ARTICLE 5. ADULT DAY HEALTH CARE FACILITIES

R9-10-501. Definitions [Many of these terms are no longer used or are/will be defined in R9-10-101, for definitions used in more than one Article in the Chapter.]

In this Article, unless the context otherwise requires:

- 1. "Abuse" means the same as defined in A.R.S. § 46-451(A)(1).
- 2. "Activities of daily living" means ambulating, bathing, toileting, shaving, brushing teeth, combing hair, dressing, and eating.
- 3. "Advance directives" means a living will, prehospital medical care directive, or a health care power of attorney.
- 4. "Caregiver" means an adult who provides functionally impaired adults with supervision and assistance in the preparation of meals, housework, and personal grooming.
- 5.1. "Care Plan plan" means a written program of action for each participant's care based upon an assessment of that person's physical, nutritional, psychosocial, economic, <u>and</u> environmental strengths and needs and implemented <u>pursuant according</u> to established short- and long-term goals.
- 6. "Communicable disease" means the same as defined in A.R.S. § 36 661(4).
- 7. "Licensed nurse" means a nurse licensed pursuant to A.R.S. Title 32, Chapter 15.
- 8. "Medical provider" means a physician licensed pursuant to A.R.S. Title 32, Chapters 13 and 17, a physician's assistant licensed pursuant to A.R.S. Title 32, Chapter 25, or a nurse practitioner licensed pursuant to A.R.S. Title 32, Chapter 15.
- 9. "Medication" means a drug, prescription or nonprescription, administered to or self-administered by a participant to maintain health or to prevent or treat an illness or disease.
- 10.2. "Participant" means a person an individual enrolled in an adult day health care facility.
- 11.3. "Participant's representative" means a person an individual acting on behalf of a participant, under the written consent of the participant or the participant's legal guardian.
- 12. "Personal living skills training" means teaching a participant techniques in order to maintain or improve the participant's independence in performing activities of daily living.
- 13.4. "Personnel" means all staff, including employees and volunteers, who perform services for an adult day health care facility and have direct or indirect contact with the participants at the facility employees, contractors, or volunteers of an adult day health care facility who provide direct services to participants.

- 14. "Physical restraint" means confinement in a locked room or the use of any article, device, or garment which interferes with freedom of movement that cannot be easily removed by the participant and is used to control the participant's mobility.
- 15. "Significant change in condition" means a life-threatening or clinical complication.
- 16.5. "Volunteer" means a person who provides services at an adult day health care facility without compensation.

R9-10-502. Administration

- A. The governing authority shall consist of one or more persons responsible for organizing and managing the facility, establishing policies and procedures, establishing facility rules, and ensuring compliance with state laws, rules, and local ordinances.
- B. The governing authority shall appoint an administrator who shall have the authority and responsibility to operate the facility. The Administrator shall:
 - 1. Be 21 years of age or older;
 - 2. Remain on the premises, or ensure that a designee is present, whenever participants are present in the facility; and
 - 3. Designate, in writing, a staff person who is 21 years of age or older to act as administrator when the administrator is absent.

A. A governing authority shall:

- 1. Consist of one or more persons responsible for the organization and administration of the adult day health care facility,
- 2. Approve the policies and procedures for the adult day health care facility,
- 3. Appoint an administrator who has the authority and responsibility to operate the adult day health care facility, and
- 4. Establish the scope of services provided by the adult day health care facility.

B. An administrator shall:

- 1. Be 21 years of age or older;
- 2. Be directly responsible to the governing authority for all services provided at the adult day health care facility;
- 3. Designate, in writing, an individual who is 21 years of age or older to act as administrator when the administrator is not on the premises and participants are present in the facility; and
- 4. Establish, document, and implement policies and procedures that:
 - <u>a.</u> <u>Include employee job descriptions, duties, and qualifications;</u>

- <u>b.</u> <u>Cover employee orientation and in-service education for employees and volunteers;</u>
- <u>c.</u> Cover staffing and recordkeeping;
- <u>d.</u> Cover participant enrollment, rights, discharge, and recordkeeping;
- e. Cover the provision of the services in the adult day health care facility's scope of services, including:
 - i. The qualifications of personnel providing each type of service, and
 - <u>ii.</u> The frequency with which the service is provided;
- <u>f.</u> Cover dispensing, administering, and disposing of medications, including provisions for inventory control and preventing diversion of controlled substances;
- g. Cover the receipt of and process for resolving complaints;
- <u>h.</u> Cover health care directives;
- <u>i.</u> Cover food services;
- <u>i.</u> Cover contract services;
- <u>k.</u> <u>Cover environmental services;</u>
- <u>1.</u> Cover infection control;
- m. Cover quality management, including incident documentation;
- n. Cover emergency treatment provided at the adult day health care facility; and
- o. <u>Include a disaster plan.</u>
- **C.** The administrator shall be responsible for:
 - 1. Managing adult day health services;
 - 2. Staffing and conducting employee orientation;
 - 3. In-service training;
 - 4. Recordkeeping;
 - 5. Supervising and evaluating staff performance;
 - 6. Ensuring that participants receive services which are offered by the facility and specified in the participants' care plan;
 - 1. Maintain, and make available to individuals upon request, a schedule of rates and charges;
 - 7.2. Ensuring Ensure that a monthly calendar of planned activities is:
 - <u>a.</u> <u>posted Posted before the beginning each month, and</u>
 - <u>b.</u> <u>Maintained on the premise for at least 90 days after the end of the month;</u>

- 3. and Ensure that materials, supplies, and equipment are provided for the <u>planned</u> activities which are clean, safe, and in working condition; and
- 8.4. Assisting Assist in the formation of a participants' council pursuant according to R9-10-506 and maintaining communication with the council;
- 9. Ensuring that facility rules are followed and assisting participants in exercising their rights pursuant to R9-10-505;
- 10. Ensuring that all participants in the facility annually provide the same type of evidence of being free from pulmonary tuberculosis as required of personnel in R9-10-503(A); and
- 11. Maintaining the following documents and references in the facility;
 - a. Operating licenses and permits,
 - b. Schedules of rates and charges,
 - e. Policies and procedures,
 - d. Monthly activity calendars for the preceding 90 days,
 - e. Menus for the preceding 60 days,
 - f. Incident reports,
 - g. Current fire and sanitation reports,
 - h. Records of fire and disaster drills,
 - i. Orientation and in service program records,
 - j. Personnel records, and
 - k. Participant records.

D. An administrator shall ensure that:

- 1. A plan for a quality management program for the adult day health care facility is established, documented, and implemented that includes:
 - <u>a.</u> A method to identify, document, and evaluate incidents;
 - <u>b.</u> <u>A method to collect data to evaluate the safety of the facility and the delivery of services;</u>
 - <u>A</u> method to evaluate the data collected to identify a concern about the safety of the facility or the delivery of services;
 - <u>A</u> method to make changes or take action as a result of the identification of a concern about the safety of the facility or the delivery of services;
 - e. A method to determine whether actions taken improved the safety of the facility or the delivery of services; and
 - <u>f.</u> The frequency of submitting the documented report required in subsection (B)(2);

- 2. A documented report is submitted to the governing authority that includes:
 - <u>a.</u> Each identified concern in subsection (D)(1)(c), and
 - b. Any change made or action taken in subsection (D)(1)(d); and
- 3. The report in subsection (D)(2) and the supporting documentation is:
 - <u>a.</u> <u>Maintained for 12 months from the date the report is submitted to the governing authority, and</u>
 - <u>b.</u> <u>Provided to the Department within two hours after the Department's request.</u>

R9-10-503. Personnel

- **A.** An administrator shall ensure that:
 - <u>1.</u> Personnel are available to meet the needs of participants;
 - 2. Personnel, prior to before being employed and annually thereafter, shall submit one of the following as every 12 months after the date of employment, provide evidence of freedom from pulmonary infectious tuberculosis as required in R9-10-1???; [Updated requirements that will be applicable to all health care institutions in which TB testing is required will be in Article 1.]
 - 1. A report of a negative Mantoux skin test taken within six months of submitting the report; or
 - 2. A written statement from a medical provider stating that, upon an evaluation of a positive Mantoux skin test taken within six months of submitting the medical provider's statement or a history of a positive Mantoux skin test, the individual was found to be free from tuberculosis.
 - 3. Within the first week of employment, an employee receives orientation that:
 - a. <u>Is specific to the duties to be performed by the employee, and</u>
 - b. <u>Includes training on:</u>
 - <u>i.</u> Personnel policies;
 - ii. Participant rights;
 - iii. Basic infection control techniques, including hand washing and prevention of communicable diseases; and
 - iv. Fire, safety, and emergency procedures; and
 - 4. <u>In addition to the requirements in subsection (B)(3), personnel receive training during</u> orientation that:
 - <u>a.</u> <u>Enhances communication skills,</u>

- <u>b.</u> <u>Enables the personnel member to assist a participant with activities of daily living,</u>
- c. Enables the personnel member to teach a participant how to maintain or improve the participant's independence in performing activities of daily living, and
- d. Addresses the special needs of the elderly and functionally impaired individuals.
- **B.** All personnel shall meet the following requirements An administrator shall ensure that a personnel member:
 - 1. Be Is 18 years of age or older:
 - 2. Not be Is not a participant of the adult day health care facility as defined in R9 10 501(10); and
 - 3. Within the first week of employment, attend orientation that includes:
 - a. Policies and procedures, including personnel procedures;
 - b. Participant rights and facility rules;
 - e. Protection of participant privacy and confidentiality;
 - d. Basic infection control techniques, including hand washing and prevention of communicable diseases; and
 - e. Fire, safety, and emergency procedures.
 - 4.3. Attend Attends 10 hours of in-service training education per year, which may include time spent in orientation.
- Personnel providing direct care to participants shall attend four or more hours of orientation, in addition to complying with subsection (B)(3), before providing care to participants. The orientation shall include:
 - 1. Communication skills,
 - Assistance with the activities of daily living,
 - 3. Personal living skills training, and
 - 4. Special needs of the elderly and functionally impaired.
- **D.C.** The administrator shall maintain ensure that personnel records which include:
 - 1. <u>Include:</u>
 - <u>a.</u> Application An employee's application for employment;
 - 2.b. Verification of training and, registration, certification, or licensure, if applicable;
 - 3.c. <u>Initial proof Evidence</u> of freedom from <u>infectious</u> tuberculosis and annual verification statement thereafter, as required in subsection (A)(2); and
 - 4.d. Orientation and in-service training education records that include:
 - a. Class content,

- b. Instructor's name, and
- c. Signatures and job titles of those who attend.
- 2. Are maintained by the adult day health care facility for at least two years after the last date the employee worked in the adult day health care facility; and
- 3. Are provided to the Department within two hours after the Department's request.

R9-10-504. Staffing

- **A.** The administrator shall ensure that staffing provides:
 - 1. Adult day health services,
 - 2. Nutritional services,
 - 3. Activities program,
 - 4. Social services,
 - 5. Housekeeping services, and
 - 6. Safety program.
- **B.A.** The An administrator shall ensure that:
 - 1. The adult day health care facility is staffed to provide the services in the adult day health care facility's scope of services;
 - <u>At least</u> two <u>staff personnel</u> members are on duty <u>at all times when whenever</u> two or more participants are in the facility,;
 - 3. One staff At least one personnel member, certified with current training in cardiopulmonary resuscitation and first-aid training, shall be is on duty at all times.
 - C.4. A registered nurse shall supervise health care needs of participants supervises the nursing services and oversees health-related services provided by the adult day health care facility.; and
 - **D.**5. A licensed nurse shall be is on duty daily to perform the following functions:
 - 1.a. Administer medications and treatments, and
 - 2.b. Monitor participant's health status, and.
 - 3. Conduct initial health assessments.
- **E.B.** Each facility which If an adult day health care facility is operated by a nursing care institution, an administrator shall ensure that the adult day health care facility does shall not share staff personnel with the nursing care institution during the course of a day.

R9-10-505. Participant Rights

- A. The administrator shall establish and implement a written policy regarding participant rights and facility rules.
- B. The administrator shall give each participant or participant's representative a list of participant rights and a copy of facility rules at the time of enrollment. The receipt of the documents shall be acknowledged in writing.
- C.A. The An administrator shall post a list of the participant rights, which includes the items in subsection (B), and facility rules requirements in a conspicuous an area that may be viewed by individuals entering or leaving the adult day health care facility.
- **D.** The administrator and staff shall ensure that language barriers or physical handicaps do not prevent each participant or participant's representative from becoming aware of participant rights.
- **E.B.** A participant shall have the following rights An administrator shall ensure that a participant:
 - 1. To be treated with consideration, respect, and full recognition of the dignity and individuality of each participant Has privacy in treatment and care for personal needs;
 - 2. To be Is free from the following:
 - a. Medical, psychological, physical, and chemical abuse;
 - b. Physical restraints; and
 - e. Use of psychoactive drugs administered for the purposes of discipline or convenience and not required to treat the participant's medical symptoms;
 - <u>a.</u> The intentional infliction of physical, mental, or emotional pain unrelated to the participant's medical condition or treatment;
 - b. Exploitation;
 - c. Seclusion or restraint if not medically indicated or necessary to prevent harm to self or others;
 - d. Sexual abuse according to A.R.S. § 13-1404; and
 - e. Sexual assault according to A.R.S. § 13-1406;
 - 3. Either consents to or refuses treatment, if capable of doing so;
 - 3.4. To May refuse treatment or withdraw consent for treatment before treatment is initiated;
 - 4.5. To May participate in the development of and receive the services specified in the care plan.;
 - 5. To have medical and financial records kept in confidence. The release of such records shall be by written consent of the participant or participant's representative, except as otherwise required or permitted by law;

- 6. To May inspect the participant's own records at a time agreed upon by the participant and the adult day health care facility;
- 7. To be <u>Is</u> informed of the following:
 - a. Rates and charges for the use of the facilities adult day health care facility, and
 - b. The process for contacting the local office of adult protective services;
- 8. To May communicate, associate, and meet privately with persons individuals of the participant's choice;
- 9. To have <u>Has</u> access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the <u>adult day health care</u> facility;
- 10. To May arrive and depart from the adult day health care facility freely, consistent with the participant's care plan and personal safety; and
- 11. To exercise other civil rights and religious liberties, including the right to make personal decisions and to May submit grievances complaints without retaliation.

R9-10-506. Participants' Council

- **A.** The participants' council shall:
 - 1. Be Shall be composed of participants who are willing to serve on the council and take part in scheduled meetings,
 - 2. Develop May develop guidelines that govern the council's activities,
 - 3. Meet May meet quarterly and record minutes of the meeting, and
 - 4. Provide May provide written input to the facility staff personnel on planned activities and facility policies of the adult day health care facility.
- **B.** The participants' council may invite <u>facility staff</u> <u>personnel</u> or the administrator to attend their meetings.
- C. An administrator shall act as a liaison between the participants' council and personnel.

R9-10-507. Enrollment

A. Prior to enrollment, and annually thereafter, the administrator shall ensure that each participant provides to the facility the same type of evidence of being free from pulmonary tuberculosis as required of personnel in R9-10-503(A). An administrator shall ensure that each participant, before being enrolled and every 12 months after the date of enrollment, provides evidence of freedom from infectious tuberculosis as required in R9-10-1???. [Updated requirements that will be applicable to all health care institutions in which TB testing is required will be in Article 1.]

- Before or at the time of enrollment, an The administrator shall enroll ensure that a participant in the facility upon written agreement between the participant or the participant's representative and the facility. The agreement shall include signs a written agreement with the adult day health care facility that includes:
 - 1. Enrollment requirements,
 - 2. Statement A list of the customary services that the adult day health care facility provides,
 - 3. Statement A list of services that are available at an additional cost.,
 - 4. Statement A list of all fees and charges,
 - 5. Procedures for termination of an enrollment the agreement,
 - 6. Copy A copy of participant rights,
 - 7. and facility rules The requirements of the adult day health care facility,
 - 7.8. Persons The names and telephone numbers of individuals to be notified in the event of an emergency, and
 - 8.9. Copy A copy of facility the adult day health care facility's procedure on advance health care directives.
- **C.** The <u>An</u> administrator shall give one copy of the enrollment agreement <u>in subsection (B)</u> to the participant or participant's representative and keep the original in the participant's record.
- **D.** The administrator shall ensure that each participant enrolled in the facility shall have <u>has</u> a signed written medical assessment <u>that:</u>
 - 1. Was completed by the participant's medical provider within 60 days prior to before enrollment. The assessment shall include: and
 - <u>2.</u> <u>Includes:</u>
 - 1.a. Information that addresses the participant's:
 - <u>i.</u> <u>Physical</u> health;
 - <u>ii.</u> and mental status and cognitive impairments Cognitive awareness of self, location, and time; and
 - <u>iii.</u> Deficits in cognitive awareness;
 - 2.b. Physical, mental, and emotional problems experienced by the participant including;
 - <u>c.</u> <u>medications, A medication schedule;</u>
 - <u>d.</u> A list of treatments the participant is receiving; and
 - <u>e.</u> <u>The participant's</u> special dietary needs, and allergies; and.
 - 3. Evidence of freedom from communicable diseases.

- E. At the time of enrollment, <u>an administrator shall ensure that</u> the participant or participant's representative, <u>in consultation with the administrator</u>, <u>shall determine if the participant is capable of signing:</u>
 - 1. Documents whether the participant may sign in and out of the adult day health care facility. This determination shall be documented in the participant's record.; and
 - <u>2.</u> <u>Provides the following:</u>
 - <u>a.</u> The name and telephone number of the:
 - <u>i.</u> Participant's representative,
 - ii. Family member to be contacted in an emergency,
 - iii. Participant's medical provider, and
 - iv. Adult who provides the participant with supervision and assistance in the preparation of meals, housework, and personal grooming, if applicable;
 and
 - <u>b.</u> A copy of the participant's health care directive.
- **F.** The An administrator shall ensure that a comprehensive written assessment of the participant:
 - 1. is Is completed by a registered nurse before the participant's 10th tenth visit or within 30 calendar days of after enrollment, whichever comes first.
 - <u>2.</u> The assessment shall include Addresses the participant's:
 - 1.a. Physical health,
 - 2.b. Mental and emotional status, and
 - 3.c. Social history; and
 - <u>3. Includes:</u>
 - 4.a. Medical provider orders,
 - 5.b. Adult day health <u>care</u> services to be provided <u>included in the participant's care</u> plan, and
 - <u>c.</u> The dated signature of the registered nurse conducting the assessment.
 - 6. Emergency information that includes the following:
 - a. Name and telephone number of participant's medical provider;
 - b. Hospital choice;
 - c. Participant's representative, family member, or care giver; and
 - d. Any advance directives.

R9-10-508. Discharge

- A. The An administrator may terminate an enrollment agreement discharge a participant from an adult day health care facility by terminating the agreement in R9-10-507(B):
 - after After giving the participant or participant's representative a five-day written notice;
 and
 - <u>2.</u> <u>for For any of the following reasons:</u>
 - 1.a. Evidence of repeated failure to abide by comply with the facility's rules requirements of the adult day health care facility,
 - 2.b. Documented proof of failure to pay,
 - 3.c. Behavior which that is dangerous to self or which that interferes with the physical or psychological well-being of other residents, or
 - 4.d. Participant's service requirements exceed those services for which the facility is licensed to provide The participant requires services beyond the adult day health care facility's scope of services.
- B. The An administrator shall ensure that a discharge plan for a participant is included in the care plan when the discharge is anticipated and shall include recommendations for continuing care and referrals to community service agencies.:
 - <u>1.</u> <u>Developed that:</u>
 - a. <u>Identifies any specific needs of the participant after discharge</u>,
 - <u>b.</u> <u>Is completed before discharge occurs,</u>
 - <u>Includes a description of the level of care that may meet the participant's assessed</u>
 and anticipated needs after discharge, and
 - d. <u>Is documented in the participant's record within 48 hours after the discharge plan</u> is completed; and
 - 2. Provided to the participant or the participant's representative before the discharge occurs.

R9-10-509. Adult Day Health Services

- A. The staff shall be responsible for the An administrator shall ensure that a personnel member provides supervision of the participants each participant except for the during periods of the day when the participant signs out or is signed out according to the adult day health care facility's policies and procedures.
- B. Staff shall provide An administrator shall ensure that a personnel member provides assistance with activities of daily living and supervision of personal hygiene in accordance with according to the participant's care plan and the adult day health care facility's policies and procedures. Where bathing is required in the care plan, only trained staff shall provide the assistance in bathing.

- C. Staff shall provide An administrator shall ensure that a personnel member provides a participant with planned therapeutic individual and group activities in accordance with:
 - 1. According to the:
 - <u>a.</u> participant's Participant's care plan-,
 - b. Adult day health care facility's policies and procedures, and
 - c. Monthly calendar of planned activities required in R9-10-502(C)(2); and
 - <u>2.</u> The activities shall That include:
 - 1.a. Physical activities,
 - 2.b. Group discussion,
 - 3.c. Personal living skills training Techniques a participant may use to maintain or improve the participant's independence in performing activities of daily living,
 - 4.d. Reality orientation Assessment of deficits in cognitive awareness and reinforcement of remaining cognitive awareness,
 - 5.e. Activity daily living skills Activities of daily living,
 - 6.<u>f.</u> Participants' council meetings, and
 - 7.g. Leisure time.
- **D.** The administrator shall ensure that each participant's health status is monitored by a licensed nurse as follows:
 - 1. Observe changes in a participant's mental and physical condition, including monthly monitoring of participant's vital signs and nutritional status;
 - 2. Document changes in the participant's record; and
 - 3. Report changes to each participant's medical provider or representative.
- <u>An administrator shall ensure that a licensed nurse monitors the health status of each participant according to the participant's care plan and the adult day health care facility's policies and procedures by:</u>
 - 1. Observing the participant's mental and physical condition, including monthly monitoring of the participant's vital signs and nutritional status;
 - 2. Documenting changes in the participant's mental and physical condition in the participant's record; and
 - 3. Reporting any changes to the participant's medical provider or representative.
- **E.** The An administrator shall ensure that:
 - 1. Policies and procedures for medication services are reviewed and approved by a registered nurse, pharmacist, or medical practitioner;
 - <u>2.</u> <u>medications Medications</u> are ordered, administered, stored, and destroyed as follows:

- 1.a. The participant's medical provider shall order, in writing, all All medications and treatments. The orders shall are ordered by a participant's medical provider to include the name of the medication or treatment, method of administration, dosage, and frequency.
- b. If a participant's medical provider verbally orders a medication or treatment, documentation of the order is noted in the participant's record within 24 hours and a supporting written order is obtained from the medical provider within 14 days after the verbal order;
- 2.c. A Medications are administered by:
 - <u>i.</u> The participant,
 - <u>ii.</u> <u>A</u> licensed nurse,
 - <u>iii.</u> <u>A</u> medical provider, or
 - <u>iv.</u> an <u>Another</u> individual as provided by law shall administer medications which cannot be self administered.;
- 3.d. A licensed nurse, family member, or an individual as provided by law may prepare patient medication organizers A medication organizer, if used by a participant, is prepared no more than one month in advance for self-administration by participants the participant by:
 - <u>i.</u> A licensed nurse,
 - <u>ii.</u> A family member of the participant, or
 - iii. Another individual as provided by law;
- 4.d. Staff may remind and supervise a participant who is functionally capable in the self-administration of medication according to the order of the medical provider and instruction of the pharmacist as indicated on the label of the individual container of medication. Supervision Assistance in the self-administration of medication may include:
 - i. Reminding a participant that it is time for the medication,
 - a.ii. Opening a bottle cap container for a participant,
 - b.iii. Reading the medication label to the a participant,
 - e.iv. Checking the self-administration dosage against the label of the container and reassuring the a participant that the dosage is correct,
 - v. Pouring or placing a specified dosage into a container or into a resident's hand, and
 - d.vi. Observing the a participant while the medication is taken.

- 5.e. Medications shall be are stored as follows:
 - a.i. A Medications not requiring refrigeration are stored in a locked, secured area shall be provided which may be used only for storage of medicines and solutions. This area shall be locked when not in use medications.;
 - b. All medications, with the exception of patient medication organizers, shall be stored in their original labeled containers.
 - e.<u>ii.</u> Medications requiring refrigeration shall be kept are stored in a separate locked container within the refrigerator.:
 - d.iii. Medications for external use shall be are stored separately from medications for internal use.; and
 - iv. Except for medications in medication organizer boxes, all medications are stored in the original labeled containers; and
- 6-f. All expired or discontinued medications, including those of deceased participants, shall be are disposed of according to the adult day health care facility's policies and procedures-;
- 7.3. An updated drug reference source shall be is available for use by staff personnel.;
- 4. A medication error or a participant's refusal to take a medication is:
 - <u>a.</u> Reported to the participant's representative within 12 hours, and
 - b. Documented in the participant's record within 24 hours; and
- 5. An adverse event is:
 - a. Reported to the participant's representative and medical provider within 12 hours, and
 - b. Documented in the participant's record within 24 hours.
- F. The An administrator shall ensure that policies and procedures for incident reports cover reporting, investigating, and documenting injuries from an accident or incident that affect the a participant's health status are reported, investigated, and documented as follows: and include:
 - 1. Participant's Immediately notifying a participant's medical provider and representative shall be notified immediately of the injuries:
 - 2. <u>Injuries shall be reported Reporting injuries</u> to Adult Protective Services pursuant according to A.R.S. § 46-454, when applicable;
 - 3. A <u>Preparing a</u> written accident or incident report shall be prepared on the day of occurrence or when any injury of unknown origin is detected. The report shall include that includes the:
 - a. Name of the participant,

- b. Date and time of the accident or incident,
- c. Type of accident or incident,
- d. Injury sustained,
- e. Names of witnesses, and
- f. Action taken by the facility.;
- 4. The Investigating the accident or incident shall be investigated within 24 hours and documenting any corrective action documented on in the accident or incident report form; and
- 5. which shall be retained by the facility Retaining the accident or incident report for one year after the date of the accident or incident.

G. The An administrator shall:

- <u>1.</u> <u>designate</u> a food service supervisor who shall to be responsible for nutrition services that provide for the following: food service in the adult day health care facility:
- 2. Ensure that sufficient individuals are employed to ensure the preparation and delivery of food to participants of the adult day health care facility;
- 3. Ensure that food services are provided in compliance with 9 A.A.C. 8, Article 1;
- 4. Ensure that a copy of the adult day health care facility's food establishment permit required in subsection (G)(3) is provided to the Department for review upon the Department's request;
- 5. If the adult day health care facility contracts with a food establishment, as defined in 9
 A.A.C. 8, Article 1, to prepare and deliver food to the adult day health care facility, a
 copy of the contracted food establishment's permit is:
 - a. Maintained on the adult day health care facility's premises, and
 - b. Provided to the Department for review upon the Department's request; and
- 6. If the adult day health care facility provides a therapeutic diet to participants, ensure that:
 - <u>a.</u> The therapeutic diet is prescribed in writing by:
 - i. The participant's medical provider, or
 - ii. A registered dietician; and
 - <u>b.</u> <u>A therapeutic diet reference manual published within the previous five years is</u> available to the food service supervisor.

<u>H.</u> A food service supervisor shall ensure that:

- 1. The menu pattern for each meal shall consist of:
 - a. Two servings of whole grain or enriched cereals and bread. A serving size is one slice of bread, 1/2 to 1 cup of cereal or 1/2 cup enriched grain products.

- b. One serving of vegetables. A serving size is 1/2 (4 ounces) to 1 cup (8 ounces) of all juices and vegetables.
- e. One serving of fruits. A serving size is 1/2 (4 ounces) to 1 cup (8 ounces) of all juices and fruits.
- d. One serving of milk, yogurt, or cheese. A serving size is 1 cup of milk or yogurt, 1 1/2 ounces of cheese, or 3/4 cup (6 ounces) of cottage cheese. Cheese is considered both a dairy product and a protein and can be counted as one or the other but not both.
- e. One serving of protein: meat, fish, poultry, cheese, egg, peanut butter, peas, beans, lentils, or equivalent. One serving size is 2 to 3 ounces of lean meat without bone, 1 cup dry beans or legumes, 4 tablespoons or peanut butter, or two eggs.
- 2. Two snacks a day shall be offered to participants. Snacks shall consist of a serving of each of two of the food groups listed in subsection (E)(1).
- 3. Meals, including therapeutic meals, shall be served in accordance with preplanned menus that are prepared one week in advance and posted in an area accessible to participants.
- 4. Substitutes of equal nutritional value and complementary to the remainder of the meal may be made as long as substitutes are recorded on the menus.
- 5. If a participant requires a therapeutic diet, the administrator shall ensure that the diet shall be prescribed in writing by the participant's medical provider.
- 6. An updated therapeutic diet reference manual shall be available for use by staff, if the facility provides therapeutic diets.
- 1. A food menu is:
 - <u>a.</u> Prepared at least one week in advance,
 - <u>b.</u> <u>Conspicuously posted,</u>
 - c. Maintained on the premises for at least 60 days after the last day included in the food menu, and
 - <u>d.</u> <u>Provided to the Department upon the Department's request;</u>
- 2. Meals for each day are planned using meal planning guides from [will insert most current document] incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the U.S. Department of Agriculture, Food and Nutrition Service at [web address];
- 3. Meals and snacks provided by the adult day health care facility are served according to posted menus;

- 4. If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs;
- 5. Food is prepared:
 - <u>a.</u> <u>Using methods that conserve nutritional value, flavor, and appearance; and appearance and appearance and appearance are successful.</u>
 - b. <u>In a form to meet the needs of a participant, such as cut, chopped, ground, pureed, or thickened;</u>
- 6. A participant is provided a diet that meets the participant's nutritional needs as specified in the participant's assessment, under R9-10-507(F), or care plan; and
- 7. Self-help devices that include plate guards, rocking forks, and assistive hand devices shall be are available to participants who need them.
- 8. Onsite or catered food preparation, storage, and handling shall comply with applicable food and drink regulations of 9 A.A.C. 8, Article 1.
- H.I. For a participant whose care plan includes counseling on an individual or group basis, The an administrator shall ensure that social services as specified in the participant's care plan are provided to each participant. The services shall include the following:
 - 1. Counseling of an individual or group basis according to the needs of the participant and the person's family, and
 - 2. Referral to therapeutic counseling services, if such services are not available at the facility.
 - 1. If the counseling needed by the participant is within the adult day health care facility's scope of services, a personnel member provides the counseling to the participant according to the adult day health care facility's policies and procedures; or
 - <u>2.</u> If the counseling needed by the participant is not within the adult day health care facility's scope of services, a personnel member assists the participant or the participant's representative to obtain counseling for the participant according to the adult day health care facility's policies and procedures.

R9-10-510. Care Plan

- A. An administrator interdisciplinary team shall ensure that develop a care plan for a participant:
 - 1. <u>Is developed</u> within seven days after the completion of the comprehensive assessment prepared in accordance with required in R9-10-507(F). The team shall be comprised of:
 - 2. Has input from:
 - 1.a. The participant or participant's representative,

- 2.b. Representatives of staff The licensed nurse who performed the comprehensive assessment, and
- <u>c.</u> Personnel who have provided services to the participant;
- 3. Service providers.
- **B.**3. The interdisciplinary team shall base the care plan <u>Is based</u> on the participant's comprehensive assessment. The care plan shall include:
- <u>4.</u> <u>Includes:</u>
 - 1-a. Medical A summary of the participant's medical or health problems, including physical, mental, and emotional disabilities or impairments;
 - 2.b. Adult day health services to be provided;
 - 3.c. Goals and objectives of care that are time limited and measurable;
 - 4.d. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers;
 - 5.e. Any advance health care directives; and
 - 6.f. Discharge A discharge plan pursuant according to R9-10-508(B)-; and
- C.5. The interdisciplinary team shall review and update a participant's care plan <u>Is reviewed</u>
 and updated at least every six months or earlier when <u>and whenever</u> there is a significant change in the participant's condition that is life-threatening or requires medical attention.

R9-10-511. Participant Records

- An administrator shall ensure that a record is established and maintained for each participant according to A.R.S. § 12-2297 and the adult day health care facility's policies and procedures.
- **A.B.** The An administrator shall ensure that up-to-date participant records are available to the participant or participant's representative upon 48 hours' written notice to the <u>adult day health</u> care facility, excluding weekends and holidays.
- **B.C.** Records An administrator shall ensure that a record for each participant shall include includes the following:
 - 1. Full name, date of birth, Social Security number, and address of the participant;
 - Names, addresses, telephone numbers of <u>the</u> participant's representative, medical provider, and other <u>medical and nonmedical providers individuals</u> involved in the care of the participant;
 - 3. Enrollment agreement;
 - 4. Emergency information Names and telephone numbers of individuals to be notified in the event of an emergency;

- 5. Written acknowledgment of the receipt of copies of participant rights and facility rules

 The date of the participant's first visit;
- 6. Signed Written medical provider's assessment required in R9-10-507(D);
- 7. Medical provider's orders;
- 8. Evidence Current evidence of freedom from infectious tuberculosis;
- 9. Comprehensive assessment required in R9-10-507(F);
- 10. Records of medical care and medications provided by the <u>adult day health care</u> facility;
- 11. Vital signs and nutritional status;
- 12. Care plan;
- 13. Documentation of:
 - any significant Any changes in participant behavior or condition the participant's condition that was life-threatening or required medical attention, including injuries and accidents, and
 - <u>b.</u> <u>notification</u> <u>Notification</u> of the participant's medical provider and participant's representative <u>required in R9-10-509(F)(1)</u>;
- 14. Signed authorization if medical information is released;
- 15. Determination of participant's capability of signing Documentation of whether the participant may sign in or out of the adult day health care facility; and
- 16. Discharge date, if applicable.
- Records shall be legibly recorded in ink. Each entry shall be dated and signed. Records shall be protected at all times from possible loss, damage, or unauthorized use. [?where maintained?]
- **D.** Records shall be retained for three years.
- **E.** If the facility ceases operation, copies of records shall be available upon the request of the participant or participant's representative for three years from the date of closure.
- **D.** An administrator shall ensure that participant records are:
 - 1. Retained for at least three years after a participant's discharge, and
 - 2. Provided to the Department within two hours after the Department's request.

R9-10-512. Physical Plant Requirements

- A. Existing facilities licensed prior to the adoption of these rules shall conform to the requirements of A.A.C. R9 1-412(B), Life Safety Code, Chapter 11, "Existing Educational Occupancies."
- **B.** Facilities licensed after the effective date of these rules shall conform to the requirements applicable to educational occupancies in the codes adopted by reference in A.A.C. R9 1-412,

- excluding A.A.C. R9-1-412(B), Life Safety Code, Chapter 11, "Existing Educational Occupancies."
- An administrator shall ensure that an adult day health care complies with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date listed on the building permit or zoning clearance submitted with the architectural plans and specifications before initial licensing.
- C.B. The facility An administrator shall have ensure that an adult day health care facility has space to accommodate adult day health services including:
 - 1. Individual and group activities;
 - 2. Special therapies, if provided;
 - 3. Storage areas for program and operating supplies; and
 - 4. A quiet rest area for participants.
- **D.C.** If the <u>adult day health care</u> facility is operated by a nursing care institution, the facility <u>an</u> administrator shall be ensure that the adult day health care facility is physically and functionally separate from the nursing care institution.
- E. If any portion of an adult day health care facility shares a building is used for purposes other than adult day health care with another entity, an administrator shall ensure that the portion of the building which participants regularly occupy shall be licensed to provide adult day health care is used only for adult day health care purposes during operational hours.
- F. There An administrator shall be ensure that an adult day health care facility has at least 40 square feet or more of indoor activity space for each participant. Floor space of excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for staff use by individuals who are not participants shall be excluded when computing the minimum activity space.
- G. An <u>administrator shall ensure that an adult day health care facility provides</u> outside activity space shall be provided which that:
 - 1. Is accessible to the building without crossing thorough fares thoroughfares,
 - 2. Is free from hazards,
 - 3. Has a hard-surfaced section for wheelchairs, and
 - 4. Has an available shaded area.
- H. The facility temperature shall be maintained at a range from 68° to 82° F. An administrator shall ensure that:
 - **L**1. All stairs used by participants shall:
 - 1.a. Be Are edge-marked with high contrast color,
 - 2.b. Be Are slip resistant, and

- 3.c. Have a tactile warning at the top of the stair run.
- H2. Each facility shall have bathrooms with one toilet and a sink for each 10 participants.

 Bathrooms shall also have toilet and bathroom fixtures, towel bars, towel and soap dispensers, and mirrors accessible and usable for all participants. A bathroom meets the following requirements:
 - <u>a.</u> There is at least one working flushable toilet and one working sink for each ten participants;
 - <u>b.</u> <u>Each bathroom provides privacy when in use;</u>
 - <u>c.</u> <u>Each bathroom has a means of ventilation or an operable window;</u>
 - <u>d.</u> <u>Each bathroom contains in a location accessible to participants:</u>
 - i. A mirror;
 - ii. Toilet tissue in a dispenser,
 - <u>iii.</u> <u>Dispensed soap for hand washing.</u>
 - iv. Single use paper towels or a mechanical air hand dryer, and
 - v. Grab bars for the toilet and other assistive devices, if required to provide for participant safety;
- **K.**3. If bathing facilities are provided:
 - <u>a.</u> Shower enclosures have nonporous surfaces,
 - <u>b.</u> <u>Showers have clean usable shower curtains, and</u>
 - c. all tub <u>Tub</u> and shower floors shall have slip-resistant surfaces:
- L.4. Dining areas shall be are furnished with dining tables and chairs and large enough to accommodate all participants:
- **M.**5. There shall be is a wall or other means of a physical separation of between dining facilities from and food preparation areas:
- N.6. There shall be food preparation, storage, and handling areas in facilities serving food.

 These areas shall not be used as a passageway by participants. 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
- O.7. All flooring shall be is slip-resistant.
- **P.I.** If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:
 - 1. All swimming pools shall, unless Unless otherwise required in A.R.S. § 36-1681, the swimming pool is enclosed by a wall or fence that:

- 1. Be enclosed by a five foot solid wall or a five foot fence with openings not exceeding six inches, and
- 2. Have one or more self-closing and self-latching gates which shall be locked when the pool is not in use.
 - <u>a.</u> <u>Is at least five feet in height;</u>
 - <u>b.</u> <u>Has no vertical openings greater that four inches across;</u>
 - <u>c.</u> Has no horizontal openings, except as described in subsection (I)(1)(e);
 - <u>d.</u> <u>Is not chain-link;</u>
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - <u>f.</u> Has a self-closing, self-latching gate that:
 - i. Opens away from the pool,
 - ii. Has a latch located at least five feet from the ground, and
 - iii. Is locked when the pool is not in use;
- 2. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area:
- 3. At least one personnel member with cardiopulmonary resuscitation training, as required in R9-10-504(A)(3), is present in the pool area when a participant is in the pool area;
- 4. At least two personnel members are present in the pool area if two or more participants are in the pool area; and
- 5. A life preserver is available and accessible in the pool area.
- Q. Swimming pools which are used by participants shall:
 - 1. Conform to the minimum requirements for semipublic pools as set forth in state and local rules for design, construction, and operation of public and semipublic swimming pools;
 - 2. Have posted pool safety rules; and
 - 3. Be supervised when in use.

R9-10-513. Environmental Standards

- **A.** The facility shall be maintained An administrator shall ensure that:
 - 1. The adult day health care facility is:
 - <u>a.</u> <u>free Clean and free</u> from offensive odors,
 - b. hazards Maintained in good repair so as not to create a condition or situation that
 may cause a participant or other individual to suffer physical injury,
 - <u>c.</u> <u>Free of insects, and rodents, and</u>

- <u>d.</u> <u>Free of accumulations of dirt, garbage, and other refuse:</u>
- Blood, bodily fluids, feces, and items soiled with blood, bodily fluids, or feces are cleaned or disposed of according to A.A.C. Title 18, Chapter 13, Article 14 and the adult day health care facility's policies and procedures;
- **B.**3. Combustible liquids, hazardous materials, and house and garden insecticides shall be safely are stored:
 - <u>a.</u> in <u>In</u> their original labeled containers,
 - <u>b.</u> <u>outside</u> <u>Outside</u> of the <u>adult day health care</u> facility, <u>and</u>
 - <u>c.</u> in In a locked area inaccessible to participants:
- C.4. All windows Windows and doors opening to the outside shall be are screened if they are kept open at any time for ventilation or other purposes:
- 5. Temperatures are maintained between 68° F and 85° F in each room used by participants;
- **D.**6. The use of a A common drinking utensil is prohibited. When paper cups are used, clean single use cups are required not used.:
- **E.**7. If laundry facilities are provided on the premises, soiled and clean laundry areas shall be separately maintained laundry is stored in closed containers away from:
 - <u>a.</u> <u>Clean laundry, and</u>
 - <u>b.</u> Food storage, food preparation, and dining areas: and
- **F.**8. There shall be no No pets are allowed in treatment, food storage, food preparation, and or dining areas.

R9-10-514. Safety Standards

- **A.** The <u>An</u> administrator shall <u>develop ensure that</u> a written <u>disaster</u> plan of operation with procedures to be followed in the event of fire, disaster, or threat to participant's safety. The plan <u>shall include is developed and maintained on the premises that includes:</u>
 - 1. Telephone numbers for contacting local emergency medical, fire, and other service agencies Procedures for protecting the health and safety of participants and other individuals;
 - 2. <u>Assigned personnel responsibilities</u>;
 - 3. <u>Instructions for the evacuation of participants, including:</u>
 - 2.a. The route to be used when evacuating participants; and
 - 3.b. Designation of the specific places to which participants will be evacuated., and
 - <u>c.</u> The plan for notifying the emergency contact for each participant; and

- 4. A plan to ensure each participant's medications will be available to administer to the participant during a disaster.
- **B.** The An administrator shall ensure that:
 - 1. each Each participant receives orientation to the facility's exits of the building and the route to be used when evacuating participants within two visits of the person's participant's enrollment-; and
 - <u>2.</u> This orientation shall be is documented in the participant's record.
- C. A <u>An administrator shall ensure that a current floor plan shall be is posted conspicuously</u> in a central location on each floor and shall include an emergency exit plan includes the evacuation route to the outside.
- **D.** An administrator shall ensure that:
 - 1. A fire evacuation drill shall be is conducted at least once every three months.;
 - E.2. A disaster drill shall be is conducted at least once every six 12 months. Disaster drills and may include the involvement of participants.
 - F.3. Records of fire and evacuation drills shall be retained for one year and include the date, time, length of time for full evacuation, and a critique of the drill. Documentation of a fire drill required in subsection (D)(1) and a disaster drill required in subsection (D)(2) includes:
 - <u>a.</u> The date and time of the drill;
 - <u>b.</u> <u>A list of the individuals who took part in the drill;</u>
 - <u>b.</u> The length of time for evacuation, if applicable;
 - c. A critique of the drill; and
 - d. Recommendations for improvement, if applicable; and
 - 4. Documentation of a fire drill or a disaster drill is maintained for 12 months after the date of the drill and provided upon request to the Department within two hours after the Department's request.