided in subsection (E), no more than two individuals reside in a residential unit or bedroom;
4. A resident's sleeping area:
    a. Is not used as a common area;
    b. Is not used as a passageway to a common area, another sleeping area, or common bathroom unless the resident's sleeping area:
        i. Was used as a passageway to a common area, another sleeping area, or common bathroom before October 1, 2013; and
        ii. Written consent is obtained from the resident or the resident's representative;
    c. Is constructed and furnished to provide unimpeded access to the door;
    d. Has floor-to-ceiling walls with at least one door;
    e. Has access to natural light through a window or a glass door to the outside; and
    f. Has a window or door that can be used for direct egress to outside the building;
5. If a resident's sleeping area is in a bedroom, the bedroom has:
    a. For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom;
    b. For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom; and
    c. A door that opens into a hallway, common area, or outdoors;
6. If a resident's sleeping area is in a residential unit, the residential unit has:
    a. Except as provided in subsection (E)(2), at least 220 square feet of floor space, not including a closet or bathroom, for one individual residing in the residential unit and an additional 100 square feet of floor space, not including a closet or bathroom, for each additional individual residing in the residential unit;
    b. An individually keyed entry door;

c. A bathroom that provides privacy when in use and contains:

i. A working toilet that flushes and has a seat;

ii. A working sink with running water;

iii. A working bathtub or shower;

iv. Lighting;

v. A mirror;

vi. A window that opens or another means of ventilation;

vii. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and

viii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in bathtubs and showers;

d. A resident-controlled thermostat for heating and cooling;

e. A kitchen area equipped with:

i. A working sink and refrigerator,

ii. A cooking appliance that can be removed or disconnected,

iii. Space for food preparation, and

iv. Storage for utensils and supplies; and

f. If not furnished by a resident:

i. An armchair, and

ii. A table where a resident may eat a meal; and

7. If not furnished by a resident, each sleeping area has:

a. A bed, at least 36 inches in width and 72 inches in length, consisting of at least a frame and mattress that is clean and in good repair;

b. Clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;

c. Sufficient light for reading;

d. Storage space for clothing;

e. Individual storage space for personal effects; and

f. Adjustable window covers that provide resident privacy.

E. A manager may allow more than two individuals to reside in a residential unit or bedroom if:

1. There is at least 60 square feet for each individual living in the bedroom;

2. There is at least 100 square feet for each individual living in the residential unit; and

3. The manager has documentation that the assisted living facility has been operating since

before November 1, 1998, with more than two individuals living in the residential unit or bedroom.

F. If there is a swimming pool on the premises of the assisted living facility, a manager shall ensure that:

1. Unless the assisted living facility has documentation of having received an exception from the Department before October 1, 2013, 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 that four inches across;
    c. Has no horizontal openings, except as described in subsection (F)(1)(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 54 inches from the ground, and
        iii. Is locked when the swimming pool is not in use;
2. A life preserver or shepherd's crook is available and accessible in the swimming pool area; and
3. Pool safety requirements are conspicuously posted in the swimming pool area.

G. A manager shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

ARTICLE 9. OUTPATIENT SURGICAL CENTERS

R9-10-918. Physical Plant Standards

A. An administrator shall ensure that the outpatient surgical center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that were in effect on the date the outpatient surgical center submitted architectural plans and specifications to the Department for approval according to R9-10-104.

B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services stated in the outpatient surgical center's scope of services, and
2. An individual accepted as a patient by the outpatient surgical center.

C. An administrator shall ensure that:

1. There are two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered;
2. One additional recovery bed is available for each additional operating room; and
3. Recovery beds are located in a space that provides for a minimum of 70 square feet per bed, allowing three feet or more between beds and between the sides of a bed and the wall.

D. An administrator may provide chairs in the recovery room area that allow a patient to recline for patients who have not received general anesthesia.

E. An administrator shall ensure that the following are available in the surgical suite:

1. Oxygen and the means of administration;
2. Mechanical ventilator assistance equipment including airways, manual breathing bag, and suction apparatus;
3. Cardiac monitor;
4. Defibrillator; and
5. Cardiopulmonary resuscitation drugs as determined by the policies and procedures.

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

R9-10-1018. Dialysis Services

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
2. "Chief clinical officer" means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
3. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
4. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
5. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
6. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.
7. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
8. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
9. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
10. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
11. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the "practice of social work" as defined in A.R.S. § 32-3251.
12. "Stable means" that a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.

13. "Transplant surgeon" means a physician who:
    a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
    b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.

B. A governing authority of an outpatient treatment center that is authorized to provide dialysis services shall:

1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and
2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
    a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
    b. Has at least 12 months of experience or training in providing dialysis services.

C. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    a. Long-term care plans and patient care plans,
    b. Assigning a patient an identification number,
    c. Personnel members' response to a patient's adverse reaction during dialysis, and
    d. Personnel members' response to an equipment malfunction during dialysis;
2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-114 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
    a. Before providing dialysis services, and
    b. At least once every 12 months after the initial date of employment or volunteer service;
4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and
5. At least one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.

D. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:

1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that were in effect on the date listed on the building permit or zoning clearance submitted, as required by R9-10-104, as part of the application for approval of the architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application for approval of the architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):
    a. Is submitted to the Department; and
    b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, in effect on the date:
        i. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
        ii. The application for approval of the architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01 in effect on the date:
    a. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
    b. The application for approval of the architectural plans and specifications required in R9-10-104(A) is submitted to the Department.

E. An administrator of an outpatient treatment center that is authorized to provide dialysis services

shall ensure that for a patient receiving dialysis services:

1. The dialysis services provided to the patient meet the needs of the patient;
2. A physician:
    a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
    b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 calendar days after the date of the medical history and physical examination:
    a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
    b. Performs a medical history and physical examination that includes information specific to nephrology;
4. The patient's nephrologist or the nephrologist's designee:
    a. Performs a medical history and physical examination on the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center, and
    b. Documents monthly notes related to the patient's progress in the patient's medical record;
5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
    a. Reviews with the patient the results of any diagnostic tests performed on the patient;
    b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
    c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;

d. Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and

e. Documents in the patient's medical record:

i. Any notice provided as required in subsection (E)(5)(c), and

ii Monthly notes related to the patient's progress;

6. If the patient is not stable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;

7. The patient:

a. Is under the care of a nephrologist;

b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);

c. Is identified by a personnel member before beginning dialysis;

d. Receives the dialysis services ordered for the patient by a medical practitioner;

e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and

f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;

8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center's policies and procedures before being used to provide hemodialysis to a patient;

9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient's medical record;

10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;

11. If hemodialysis is provided to the patient, a personnel member:

a. Inspects the dialyzer before use to ensure that the:

i. External surface of the dialyzer is clean;

ii. Dialyzer label is intact and legible;

iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and

iv. Dialyzer is free of visible blood and other foreign material;

b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the

correct patient;

c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;

d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:

i. The patient's name and the patient's identification number,

ii. The number of times the dialyzer has been used in patient treatments,

iii. The date of the last use of the dialyzer by the patient, and

iv. The date of the last reprocessing of the dialyzer;

e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and

f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;

12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;

13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c);

14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(d); and

15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:

a. A description of the patient's medical condition and the dialysis services provided to the patient, and

b. The signature of the nephrologist.

F. If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:

1. A patient or the patient's caregiver is:

a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and

b. Monitored in the patient's home to assess the patient's or patient caregiver's

ability to use the equipment to perform self-dialysis;

2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
    a. Reviewed to ensure that the patient is receiving continuity of care, and
    b. Placed in the patient's medical record; and
7. If a patient uses self-dialysis and self-administers medication:
    a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
    b. The patient and the patient's caregiver are informed of any potential:
        i. Side effects of the medication; and
        ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
    c. The patient or the patient's caregiver is:
        i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;
        ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;
        iii. Provided with instructions for the administration of the medication, including the specific route and technique the patient or the patient's caregiver has been taught to use;
        iv. Able to read and understand the directions for using the medication;
        v. Taught and able to self-monitor the patient's blood pressure; and
        vi. Informed how to store the medication according to the manufacturer's instructions.

G. An administrator of an outpatient treatment center that is authorized to provide dialysis services

shall ensure that a social worker is employed by the outpatient treatment center to meet the needs of a patient receiving dialysis services including:

1. Conducting an initial psychosocial evaluation of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
2. Participating in reviewing the patient's need for social work services;
3. Recommending changes in treatment based on the patient's psychosocial evaluation;
4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;
5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;
6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.

H. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a registered dietitian is employed by the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:

1. Conducting an initial nutritional assessment of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
4. Monitoring the patient's adherence and response to a prescribed diet;
5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;
6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.

I. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a long-term care plan for each patient:

1. Is developed by a team that includes at least:
    a. The chief clinical officer of the outpatient treatment center;

b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;

c. A transplant surgeon or the transplant surgeon's designee;

d. A registered nurse responsible for nursing services provided to the patient;

e. A social worker;

f. A registered dietitian; and

g. The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;

2. Identifies the modality of treatment and dialysis services to be provided to the patient;

3. Is reviewed and approved by the chief clinical officer;

4. Is signed and dated by each personnel member participating in the development of the long-term care plan;

5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;

6. Is signed and dated by the patient or the patient's representative; and

7. Is reviewed at least once every 12 months by the team in subsection (I)(1) and updated according to the patient's needs.

J. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a patient care plan for each patient:

1. Is developed by a team that includes at least:

a. The patient's nephrologist;

b. A registered nurse responsible for nursing services provided to the patient;

c. A social worker;

d. A registered dietitian; and

e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;

2. Includes an assessment of the patient's need for dialysis services;

3. Identifies treatment and treatment goals;

4. Is signed and dated by each personnel member participating in the development of the patient care plan;

5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;

6. Is signed and dated by the patient or the patient's representative;

7. Is implemented;
8. Is evaluated by:
    a. The registered nurse responsible for the dialysis services provided to the patient,
    b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs, and
    c. The social worker providing services to the patient related to the patient's psychosocial needs;
9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
10. Is reviewed and updated according to the needs of the patient:
    a. At least once every six months for a patient whose medical condition is stable, and
    b. At least once every 30 calendar days for a patient whose medical condition is not stable.

K. In addition to the requirements in R9-10-1009(C), an administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a medical record for each patient contains:

1. An annual medical history;
2. An annual physical examination;
3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
4. If applicable, documentation of:
    a. The equipment inspection and testing required in subsection (E)(9), and
    b. The self-dialysis required in subsection (F)(2); and
5. If applicable, documentation of the patient's discharge.

L. For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center that is authorized to provide dialysis services, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:

1. A description of the patient's medical condition and the dialysis services provided to the patient, and
2. The signature of the nephrologist.

M. If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall

ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reuse Reprocessing of Hemodialyzers, ANSI/AAMI RD47:2002 & RD47:2002/A1:2003 ANSI/AAMI RD47:2008/(R)2013, incorporated by reference, available through http://my.aami.org/store/, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.

N. A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Hemodialysis systems ANSI/AAMI RD5:2003 Dialysis Water and Dialysate Recommendations: A User Guide, incorporated by reference, available through http://my.aami.org/store/, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.

R9-10-1019. Emergency Room Services

An administrator of an outpatient treatment center that is authorized to provide emergency room services shall ensure that:

1. Emergency room services are:
   a. Available on the premises:
      i. At all times, and
      ii. To stabilize an individual's emergency medical condition; and
   b. Provided:
      i. In a designated area, and
      ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;
4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in ~~A.A.C. R9-1-412~~ R9-10-104.01;
5. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that specify requirements for the use of a seclusion room used for seclusion that meets the requirements in R9-10-217(D);
6. A physician is present in an area designated for emergency room services;
7. A registered nurse is present in an area designated for emergency room services and

provides direction for nursing services in the designated area;

8. The outpatient treatment center has a documented transfer agreement with a general hospital;
9. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
10. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (8);
11. There is a chronological log of emergency room services provided to a patient that includes:
    a. The patient's name;
    b. The date, time, and mode of arrival; and
    c. The disposition of the patient, including discharge or transfer; and
12. The chronological log required in subsection (12) (11) is maintained:
    a. In the designated area for emergency room services for at least 12 months after the date the emergency room services were provided; and
    b. By the outpatient treatment center for a total of at least 24 months after the date the emergency room services were provided.

R9-10-1025. Respite Services

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Emergency safety response" has the same meaning as in R9-10-701.
2. "Outing" means travel by a child, who is receiving respite services provided by an outpatient treatment center, to a location away from the outpatient treatment center premises or, if applicable, the child's residence for a specific activity.
3. "Parent" means a child's:
    a. Mother or father, or
    b. Legal guardian.
4. "Respite capacity" means the total number of children for whom an outpatient treatment center is authorized by the Department to provide respite services on the outpatient treatment center's premises.

B. An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:

1. Respite services are not provided in a personnel member's residence unless the personnel member's residence is licensed as a behavioral health respite home;
2. Except for an outpatient treatment center that is authorized to provide respite services for children on the premises, respite services are provided:
    a. In a patient's residence; or
    b. Up to 10 continuous hours in a 24-hour time period while the individual who is receiving the respite services is:
        i. Supervised by a personnel member;
        ii. Awake;
        iii. Except as stated in subsection (B)(3), provided food;
        iv. Allowed to rest;
        v. Provided an opportunity to use the toilet and meet the individual's hygiene needs; and
        vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and
3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the child is receiving respite services from the outpatient treatment center.

C. If an outpatient treatment center that is authorized to provide respite services for children includes outings in the outpatient treatment center's scope of services, an administrator shall ensure that:

1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child's parent that includes:
    a. The child's name;
    b. A description of the outing;
    c. The name of the outing destination, if applicable;
    d. The street address and, if available, the telephone number of the outing destination;
    e. Either:
        i. The date or dates of the outing; or
        ii. The time period, not to exceed 12 months, during which the permission is given;
    f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;
    g. The projected time of arrival back at the outpatient treatment center or, if

applicable, the child's residence; and

h. The dated signature of the child's parent;

2. Each motor vehicle used on an outing by a personnel member for a child receiving respite services from the outpatient treatment center:

a. Is maintained in a mechanically safe condition;

b. Is free from hazards;

c. Has an operational heating system;

d. Has an operational air-conditioning system; and

e. Is equipped with:

i. A first-aid kit that meets the requirements in subsection (S)(1), and

ii. Two large, clean towels or blankets;

3. On an outing, a child does not ride in a truck bed, camper, or trailer attached to a motor vehicle;

4. The Department is notified within 24 hours after a motor vehicle accident that involves a child who is receiving respite services while riding in the motor vehicle on an outing; and

5. A personnel member who drives a motor vehicle with children receiving respite services from the outpatient treatment center in the motor vehicle:

a. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;

b. Does not permit a child to be seated in front of a motor vehicle's air bag;

c. Requires that a child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;

d. Requires that a child is secured, as required in A.R.S. § 28-907 or 28-909, before the motor vehicle is set in motion and while the motor vehicle is in motion;

e. Assists a child into or out of the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose;

f. Carries drinking water in an amount sufficient to meet the needs of each child on the outing and a sufficient number of cups or other drinking receptacles so that each child can drink from a different cup or receptacle; and

g. Accounts for each child while on the outing.

D. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:

1. Respite services are only provided on the premises for up to 10 continuous hours per day

between the hours of 6:00 a.m. and 10:00 p.m.;

2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's initial or renewal license application and according to R9-10-1002(D);
3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
4. At least one personnel member who has current training in first aid and cardiopulmonary resuscitation is available on the premises when a child is receiving respite services on the premises;
5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
    a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
    b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
    c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
    d. A firearm as defined in A.R.S. § 13-105;
7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record;
    a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;

b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center;

c. The name and contact telephone number of the child's health care provider;

d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;

e. The name of the individual to be contacted in case of injury or sudden illness of the child;

f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;

g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and

10. Documentation is obtained and maintained in the child's medical record each time the child receives respite services on the premises that includes:

a. The date and time of each admission to and discharge from receiving respite services; and

b. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;

11. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;

12. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except:

a. When the child's parent authorizes the administrator by telephone or electronic means to release the child to an individual not so designated, and

b. The administrator can verify the telephone or electronic authorization using a means of verification that has been agreed to by the administrator and the child's parent and documented in the child's medical record; and

13. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:

a. One personnel member providing supervision for every five children receiving respite services on the premises; and

b. Two personnel members on the premises when a child is receiving respite services on the premises.

E. If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is an individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(13).

F. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:

1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;
2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;
3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
4. Clean clothing is available to a child when the child needs a change of clothing;
5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
7. The premises, including the buildings, are maintained free from hazards;
8. Toys and play equipment, required in this Section, are maintained:
    a. Free from hazards, and
    b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;
10. Except when a child is napping or sleeping or for a child who has a sensory issue

documented in the child's behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;

11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;
12. Each child's toothbrush, comb, washcloth, and cloth towel that are provided for the child's use by the child's parent are maintained in a clean condition and stored in an identified space separate from those of other children;
13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:
    a. All materials and chemicals labeled as a toxic or flammable substance;
    b. All substances that have a child warning label and may be a hazard to a child; and
    c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
14. Hand sanitizers:
    a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
    b. When being provided for use, are accessible to children; and
15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:
    a. Garden tools, such as a rake, trowel, and shovel; and
    b. Cleaning equipment and supplies, such as a mop and mop bucket.

G. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:

1. Supervises each child at all times;
2. Does not smoke or use tobacco:
    a. In any area where respite services may be provided for a child, or
    b. When transporting or transferring a child;
3. Except for a child who can change the child's own clothing, changes a child's clothing when wet or soiled;
4. Empties clothing soiled with feces into a toilet without rinsing;
5. Places a child's soiled clothing in a plastic bag labeled with the child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the child's parent;

6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
    a. Meals and snacks,
    b. Naps,
    c. Indoor activities,
    d. Outdoor or large muscle development activities,
    e. Quiet and active activities,
    f. Personnel member-directed activities,
    g. Self-directed activities, and
    h. Activities that develop small muscles;
7. Provides activities and opportunities, consistent with a child's behavioral health assessment, for each child to:
    a. Gain a positive self-concept;
    b. Develop and practice social skills;
    c. Acquire communication skills;
    d. Participate in large muscle physical activity;
    e. Develop habits that meet health, safety, and nutritional needs;
    f. Express creativity;
    g. Learn to respect cultural diversity of children and staff;
    h. Learn self-help skills; and
    i. Develop a sense of responsibility and independence;
8. Implements the schedule in subsection (G)(6);
9. If an activity on the schedule in subsection (G)(6) is not implemented, writes on the schedule the activity that was not implemented and what activity was substituted;
10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement the schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center that day, including:
    a. Art and crafts supplies;
    b. Books;
    c. Balls;
    d. Puzzles, blocks, and toys to enhance manipulative skills;

e. Creative play toys;

f. Musical instruments; and

g. Indoor and outdoor equipment to enhance large muscle development;

11. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:

a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;

b. Labels the personal products with the child's name; and

c. Keeps the personal products inaccessible to children; and

12. Monitors a child for overheating or overexposure to the sun.

H. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:

1. A nonabsorbent, sanitizable diaper changing surface that is:

a. Seamless and smooth, and

b. Kept clear of items not required for diaper changing;

2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:

a. Running water,

b. Soap from a dispenser, and

c. Single-use paper hand towels from a dispenser;

3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and

4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.

I. In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:

1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:

a. Washes and dries the child, using a separate wash cloth and towel only once for

each child;

b. If applicable, applies the child's individual personal products labeled with the child's name;

c. Uses single-use non-porous gloves;

d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);

e. Washes each child's hands with soap and running water after each diaper change; and

f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and

2. A personnel member:

a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and

b. Does not:

i. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing space;

ii. Draw water for human consumption from the hand-washing sink adjacent to a diaper changing surface, required in subsection (H)(2); or

iii. If responsible for food preparation, change diapers until food preparation duties have been completed for the day.

J. Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:

1. Serve the following meals or snacks to a child receiving respite services on the premises:

a. For the following periods of time:

i. Two to four hours, one or more snacks;

ii. Four to eight hours, one or more snacks and one or more meals; and

iii. More than eight hours, two snacks and one or more meals;

b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;

c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.; and

d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;

2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and

3. If the outpatient treatment center provides a meal or snack to a child:

   a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving, and

   b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.

K. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:

1. May serve food provided for a child by the child's parent;

2. If a child's parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in Table 10.1, the meals or snacks provided by the child's parent; and

3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child's behavioral health assessment, to meet the child's dietary and nutritional needs.

L. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.

M. If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the premises that is not prepared by the outpatient treatment center or provided by the child's parent, the administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.

N. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:

1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;

2. A personnel member:

   a. Washes the hands of an infant or a child who cannot wash the child's own hands before and after the infant or child handles or eats food, using:

      i. A washcloth,

      ii. A single-use paper towel, or

iii. Soap and running water; and

b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;

3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:

a. After each use:

i. Washed in an automatic dishwasher and air dried or heat dried; or

ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and

b. Stored in a clean area protected from contamination;

4. Single-use utensils and equipment are disposed of after being used;

5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;

6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;

7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and

8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:

a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or

b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.

O. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:

1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child's behavioral health assessment;

2. Shall ensure that:

a. A personnel member, consistent with the child's behavioral health assessment:

i. Defines and maintains consistent and reasonable guidelines and limitations for a child's behavior;

ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and

iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;

b. An emergency safety response is:

i. Only used:

(1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,

(2) For the management of a child's violent or self-destructive behavior, and

(3) When less restrictive interventions have been determined to be ineffective; and

ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;

c. If an emergency safety response was used for a child, a personnel member, when the child is discharged to the child's parent:

i. Notifies the child's parent of the use of the emergency safety response for the child and the behavior, event, or environmental factor that caused the need for the emergency safety response; and

ii. Documents in the child's medical record that the child's parent was notified of the use of the emergency safety response;

d. Within 24 hours after an emergency safety response is used for a child receiving respite services on the premises, the following information is entered into the child's 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. The behavior, event, or environmental factor that caused the need for the emergency safety response; and

v. Any injury that resulted from the use of the emergency safety response;

e. Within 10 working days after an emergency safety response is used for a child receiving respite services on the premises, a behavioral health professional reviews the information in subsection (O)(2)(d) and documents the review in the child's medical record;

f. After the review required in subsection (O)(2)(e), the following information is entered into the child's medical record:

i. Actions taken or planned to prevent the need for a subsequent use of an emergency safety response for the child,

ii. A determination of whether the child is appropriately placed at the outpatient treatment center providing respite services for children on the premises, and

iii. Whether the child's treatment plan was reviewed or needs to be reviewed and amended to ensure that the child's treatment plan is meeting the child's treatment needs;

g. Emergency safety response training is documented according to the requirements in R9-10-716(F)(2); and

h. Materials used for emergency safety response training are maintained according to the requirements in R9-10-716(F)(3); and

3. A personnel member does not use or permit:

a. A method of discipline that could cause harm to the health, safety, or welfare of a child;

b. Corporal punishment;

c. Abusive language;

d. Discipline associated with:

i. Eating, napping, sleeping, or toileting;

ii. Medication; or

iii. Mechanical restraint; or

e. Discipline administered to any child by another child.

P. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:

1. Provide each child who naps or sleeps on the premises with a separate cot or mat and ensure that:

a. A cot or mat used by the child accommodates the child's height and weight;

b. A personnel member covers each cot or mat with a clean sheet that is laundered when soiled, or at least once every seven days and before use by a different child;

c. A clean blanket or sheet is available for each child;

d. A rug, carpet, blanket, or towel is not used as a mat; and

e. Each cot or mat is maintained in a clean and repaired condition;

2. Not use bunk beds or waterbed mattresses for a child receiving respite services;

3. Provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a personnel member access to each child;

4. Ensure that if a child naps or sleeps while receiving respite services at the outpatient treatment center, the administrator:

    a. Does not permit the child to lie in direct contact with the floor while napping or sleeping;

    b. Prohibits the operation of a television in a room where the child is napping or sleeping; and

    c. Requires that a personnel member remain awake while supervising the napping or sleeping child; and

5. Ensure that storage space is provided on the premises for cots, mats, sheets, and blankets, that is:

    a. Accessible to an area used for napping or sleeping; and

    b. Separate from food service and preparation areas, toilet rooms, and laundry rooms.

Q. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall, in the area of the premises where the respite services are provided:

1. Maintain the premises and furnishings:

    a. Free of insects and vermin,

    b. In a clean condition, and

    c. Free from odor; and

2. Ensure that:

    a. Floor coverings are:

        i. Clean; and

        ii. Free from:

            (1) Dampness,

            (2) Odors, and

            (3) Hazards;

    b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;

    c. Each toilet room used by children receiving respite services on the premises

contains, within easy reach of children:

i. Mounted toilet tissue;

ii. A sink with running water;

iii. Soap contained in a dispenser; and

iv. Disposable, single-use paper towels, in a mounted dispenser, or a mechanical hand dryer;

d. Personnel members wash their hands with soap and running water after toileting;

e. A child's hands are washed with soap and running water after toileting;

f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;

g. Food waste and other refuse is removed from the area of the premises where respite services are provided for children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;

h. A personnel member or a child does not draw water for human consumption from a toilet room hand-washing sink;

i. Toys, materials, and equipment are maintained in a clean condition;

j. Plumbing fixtures are maintained in a clean and working condition; and

k. Chipped or cracked sinks and toilets are replaced or repaired.

R. If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:

1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;

2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;

3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and

4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.

S. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:

1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services, including the following:

a. Sterile bandages including:

i. Self-adhering bandages of assorted sizes,

ii. Sterile gauze pads, and

iii. Sterile gauze rolls;

b. Antiseptic solution or sealed antiseptic wipes;

c. A pair of scissors;

d. Self-adhering tape;

e. Single-use, non-porous gloves; and

f. Reclosable plastic bags of at least one-gallon size; and

2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.

T. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:

1. Prepare and date a written fire and emergency plan that contains:

a. The location of the first aid kit;

b. The names of personnel members who have first aid training;

c. The names of personnel members who have cardiopulmonary resuscitation training;

d. The directions for:

i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and

ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and

e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;

2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;

3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual who has direct access to an in-and-out operable telephone services; and

4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.

U. An administrator of an outpatient treatment center that is authorized to provide respite services

for children on the premises shall in the area designated for providing respite services:

1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and
2. Maintain and use a communication system that contains:
    a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
    b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.

V. If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:

1. Notifies the child's parent immediately after the accident, injury, or emergency;
2. Documents:
    a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
    b. The method used to notify the child's parent; and
    c. The time the child's parent was notified; and
3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.

W. If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the child had while on the premises, an administrator shall ensure that a personnel member:

1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.

X. If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a

personnel member:

1. Immediately separates the child from other children,
2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center,
3. Documents the notification required in subsection (X)(2), and
4. Maintains documentation of the notification required in subsection (X)(3) for at least 12 months after the date of the notification.

Y. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:

1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
   a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
   b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and
   c. At least one flush toilet and one hand-washing sink for each additional 20 children;
2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
   a. The interior walls;
   b. A kitchen, a bathroom, a closet, a hallway, a stair, an entryway, an office, an area designated for isolating a child from other children, a storage room, or a room or floor space designated for the sole use of personnel members;
   c. Room space occupied by desks, file cabinets, storage cabinets, or hand-washing sinks for a personnel member's use; or
   d. Indoor area that is substituted for required outdoor area.

Z. An administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall ensure that, in addition to the policies and procedures required in this Article, policies and procedures are established, documented, and implemented for the children's use of a toilet and hand-washing sink that ensure the children's health and safety and

include:

1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and
2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.

AA. To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:

1. Provide at least 75 square feet of outdoor area per child for at least 50% of the outpatient treatment center's respite capacity; or
2. Comply with one of the following:
   a. If no child receives respite services on the premises for more than four hours per day, provide at least 50 square feet of indoor area for each child, based on the outpatient treatment center's respite capacity;
   b. If a child receives respite services on the premises for more than four hours but less than six hours per day, provide at least 75 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the indoor area required in subsection (Y)(4); or
   c. Provide at least 37.5 square feet of outdoor area and 37.5 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the activity area required in subsection (Y)(4).

BB. If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises is substituting indoor area for outdoor area, the administrator shall:

1. Designate, on the site plan and the floor plan submitted with the license application or a request for an intended change or modification, the indoor area that is being substituted for an outdoor area; and
2. In the indoor area substituted for outdoor area, install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings and climbing equipment.

CC. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:

1. An outdoor area used by children receiving respite services:

a. Is enclosed by a fence:
   i. A minimum of 4.0 feet high,
   ii. Secured to the ground, and
   iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
c. Has gates that are kept closed while a child is in the outdoor area;

2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
   a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
   b. A minimum depth of 6.0 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for shock-absorbing unitary surfacing material;
4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and
5. A shaded area for each child occupying an outdoor area at any time of the day is provided.

DD. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in an outpatient treatment center's kitchen and any other location required for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01.

EE. In addition to the requirements in R9-10-1029(F), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:

1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;
2. An unvented or open-flame space heater or portable heater is not used on the premises;
3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;

4. Heating and cooling equipment is inaccessible to a child;
5. Fans are mounted and inaccessible to a child;
6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting; and
8. A toilet room door does not open into a kitchen or laundry.

R9-10-1029. Emergency and Safety Standards

A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:

1. A list of the medications, supplies, and equipment required on the premises for the emergency treatment provided by the outpatient treatment center;
2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
3. A requirement that a cart or a container is available for emergency treatment that contains the medication, supplies, and equipment specified in the outpatient treatment center's policies and procedures; and
4. A method to verify and document that the contents of the cart or container are available for emergency treatment.

B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the outpatient treatment center according to the outpatient treatment center's policies and procedures.

C. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
    a. Procedures for protecting the health and safety of patients and other individuals on the premises;
    b. Assigned responsibilities for each personnel member, employee, or volunteer;
    c. Instructions for the evacuation of patients and other individuals on the premises; and
    d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;

2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
3. An evacuation drill is conducted on each shift at least once every 12 months;
4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
    a. The date and time of the evacuation drill or disaster plan review;
    b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;
    c. A critique of the evacuation drill or disaster plan review; and
    d. If applicable, recommendations for improvement;
5. Documentation required in subsection (C)(4) is maintained for at least 12 months after the date of the evacuation drill or disaster plan review; and
6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.

D. An administrator shall ensure that an outpatient treatment center has either:

1. Both of the following that are tested and serviced at least once every 12 months:
    a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that is in working order; and
    b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that is in working order; or
2. The following:
    a. A smoke detector installed in each hallway of the outpatient treatment center that is:
        i. Maintained in an operable condition;
        ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
        iii. Tested monthly; and
    b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
        i. Is available at the outpatient treatment center;
        ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from

the floor;

iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and

iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

E. An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.

F. An administrator shall ensure that:

1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
2. Except as provided in subsection (G), a corridor in the outpatient treatment center is at least 44 inches wide;
3. Corridors and exits are kept clear of any obstructions;
4. A patient can exit through any exit during hours of operation;
5. An extension cord is not used instead of permanent electrical wiring;
6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
8. Oxygen and medical gas containers:
    a. Are maintained in a secured, upright position; and
    b. Are stored in a room with a door:
        i. In a building with sprinklers, at least five feet from any combustible materials; or
        ii. In a building without sprinklers, at least 20 feet from any combustible materials.

G. If an outpatient treatment center licensed before October 1, 2013 has a corridor less than 44 inches wide, an administrator shall ensure that:

1. The corridor is wide enough to allow for:
    a. Unobstructed movement of patients within the outpatient treatment center, and
    b. The safe evacuation of patients from the outpatient treatment center; and
2. The corridor is used only as a passageway.

H. 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.

ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES

R9-10-1117. Physical Plant Standards

A. An administrator shall ensure that an adult day health care facility complies with the physical plant health and safety codes and standards ~~applicable to existing educational occupancies in the Life Safety Code,~~ incorporated by reference in ~~A.A.C. R9-1-412(A)(2)(b)~~ R9-10-104.01, in effect on the date the adult day health care facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.

B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services stated in the adult day health care facility's scope of services, and
2. An individual accepted as a participant by the adult day health care facility.

C. An administrator shall ensure that an adult day health care facility has at least 40 square feet of indoor activity space for each participant, excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for use by individuals who are not participants.

D. An administrator shall ensure that an outside activity space is provided and available that:

1. Is on the premises,
2. Has a hard-surfaced section for wheelchairs,
3. Has an available shaded area, and
4. Has a means of egress without entering the adult day health care facility.

E. An administrator shall ensure that:

1. There is at least one working toilet that flushes and has a seat and one sink with running water for each ten participants;
2. A bathroom for use by participants provides privacy when in use and contains in a location accessible to participants:
    a. A mirror;
    b. Toilet paper for each toilet;
    c. Soap accessible from each sink;
    d. Paper towels in a dispenser or an air hand dryer; and
    e. Grab bars for the toilet and other assistive devices, if required, to provide for participant safety;
3. A bathroom has a window that opens or another means of ventilation;
4. If a bathing facility is provided:
    a. The bathing facility provides privacy when in use,
    b. Shower enclosures have nonporous surfaces,

c. Showers and tubs have grab bars for participant safety, and

d. Tub and shower floors have slip-resistant surfaces;

5. Dining areas are furnished with dining tables and chairs and large enough to accommodate participants;

6. There is a wall or other means of physical separation between dining facilities and food preparation areas;

7. If the adult day health care facility serves food, areas are designated for food preparation, storage, and handling and are not used as a passageway by participants; and

8. All flooring is slip-resistant.

F. If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:

1. The swimming pool is equipped with the following:

a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:

i. A removable strainer,

ii. Two swimming pool inlets located on opposite sides of the swimming pool, and

iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and

b. An operational vacuum cleaning system;

2. The swimming pool is enclosed by a wall or fence that:

a. Is at least five feet in height as measured on the exterior of the wall or fence;

b. Has no vertical openings greater that 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 54 inches from the ground; and

iii. Is locked when the swimming pool is not in use;

3. A life preserver or shepherd's crook is available and accessible in the pool area; and

4. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area.

ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY

R9-10-1315. Emergency and Safety Standards

A. A medical director shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:

1. The medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the behavioral health specialized transitional facility;
2. A system to ensure all medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
3. A requirement that a cart or container is available for medical emergency treatment that contains all of the medication, supplies, and equipment specified in the behavioral health specialized transitional facility's policies and procedures;
4. A method to verify and document that the contents of the cart or container in subsection (A)(3) are available for medical emergency treatment; and
5. A method for ensuring a patient may be transported to a hospital or other health care institution to receive treatment for a medical emergency that the behavioral health specialized transitional facility is not able or not authorized to provide.

B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the behavioral health specialized transitional facility according to the behavioral health specialized transitional facility's policies and procedures.

C. An administrator shall ensure that the behavioral health specialized transitional facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that is in working order; or
2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

D. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. Procedures for protecting the health and safety of patients and other individuals at the behavioral health specialized transitional facility;

b. When, how, and where patients will be relocated;

c. How each patient's medical record will be available to personnel providing services to the patient during a disaster;

d. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and

e. A plan for obtaining food and water for individuals present in the behavioral health specialized transitional facility or the behavioral health specialized transitional facility's relocation site during a disaster;

2. The disaster plan required in subsection (D)(1) is reviewed at least once every 12 months;

3. A disaster drill is performed on each shift at least once every 12 months;

4. Documentation of a disaster plan review required in subsection (D)(2) and a disaster drill required in subsection (D)(3) is created, is maintained for at least 12 months after the date of the disaster plan review or disaster drill, and includes:

a. The date and time of the disaster plan review or disaster drill;

b. The name of each personnel member, employee, or volunteer participating in the disaster plan review or disaster drill;

c. A critique of the disaster plan review or disaster drill; and

d. If applicable, recommendations for improvement;

5. An evacuation drill is conducted on each shift at least once every three months;

6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:

a. The date and time of the evacuation drill;

b. The amount of time taken for all employees and patients to evacuate the behavioral health specialized transitional facility;

c. If applicable, an identification of patients needing assistance for evacuation;

d. Any problems encountered in conducting the evacuation drill; and

e. Recommendations for improvement, if applicable; and

7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health specialized transitional facility.

E. 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.

R9-10-1317. Physical Plant Standards

A. An administrator shall ensure that a behavioral health specialized transitional facility complies with the applicable physical plant health and safety codes and standards for secure residential facilities, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, in effect on the date the behavioral health specialized transitional facility submitted architectural plans and specifications to the Department for approval according to R9-10-104.

B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services stated in the behavioral health specialized transitional facility's scope of services, and
2. An individual accepted as a patient by the behavioral health specialized transitional facility.

C. An administrator shall ensure that:

1. A behavioral health specialized transitional facility has:
    a. An area in which a patient may meet with a visitor,
    b. Areas where patients may receive individual treatment,
    c. Areas where patients may receive group counseling or other group treatment,
    d. An area for community dining; and
    e. Sufficient space in one or more common areas for individual and group activities.

D. An administrator shall ensure that the behavioral health specialized transitional facility has:

1. A bathroom adjacent to a common area for use by patients and visitors that:
    a. Provides privacy to the user; and
    b. Contains:
        i. A working sink with running water,
        ii. A working toilet that flushes and has a seat,
        iii. Toilet tissue dispenser,
        iv. Dispensed soap for hand washing,
        v. Single use paper towels or a mechanical air hand dryer,
        vi. Lighting, and
        vii. A means of ventilation;
2. An indoor common area that is not used as a sleeping area and that has:
    a. A working telephone that allows a patient to make a private telephone call;
    b. A distortion-free mirror;
    c. A current calendar and an accurate clock;
    d. A variety of books, current magazines and newspapers, and arts and crafts

supplies appropriate to the age, educational, cultural, and recreational needs of patients; and

e. A working television and access to a radio;

3. A dining room or dining area that:
   a. Is lighted and ventilated,
   b. Contains tables and seats, and
   c. Is not used as a sleeping area;
4. An outdoor area that:
   a. Is accessible to patients,
   b. Has sufficient space to accommodate the social and recreational needs of patients, and
   c. Has shaded and unshaded areas;
5. For every ten patients, at least one working toilet that flushes and has a seat and dispensed toilet tissue;
6. For every 12 patients, at least one sink with running water, dispensed soap for hand washing, and single use paper towels or a mechanical air hand dryer;
7. For every 12 patients, at least one working bathtub or shower with a slip resistant surface; and
8. For each patient, a private bedroom that:
   a. Contains at least 60 square feet of floor space, not including the closet;
   b. Has walls from floor to ceiling;
   c. Has a door that opens into a hallway or common area;
   d. Is constructed and furnished to provide unimpeded access to the door;
   e. Is not used as a passageway to another bedroom or a bathroom, unless the bathroom is for the exclusive use of a the patient occupying the bedroom; and
   f. Has sufficient lighting for a patient to read.

ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES

R9-10-1416. Physical Plant Standards

A. An administrator shall ensure that a substance abuse transitional facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that is in working order; or
2. An alternative method to ensure participant safety that is documented and approved by the local jurisdiction.

B. An administrator shall ensure that:

1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and
2. A substance abuse transitional facility has:
    a. A room that provides privacy for a participant to receive treatment or visitors; and
    b. A 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 participants and other individuals in the facility.

C. An administrator shall ensure that:

1. For every six participants, there is at least one working toilet that flushes and one sink with running water;
2. For every eight participants, there is at least one working bathtub or shower;
3. A participant bathroom provides privacy when in use and contains:
    a. A shatter-proof mirror;
    b. Toilet tissue for each toilet;
    c. Soap accessible from each sink;
    d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one participant;

e. A window that opens or another means of ventilation; and

f. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;

4. Each participant is provided a bedroom for sleeping; and

5. A participant bedroom complies with the following:

a. Is not used as a common area;

b. Except as provided in subsection (D):

i. Contains a door that opens into a hallway, common area, or outdoors; and

ii. In addition to the door in subsection (C)(5)(b)(i), contains another means of egress;

c. Is constructed and furnished to provide unimpeded access to the door;

d. Has window or door covers that provide participant privacy;

e. Except as provided in subsection (D), 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;

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, except as provided in subsection (D):

(1) Is shared by no more than eight participants;

(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. Except as provided in subsection (D), contains for each participant 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 personnel effects and clothing such as a dresser or chest; and

i. Has sufficient lighting for participant occupying the bedroom to read.

D. An administrator of a substance abuse transitional facility that uses a building that was licensed as

a rural substance abuse transitional center before October 1, 2013 shall ensure that:

1. A bedroom has a door that allows egress from the bedroom,
2. A shared bedroom contains enough space to allow each participant occupying the bedroom to freely move about the bedroom,
3. A bed is of a sufficient size to accommodate a participant using the bed and provide space for all parts of the participant's body on the bed's mattress, and
4. A participant is provided storage space on a substance abuse transitional facility's premises that is accessible to the participant.

ARTICLE 15. ABORTION CLINICS

R9-10-1514. Equipment Standards

A. A licensee shall ensure that:

1. Equipment and supplies are maintained in a:
    a. Clean condition, and
    b. Quantity sufficient to meet the needs of patients present in the abortion clinic;
2. Equipment to monitor vital signs is in each room in which an abortion is performed;
3. A surgical or gynecologic examination table is used for an abortion;
4. The following equipment and supplies are available in the abortion clinic:
    a. Equipment to measure blood pressure;
    b. A stethoscope;
    c. A scale for weighing a patient;
    d. Supplies for obtaining specimens and cultures and for laboratory tests; and
    e Equipment and supplies for use in a medical emergency including:
        i. Ventilatory assistance equipment,
        ii. Oxygen source,
        iii. Suction apparatus, and
        iv. Intravenous fluid equipment and supplies; and
    f. Ultrasound equipment;
5. In addition to the requirements in subsection (4), the following equipment is available for an abortion procedure performed after the first trimester:
    a. Drugs to support cardiopulmonary function of a patient; and
    b. Equipment to monitor the cardiopulmonary status of a patient;
6. In addition to the requirements in subsections (4) and (5), if the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the following equipment is available for the abortion procedure:
    a. Equipment to provide warmth and drying of a fetus delivered alive,
    b. Equipment necessary to clear secretions from and position the airway of a fetus delivered alive,
    c. Equipment necessary to administer oxygen to a fetus delivered alive,
    d. Equipment to assess and monitor the cardiopulmonary status of a fetus delivered alive, and
    e. Drugs to support cardiopulmonary function in a viable fetus;

7. Equipment and supplies are clean and, if applicable, sterile before each use;
8. Equipment required in this Section is maintained in working order, tested and calibrated at least once every 12 months or according to the manufacturer’s recommendations, and used according to the manufacturer's recommendations; and
9. Documentation of each equipment test, calibration, and repair is maintained in the physical facilities on the premises for one year at least 12 months after the date of the testing, calibration, or repair and provided to the Department for review within two hours after the Department requests the documentation.

ARTICLE 19. COUNSELING FACILITIES

R9-10-1910. Physical Plant, Environmental Services, and Equipment Standards

A. An administrator shall ensure that a counseling facility has either:

1. Both of the following:
   a. A smoke detector installed in each hallway of the counseling facility that is:
      i. Maintained in an operable condition;
      ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
      iii. Tested monthly; and
   b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
      i. Is available at the counseling facility;
      ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
      iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
      iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person; or
2. Both of the following that are tested and serviced at least once every 12 months:
   a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01, that is in working order; and
   b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in ~~A.A.C. R9-1-412~~ R9-10-104.01 that is in working order.

B. An administrator shall ensure that documentation of a test required in subsection (A) is maintained for at least 12 months after the date of the test.

C. An administrator shall ensure that on a counseling facility's premises:

1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
2. Corridors and exits are kept clear of any obstructions;

3. A patient can exit through any exit during hours of clinical operation;
4. An extension cord is not used instead of permanent electrical wiring; and
5. Each electrical outlet and electrical switch has a cover plate that is in good repair.

D. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

E. An administrator shall ensure that:

1. A counseling facility's premises are:
    a. Sufficient to provide the counseling facility's scope of services;
    b. Cleaned and disinfected to prevent, minimize, and control illness and infection; and
    c. Free from a condition or situation that may cause an individual to suffer physical injury;
2. If a bathroom is on the premises, the bathroom contains:
    a. A working sink with running water,
    b. A working toilet that flushes and has a seat,
    c. Toilet tissue,
    d. Soap for hand washing,
    e. Paper towels or a mechanical air hand dryer,
    f. Lighting, and
    g. A means of ventilation;
3. If a bathroom is not on the premises, a bathroom is:
    a. Available for a patient's use,
    b. Located in a building in contiguous proximity to the counseling facility, and
    c. Free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury; and
4. A tobacco smoke-free environment is maintained on the premises.