

TITLE 9. HEALTH SERVICES
CHAPTER 10. HEALTH CARE INSTITUTIONS: LICENSING
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ARTICLE 8. ASSISTED LIVING FACILITIES

R9-10-801. Definitions

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

- #. "Accept" or "acceptance" means:
 - a. An individual begins living in and receiving assisted living services at an assisted living facility; or
 - b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
- #. "Assistant caregiver" means an employee or volunteer who helps a manager or caregiver provide supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
- #. "Assisted living services" means supervisory care services, personal care services, directed care services, behavioral health services, or ancillary services provided to a resident by or on behalf of an assisted living facility.
- #. "Caregiver" means an employee or volunteer who provides supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
- #. "Manager" means an individual designated by a governing authority to act on behalf of the governing authority in the onsite management of the assisted living facility.
- #. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
- #. "Primary care provider" means a physician, a physician's assistant, or registered nurse practitioner who directs a resident's medical services.
- #. "Residency agreement" means a document signed by a resident or the resident's representative and manager, detailing the terms of residency as agreed upon by the resident or the representative and the manager.
- #. "Resident" means a patient accepted by the assisted living facility.
- #. "Resident's representative" means a resident's legal guardian, an individual acting on behalf of the resident with the written consent of the resident, or a surrogate as defined in A.R.S. § 36-3201.
- #. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, directed care services, ancillary services, or behavioral health services and the specific assisted living services to be provided to the resident.

- #. "Termination of residency" or "terminate residency" means a resident is no longer receiving assisted living services from an assisted living facility.

R9-10-802. Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an assisted living facility shall:

1. Submit to the Department a copy of a valid fingerprint clearance card issued according to A.R.S. Title 41, Chapter 12, Article 3.1 for:
 - a. If the applicant is an individual, the applicant; or
 - b. If the applicant is a business organization, each individual with a 10% or greater ownership of the business organization;
2. Indicate on the application which of the following levels of assisted living services the applicant plans to provide:
 - a. Supervisory care services,
 - b. Personal care services, or
 - c. Directed care services; and
3. Include on the application whether the applicant is requesting authorization to provide:
 - a. Adult day health care services, or
 - b. Behavioral health services.

R9-10-803. Administration

- A. A governing authority shall:
 1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility;
 2. Establish an assisted living facility's scope of services;
 3. Designate, in writing a manager who:
 - a. Is 21 years of age or older;
 - b. Except for the manager of an adult foster care home, has either a:
 - i. Certificate as an assisted living facility manager issued under A.R.S. § 36-446.04(C), or
 - ii. A temporary certificate as an assisted living facility manager issued under A.R.S. § 36-446.06;
 4. Approve policies and procedures;
 5. Adopt a quality management program that complies with R9-10-804;
 6. Designate an acting manager who meets the requirements in subsection (A)(3) when the manager is:

- a. Expected to not be present on an assisted living facility's premises for more than 30 calendar days, or
 - b. Is not present on an assisted living facility's premises for more than 30 calendar days;
 7. Except as provided in subsection (A)(6), notify the Department according to § A.R.S. 36-425(I) when there is a change in the manager and provide the name of the new manager; and
 8. Ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility's premises.
- B. A manager:
 1. Is directly accountable the governing authority of an assisted living facility for the operation of the assisted living facility and services provided by or at the assisted living facility;
 2. Has the authority and responsibility to manage an assisted living facility;
 3. Designates, in writing, a caregiver who is:
 - a. At least 21 years of age, and
 - b. On an assisted living facility premises and available and accountable for services provided by the assisted living facility when the manager is not on the assisted living facility premises; and
 4. Ensures compliance with A.R.S. § 36-411.
- C. A manager shall ensure that policies and procedures are:
 1. Established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications, including required skills and knowledge for employees and volunteers;
 - b. Cover:
 - i. Orientation for employees and volunteers, and
 - ii. In-service education for employees;
 - c. Include how an employee may submit a complaint related to resident care;
 - d. Cover cardiopulmonary resuscitation and first aid training for applicable employees and volunteers, including:
 - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the employee's or volunteer's ability to perform cardiopulmonary resuscitation,

- ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the employee or volunteer has received cardiopulmonary resuscitation training;
 - e. Cover staffing and recordkeeping;
 - f. Cover resident acceptance, resident rights, and termination of residency;
 - g. Cover the provision of assisted living services, including:
 - i. Coordinating the provision of assisted living services,
 - ii. Making vaccination for influenza available to residents according to A.R.S. § 36-406(1)(d), and
 - iii. Obtaining resident preferences for food and the provision of assisted living services;
 - h. Cover the provision of respite services or adult day health services, if applicable;
 - i. Cover resident records, including electronic records;
 - j. Cover personal funds accounts, if applicable;
 - k. Cover the receipt of and process for resolving complaints;
 - l. Cover health care directives;
 - m. Cover medication procurement, if applicable, assistance in the self-administration of medication, and medication administration;
 - n. Cover food services;
 - o. Cover contract services;
 - p. Cover equipment inspection and maintenance, if applicable;
 - q. Cover infection control; and
 - r. Cover quality management, including incident documentation;
 - 2. Available to employees and volunteers of the assisted living facility; and
 - 3. Reviewed at least once every 24 months and updated as needed.
- D. A manager shall ensure that the following are conspicuously posted:
 - 1. A list of resident rights,
 - 2. The current Department-issued license,
 - 3. Current phone numbers of:
 - a. The Arizona Department of Health Services' Office of Assisted Living Licensure,
 - b. Adult Protective Services in the Department of Economic Security,

- c. The Department of Economic Security Long-Term Care Ombudsman,
 - d. The Arizona Center for Disability Law, and
 - e. The Governor's Office for Americans with Disabilities, and
 - 4. The location at which the following are available for review:
 - a. A copy of the most recent Department inspection report,
 - b. Any plan of correction resulting from the Department inspection in subsection (D)(4)(a), and
 - c. A list of the services provided by the assisted living facility.
- E. A manager shall ensure, unless otherwise stated:
 - 1. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - 2. When documentation or information is required by this Chapter to be submitted on behalf of an assisted living facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the assisted living facility.
- F. A manager shall:
 - 1. Not act as a representative and not allow an employee or a family member of an employee to act as a representative of a resident who is not a family member of the employee;
 - 2. If the assisted living facility administers personal funds accounts for residents and if authorized in writing by a resident or resident's representative to administer a personal funds account for the resident:
 - a. Ensure that the resident's personal funds account does not exceed \$2,000;
 - b. Maintain a separate record for each resident's personal funds account, including receipts and expenditures;
 - c. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
 - d. Provide a copy of the record of the resident's personal funds account to the resident or resident's representative at least once every three months;
 - 3. Notify a resident's representative or family member if the resident is incapable of handling financial affairs; and
 - 4. Except when a resident's need for assisted living services change, as documented in the resident's service plan, ensure that a resident receives at least 30 days written notice before any increase in a fee or charge.

- G. A licensee shall permit the Department to interview an employee or volunteer or resident as part of a compliance survey or a complaint investigation.
- H. If abuse, neglect, or exploitation of a resident is alleged or suspected, a manager shall:
1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 2. Immediately report, as required in A.R.S. § 46-454, the alleged or suspected abuse, neglect, or exploitation of the resident:
 - a. To the local law enforcement agency, or
 - b. To Adult Protective Services in the Department of Economic Security;
 3. Document the action in subsection (H)(1) and the report in subsection (H)(2) and maintain the documentation for 12 months after the date of the report;
 4. Investigate the alleged or suspected abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in subsection (H)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the manager to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
 5. Submit a copy of the investigation report required in subsection (H)(4) to the Department within 5 working days after submitting the report in subsection (H)(2); and
 6. Maintain a copy of the investigation report required in subsection (H)(4) for 12 months after the date of the investigation report.
- G. A manager shall provide written notification to the Department:
1. Within one working day after a resident's death;
 2. Within two working days after a resident's suicide attempt or infliction of self-injury that results in the resident needing medical services; and
 3. Within three working days after a resident has an accident, emergency, or serious injury that results in the resident needing medical services.

R9-10-804. Quality Management

A manager shall ensure that:

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

R9-10-805. Contracted Services

An administrator shall ensure that:

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

R9-10-806. Personnel

A. A manager shall ensure that:

1. A caregiver:
 - a. Is 18 years of age or older, and
 - b. Has documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5);
2. An assistant caregiver:
 - a. Is 16 years of age or older, and
 - b. Interacts with residents under the supervision of a manager or caregiver;
3. Caregivers are available to:

- a. Meet the scheduled and unscheduled needs of residents for supervisory care services, personal care services, and directed care services, that are within the scope of services of the assisted living facility; and
 - b. Provide the assisted living services in a resident's service plan;
 4. A manager, a caregiver, and an assistant caregiver or an employee or volunteer who has direct interaction with a resident provide evidence of freedom from infectious tuberculosis as specified in R9-10-112;
 5. Before providing assisted living services to a resident, a caregiver or an assistant caregiver receives orientation that is specific to the duties to be performed by the caregiver or assistant caregiver; and
 6. Before providing personal care services or directed care services to a resident, a manager or caregiver:
 - a. Receives first aid training and cardiopulmonary resuscitation training specific to adults, or
 - b. Provides current documentation of first aid training and cardiopulmonary resuscitation training certification.
- B. A manager of an assisted living home shall ensure that:
 1. An individual residing in an assisted living home, who is not a resident, a manager, a caregiver, or an assistant caregiver:
 - a. Either:
 - i. Complies with subsection (A)(1), or
 - ii. Interacts with residents only under the supervision of an individual who has a valid fingerprint clearance card; and
 - b. If the individual is 12 years of age or older, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112; and
 2. Documentation of compliance with the requirements in subsection (C)(1)(a) and evidence of freedom from infectious tuberculosis, if required under subsection (C)(1)(b), is maintained for an individual residing in the assisted living home who is not a resident, a manager, a caregiver, or an assistant caregiver.
- C. A manager shall ensure that a personnel record for each employee or volunteer:
 1. Includes:
 - a. The employee's or volunteer's name, date of birth, home address, and contact telephone number;

- b. The name and telephone number of an individual to be notified in case of an emergency;
- c. The starting date of employment or volunteer service and, if applicable, the ending date; and
- d. As applicable, documentation of:
 - i. Qualifications, including education, experience, skills, and knowledge applicable to the employee's or volunteer's job duties;
 - ii. Evidence of freedom from infectious tuberculosis, as required in subsection (B)(4);
 - iii. Orientation and in-service education;
 - iv. Current training in first aid and cardiopulmonary resuscitation; and
 - v. Compliance with the requirements in A.R.S. § 36-411(A) and (C); and
- 2. Is maintained:
 - a. Throughout the employee's or volunteer's period of providing services in or for the assisted living facility; and
 - b. For at least two years after the last date the employee or volunteer provided services in or for the assisted living facility.

R9-10-807. Residency and Residency Agreements

- A. A manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- B. A manager shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that:
 - 1. Is dated within 90 days before the individual is accepted by an assisted living facility;
 - 2. Includes whether the individual requires:
 - a. Medical services,
 - b. Nursing services,
 - c. Behavioral health services, or
 - d. Restraints; and
 - 3. Is dated and signed by a:
 - a. Physician,
 - b. Registered nurse practitioner,
 - c. Registered nurse, or
 - d. Physician's assistant.
- C. A manager shall not accept or retain an individual if:

1. The individual requires continuous medical services;
 2. Except as provided in subsection (D), the individual requires nursing services;
 3. If the documentation required in subsection (B) indicates the individual needs behavioral health services, the individual's need for supervisory care services, personal care services, or directed care services is secondary to the individual's need for behavioral health services;
 4. The assisted living services needed by the individual are not within the assisted living facility's scope of service;
 5. The assisted living facility does not have the ability to provide the assisted living services needed by the individual; or
 6. The individual requires restraints, including the use of bedrails.
- D. A manager may accept or retain a resident receiving nursing services from a home health agency or hospice service agency.
- E. Before or at the time of an individual's acceptance by an assisted living facility, a manager shall ensure that the individual or individual's representative signs a written residency agreement with the assisted living facility that includes:
1. Terms of occupancy, including:
 - a. Resident responsibilities, and
 - b. Responsibilities of the assisted living facility;
 2. A list of the services to be provided by the assisted living facility to the resident and the fees for these services;
 3. A list of the services available from the assisted living facility at an additional fee or charge;
 4. The policy for refunding fees, charges, or deposits;
 5. The policy and procedure for termination of residency; and
 6. The complaint process.
- F. A manager shall:
1. Before or at the time of an individual's acceptance by an assisted living facility, provide to the resident or resident's representative a copy of:
 - a. The residency agreement in subsection (E),
 - b. Resident's rights, and
 - c. The policy and procedure on health care directives; and
 2. Maintain the original of the residency agreement in subsection (E) in the resident's record.

- G. If an assisted living facility issues a written notice of termination of residency to a resident or the resident's representative because the resident needs services the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, a manager shall ensure that the written notice of termination of residency includes a description of the:
1. Specific services that the resident needs that the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, and
 2. Level of care that may provide services to meet the resident's needs after termination of residency.

R9-10-808. Transport; Transfer

- A. Except for transport of a resident due to an emergency, an administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which a personnel member coordinates the transport and the services provided to a resident to protect the health and safety of the resident;
 - b. Establish the criteria for determining what a resident evaluation includes based on the resident's psychological condition, medical condition, and the type of services the resident is expected to be or is provided at the receiving health care institution;
 - c. Require an evaluation of the resident according to the criteria established in subsection (A)(1)(b) by a manager or caregiver qualified as delineated in the assisted living facility's policies and procedures, before transporting the resident and, if applicable, after the resident's return;
 - d. Specify a resident medical records that are required to accompany the resident, including the resident's medical records related to the services expected to be provided or are provided to the resident at the receiving health care institution;
 - e. Specify how a resident's medical record information that an assisted living facility does not provide at the time of transport but is requested by the receiving health care institution is communicated to the receiving health care institution; and
 - f. Specify how a manager or caregiver qualified, as delineated in policies and procedures, explains the risks and benefits of the transport to the resident or the resident's representative based on the:
 - i. Resident's condition, and
 - ii. Mode of transport; and
 2. Documentation in the resident's medical record includes:

- a. Consent for transport by the resident or the resident's representative or why consent could not be obtained;
 - b. Communication with an individual at the receiving health care institution;
 - c. The date and the time of the transport to the receiving health care institution;
 - d. The date and time of the resident's return to the assisted living facility, if applicable;
 - e. The mode of transportation; and
 - f. The type of personnel member assisting in the transport if an order or recommendation for transport requires that a resident be assisted during transport.
- B. Except for transfer of a resident due to an emergency, an administrator shall ensure that:
- 1. Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which a personnel member coordinates the transfer and the services provided to a resident to protect the health and safety of the resident during the transfer;
 - b. Require an evaluation of the resident by a manager or caregiver before the resident is transferred;
 - c. Specify how a resident's medical record information that an assisted living facility does not provide at the time of transport but is requested by the receiving health care institution is provided to the receiving health care institution; and
 - d. Specify how a manager or caregiver explains the risks and benefits of the transfer to the resident or the resident's representative based on the:
 - i. Resident's condition, and
 - ii. Mode of transport;
 - 2. One of the following accompanies the resident during the transfer:
 - a. A copy of the resident's medical record for the current acceptance; or
 - b. All of the following for the current acceptance:
 - i. If a resident is receiving behavioral health services, the resident's current treatment plan;
 - ii. A record of medications administered to the resident or for which the resident was provided assistance in the self-administration of the medication for seven calendar days before the date of the transfer; and
 - iii. Any known allergy; and
 - 3. Documentation in the resident's medical record includes:

- a. Consent for transfer by the resident or the resident's representative,
- b. The acceptance of the resident by and communication with an individual at the receiving health care institution,
- c. The date and the time of the transfer to the receiving health care institution;
- d. The mode of transportation, and
- e. The type of personnel member assisting in the transfer if an order or recommendation for transport requires that a resident be assisted during transfer.

R9-10-809. Resident Rights

- A. A manager shall ensure:
 - 1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
 - 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
 - 3. There are policies and procedures that include:
 - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B. A manager shall ensure that a resident:
 - 1. Is not subjected to:
 - a. The intentional infliction of physical, mental or emotional pain unrelated to the resident's condition;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse according to A.R.S. § 13-1404;
 - g. Sexual abuse according to A.R.S. § 13-1406;
 - h. Seclusion or restraint if not necessary to prevent harm to self or others;
 - i. Retaliation for submitting a complaint to the Department or another entity; and
 - j. Misappropriation of personal and private property by an assisted living facility's manager, caregivers, assistant caregivers, employees, or volunteers; and
 - 2. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;

- c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;
- d. Is informed of the following:
 - i. The policy on health care directives, and
 - ii. The resident complaint process;
- e. Consents to photographs of the resident before a resident is photographed;
- f. Except as otherwise permitted by law, provides written consent to the release of the resident's:
 - i. Medical records, and
 - ii. Financial records;
- g. May:
 - i. Request or consent to relocation within the assisted living facility, and
 - ii. Except when relocation is necessary based on a change in the resident's condition as documented in the resident's service plan, refuse relocation within the assisted living facility;
- h. Has access to the resident's records during normal business hours or at a time agreed upon by the resident or resident's representative and the manager; and
- i. Is informed of:
 - i. The rates and charges for services before the services are initiated;
 - ii. A change in rates or charges at least 30 days before the change is implemented, unless the change in rates or charges results from a change in services;
 - iii. A change in services at least 30 days before the change is implemented, unless the resident's service plan changes; and
 - iv. The process for filing a complaint.

C. A resident has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
- 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
- 3. To receive privacy in:
 - a. Treatment;
 - b. Care for personal needs;
 - c. Correspondence, communications, and visitation; and

- d. Financial and personal affairs;
4. To maintain, use, and display personal items unless the personal items constitute a hazard;
5. To choose to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities;
6. To review, upon written request, the resident's own record;
7. To receive a referral to another health care institution if the assisted living facility is unable to provide physical health services or behavioral health services for the resident;
8. To participate or have the resident's representative participate in the development of, or decisions concerning treatment;
9. To participate or refuse to participate in research or experimental treatment; and
10. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-810. Service Plans and Providing Services

- A. Except as required in subsection (B), a manager shall ensure that a resident has a written service plan that:
 1. Is completed no later than 14 days after the resident's date of acceptance;
 2. Is developed with assistance and review from:
 - a. The resident or resident's representative,
 - b. The manager or manager's designee, and
 - c. Any individual requested by the resident or the resident's representative;
 3. Includes the following:
 - a. A summary of the resident's medical or health problems, including physical, mental, and emotional conditions or impairments;
 - b. The level of service the resident is receiving;
 - c. The amount, type, and frequency of assisted living services being provided to the resident, including medication administration or assistance the resident requires with the self-administration of medications;
 - d. For a resident who requires intermittent nursing services or medication administration, review by a nurse;
 - e. If applicable, a determination by a medical practitioner that evacuation from the assisted living facility during a drill would cause harm to the resident;
 - f. For a resident who will be storing medication in the resident's bedroom or residential unit, how the medication will be stored and controlled; and

- g. Any health care directives;
- 4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (g):
 - a. No later than 14 days after a significant change in the resident's physical, cognitive, or functional condition; and
 - b. As follows:
 - i. At least once every 12 months for a resident receiving supervisory care services,
 - ii. At least once every six months for a resident receiving personal care services, and
 - iii. At least once every three months for a resident receiving directed care services; and
- 5. When initially developed and when updated, is signed and dated by:
 - a. The resident or resident's representative,
 - b. The manager, and
 - c. The nurse who assisted in the review of the service plan, if applicable.
- B. For a resident receiving respite care services, a manager shall ensure that a written service plan is:
 - 1. Based on a determination of the resident's current needs and:
 - a. Is completed no later than three days after the resident's date of acceptance; or
 - b. If the resident has a service plan in the resident's record that was developed within the previous 12 months, is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (g) within three days after the resident's date of acceptance; and
 - 2. If a significant change in the resident's physical, cognitive, or functional condition occurs while the resident is receiving respite care services, updated based on changes in the requirements in subsections (A)(3)(a) through (g) within three days after the significant change occurs.
- C. A manager shall ensure that:
 - 1. A caregiver or an assistant caregiver:
 - a. Provides a resident with the assisted living services in the resident's service plan;
 - b. Is only assigned to provide the assisted living services the caregiver or assistant caregiver can competently perform;
 - c. Provides assistance with activities of daily living according to the resident's service plan;

- d. If applicable, suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living;
 - e. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's service plan;
 - f. Interacts with a resident to detect deficits in the resident's cognitive awareness and reinforce remaining cognitive awareness;
 - g. Encourages a resident to participate in activities planned according to subsection (E); and
 - h. Documents the services provided in the resident's service plan;
2. A volunteer or an assistant caregiver who is 16 or 17 years of age does not provide assistance to a resident for:
 - a. Bathing,
 - b. Toileting,
 - c. Moving the resident's body from one surface to another surface,
 - d. Self-administration of medication,
 - e. Medication administration, or
 - f. Nursing services;
 3. A resident's primary care provider is notified if a resident or resident's representative refuses medical services or nursing services; and
 4. Documentation of the notification in subsection (C)(3) is maintained in the resident's record.
- D. A manager of an assisted living facility that provides adult day health services shall ensure that the adult day health care services are provided as specified in R9-10-1110.
- E. A manager shall ensure that:
1. Daily social, recreational, or rehabilitative activities are planned according to residents' preferences, needs, and abilities;
 2. A calendar of planned activities is:
 - a. Prepared at least one week in advance of the date the activity is provided,
 - b. Posted in a location that is easily seen by residents,
 - c. Updated as necessary to reflect substitutions in the activities provided, and
 - d. Maintained for 12 months after the last scheduled activity;
 3. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity; and

4. Daily newspapers, current magazines, and a variety of reading materials are available and accessible to a resident.

R9-10-811. Behavioral Health Services

If an assisted living facility provides behavioral health services, a manager shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when informed consent is required and by whom informed consent may be given; and
2. The behavioral health services:
 - a. Are provided under the direction of a behavioral health professional; and
 - b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-114, and
 - ii. In R9-10-1010 (A) and (B).

R9-10-812. Personal Care Services

A. A manager of an assisted living facility licensed to provide personal care services shall not accept or retain a resident who:

1. Is unable to direct self-care;
2. Requires continuous nursing services unless:
 - a. The resident is under the care of a hospice service agency, or
 - b. The assisted living facility meets the requirements of A.R.S. § 36-401(C);
3. Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance; or
4. Except as specified in subsection (C), has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.

B. A manager of an assisted living facility licensed to provide personal care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if:

1. The condition is a result of a short-term illness or injury; or
2. The following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:
 - a. The resident or resident's representative requests that the resident be accepted by or remain in the assisted living facility;
 - b. The resident's primary care provider or other medical practitioner:

- i. Examines the resident at the onset of the condition or within 30 days before acceptance and at least once every six months throughout the duration of the resident's condition;
 - ii. Reviews the assisted living facility's scope of services; and
 - iii. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility;
 - c. The resident's service plan is revised to include the resident's increased need for personal care services; and
 - d. The resident is under the care of home health agency or hospice service agency.
- C. A manager of an assisted living facility licensed to provide personal care services may accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner, if the requirements in subsection (B)(2) are met.
- D. Unless the assisted living facility has documentation of having received an exception from the Department before the effective date of these rules, a manager shall ensure that a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is installed in the bedroom or residential unit being used by a resident receiving personal care services.
- E. In addition to the requirements in R9-10-809(A)(3), a manager shall ensure that the service plan for a resident receiving personal care services includes:
 - 1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
 - 2. Offering sufficient fluids to maintain hydration;
 - 3. Incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting;
 - 4. If the resident is receiving assistance in the self-administration of medication or medication administration, a written medication order from the resident's primary care provider or other medical practitioner; and
 - 5. If applicable, the determination in subsection (B)(2)(b).
- F. A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving personal care services unless the resident has an order from the resident's primary care provider or medical practitioner for the medication.

R9-10-813. Directed Care Services

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

- B. A manager of an assisted living facility licensed to provide directed care services shall not accept or retain a resident who:
1. Requires continuous nursing services unless:
 - a. The resident is under the care of a hospice service agency, or
 - b. The assisted living facility meets the requirements of A.R.S. § 36-401(C);
 2. Except as provided in R9-10-812(B)(2):
 - a. Is confined to a bed or chair because of an inability to ambulate even with assistance; or
 - b. 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 R9-10-809(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:
1. The requirements in R9-10-812(E)(1) through (4);
 2. If applicable, the determination in R9-10-812(B)(2)(b);
 3. A determination of deficits in the resident's cognitive awareness and reinforcement of remaining cognitive awareness;
 4. Cognitive stimulation and activities to maximize functioning;
 5. Supervision of the resident to ensure personal safety;
 6. Encouragement to eat meals and snacks; 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 the resident's primary care provider or medical practitioner for the 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 installed in the bedroom being used by a resident receiving directed care services; or
 2. The assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.
- F. If a resident who is unable to direct self-care is receiving services from a home health agency or hospice service agency, a manager shall ensure that:
1. The agency providing the services is licensed under this Chapter;

2. The resident record contains documentation of services provided to the resident by the home health agency or hospice service agency, including:
 - a. The name, address, and phone number of the home health agency or hospice service agency; and
 - b. A description of the services provided to the resident by the home health agency or hospice service agency and the date and time provided; and
 3. Any instructions for the resident's care are:
 - a. Communicated to a caregiver, and
 - b. Documented in the resident's service plan.
- G. A manager of an assisted living facility licensed to provide directed care services shall ensure that:
1. Policies and procedures are established, documented, and implemented that ensure the continued safety of a resident who may wander;
 2. There is a means of exiting the assisted living facility for a resident who does not have a key, special knowledge for egress, or special 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 assisted living facility, and
 - ii. Controls or alerts employees of the egress of a resident from the premises;
 - b. Provides access to an outside area:
 - i. From which a resident may exit to a location at least 30 feet away from the assisted living facility, and
 - ii. Controls or alerts employees of the egress of a resident from the premises; or
 - c. Uses of a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-1-412; and
 3. A caregiver or an assistant caregiver complies with the requirements 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 residents.

R9-10-814. Medication Services

- A. If an assisted living facility provides medication administration or assistance in the self-administration of medication, a manager shall ensure that policies and procedures:
1. Include:
 - a. A process for providing information to a resident about medication prescribed for the resident, including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner and meets the resident's needs;
 - d. Procedures for documenting medication services and assistance in the self-administration of medication;
 - e. Procedures for assisting a resident in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B. If an assisted living facility provides medication administration, a manager shall ensure that:
1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals, who may administer medication;
 - c. Ensure that medication is administered to a resident only as prescribed;
 - d. A resident's refusal to take prescribed medication is documented in the resident's medical record;
 2. A medication administered to a resident:
 - a. Is administered under direction of a physician,
 - b. Is administered in compliance with an order, and

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

6. Assistance with the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.
- D. When medication is stored at an assisted living facility, a manager shall ensure that:
 1. There is a separate room or closet used for medication storage that includes a lockable door;
 2. A locked cabinet or container is used for medication storage;
 3. Medication is stored according to the manufacturer's recommendations; and
 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- E. A manager shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication.

R9-10-815. Resident Records

- A. An administrator shall ensure that:
 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a resident's medical record is:
 - a. Only recorded by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
 4. A resident's medical record is available to individuals authorized by policies and procedures or state law;

5. Information in a resident's medical record is disclosed to an individual not authorized under subsection (4) only with the written consent of a resident or the resident's representative or as permitted by law; and
 6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If an assisted living facility maintains resident's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth;
 - c. The name and contact information of the resident's representative, if applicable;
 2. The names, addresses, and telephone numbers of:
 - a. The resident's primary care provider;
 - b. Other persons, such as a home health agency or hospice service agency, involved in the care of the resident;
 - c. An individual to be contacted in the event of emergency, significant change in the resident's condition, or termination of residency;
 3. Date of the resident's acceptance by the assisted living facility and last address of the resident;
 4. Documentation of the resident's needs required in R9-10-807(B);
 5. Documentation of general consent, if applicable;
 6. Copy of resident's health care directive, if applicable;
 7. Resident's agreement and any amendments;
 8. Resident's service plan and updates;
 9. Documentation of assisted living services provided to the resident;
 10. Documentation of the resident's refusal of medication, if applicable;
 11. Documentation of notification of the resident of the availability of vaccination for influenza, according to A.R.S. § 36-306(1)(d);
 12. If applicable, documentation that evacuation from the assisted living facility during a drill may cause physical harm or emotional distress to the resident;
 13. Accident, emergency, or injury reports required in R9-10-817(D)(1);

14. If applicable, for a resident who is unable to direct self-care, the information required in R9-10-813(F);
15. Documentation of any change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a manger or caregiver to address the resident's changing needs;
16. Documentation of the notification required in R9-10-803(F) if the resident is incapable of handling financial affairs;
17. A written notice of termination of residency, if applicable;
18. Address and phone number of the resident's new place of residence, if applicable; and
19. Documentation of a medication or a biological administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the resident's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification and signature of the individual administering or observing the self-administration of the medication or biological; and
 - f. Any adverse reaction a resident has to the medication or biological.

R9-10-816. Food Services

- A. A manager shall ensure that:
 1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 days after the last day included in the food menu;

2. Meals and snacks provided by the assisted living facility are served according to posted menus;
 3. If the assisted living facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the contracted food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the assisted living facility;
 4. The assisted living facility is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
 5. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
 6. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan;
 7. Water is available and accessible to residents at all times, unless otherwise stated in a resident's service plan; and
 8. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.
- B. If the assisted living facility offers therapeutic diets, a manager shall ensure that:
1. A current therapeutic diet manual is available for use by employees; and
 2. The therapeutic diet is provided to a resident according to a written order from the resident's primary care provider or a medical practitioner.
- C. A manager shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:

- i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 - 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 - 6. Frozen foods are stored at a temperature of 0° F or below; and
 - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- D. A manager of an assisted living center shall ensure that:
- 1. The assisted living center is licensed as a food establishment under 9 A.A.C. 8, Article 1; and
 - 2. A copy of the assisted living center's food establishment license is maintained.

R9-10-817. 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 record will be available to caregivers and assistant caregivers providing services to the resident during a disaster;
 - c. A plan to ensure a 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 a disaster plan review required in subsection (A)(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 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. An evacuation drill for employees is conducted on each shift at least once every three months;
 5. An evacuation drill for employees and residents:
 - a. Is conducted at least once every six months; and
 - b. Except for a resident whose service plan contains documentation that evacuation from the assisted living facility would cause harm to the resident, includes individuals in the assisted living facility;
 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. Whether the evacuation drill was for employees only or for both employees and residents;
 - c. The amount of time taken for employees and, if applicable, residents to evacuate the assisted living facility;
 - d. If applicable:
 - i. An identification of residents needing assistance for evacuation, and
 - ii. An identification of residents who were not evacuated;
 - 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 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. Documentation of the orientation is maintained in the resident's record.
- 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:

1. A caregiver or an assistant caregiver:
 - a. Immediately notifies the resident's emergency contact and primary care provider;
 - b. Documents the following:
 - i. The date and time of the accident, emergency, or injury;
 - ii. A description of the accident, emergency, or injury;
 - iii. The names of individuals who observed the accident, emergency, or injury;
 - iv. The actions taken by the caregiver or assistant caregiver;
 - v. The individuals notified by the caregiver or assistant caregiver; and
 - vi. Any action taken to prevent the accident, emergency, or injury from occurring in the future; and
 2. The documentation in subsection (D)(1)(b) is maintained in the resident's record.
- E. A manager of an assisted living center shall ensure that:
1. Unless the assisted living facility has documentation of having received an exception from the Department before the effective date of these rules, 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 Code, Chapter 3, Section 3-4.1.1(a), incorporated by reference in A.A.C. R9-1-412, and is in working order; and
 - b. A sprinkler system is installed according to the National Fire Protection Association 13 standards incorporated by reference in A.A.C. R9-1-412, 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 licensure 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. A smoke detector is:
 - a. 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;
 - b. Either battery operated or, if hard-wired into the electrical system of the assisted living home, has a back-up battery;
 - c. In working order; and
 - d. Tested at least once a month;
5. Documentation of the test required in subsection (F)(4)(d) is maintained for at least 12 months after the date of the test;
6. An appliance, light, or other device with a frayed or spliced electrical cord is not used at the assisted living home; and
7. 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.

R9-10-818. Environmental Standards

- A. A manager shall ensure that:
 1. The premises and equipment are:
 - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
 2. A pest control program is used to minimize the presence of insects and vermin;
 3. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 4. Heating and cooling systems maintain the assisted living facility at a temperature between 70° F and 84° F at all times, unless individually controlled by the resident;
 5. Common areas:
 - a. Are lighted to assure the safety of residents, and

- b. Have lighting sufficient to allow caregivers and assistant caregivers to monitor resident activity;
 6. Hot water temperatures are maintained between 95° F and 120° F in areas of an assisted living facility used by residents;
 7. The supply of hot and cold water is sufficient to meet the hygiene needs of the residents and the cleaning and sanitation requirements in this Article;
 8. A resident has access to a laundry service or a washing machine and dryer in the assisted living facility;
 9. Soiled linen and soiled clothing stored by the assisted living facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
 10. Oxygen containers are secured in an upright position;
 11. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to residents;
 12. Combustible or flammable liquids and hazardous materials stored by the assisted living facility are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to residents;
 13. Pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. Vaccinated as follows:
 - i. A dog is vaccinated against rabies and leptospirosis, and
 - ii. A cat is vaccinated against rabies;
 14. If a non-municipal water source is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria and corrective action is taken to ensure the water is safe to drink;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for 24 months after the date of the test; and
 15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- B. If a swimming pool is located on the premises, a manager shall ensure that:
1. On a day that a resident uses the swimming pool, an employee:

- a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
 - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
 - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
 - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
 - b. Records the results of the water quality tests in a log that includes the date tested and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test; and
 3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a).

R9-10-819. 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, in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval.
- 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,
 - c. Has an available shaded area, and
 - d. Has a means of egress without entering the assisted living facility;
6. Exterior doors are equipped with ramps or other devices to allow use by residents using wheelchairs or other assistive devices; and
7. The key to the door of a lockable bathroom, bedroom, or residential unit is available to managers, caregivers, and assistant caregivers.
- C. A manager shall ensure that:
- 1. For every eight residents, there is at least one flushable toilet 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;
 - c. Is constructed and furnished to provide unimpeded access to the door;
 - d. Has floor-to-ceiling walls;
 - e. Has access to natural light through a window or a glass door to the outside; and
 - f. Has a means of direct egress to the outside through a window or door that the resident is capable of using;
 5. If a resident's sleeping area is in a bedroom, the bedroom has:
 - a. At least 80 square feet of floor space, not including a closet or bathroom, for a private bedroom;
 - b. At least 60 square feet of floor space, not including a closet or bathroom, for each individual occupying a shared bedroom; and
 - c. A door that opens into a hallway, common area, or outdoors; and
 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 wide, 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 October 2, 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 the effective date of these rules, the swimming pool is enclosed by a wall or fence that:

- a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (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 five feet 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.