SECRETARY OF STATE
2014 APR 29 PM 4:34
FILED

NOTICE OF EXEMPT RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTION: LICENSING

PREAMBLE

1.	Article, Part or Sections Affected (as applicable)	Rulemaking Action
	R9-10-101	Amend
	R9-10-102	Amend
	R9-10-103	Amend
	R9-10-104	Amend
	R9-10-105	Amend
	R9-10-106	Amend
	R9-10-107	Amend
	R9-10-108	Amend
	R9-10-109	Amend
	R9-10-110	Renumber
	R9-10-110	New Section
	R9-10-111	Renumber
	R9-10-111	Amend
	R9-10-112	Renumber
	R9-10-112	Amend
	R9-10-113	Renumber
	R9-10-113	Amend
	R9-10-114	Renumber
	R9-10-114	Amend
	R9-10-115	Renumber
	R9-10-115	Amend
	R9-10-116	Renumber
	R9-10-116	Amend
	R9-10-117	Renumber
	R9-10-117	Amend
	R9-10-118	Amend

R9-10-201	Amend
R9-10-202	Amend
R9-10-203	Amend
R9-10-204	Amend
R9-10-206	Amend
R9-10-207	Amend
R9-10-208	Amend
R9-10-210	Amend
R9-10-212	Amend
R9-10-213	Amend
R9-10-214	Amend
R9-10-215	Amend
R9-10-217	Amend
R9-10-218	Amend
R9-10-219	Amend
R9-10-220	Amend
R9-10-221	Amend
R9-10-222	Amend
R9-10-223	Amend
R9-10-224	Amend
R9-10-225	Amend
R9-10-226	Amend
R9-10-229	Amend
R9-10-230	Amend
R9-10-231	Amend
R9-10-232	Amend
R9-10-233	Amend
R9-10-234	Amend
R9-10-235	New Section
R9-10-301	Amend
R9-10-302	Amend
R9-10-303	Amend
R9-10-304	Amend
R9-10-305	Amend

R9-10-306	Amend
R9-10-307	Amend
R9-10-308	Amend
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R9-10-311	Amend
R9-10-312	Amend
R9-10-313	Amend
R9-10-314	Amend
R9-10-315	Amend
R9-10-316	Amend
R9-10-317	Amend
R9-10-318	Renumber
R9-10-318	New Section
R9-10-319	Renumber
R9-10-319	Amend
R9-10-320	Renumber
R9-10-320	Amend
R9-10-321	Renumber
R9-10-321	Amend
R9-10-322	Renumber
R9-10-322	Amend
R9-10-323	Renumber
R9-10-323	Amend
R9-10-324	Amend
R9-10-401	Amend
R9-10-402	Amend
R9-10-403	Amend
R9-10-405	Amend
R9-10-406	Amend
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R9-10-411	Amend
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R9-10-416	Amend
R9-10-417	Amend
R9-10-418	Amend
R9-10-419	Amend
R9-10-420	Amend
R9-10-421	Amend
R9-10-422	Amend
R9-10-423	Amend
R9-10-424	Amend
R9-10-425	Amend
R9-10-426	Amend
R9-10-427	Amend
R9-10-501	Amend
R9-10-502	Amend
R9-10-503	Amend
R9-10-504	Amend
R9-10-505	Amend
R9-10-506	Amend
R9-10-507	Amend
R9-10-508	Amend
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R9-10-601	Amend
R9-10-602	Amend
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R9-10-606	Amend
R9-10-607	Amend
R9-10-608	Renumber
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R9-10-611	Renumber
R9-10-611	Amend
R9-10-612	Amend
R9-10-613	Amend
R9-10-614	Amend
R9-10-615	Amend
R9-10-616	Amend
R9-10-617	Amend
R9-10-618	Amend
R9-10-701	Amend
R9-10-702	Amend
R9-10-703	Amend
R9-10-704	Amend
R9-10-705	Amend
R9-10-706	Amend
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R9-10-713	Amend
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R9-10-717	Amend
R9-10-718	Amend
R9-10-719	Amend
R9-10-720	Amend
R9-10-721	Amend
R9-10-722	Amend
R9-10-801	Amend
R9-10-802	Amend
R9-10-803	Amend
R9-10-804	Amend
R9-10-805	Amend
R9-10-806	Amend
R9-10-807	Amend
R9-10-808	Amend
R9-10-809	Amend
R9-10-810	Amend
R9-10-811	Amend
R9-10-812	Amend
R9-10-813	Amend
R9-10-814	Amend
R9-10-815	Amend
R9-10-816	Amend
R9-10-817	Amend
R9-10-818	Amend
R9-10-819	Amend
R9-10-820	Amend
R9-10-901	Amend
R9-10-902	Amend
R9-10-903	Amend
R9-10-904	Amend

R9-10-905	Amend
R9-10-906	Amend
R9-10-907	Amend
R9-10-908	Amend
R9-10-909	Amend
R9-10-910	Amend
R9-10-911	Amend
R9-10-912	Amend
R9-10-913	Amend
R9-10-914	Amend
R9-10-915	Amend
R9-10-916	Amend
R9-10-917	Amend
R9-10-918	Amend
R9-10-919	Amend
R9-10-1001	Amend
R9-10-1002	Amend
R9-10-1003	Amend
R9-10-1004	Amend
R9-10-1005	Amend
R9-10-1006	Amend
R9-10-1007	Amend
R9-10-1008	Amend
R9-10-1009	Amend
R9-10-1010	Amend
R9-10-1011	Amend
R9-10-1012	Amend
R9-10-1013	Amend
R9-10-1014	Amend
R9-10-1015	Amend
R9-10-1016	Amend
R9-10-1017	Amend
R9-10-1018	Amend
R9-10-1019	Amend

R9-10-1020	Amend
R9-10-1021	Amend
R9-10-1022	Amend
R9-10-1023	Amend
R9-10-1024	Amend
R9-10-1025	Amend
R9-10-1026	Amend
R9-10-1027	Amend
R9-10-1028	Amend
R9-10-1029	Amend
R9-10-1030	Amend
R9-10-1101	Amend
R9-10-1102	Renumber
R9-10-1102	New Section
R9-10-1103	Renumber
R9-10-1103	Amend
R9-10-1104	Renumber
R9-10-1104	Amend
R9-10-1105	Renumber
R9-10-1105	Amend
R9-10-1106	Renumber
R9-10-1106	Amend
R9-10-1107	Renumber
R9-10-1107	Amend
R9-10-1108	Renumber
R9-10-1108	Amend
R9-10-1109	Renumber
R9-10-1109	Amend
R9-10-1110	Renumber
R9-10-1110	Amend
R9-10-1111	Renumber
R9-10-1111	Amend
R9-10-1112	Renumber
R9-10-1112	Amend

R9-10-1113	Renumber
R9-10-1113	Amend
R9-10-1114	Renumber
R9-10-1114	Amend
R9-10-1115	Renumber
R9-10-1115	Amend
R9-10-1116	Renumber
R9-10-1116	Amend
R9-10-1117	Renumber
R9-10-1117	Amend
R9-10-1201	Amend
R9-10-1202	Amend
R9-10-1203	Amend
R9-10-1204	Amend
R9-10-1205	Amend
R9-10-1206	Amend
R9-10-1207	Amend
R9-10-1208	Amend
R9-10-1209	Amend
R9-10-1210	Amend
R9-10-1211	Amend
R9-10-1302	Amend
R9-10-1303	Amend
R9-10-1304	Amend
R9-10-1305	Amend
R9-10-1306	Amend
R9-10-1308	Amend
R9-10-1309	Amend
R9-10-1310	Amend
R9-10-1311	Amend
R9-10-1312	Amend
R9-10-1313	Amend
R9-10-1314	Amend
R9-10-1315	Amend

R9-10-1316	Amend
R9-10-1317	Amend
R9-10-1401	Amend
R9-10-1402	Repeal
R9-10-1402	Renumber
R9-10-1402	Amend
R9-10-1403	Renumber
R9-10-1403	Amend
R9-10-1404	Renumber
R9-10-1404	Amend
R9-10-1405	Renumber
R9-10-1405	Amend
R9-10-1406	Renumber
R9-10-1406	Amend
R9-10-1407	Renumber
R9-10-1407	Amend
R9-10-1408	Renumber
R9-10-1408	Amend
R9-10-1409	Renumber
R9-10-1409	Amend
R9-10-1410	Renumber
R9-10-1410	Amend
R9-10-1411	Renumber
R9-10-1411	Amend
R9-10-1412	Renumber
R9-10-1412	Amend
R9-10-1413	Renumber
R9-10-1413	Amend
R9-10-1414	Renumber
R9-10-1414	Amend
R9-10-1415	Renumber
R9-10-1415	Amend
R9-10-1416	Renumber
R9-10-1416	Amend

R9-10-1417	Renumber
Article 16	Amend
R9-10-1601	Amend
R9-10-1602	Renumber
R9-10-1602	New Section
R9-10-1603	Renumber
R9-10-1603	Amend
R9-10-1604	Renumber
R9-10-1604	Amend
R9-10-1605	Renumber
R9-10-1605	Amend
R9-10-1606	Renumber
R9-10-1606	Amend
R9-10-1607	Renumber
R9-10-1607	Amend
R9-10-1608	Renumber
R9-10-1608	Amend
R9-10-1609	Renumber
R9-10-1609	Amend
R9-10-1610	Renumber
R9-10-1610	Amend
R9-10-1611	Renumber
R9-10-1611	Amend
R9-10-1702	Amend
R9-10-1703	Amend
R9-10-1704	Amend
R9-10-1705	Amend
R9-10-1706	Amend
R9-10-1707	Amend
R9-10-1708	Amend
R9-10-1709	Amend
R9-10-1711	Amend
R9-10-1712	Amend
Article 18	New Article

R9-10-1801	New Section
R9-10-1802	New Section
R9-10-1803	New Section
R9-10-1804	New Section
R9-10-1805	New Section
R9-10-1806	New Section
R9-10-1807	New Section
R9-10-1808	New Section
R9-10-1809	New Section
R9-10-1810	New Section

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

Authorizing statutes: A.R.S. §§ 36-104(3); 36-132(A)(1), (A)(4), and (A)(17); and 36-136 (F)

Implementing statutes: A.R.S. §§ 36-151 through 36-160; 36-207; 36-405 through 36-407; 36-409; 36-411 through 36-414; 36-421 through 36-427; 36-429; 36-430; 36-431.01; 36-434; 36-445 through 36-445.04; 36-446 through 36-447.01; 36-448.51 through 36-448.55; 36-502; 36-513; 36-2003; 36-2023; 36-2052; 36-3707; 41-1073 through 41-1077; 41-1079; 41-1080; and 46-454.

Statute or session law authorizing the exemption: Laws 2013, Chapter 10, § 13

3. The effective date of the rule and the agency's reason it selected the effective date:

July 1, 2014

The effective date provides regulated persons and the Arizona Department of Health Services (Department) with a 60-day period after the date the rules are adopted to implement the rules.

4. A list of all notices published in the *Register* as specified in R9-1-409(A) that pertain to the record of the exempt rulemaking:

Notice of Public Information: 20 A.A.R. 615, March 7, 2014

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

Name: Cara Christ, M.D., Assistant Director

Address: Arizona Department of Health Services
Division of Licensing Services
150 N. 18th Ave., Suite 510
Phoenix, AZ 85007

Telephone: (602) 364-3064

Fax: (602) 364-4808

E-mail: Cara.Christ@azdhs.gov

or

Name: Jeff Bloomberg, Manager

Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
1740 W. Adams, Suite 203
Phoenix, AZ 85007

Telephone: (602) 542-1020

Fax: (602) 364-1150

E-mail: Jeff.Bloomberg@azdhs.gov

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

Arizona Revised Statutes (A.R.S.) §§ 36-132(A)(17) and 36-405 authorize the Department to license and regulate health care institutions. A.R.S. § 36-405 further authorizes the Department to classify and subclassify health care institutions. The Department has implemented A.R.S. §§ 36-132(A)(17) and 36-405 in Arizona Administrative Code (A.A.C.) Title 9, Chapter 10. Laws 2011, Ch. 96, § 1 required the Department to adopt rules regarding health care institutions that reduce monetary or regulatory costs on persons or individuals and facilitate licensing of "integrated health programs that provide both behavioral and physical health services," which the Department adopted at 19 A.A.R. 2015. Laws 2013, Ch. 10, § 13, amends Laws 2011, Ch. 96, extending the time until April 30, 2014, for the Department to further revise the rules in 9 A.C.C. 10 under exempt rulemaking authority. The Department received an exception from the Governor's rulemaking moratorium, established by Executive Order 2012-03, for this rulemaking and has further amended the rules for health care institutions in 9 A.A.C. 10. The rules conform to current rulemaking format and style requirements of the Office of the Secretary of State.

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

None

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

Not applicable

9. The summary of the economic, small business, and consumer impact, if applicable:

Not applicable

10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package, (if applicable):

Not applicable

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:

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

A.R.S. § 36-407 prohibits a person from establishing, conducting, or maintaining "a health care institution or any class or subclass of health care institution unless that person holds a current and valid license issued by the [D]epartment specifying the class or subclass of health care institution the person is establishing, conducting or maintaining." A health care institution license is specific to the licensee, class or subclass of health care institution, facility location, and scope of services provided. As such, a general permit is not applicable and is not used.

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

Not applicable

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

Not applicable

13. A list of any incorporated by reference material and its location in the rules:

None

14. Whether this rule previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:

The rule was not previously made, amended, repealed, or renumbered as an emergency rule.

15. The full text of the rules follows:

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

ARTICLE 1. GENERAL

Section

R9-10-101. Definitions

R9-10-102. Health Care Institution Classes and Subclasses; Requirements

R9-10-103. ~~Licensure~~ Licensing Exceptions

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

R9-10-105. Initial License Application

R9-10-106. Fees

R9-10-107. Renewal License Application

R9-10-108. Time-frames

R9-10-109. Changes Affecting a License

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

~~R9-10-110.~~ R9-10-111. Enforcement Actions

~~R9-10-111.~~ R9-10-112. Denial, Revocation, or Suspension of License

~~R9-10-112.~~ R9-10-113. Tuberculosis Screening

~~R9-10-113.~~ R9-10-114. Clinical Practice Restrictions for Hemodialysis Technician Trainees

~~R9-10-114.~~ R9-10-115. Behavioral Health Paraprofessionals~~,~~; Behavioral Health Technicians

~~R9-10-115.~~ R9-10-116. Nutrition and Feeding Assistant Training Programs

~~R9-10-116.~~ R9-10-117. Counseling Facilities

~~R9-10-117.~~ R9-10-118. Collaborating Health Care Institutions

ARTICLE 2. HOSPITALS

Section

R9-10-201. Definitions

R9-10-202. Supplemental Application Requirements

R9-10-203. Administration

R9-10-204. Quality Management

R9-10-206. Personnel

R9-10-207. Medical Staff

R9-10-208. ~~Admissions~~ Admission

R9-10-210. Transport
R9-10-212. Patient Rights
R9-10-213. Medical Records
R9-10-214. Nursing Services
R9-10-215. Surgical Services
R9-10-217. Emergency Services
R9-10-218. Pharmaceutical Services
R9-10-219. Clinical Laboratory Services and Pathology Services
R9-10-220. Radiology Services and Diagnostic Imaging Services
R9-10-221. Intensive Care Services
R9-10-222. Respiratory Care Services
R9-10-223. Perinatal Services
R9-10-224. Pediatric Services
R9-10-225. Psychiatric Services
R9-10-226. Behavioral Health Observation/Stabilization Services
R9-10-229. Social Services
R9-10-230. Infection Control
R9-10-231. Dietary Services
R9-10-232. Disaster Management
R9-10-233. Environmental Standards
R9-10-234. Physical Plant Standards
R9-10-235. Administrative Separation

ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES

Section

R9-10-301. Definitions
R9-10-302. Supplemental Application Requirements
R9-10-303. Administration
R9-10-304. Quality Management
R9-10-305. Contracted Services
R9-10-306. Personnel
R9-10-307. ~~Admissions~~ Admission; Assessment
R9-10-308. Treatment Plan
R9-10-309. Discharge

R9-10-310. Transport; Transfer
R9-10-311. Patient Rights
R9-10-312. Medical Records
R9-10-313. Transportation; Patient Outings
R9-10-314. Physical Health Services
R9-10-315. Behavioral Health Services
R9-10-316. ~~Restraint and~~ Seclusion; Restraint
R9-10-317. Behavioral Health Observation/Stabilization Services
R9-10-318. Child and Adolescent Residential Treatment Services
~~R9-10-318.~~ R9-10-319. Detoxification Services
~~R9-10-319.~~ R9-10-320. Medication Services
~~R9-10-320.~~ R9-10-321. Food Services
~~R9-10-321.~~ R9-10-322. Emergency and Safety Standards
~~R9-10-322.~~ R9-10-323. Environmental Standards
~~R9-10-323.~~ R9-10-324. Physical Plant Standards

ARTICLE 4. NURSING CARE INSTITUTIONS

Section

R9-10-401. Definitions
R9-10-402. Supplemental Application Requirements
R9-10-403. Administration
R9-10-405. Contracted Services
R9-10-406. Personnel
R9-10-407. ~~Admissions~~ Admission
R9-10-408. Discharge
R9-10-409. Transport; Transfer
R9-10-410. Resident Rights
R9-10-411. Medical Records
R9-10-412. Nursing Services
R9-10-413. Medical Services
R9-10-414. Comprehensive Assessment; Care Plan
R9-10-415. Behavioral Health Services
R9-10-416. Clinical Laboratory Services
R9-10-417. Dialysis Services

R9-10-418. Radiology Services and Diagnostic Imaging Services
R9-10-419. Respiratory Care Services
R9-10-420. Rehabilitation Services
R9-10-421. Medication Services
R9-10-422. Infection Control
R9-10-423. Food Services
R9-10-424. Emergency and Safety Standards
R9-10-425. Environmental Standards
R9-10-426. Physical Plant Standards
R9-10-427. Quality Rating

ARTICLE 5. RECOVERY CARE CENTERS

Section

R9-10-501. Definitions
R9-10-502. Administration
R9-10-503. Quality Management
R9-10-504. Contracted Services
R9-10-505. Personnel
R9-10-506. Medical Staff
R9-10-507. ~~Admissions~~ Admission
R9-10-508. Discharge
R9-10-509. Transfer
R9-10-510. Patient Rights
R9-10-511. Medical Records
R9-10-512. Nursing Services
R9-10-513. Medication Services
R9-10-515. Food Services
R9-10-516. Emergency and Safety Standards
R9-10-517. Environmental Standards
R9-10-518. Physical Plant Standards

ARTICLE 6. HOSPICES

Section

R9-10-601. Definitions

R9-10-602. Supplemental Application Requirements
R9-10-603. Administration
R9-10-604. Quality Management
R9-10-605. Contracted Services
R9-10-606. Personnel
R9-10-607. ~~Admissions~~ Admission
~~R9-10-611.~~R9-10-608. Care Plan
~~R9-10-608.~~R9-10-609 Transfer
~~R9-10-609.~~R9-10-610. Patient Rights
~~R9-10-610.~~R9-10-611. Medical Records
R9-10-612. Hospice Services
R9-10-613. Medication Services
R9-10-614. Infection Control
R9-10-615. Food Services for a Hospice Inpatient Facility
R9-10-616. Emergency and Safety Standards for a Hospice Inpatient Facility
R9-10-617. Environmental Standards for a Hospice Inpatient Facility
R9-10-618. Physical Plant Standards for a Hospice Inpatient Facility

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Section

R9-10-701. Definitions
R9-10-702. Supplemental Application Requirements
R9-10-703. Administration
R9-10-704. Quality Management
R9-10-705. Contracted Services
R9-10-706. Personnel
R9-10-707. Admission; Assessment
R9-10-708. Treatment Plan
R9-10-709. Discharge
R9-10-710. Transport; Transfers
R9-10-711. Resident Rights
R9-10-712. Medical Records
R9-10-713. Transportation; Resident Outings
R9-10-714. Resident Time Out

R9-10-715. Physical Health Services
R9-10-716. Behavioral Health Services
R9-10-717. Outdoor Behavioral Health Care Programs
R9-10-718. Medication Services
R9-10-719. Food Services
R9-10-720. Emergency and Safety Standards
R9-10-721. Environmental Standards
R9-10-722. Physical Plant Standards

ARTICLE 8. ASSISTED LIVING FACILITIES

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ARTICLE 1. GENERAL

R9-10-101. Definitions

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

1. "Abortion clinic" has the same meaning as in A.R.S. § 36-449.01.

~~1.~~2. "Abuse" means:

a. The same:

i. For an ~~adult~~ individual 18 years of age or older, as in A.R.S. § 46-451; ~~or~~ and

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

b. A pattern of ridiculing or demeaning a patient;

c. Making derogatory remarks or verbally harassing a patient; or

d. Threatening to inflict physical harm on a patient.

~~2.~~3. "Accredited" has the same meaning as in A.R.S. § 36-422.

~~3.~~4. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.

~~4.~~5. "Adjacent" means not intersected by:

a. Property owned, operated, or controlled by a person other than the applicant or licensee; or

b. A public thoroughfare.

~~5.~~6. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.

~~6.~~7. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, or health-related services.

~~7.~~8. "Admission" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.

~~8.~~9. "Adult" has the same meaning as in A.R.S. § 1-215.

~~9.~~10. "Adult behavioral health therapeutic home" means a ~~behavioral health supportive home~~ residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual's behavioral

health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.

~~10.~~11. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.

~~11.~~12. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.

~~12.~~13. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.

~~13.~~14. "Applicant" means a governing authority requesting:

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

b. A health care institution license.

~~14.~~15. "Application packet" means the information, documents, and fees required by the Department for the:

a. Approval of a health care institution's modification or construction, or

b. ~~Licensure~~ Licensing of a health care institution.

~~15.~~16. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.

~~16.~~17. "Assistance in the self-administration of ~~medications~~ medication" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.

~~17.~~18. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.

~~18.~~19. "Authenticate" means to establish authorship of a document or an entry in a medical record by:

a. A written signature;

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

c. A rubber-stamp signature; or

d. An electronic signature code.

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

~~19.~~21. "Available" means:

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

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

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

22. "Behavioral care":

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

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

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

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

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

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

~~20.~~23. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that provides only behavioral health services, an adult behavioral health therapeutic home, or a behavioral health ~~supportive~~ respite home.

~~21.~~24. "Behavioral health inpatient facility" means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:

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

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

c. Be a danger to self;

d. Be a danger to others;

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

f. Be gravely disabled.

~~22.~~25. "Behavioral health issue" means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.

~~23.~~26. "Behavioral health observation/stabilization services" means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:

a. Requires nursing services,

b. May require medical services, and

c. May be a danger to others or a danger to self.

~~24.~~27. "Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures ~~that:~~ and,

~~a.~~ ~~If the behavioral health services were provided in a setting other than a licensed health care institution,~~ if the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33, if the behavioral health services were provided in a setting other than a licensed health care institution, ~~; and~~

~~b.~~ ~~Are~~ are provided under supervision by a behavioral health professional.

~~25.~~28. "Behavioral health professional" means:

a. ~~an~~ An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:

~~a.~~i. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; or

~~b.~~ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101~~.~~;

b. A psychiatrist as defined in A.R.S. § 36-501;

c. A psychologist as defined in A.R.S. § 32-2061;

d. A physician;

e. A behavior analyst as defined in A.R.S. § 32-2091;

f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or

g. A registered nurse.

~~26.~~29. "Behavioral health residential facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:

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

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

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

~~27.~~31. "Behavioral health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's behavioral health issue.

~~28.~~32. "Behavioral health specialized transitional facility" means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.

~~29.~~ "~~Behavioral health supportive home~~" ~~means an adult behavioral health therapeutic home or a children's behavioral health respite home.~~

~~30.~~33. "Behavioral health technician" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures ~~that:~~

~~a. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and~~

~~b. Are provided~~ with clinical oversight by a behavioral health professional.

~~31.~~34. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.

~~32.~~35. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.

~~33.~~36. "Case manager" means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.

~~34.~~37. "Certification" means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in A.A.C. R9-1-412.

~~35.~~38. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.

~~36.~~39. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.

~~37.~~40. "Chief administrative officer" or "administrator" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.

~~38. "Children's behavioral health respite home" means a behavioral health supportive home where respite services are provided to an individual under 18 years of age based on the individual's behavioral health issue and need for behavioral health services and includes assistance in the self-administration of medication.~~

~~39.~~41. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health ~~or~~ of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.

~~40.~~42. "Clinical oversight" means:

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

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

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

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

~~41.~~43. "Clinical privileges" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.

~~42.~~44. "Collaborating health care institution" means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with ~~a provider~~ an adult behavioral health therapeutic home or a behavioral health respite home to:

a. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and

b. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's ~~assessment or~~ treatment plan.

~~43.~~45. "Communicable disease" has the same meaning as in A.R.S. § 36-661.

~~44.~~46. "Conspicuously posted" means placed:

a. ~~at~~ At a location that is visible and accessible; and

b. Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.

~~45.~~47. "Consultation" means an evaluation of a patient requested by a medical staff member or personnel member.

~~46.~~48. "Contracted services" means medical services, nursing services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.

~~47.~~49. "Contractor" has the same meaning as in A.R.S. § 32-1101.

~~48.~~50. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.

~~49.~~51. "Counseling" has the same meaning as "practice of professional counseling" in A.R.S. § 32-3251.

~~50.~~52. "Counseling facility" means ~~an outpatient treatment center~~ a facility that only provides, and was licensed as a behavioral health outpatient clinic before October 1, 2013 to provide, one or more of the following services:

a. Counseling;

b. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or

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

~~51.~~53. "Court-ordered evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.

~~52.~~54. "Court-ordered pre-petition screening" has the same meaning as in A.R.S. § 36-501.

~~53.~~55. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.

~~54.~~56. "Crisis services" means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.

~~55.~~57. "Current" means up-to-date, extending to the present time.

~~56.~~58. "Daily living skills" means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.

~~57.~~59. "Danger to others" has the same meaning as in A.R.S. § 36-501.

~~58.~~60. "Danger to self" has the same meaning as in A.R.S. § 36-501.

~~59.~~61. "Detoxification services" means behavioral health services and medical services provided to an individual to:

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

b. Provide treatment for the individual's signs or symptoms of withdrawal from alcohol or other drugs.

~~60.~~62. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.

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

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

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

~~61.~~66. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.

~~62.~~67. "Disaster" means an unexpected occurrence that adversely affects a health care institution’s ability to provide services.

~~63.~~68. "Discharge" means a documented termination of services to a patient by a health care institution.

~~64.~~69. "Discharge instructions" means documented information relevant to a patient's medical condition or behavioral health issue provided by a health care institution to the patient or the patient's representative at the time of the patient's discharge.

~~65.~~70. "Discharge planning" means a process of establishing goals and objectives for a patient ~~or resident~~ in preparation for the patient's or resident's discharge.

~~66.~~71. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge.

~~67.~~72. "Disinfect" means to clean in order to prevent the growth of or to destroy ~~disease-carrying~~ disease-causing microorganisms.

~~68.~~73. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.

~~69.~~74. "Drill" means a response to a planned, simulated event.

~~70.~~75. "Drug" has the same meaning as in A.R.S. § 32-1901.

~~71.~~76. "Electronic" has the same meaning as in A.R.S. § 44-7002.

~~72.~~77. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.

~~73.~~78. "Emergency" means an immediate threat to the life or health of a patient.

~~74.~~79. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.

~~75.~~80. "Environmental services" means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.

~~76.~~81. "Equipment" means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in A.A.C. R9-1-412.

~~77.~~82. "Exploitation" has the same meaning as in A.R.S. § 46-451.

~~78.~~83. "Factory-built building" has the same meaning as in A.R.S. § 41-2142.

~~79.~~84. "Family" or "family member" means an individual's spouse, sibling, child, parent, grandparent, or another individual designated by the individual.

~~80.~~85. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.

~~81.~~86. "Garbage" has the same meaning as in A.A.C. R18-13-302.

~~82.~~87. "General consent" means documentation of an agreement from an individual or the individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.

~~83.~~88. "General hospital" means a subclass of hospital that provides surgical services and emergency services.

~~84.~~89. "Gravely disabled" has the same meaning as in A.R.S. § 36-501.

~~85.~~90. "Hazard" or "hazardous" means a condition or situation where a patient or other individual may suffer physical injury.

~~86.~~91. "Health care directive" has the same meaning as in A.R.S. § 36-3201.

~~87.~~92. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.

~~88.~~93. "Home health agency" has the same meaning as in A.R.S. § 36-151.

~~89.~~94. "Home health aide" means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.

~~90.~~95. "Home health aide services" means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.

~~91.~~96. "Home health services" has the same meaning as in A.R.S. § 36-151.

~~92.~~97. "Hospice inpatient facility" means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice's premises for 24 hours or more.

~~93.~~98. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.

~~94.~~99. "Immediate" means without delay.

~~95.~~100. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:

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

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

~~96.~~101. "Infection control" means to identify, prevent, monitor, and minimize infections.

~~97.~~102. "Informed consent" means:

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

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

~~98.~~103. "In-service education" means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.

~~99.~~104. "Interval note" means documentation updating a patient's:

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

b. Behavioral health issue after an assessment is performed.

~~100.~~105. "Isolation" means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.

~~101.~~106. "Leased facility" means a facility occupied or used during a set time period in exchange for compensation.

~~102.~~107. "License" means:

a. Written approval issued by the Department to a person to operate a class or subclass of ~~a~~ health care institution~~, except for a behavioral health service agency,~~ at a specific location; or

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

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

~~103.~~109. "Licensee" means an owner approved by the Department to operate a health care institution.

~~104.~~110. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.

~~105.~~111. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.

112. "Medical director" means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.

~~106.~~113. "Medical history" means an account of a patient's health, including past and present illnesses, diseases, or medical conditions.

~~107.~~114. "Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.

~~108.~~115. "Medical record" has the same meaning as “medical records” in A.R.S. § 12-2291.

~~109.~~116. "Medical staff" means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.

~~110.~~117. "Medical staff by-laws" means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.

~~111.~~118. "Medical staff member" means an individual who is part of the medical staff of a health care institution.

~~112.~~119. "Medication" means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:

a. Biologicals as defined in A.A.C. R18-13-1401,

b. Prescription medication as defined in A.R.S. § 32-1901, or

c Nonprescription medication as defined in A.R.S. § 32-1901.

~~113.~~120. "Medication administration" means ~~the provision or application of a~~ restricting a patient's access to the patient's medication and providing the medication to the patient or applying the medication to the ~~body of a patient by a medical practitioner or a nurse or as otherwise provided by law~~ patient's body, as ordered by a medical practitioner.

~~114.~~121. "Medication error" means:

a. The failure to administer an ordered medication;

b. The administration of a medication not ordered; or

c. ~~A~~ The administration of a medication ~~administered~~:

i. In an incorrect dosage,

ii. More than 60 minutes ~~from~~ before or after the ordered time of administration unless ordered to do so, or

iii. By an incorrect route of administration.

~~115.~~122. "Mental disorder" means the same as in A.R.S. § 36-501.

~~116.~~123. "Mobile clinic" means a movable structure that:

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

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

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

~~117.~~124. "Monitor" or "monitoring" means to check systematically on a specific condition or situation.

~~118.~~125. "Neglect" has the same meaning:

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

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

~~119.~~126. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.

~~120.~~127. "Nurse" has the same meaning as "registered nurse" or "practical nurse" as defined in A.R.S. § 32-1601.

~~121.~~128. "Nursing personnel" means individuals authorized according to A.R.S. § Title 32, Chapter 15 to provide nursing services.

~~122.~~129. "Observation chair" means a physical piece of equipment that:

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

b. Allows an individual to fully recline, and

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

~~123.~~130. "Occupational therapist" has the same meaning as in A.R.S. § 32-3401.

~~124.~~131. "Occupational therapist assistant" has the same meaning as in A.R.S. § 32-3401.

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

~~125.~~133. "On-call" means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.

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

135. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opiate addiction.

~~126.~~136. "Order" means instructions to provide

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

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

~~127.~~137. "Orientation" means the initial instruction and information provided to an individual before ~~starting~~ the individual starts work or volunteer services in a health care institution.

~~128.~~138. "Outing" means a social or recreational activity that:

a. Occurs away from the premises,

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

c. Lasts longer than four hours.

~~129.~~139. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the ~~concurring~~ opinions of the patient's surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.

~~130.~~140. "Outpatient treatment center" means a class of health care institution ~~class~~ without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.

~~131.~~141. "Overall time-frame" means the same as in A.R.S. § 41-1072.

~~132.~~142. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.

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

144. "Participant's representative" means the same as "patient's representative" for a participant.

~~133.~~145. "Patient~~,~~" ~~"resident," or "participant"~~ means an individual receiving physical health services or behavioral health services from a health care institution.

~~134.~~146. "Patient follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.

~~135.~~147. "Patient's representative~~,~~" means:

a. ~~a~~ A patient's legal guardian~~,~~;

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

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

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

~~136.~~148. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.

~~137.~~149. "Personnel member" means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.

~~138.~~150. "Pest control program" means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient's health and safety is not at risk.

~~139.~~151. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.

~~140.~~152. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness, injury, or disease.

~~141.~~153. "Physical health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's medical condition.

~~142.~~154. "Physical therapist" has the same meaning as in A.R.S. § 32-2001.

~~143.~~155. "Physical therapist assistant" has the same meaning as in A.R.S. § 32-2001.

~~144.~~156. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.

~~145.~~157. "Premises" means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services ~~ro~~ or behavioral health services are provided to a patient.

~~146.~~158. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.

~~147.~~159. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:

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

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

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

~~148.~~160. "PRN" means ~~pro re nata~~ *pro re nata* or given as needed.

~~149.~~161. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.

~~150.~~162. "Provider" means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a children's behavioral health respite home in the individual's place of residence.

~~151.~~163. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.

~~152.~~164. "Psychotropic medication" means a chemical substance that:

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

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

~~153.~~165. "Quality management program" means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.

~~154.~~166. "Recovery care center" has the same meaning as in A.R.S. § 36-448.51.

~~155.~~167. "Referral" means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.

~~156.~~168. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.

~~157.~~169. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.

~~158.~~170. "Registered nurse practitioner" has the same meaning as A.R.S. § 32-1601.

~~159.~~171. "Regular basis" means at recurring, fixed, or uniform intervals.

~~160.~~172. "Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.

173. "Resident" means an individual living in and receiving physical health services or behavioral health services from a nursing care institution, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.

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

~~161.~~175. "Respiratory care services" has the same meaning as "practice of respiratory care" as defined in A.R.S. § 32-3501.

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

~~162.~~177. "Restraint" means any physical or chemical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.

~~163.~~178. "Risk" means potential for an adverse outcome.

~~164.~~179. "Room" means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.

~~165.~~180. "Rural general hospital" means a subclass of hospital having 50 or fewer inpatient beds and located more than 20 surface miles from a general hospital or another rural general hospital that requests to be and is licensed as a rural general hospital rather than a general hospital.

~~166.~~181. "Satellite facility" has the same meaning as in A.R.S. § 36-422.

~~167.~~182. "Scope of services" means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.

~~168.~~183. "Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.

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

~~169.~~185. "Sexual abuse" means the same as in A.R.S. § 13-1404(A).

~~170.~~186. "Sexual assault" means the same as in A.R.S. § 13-1406(A).

~~171.~~187. "Shift" means the beginning and ending time of a continuous work period established by a health care institution's policies and procedures.

~~172.~~188. "Signature" means:

a. ~~The first and last name of an individual written with his or her own hand as a form of identification or authorization~~ A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or

b. An electronic signature ~~or code~~.

~~173.~~189. "Significant change" means an observable deterioration or improvement in a patient's physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.

~~174. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the "practice of social work" as defined in A.R.S. § 32-3251.~~

~~175. "Social work services" has the same meaning as "practice of social work" in A.R.S. § 32-3251.~~

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

~~176.~~191. "Special hospital" means a subclass of hospital that:

a. Is licensed to provide hospital services within a specific branch of medicine; or

b. Limits admission according to age, gender, type of disease, or medical condition.

~~177.~~192. "Student" means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.

~~178.~~193. "Substantial" when used in connection with a modification means:

a. ~~An addition or deletion of an inpatient bed or a change in the use of one or more of the inpatient beds;~~

~~b.~~ A change in a health care institution's licensed capacity, licensed occupancy, or the number of dialysis stations;

b. An addition or deletion of an authorized service;

c. A change in the physical plant, including facilities or equipment, that costs more than $300,000; or

d. A change in the building where a health care institution is located that affects compliance with applicable physical plant codes and standards incorporated by reference in A.A.C. R9-1-412.

~~179.~~194. "Substance abuse" means an individual's misuse of alcohol or other drug or chemical that:

a. Alters the individual's behavior or mental functioning;

b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and

c. Impairs, reduces, or destroys the individual's social or economic functioning.

~~180.~~195. "Substance abuse transitional facility" means a ~~subclass~~ class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.

~~181.~~196. "Supportive services" has the same meaning as in A.R.S. § 36-151.

~~182.~~197. "Substantive review time-frame" means the same as in A.R.S. § 41-1072.

~~183.~~198. "Surgical procedure" means the excision or incision of a patient's body for the:

a. Correction of a deformity or defect,

b. Repair of an injury, or

c. Diagnosis, amelioration, or cure of disease.

~~184.~~199. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.

~~185.~~200. "System" means interrelated, interacting, or interdependent elements that form a whole.

~~186.~~201. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue ~~Services~~ Service.

~~187.~~202. "Telemedicine" has the same meaning as in A.R.S. § 36-3601.

~~188.~~203. "Therapeutic diet" means foods or the manner in which food is to be prepared that are ordered for a patient.

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

~~189.~~205. "Time out" means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.

~~190.~~206. "Transfer" means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.

~~191.~~207. "Transport" means a licensed health care institution:

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

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

~~192.~~208. "Treatment" means a procedure or method to cure, improve, or palliate an individual's medical condition or behavioral health issue.

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

~~193.~~210. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule.

~~194.~~211. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.

~~195.~~212. "Volunteer" means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care

institution and does not include a medical staff member who has clinical privileges at the health care institution.

~~196.~~213. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

R9-10-102. Health Care Institution Classes and Subclasses; Requirements

A. A person may apply for a license as ~~an unclassified health care institution;~~ a health care institution class or subclass in A.R.S. Title 36, Chapter 4 or ~~9 A.A.C. 10;~~ this Chapter, or one of the following classes or subclasses:

1. General hospital,
2. Rural general hospital,
3. Special hospital,
4. Behavioral health inpatient facility,
5. Nursing care institution,
6. Recovery care center,
7. Hospice inpatient facility,
8. Hospice service agency,
9. Behavioral health residential facility,
10. Assisted living center,
11. Assisted living home,
12. Adult foster care home,
13. Outpatient surgical center,
14. Outpatient treatment center,
15. Abortion clinic,
16. Adult day health care facility,
17. Home health agency,
18. Substance abuse transitional facility,
19. Behavioral health specialized transitional facility,
20. Counseling facility,
21. Adult behavioral health therapeutic home, ~~or~~
22. ~~Children's behavioral~~ Behavioral health respite home, or
23. Unclassified health care institution.

B. A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical care services or behavioral health services the proposed health care institution plans to provide. The Department shall review the proposed health care institution's

scope of services to determine whether the requested health care institution class or subclass is appropriate.

C. A health care institution shall comply with the requirements in ~~9 A.A.C. 10,~~ Article 17 of this Chapter if:

1. There are no specific rules in ~~9 A.A.C. 10~~ another Article of this Chapter for the health care institution's class or subclass, or
2. The Department determines that the health care institution is an unclassified health care institution.

R9-10-103. ~~Licensure~~ Licensing Exceptions

A. A health care institution license is required for each health care institution facility except:

1. A facility exempt from ~~licensure~~ licensing under A.R.S. § 36-402, or
2. A health care institution's administrative office.

B. The Department does not require a separate health care institution license for:

1. A satellite facility of a hospital under A.R.S. § 36-422(F);
2. An accredited facility of an accredited hospital under A.R.S. § 36-422(G);
3. A facility operated by a licensed health care institution that is:
   a. Adjacent to and contiguous with the licensed health care institution premises; or
   b. Not adjacent to or contiguous with the licensed health care institution but connected to the licensed health care institution facility by an all-weather enclosure and:
      i. Owned by the health care institution, or
      ii. Leased by the health care institution with exclusive rights of possession;
4. A mobile clinic operated by a licensed health care institution; or
5. A facility located on grounds that are not adjacent to or contiguous with the health care institution premises where only ancillary services are provided to a patient of the health care institution.

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

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

1. An application in a format provided by the Department that contains:
   a. For construction of a new health care institution:

i. The health care institution's name, street address, city, state, zip code, telephone number, and ~~fax number~~ e-mail address;

ii. The name and address of the health care institution's governing authority;

iii. The requested health care institution class or subclass; and

iv. If applicable, the requested licensed capacity, ~~and~~ licensed occupancy, and dialysis stations for the health care institution;

b. For modification of a licensed health care institution:

i. The health care institution's license number,

ii. The name and address of the licensee,

iii. The health care institution's class or subclass, and

iv. The health care institution's existing licensed capacity, ~~or~~ licensed occupancy, or dialysis stations; and the requested licensed capacity, ~~or~~ licensed occupancy, or dialysis stations for the health care institution;

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

~~d. If the application includes architectural plans and specifications:~~

~~i. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10 and the health care institution is ready for an onsite inspection by a Department representative;~~

~~ii. The project architect's name, street address, city, state, zip code, telephone number, and fax number; and~~

~~iii. A statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the project architect has complied with A.A.C. R4-30-301 and the architectural plans and specifications are in substantial compliance with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10;~~

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

i. The project architect; or

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

e. A narrative description of the project;

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

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

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

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

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

i. If construction or modification of a health care institution requires a project engineer, a statement signed and sealed by the project engineer, according to the requirements in 4 A.A.C. 30, Article 3, that the project engineer has complied with A.A.C. R4-30-301; and

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

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

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

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

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

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

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

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

a. A table of contents containing:

i. The architectural plans and specifications submitted~~,~~;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. Site acquisition,

b. General construction,

c. Architect fees,

d. Fixed equipment, and

e. Movable equipment;

5. The following, as applicable:

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

i. A copy of the ~~Certificate of Occupancy~~ certificate of occupancy for the facility,

ii. Documentation that the facility was approved for occupancy, or

iii. Documentation that a certificate of occupancy for the facility is not available;

b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable ~~licensure~~ licensing requirements in A.R.S. Title 36, Article 4 and ~~9 A.A.C. 10~~ this Chapter signed by the project architect, the contractor, and the owner;

c. A written description of any work necessary to complete the construction or modification submitted by the project architect;

d. If the construction or modification affects the health care institution's fire alarm system, a contractor certification and description of the fire alarm system in a format provided by the Department;

e. If the construction or modification affects the health care institution's automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system in a format provided by the Department;

f. If the construction or modification affects the health care institution's heating, ventilation, or air conditioning system, a copy of the heating, ventilation, air conditioning, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning ~~systems~~ system;

g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer's certification of flame spread for the draperies, cubicle curtains, or floor coverings;

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

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

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

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

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

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

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

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

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

~~7.~~8. The applicable fee required by R9-10-106.

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

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

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

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

R9-10-105. Initial License Application

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

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

a. The health care institution's:

i. Name, street address, mailing address, telephone number, ~~fax number,~~ and e-mail address;

ii. Tax ID number; and

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

~~b. As applicable, the specific services for which authorization is requested;~~

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

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

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

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

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

g. Owner information including:

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

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

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

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

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

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

vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial,

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

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

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

h. The name and address of the governing authority;

i. The chief administrative officer's:

i. Name,

ii. Title,

iii. Highest educational degree, and

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

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

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

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

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

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

a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, documentation of the health care institution's architectural plans and specifications approval in R9-10-104; or

b. If a health care institution or a part of the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412:

i. One of the following:

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

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

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

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

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

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

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

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

B. In addition to the initial application requirements in this Section, an applicant shall comply with the ~~initial~~ supplemental application requirements in specific rules in ~~9 A.A.C. 10~~ this Chapter for the health care institution class or subclass for which ~~licensure~~ licensing is requested.

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

R9-10-106. Fees

A. An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural drawing review fee as follows:

1. Fifty dollars for a project with a cost of $100,000 or less;
2. One hundred dollars for a project with a cost of more than $100,000 but less than $500,000; or
3. One hundred fifty dollars for a project with a cost of $500,000 or more.

B. An applicant submitting an initial application or a renewal application for a health care institution license shall submit to the Department an application fee of $50.

C. Except as provided in subsection (D) or (E), an applicant submitting an initial application or a renewal application for a health care institution license shall submit to the Department a licensing fee as follows:

1. For an adult day health care facility, assisted living home, or assisted living center:
    a. For a facility with no licensed capacity, $280;
    b. For a facility with a licensed capacity of one to 59 beds, $280, plus the licensed capacity times $70;
    c. For a facility with a licensed capacity of 60 to 99 beds, $560, plus the licensed capacity times $70;
    d. For a facility with a licensed capacity of 100 to 149 beds, $840, plus the licensed capacity times $70; or
    e. For a facility with a licensed capacity of 150 beds or more, $1,400, plus the licensed capacity times $70;
2. For a behavioral health facility:
    a. For a facility with no licensed capacity, $375;
    b. For a facility with a licensed capacity of one to 59 beds, $375, plus the licensed capacity times $94;
    c. For a facility with a licensed capacity of 60 to 99 beds, $750, plus the licensed capacity times $94;
    d. For a facility with a licensed capacity of 100 to 149 beds, $1,125, plus the licensed capacity times $94; or
    e. For a facility with a licensed capacity of 150 beds or more, $1,875, plus the licensed capacity times $94;
3. For a behavioral health facility providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(2), the licensed occupancy times $94;
~~3.~~4. For a nursing care institution:

a. For a facility with a licensed capacity of one to 59 beds, $290, plus the licensed capacity times $73;

b. For a facility with a licensed capacity of 60 to 99 beds, $580, plus the licensed capacity times $73;

c. For a facility with a licensed capacity of 100 to 149 beds, $870, plus the licensed capacity times $73; or

d. For a facility with a licensed capacity of 150 beds or more, $1,450, plus the licensed capacity times $73;

~~4.~~5. For a hospital, a home health agency, a hospice service agency, a hospice inpatient facility, an abortion clinic, a recovery care center, an outpatient surgical center, an outpatient treatment center that is not a behavioral health facility, or an unclassified health care institution:

a. For a facility with no licensed capacity, $365;

b. For a facility with a licensed capacity of one to 59 beds, $365, plus the licensed capacity times $91;

c. For a facility with a licensed capacity of 60 to 99 beds, $730, plus the licensed capacity times $91;

d. For a facility with a licensed capacity of 100 to 149 beds, $1,095, plus the licensed capacity times $91; or

e. For a facility with a licensed capacity of 150 beds or more, $1,825, plus the licensed capacity times $91~~.~~;

6. For a hospital providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times $91; and

7. For an outpatient treatment center that is not a behavioral health facility and provides:

a. Dialysis services, in addition to the applicable fee in subsection (C)(5), the number of dialysis stations times $91; and

b. Behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times $91.

D. In addition to the applicable fees in subsections (C)(5) and (C)(6), an applicant submitting an initial application or a renewal application for a single group hospital license shall submit to the Department an additional fee of $365 for each of the hospital's satellite facilities and, if applicable, the fees required in subsection (C)(7).

~~D.~~E. ~~Subsection (C) does~~ Subsections (C) and (D) do not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.

~~E.~~F. All fees are nonrefundable except as provided in A.R.S. § 41-1077.

R9-10-107. Renewal License Application

A. A licensee applying to renew a health care institution license shall submit an application packet to the Department at least 60 calendar days but not more than 120 calendar days before the expiration date of the current license that contains:

1. A renewal application in a format provided by the Department including:
    a. The health care institution's:
        i. Name, license number, mailing address, telephone number, ~~fax number,~~ and e-mail address; and
        ii. Class or subclass; ~~and~~
        ~~iii.~~ ~~Scope of services;~~
    b Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;
    ~~b.~~c. Owner information including:
        i. The owner's name, address, telephone number, and ~~fax number~~ e-mail address;
        ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
        iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
        iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
        v. If the owner is a corporation, the name and title of each corporate officer;
        vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the individual designated in writing by the individual in charge of the governmental agency;
        vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the

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

viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and

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

~~c.~~d. The name and address of the governing authority;

~~d.~~e. The chief administrative officer's:

i. Name,

ii. Title,

iii. Highest educational degree, and

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

~~e.~~f. Signature required in A.R.S. § 36-422(B);

2. The health care institution's scope of services;

~~2.~~3. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility; and

~~3.~~4. The applicable ~~renewal~~ application and licensing fees required by R9-10-106.

~~B. In addition to the renewal application requirements in this Section, a licensee shall comply with the renewal application requirements in specific rules in 9 A.A.C. 10 for the health care institution's class or subclass.~~

B. A licensee may submit a health care institution's current accreditation report from a nationally recognized accrediting organization as part of the application packet in subsection (A).

C. If a licensee submits a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite compliance inspection of the health care institution during the time the accreditation report is valid.

D. The Department shall approve or deny a renewal license according to R9-10-108.

E. The Department shall issue a renewal license for:

1. One year; or
2. Three years, if:
   a. A licensee's health care institution is a hospital accredited by a nationally recognized accreditation organization, and
   b. The licensee submits a copy of the hospital's current accreditation report.

R9-10-108. Time-frames

A. The overall time-frame for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.

B. The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1.1. The administrative completeness review time-frame begins on the date the Department receives ~~a complete~~ an application packet or a written request for a change in a health care institution license according to R9-10-109(F):

1. The application packet for an initial health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.
2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
4. For an initial health care institution application, the Department shall consider the application withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 180 calendar days after the date of the notice described in subsection (B)(2).
5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.

C. The substantive review time-frame is listed in Table 1.1 and begins on the date of the notice of administrative completeness.

1. The Department may conduct an onsite inspection of the facility:
   a. As part of the substantive review for approval of architectural plans and specifications;
   b. As part of the substantive review for issuing a health care institution initial or renewal license; or
   c. As part of the substantive review for approving a ~~change~~ modification in a health care institution's license.
2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
3. The Department shall send a written notice of approval or a license to an applicant who is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and ~~9 A.A.C. 10~~ this Chapter.
4. After an applicant for an initial health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable license fee in R9-10-106 to the Department within 60 calendar days after the date of the written notice of approval.
5. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
   a. For an initial health care institution application, submit the information or documentation in subsection (C)(2) within 120 calendar days after the Department's written request to the applicant;
   b. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and ~~9 A.A.C. 10~~ this Chapter; or
   c. Submit the fee required in R9-10-106.
6. An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection (C)(5). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
7. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next working day to be the time-frame's last day.

Table 1.1.

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Approval of architectural plans and specifications R9-10-104	A.R.S. §§ 36-405, 36-406(1)(b), and 36-421	105 calendar days	45 calendar days	60 calendar days
Health care institution initial license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 calendar days	30 calendar days	90 calendar days
Health care institution renewal license R9-10-107	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	90 calendar days	30 calendar days	60 calendar days
Approval of a ~~change to~~ modification of a health care institution ~~license~~ ~~R9-10-109(F)~~ R9-10-110	A.R.S. §§ 36-405, 36-407, and 36-422	75 calendar days	15 calendar days	60 calendar days

R9-10-109. Changes Affecting a License

A. A licensee shall ensure that the Department is notified in writing at least 30 calendar days before the effective date of:

1. A change in the name of:
   a. A health care institution, or
   b. The licensee; or
2. A change in the address of a health care institution that does not provide medical services, nursing services, or health-related services on the premises.

B. If a licensee intends to terminate the operation of a health care institution either during or at the expiration of the health care institution's license, the licensee shall ensure that the Department is notified in writing of:

1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 days before the termination, and

2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.

~~C. A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 shall submit an application for approval of architectural plans and specifications for a modification of the health care institution.~~

C. If a licensee is an adult behavioral health therapeutic home or a behavioral health respite home, the licensee shall ensure that:

1. The Department is notified in writing if the licensee does not have a written agreement with a collaborating health care institution, as required in R9-10-1603(A)(4) or R9-10-1803(A)(5) as applicable; and
2. The adult behavioral health therapeutic home or behavioral health respite home does not accept an individual as a recipient or resident, as applicable, or provide services to a recipient or resident, as applicable, until:
   a. The adult behavioral health therapeutic home or behavioral health respite home has a written agreement with a collaborating health care institution;
   b. The collaborating health care institution has approved the adult behavioral health therapeutic home's or behavioral health respite home's:
      i. Scope of services, and
      ii. Policies and procedures; and
   c. The collaborating health care institution has verified the provider's skills and knowledge.

D. A governing authority shall submit an initial license application required in R9-10-105 for:

1. A change in ownership of a health care institution;
2. A change in the address or location of a health care institution that provides medical services, nursing services, health-related services, or behavioral health services on the premises; or
3. A change in a health care institution's class or subclass.

E. A governing authority is not required to submit documentation of a health care institution's architectural plans and specifications required in R9-10-105(A)(5) for an initial license application if:

1. The health care institution has not ceased operations for more than 30 calendar days,
2. A modification has not been made to the health care institution,

3. The services the health care institution is authorized by the Department to provide are not changed, and

4. The location of the health care institution's premises is not changed.

~~F. A licensee of a health care institution that is not required to comply with the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 shall submit a written request for a change in the services the health care institution is authorized by the Department to provide or another modification of the health care institution, including documentation of compliance with requirements in this Chapter, for the change or the modification that contains:~~

~~1. The health care institution's name, address, and license number;~~

~~2. A narrative description of the change or modification;~~

~~3. The governing authority's name and dated signature; and~~

~~4. Any documentation that demonstrates that the requested change or modification complies with applicable requirements in this Chapter.~~

~~G.~~F. The Department shall approve or deny a request for a change in services or another modification described in ~~subsection (C) or (F)~~ this Section according to R9-10-108.

~~H.~~G. A licensee shall not implement a change in services or another modification described in ~~subsection (C) or (F)~~ this Section until an approval or amended license is issued by the Department.

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

A. A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 shall submit an application for approval of architectural plans and specifications for a modification of the health care institution.

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

1. The health care institution's name, address, and license number;

2. A narrative description of the modification;

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

4. One of the following:

a. For a health care institution that is required to comply with the physical plant codes and standards incorporated by reference in A.A.C. R9-10-412 for the

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

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

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

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

~~R9-10-110.~~ R9-10-111. Enforcement Actions

A. If the Department determines that an applicant or licensee is violating applicable statutes and rules and the violation poses a direct risk to the life, health, or safety of a patient, the Department may:

1. Issue a provisional license to the applicant or licensee under A.R.S. § 36-425,
2. Assess a civil penalty under A.R.S. § 36-431.01,
3. Impose an intermediate sanction under A.R.S. § 36-427,
4. Remove a licensee and appoint another person to continue operation of the health care institution pending further action under A.R.S. § 36-429,
5. Suspend or revoke a license under A.R.S. § 36-427 and R9-10-111,
6. Deny a license under A.R.S. § 36-425 and R9-10-111, or
7. Issue an injunction under A.R.S. § 36-430.

B. In determining which action in subsection (A) is appropriate, the Department shall consider the direct risk to the life, health, or safety of a patient in the health care institution based on:

1. Repeated violations of statutes or rules,
2. Pattern of violations,
3. Types of violation,
4. Severity of violation, and
5. Number of violations.

~~R9-10-111.~~ R9-10-112. Denial, Revocation, or Suspension of License

A. The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or ~~an individual in a business relationship with the applicant including a stockholder or~~ a controlling person of the health care institution:

1. Provides false or misleading information to the Department;
2. Has had in any state or jurisdiction any of the following:

a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process within a required time-frame; or

b. A health care professional license or certificate denied, revoked, or suspended; or

3. Has operated a health care institution, within the ten years preceding the date of the most recent license application, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, that posed a direct risk to the life, health, or safety of a patient.

B. The Department shall suspend or revoke a hospital's license if the Department receives, pursuant to A.R.S. § 36-2901.08(H), notice from the Arizona Health Care Cost Containment System that the hospital's provider agreement registration with the Arizona Health Care Cost Containment System has been suspended or revoked.

~~R9-10-112.~~ R9-10-113. Tuberculosis Screening

A health care institution's chief administrative officer shall ensure that the health care institution complies with the following if tuberculosis screening is required at the health care institution:

1. For each individual required to be screened for infectious tuberculosis, the health care institution obtains from the individual:

a. On or before the date ~~the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution~~ specified in the applicable Section of this Chapter, one of the following as evidence of freedom from infectious tuberculosis:

i. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within ~~six~~ 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution that includes the date and the type of tuberculosis screening test; or

ii. If the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within ~~six~~ 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and

b. Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis:

i. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the CDC administered to the individual within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or

ii. If the individual has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement; or

2. Establish, document, and implement a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings, 2005, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333 and available at http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf, incorporated by reference, on file with the Department, and including no future editions or amendments and includes:

a. Conducting tuberculosis risk assessments, conducting tuberculosis screening testing, screening for signs or symptoms of tuberculosis, and providing training and education related to recognizing the signs and symptoms of tuberculosis; and

b. Maintaining documentation of any:

i. Tuberculosis risk assessment;

ii. Tuberculosis screening test of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution ; and

iii. Screening for signs or symptoms of tuberculosis of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution.

~~R9-10-113.~~ R9-10-114. Clinical Practice Restrictions for Hemodialysis Technician Trainees

A. The following definitions apply in this Section:

1. "Assess" means collecting data about a patient by:

a. Obtaining a history of the patient,

b. Listening to the patient's heart and lungs, and

c. Checking the patient for edema.

2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.

3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.

4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.

5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.

6. "Conductivity test" means a determination of the electrolytes in a dialysate.

7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.

8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.

9. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.

10. "Direct supervision" has the same meaning as “supervision” in A.R.S. § 36-401.

11. "Electrolytes" means ~~chemicals, such as sodium, potassium, and calcium,~~ chemical compounds that break apart into electrically charged particles, such as sodium, potassium, or calcium, when dissolved in water.

12. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.

13. "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.

14. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:

a. Dialyzer size,

b. Blood-flow rate,

c. Dialysate-flow rate, and

d. Hemodialysis duration.

15. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
16. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
17. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
18. "Hemodialysis machine" means a mechanical pump that controls:
    a. The blood-flow rate,
    b. The mixing and temperature of dialysate,
    c. The dialysate-flow rate,
    d. The addition of anticoagulant, and
    e. The fluid-removal rate.
19. "Hemodialysis technician" has the same meaning as in A.R.S. § ~~36-423~~ 36-423(A).
20. "Hemodialysis technician trainee" means an individual who is working in a health care institution to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
21 "Inexperienced hemodialysis technician trainee" means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
22. "Medical person" means:
    a. A ~~doctor of medicine licensed under A.R.S. Title 32, Chapter 13, and~~ physician who is experienced in dialysis;
    ~~b. A doctor of osteopathy licensed under A.R.S. Title 32, Chapter 17, and experienced in dialysis;~~
    ~~c.~~b. A registered nurse practitioner ~~licensed under A.R.S. Title 32, Chapter 15, and~~ who is experienced in dialysis;
    ~~d.~~c. A nurse ~~licensed under A.R.S. Title 32, Chapter 15, and~~ who is experienced in dialysis;
    ~~e.~~d. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
    ~~f.~~e. An experienced hemodialysis technician trainee approved by the governing authority.
23. "Not established" means not approved by a patient's nephrologist for use in hemodialysis.
24. "Patient" means an individual who receives hemodialysis.

25. "pH test" means a determination of the acidity of a dialysate.

26. "Preceptor course" means a health care institution's instruction and evaluation provided to a nurse, hemodialysis technician, or ~~a~~ hemodialysis technician trainee that enables the nurse, hemodialysis technician, or ~~the~~ hemodialysis technician trainee to provide direct observation and education to ~~other~~ hemodialysis technician trainees.

27 "Respond" means to mute, shut off, reset, or troubleshoot an alarm.

28. "Safety check" means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.

29. "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.

B. An experienced hemodialysis technician trainee may:

1. Perform hemodialysis under direct supervision, and

2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.

C. An experienced hemodialysis technician trainee shall not access a patient's:

1. Fistula that is not established, or

2. Graft that is not established~~;~~.

D. An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:

1. Access a patient's central line catheter;

2. Respond to a hemodialysis-machine alarm;

3. Draw blood for laboratory tests;

4. Perform a water-contaminant test on a water system used for hemodialysis;

5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;

6. Set up a hemodialysis machine and blood lines before priming a dialyzer;

7. Prime a dialyzer;

8. Test a hemodialysis machine for germicide presence;

9. Perform a hemodialysis machine safety check;

10. Prepare a dialysate;

11. Perform a conductivity test and a pH test on a dialysate;

12. Assess a patient;

13. Check and record a patient's vital signs, weight, and temperature;

14. Determine the amount and rate of fluid removal from a patient;

15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;

16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;

17. Initiate or discontinue a patient's hemodialysis;

18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or

19. Prepare a blood, water, or dialysate culture to determine microorganism presence~~;~~.

E. An inexperienced hemodialysis technician trainee shall not:

1. Access a patient's:

a. Fistula that is not established, or

b. Graft that is not established; or

2. Provide direct observation.

F. When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:

1. The name of the hemodialysis technician trainee;

2. The date, time, and hemodialysis task performed;

3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and

4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.

G. If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-110.

~~R9-10-114.~~ R9-10-115. Behavioral Health Paraprofessionals~~,~~; Behavioral Health Technicians

~~If a health care institution is licensed as a behavioral health inpatient facility, behavioral health residential facility, substance abuse transitional facility, or behavioral health specialized transitional facility, or is authorized to provide behavioral health services, an administrator shall ensure that policies and procedures are established, documented, and implemented that:~~

~~1. For a behavioral health paraprofessional providing services at the health care institution:~~

~~a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;~~

~~b. If a behavioral health paraprofessional provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health paraprofessional is under the~~

~~supervision of a behavioral health professional licensed or board certified to provide the specific service being provided by the behavioral health paraprofessional;~~

~~c. Establish the qualifications for individuals providing supervision to a behavioral health paraprofessional; and~~

~~d. Establish documentation requirements for the supervision required in subsection (1)(b);~~

~~2. For a behavioral health technician providing services at the health care institution:~~

~~a. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;~~

~~b. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;~~

~~c. If the behavioral health technician provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health technician is under the clinical oversight of a behavioral health professional licensed or board certified to provide the specific service being provided by the behavioral health technician;~~

~~d. Delineate the methods used to provide clinical oversight including when clinical oversight is provided on an individual basis or in a group setting;~~

~~e. If clinical oversight is provided electronically, ensure that:~~

~~i. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,~~

~~ii. A secure connection is used, and~~

~~iii. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and~~

~~f. Ensure that a behavioral health technician receives clinical oversight at least once during each two-week period, if the behavioral health technician provides services related to patient care at the health care institution during the two-week~~ period;

g. ~~Establish the duration of clinical oversight provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:~~

~~i. The scope and extent of the services provided,~~

~~ii. The acuity of the patients receiving services, and~~

~~iii. The number of patients receiving services;~~

~~h. Establish documentation requirements for the clinical oversight required in subsection (2)(c); and~~

~~i. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician.~~

If a health care institution is a behavioral health facility or is authorized by the Department to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:

a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;

b. Cover supervision of a behavioral health paraprofessional including documentation of supervision;

c. Establish the qualifications for a behavioral health professional providing supervision to a behavioral health paraprofessional;

d. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;

e. Cover clinical oversight for a behavioral health technician, including documentation of clinical oversight;

f. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;

g. Delineate the methods used to provide clinical oversight including when clinical oversight is provided on an individual basis or in a group setting;

h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician.;

2. A behavioral health paraprofessional receives supervision according to policies and procedures;

3. Clinical oversight is provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
   a. The scope and extent of the services provided,
   b. The acuity of the patients receiving services, and
   c. The number of patients receiving services;
4. A behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;
5. When clinical oversight is provided electronically:
   a. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
   b. A secure connection is used, and
   c. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and
6. A behavioral health professional provides supervision to a behavioral health paraprofessional or clinical oversight to behavioral health technician within the behavioral health professional's scope of practice established in the applicable licensing requirements under A.R.S. Title 32.

~~R9-10-115.~~ R9-10-116. Nutrition and Feeding Assistant Training Programs

A. For the purposes of this Section, "agency" means an entity other than a nursing care institution that provides the nutrition and feeding assistant training required in A.R.S. § 36-413.

B. An agency shall apply for approval to operate a nutrition and feeding assistant training program by submitting:
   1. An application in a format provided by the Department that contains:
      a. The name of the agency;
      ~~a.~~b. The name, telephone number, and e-mail address of the individual in charge of the proposed nutrition and feeding assistant training program;
      ~~b.~~c. The address where the nutrition and feeding assistant training program records are maintained;
      ~~c.~~d. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
         i. The information presented for each topic,

ii. The amount of time allotted to each topic,

iii. The skills an individual is expected to acquire for each topic, and

iv. The testing method used to verify an individual has acquired the stated skills for each topic; ~~and~~

e. Whether the agency agrees to allow the Department to submit supplemental requests for information as specified in subsection (F)(2); and

~~d.~~f. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed; and

2. A copy of the materials used for providing the nutrition and feeding assistant training program.

C. For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.

D. Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:

1. Issue an approval of the agency's nutrition and feeding assistant training program;

2. Provide a notice of administrative completeness to the agency that submitted the application; or

3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.

E. If the Department provides a notice of deficiencies to an ~~applicant~~ agency:

1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the ~~applicant~~ agency;

2. If the ~~applicant~~ agency does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and

3. If the ~~applicant~~ agency submits the missing information or documents to the Department within ~~the time-frame in Table 1.1~~ 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.

F. Within the substantive review time-frame, the Department:

1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and

2. May make one written comprehensive request for more information, unless the Department and the ~~applicant~~ agency agree in writing to allow the Department to submit supplemental requests for information.

G. If the Department issues a written comprehensive request or a supplemental request for information:

1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
2. The ~~applicant~~ agency shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

H. The Department shall issue:

1. An approval for an agency to operate a nutrition and feeding assistant training program~~,~~ if the Department determines that the agency and the application complies with A.R.S. § 36-413 and this Section; or
2. A denial for an agency that includes the reason for the denial and the process for appeal of the Department's decision if:
   a. The Department determines that the ~~applicant~~ agency does not comply with A.R.S. § 36-413 and this Section; or
   b. The ~~applicant~~ agency does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

I. An individual in charge of a nutrition and feeding assistant training program shall ensure that:

1. The materials and coursework for the nutrition and feeding assistant training program demonstrate includes the following topics:
   a. Feeding techniques,
   b. Assistance with feeding and hydration,
   c. Communication and interpersonal skills,
   d. Appropriate responses to resident behavior,
   e. Safety and emergency procedures, including the Heimlich maneuver,
   f. Infection control,
   g. Resident rights,

h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior, and

i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;

2. An individual providing the training course is:

a. A physician,

b. A physician assistant,

c. A registered nurse practitioner,

d. A registered nurse,

e. A registered dietitian:

f. A licensed practical nurse,

g. A speech-language pathologist, or

h. An ~~occupation~~ occupational therapist; and

3. An individual taking the training course completes:

a. At least eight hours of classroom time, and

b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.

J. An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:

1. The name of the agency approved to operate the nutrition and feeding assistant training program,

2. The name of the individual completing the training course,

3. The date of completion,

4. The name, signature, and professional license of the individual providing the training course, and

5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.

K. The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if ~~an applicant for or~~ an agency operating or applying to operate a nutrition and feeding assistance training program:

1. Provides false or misleading information to the Department;

2. Does not comply with the applicable statutes and rules;

3. Issues a training completion certificate to an individual who did not:

a. Complete the nutrition and feeding assistant training program, or

b. Demonstrate the skills the individual was expected to acquire; or

4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency's application.

L. In determining which action in subsection (K) is appropriate, the Department shall consider the following:

1. Repeated violations of statutes or rules,
2. Pattern of non-compliance,
3. Types of violations,
4. Severity of violations, and
5. Number of violations.

~~R9-10-116.~~ R9-10-117. Counseling Facilities

An administrator of a counseling facility shall ensure that the counseling facility complies with the requirements in this Article and ~~9 A.A.C. 10,~~ Article 10 of this Chapter.

~~R9-10-117.~~ R9-10-118. Collaborating Health Care Institution

~~If a collaborating health care institution has an agreement with an adult behavioral health therapeutic home or children's behavioral health respite home, an administrator shall ensure that:~~

~~1. A description of the required skills and knowledge for a provider, based on the type of adult behavioral health therapeutic services or children's behavioral health respite services being provided, is established and documented;~~

~~2. A copy of an assessment or treatment plan for a resident that includes information necessary for a provider to meet the resident's needs for adult behavioral health therapeutic services or children's behavioral health respite services is completed and forwarded to the provider before the resident is admitted to the provider's behavioral health supportive home;~~

~~3. A resident's assessment or treatment plan is reviewed and updated at least once every twelve months and a copy of the resident's updated assessment or treatment plan is forwarded to the resident's provider;~~

~~4. If documentation of a significant change in a resident's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs is received by the health care institution, a behavioral health professional or behavioral health technician reviews the documentation and~~

~~a. Documents the review;~~

~~b. If applicable:~~

~~i. Updates the resident's assessment or treatment plan, and~~

~~ii. Forwards the updated assessment or treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;~~

~~5. If the review and updated assessment or treatment plan required in subsection (4) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated assessment or treatment plan to ensure the resident is receiving the appropriate behavioral health services:~~

~~a. Before the updated assessment or treatment plan is forwarded to a provider, and~~

~~b. Within 10 working days after receipt of the documentation of a significant change;~~

~~6. Training for a provider, other than a provider who is a medical practitioner or a nurse, in the a~~ssistance in self-administration of medication:

~~a. Is provided by a medical practitioner or a registered nurse or the health care institution's personnel member trained by a medical practitioner or registered nurse;~~

~~b. Includes:~~

~~i. A demonstration of the provider'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; and~~

~~c. Is documented;~~

~~7. The following documents are maintained as long as the written agreement with a provider of a behavioral health supportive home is in effect:~~

~~a. A copy of the written agreement with the provider;~~

~~b. Documentation of required skills and knowledge for the provider; and~~

~~c. Documentation of training in the assistance of self-administration of medication; and~~

~~8. Documentation required in subsection (4) is maintained in the resident's medical record.~~

A. An administrator of a collaborating health care institution shall ensure that:

1. A list is maintained of adult behavioral health therapeutic homes and behavioral health respite homes for which the collaborating health care institution serves as a collaborating health care institution;
2. For each adult behavioral health therapeutic home or behavioral health respite home in subsection (A)(1), the collaborating health care institution maintains the following information:
    a. A copy of the documented agreement that establishes the responsibilities of the adult behavioral health therapeutic home or behavioral health respite home and the collaborating health care institution consistent with the requirements in this Chapter;
    b. For the adult behavioral health therapeutic home or behavioral health respite home, the following information:
        i. Provider's name;
        ii. Street address;
        iii. License number;
        iv. Whether the residence is an adult behavioral health therapeutic home or a behavioral health respite home;
        v. If the residence is a behavioral health respite home, whether the behavioral health respite home provides respite care services to:
            (1) Individuals 18 years of age or older, or
            (2) Individuals less than 18 years of age;
        vi. The beginning and ending dates of the documented agreement in subsection (A)(2)(a); and
        vii. The name and contact information for the individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home or behavioral health respite home;
    c. For the adult behavioral health therapeutic home or behavioral health respite home, a copy of the following that have been approved by the collaborating health care institution:
        i. Scope of services,
        ii. Policies and procedures, and
        iii. Documentation of the review and update of policies and procedures;
    d. A description of the required skills and knowledge for a provider, based on the scope of services of the adult behavioral health therapeutic home or behavioral

health respite home, as established by the collaborating health care institution; and

e. For a provider in the adult behavioral health therapeutic home or behavioral health respite home, documentation of:

i. The provider's skills and knowledge,

ii. If applicable, the provider's completion of training in assistance in self-administration of medication;

iii. Verification of the provider's skills and knowledge; and

iv. If the provider is required to have clinical oversight according to R9-10-1805(C), the provider's receiving clinical oversight;

3. A provider's skills and knowledge are verified by a personnel member according to policies and procedures;

4. A provider who provides behavioral health services receives clinical oversight, required in R9-10-1805(C), from a behavioral health professional; and

5. A provider, other than a provider who is a medical practitioner or nurse, receives training in assistance in the self-administration of medication:

a. From a medical practitioner or registered nurse or from a personnel member of the collaborating health care institution trained by a medical practitioner or registered nurse;

b. That includes:

i. A demonstration of the provider'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. The process for notifying the appropriate entities when an emergency medical intervention is needed; and

c. That is documented.

B. For a patient referred to an adult behavioral health therapeutic home or a behavioral health respite home, an administrator shall ensure that:

1. A resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home does not present a threat to the referred patient, based on the resident's or recipient's developmental levels, social skills, verbal skills, and personal history;

2. The referred patient does not present a threat to a resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home based the referred patient's developmental levels, social skills, verbal skills, and personal history;

3. The referred patient requires services within the adult behavioral health therapeutic home's or behavioral health respite home's scope of services;

4. A provider of the adult behavioral health therapeutic home or behavioral health respite home has the verified skills and knowledge to provide behavioral health services to the referred patient;

5. A treatment plan for the referred patient that includes information necessary for a provider to meet the referred patient's needs for behavioral health services is completed and forwarded to the provider before the referred patient is accepted as a resident or recipient;

6. A patient's treatment plan is reviewed and updated at least once every twelve months and a copy of the patient's updated treatment plan is forwarded to the patient's provider;

7. If documentation of a significant change in a patient's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address patient's changing needs is received by the health care institution, a behavioral health professional or behavioral health technician reviews the documentation and

    a. Documents the review; and

    b. If applicable:

        i. Updates the patient's treatment plan, and

        ii. Forwards the updated treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;

8. If the review and updated treatment plan required in subsection (7) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated treatment plan to ensure the patient is receiving the appropriate behavioral health services; and

9. In addition to the medical records for a patient in this Chapter, a referred patient's medical record contains:

    a. The provider's name and the street address and license number of the adult behavioral health therapeutic home or behavioral health respite home to which the patient is referred;

b. A copy of the treatment plan provided to the adult behavioral health therapeutic home or behavioral health respite home;

c. Documentation received according to and required by subsection (7);

d. Any information about the patient received from the adult behavioral health therapeutic home or behavioral health respite home; and

e. Any follow-up actions taken by the collaborating health care institution related to the patient.

C. For a patient referred to an adult behavioral health therapeutic home, an administrator shall ensure that the collaborating health care institution has documentation in the patient's medical record of evidence of freedom from infectious tuberculosis that meets the requirements in R9-10-113.

ARTICLE 2. HOSPITALS

R9-10-201. Definitions

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

1. "Acuity" means a patient's need for hospital services based on the patient's medical condition.
2. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
3. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.
4. "Care plan" means a documented guide for providing nursing services and rehabilitation services to a patient that includes measurable objectives and the methods for meeting the objectives.
5. "Continuing care nursery" means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
6. "Critically ill inpatient" means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:
   a. Continuous monitoring and multi-system assessment,
   b. Complex and specialized rapid intervention, and
   c. Education of the inpatient or inpatient's representative.
7. "Device" has the same meaning as in A.R.S. § 32-1901.
8. "Diet" means food and drink provided to a patient.

9. "Diet manual" means a written compilation of diets.
10. "Dietary services" means providing food and drink to a patient according to an order.
11. "Diversion" means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.
12. "Drug formulary" means a written ~~compilation of medication~~ list of medications available and authorized for use developed according to R9-10-218.
13. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
14. "Gynecological services" means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
15. "Hospital services" means medical services, nursing services, and health-related services provided in a hospital.
16. "Infection control risk assessment" means determining the probability for transmission of communicable diseases.
17. "Inpatient" means an individual who:
    a. Is admitted to a hospital as an inpatient according to policies and procedures,
    b. Is admitted to a hospital with the expectation that the individual will remain and receive hospital services for 24 consecutive hours or more, or
    c. Receives hospital services for 24 consecutive hours or more.
18. "Intensive care services" means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in policies and procedures.
19. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
20. “Multi-organized service unit" means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.
21. "Neonate" means an individual:
    a. From birth until discharge following birth, or
    b. Who is designated as a neonate by hospital criteria.
22. "Nurse anesthetist" means a registered nurse who meets the requirements of A.R.S. § 32-1661 and who has clinical privileges to administer anesthesia.
23. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.

24. "Nursery" means an area in a hospital designated only for neonates.
25. "Nurse supervisor" means a registered nurse accountable for managing nursing services provided in an organized service in a hospital.
26. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.
27. “On duty” means that an individual is at work and performing assigned responsibilities.
28. "Organized service" means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
29. "Outpatient" means an individual who:
    a. Is admitted to a hospital with the expectation that the individual will receive hospital services for less than 24 consecutive hours; or
    b. Except as provided in subsection (17) receives, hospital services for less than 24 consecutive hours.
30. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
31. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.
32. "Pediatric" means pertaining to an individual designated by a hospital as a child based on the hospital's criteria.
33. "Perinatal services" means medical services for the treatment and management of obstetrical patients and neonates.
34 "Post-anesthesia care unit" means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
35. "Private duty staff" means an individual, excluding a personnel member, compensated by a patient or the patient's representative.
36. "Psychiatric services" means the diagnosis, treatment, and management of a mental disorder ~~as defined in A.R.S. § 36-501~~.
37. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.
38. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).
39. "Social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns

about the patient's illness or injury while in the hospital or the anticipated needs of the patient after discharge.

40. "Specialty" means a specific branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific branch in addition to the education or qualifications required for the individual's license.

41. "Surgical services" means medical services involving a surgical procedure.

42. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.

43. "Unit" means a designated area of an organized service.

44. "Vital record" has the same meaning as in A.R.S. § 36-301.

45. "Well-baby bassinet" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours after birth.

R9-10-202. Supplemental Application Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant for~~:~~

~~1.~~ ~~An~~ an initial license shall include:

~~a.~~1. On the application the requested licensed capacity ~~requested~~ for the hospital, including:

~~i.~~a. The number of inpatient beds for each organized service, not including well-baby bassinets; and

~~ii.~~b. If applicable, the number of inpatient beds for each multi-organized service unit; ~~and~~

~~iii.~~2. ~~If~~ On the application, if applicable, the requested licensed occupancy for providing behavioral health observation/stabilization services to:

~~(1)~~a. Individuals who are under 18 years of age, and

~~(2)~~b. Individuals 18 years of age and older; and

~~b.~~3. A list, in a format provided by the Department, of medical staff specialties and subspecialties~~; and~~.

~~2. A renewal license may submit to the Department a copy of an accreditation report if the hospital is accredited and chooses to submit a copy of the accreditation report instead of receiving a compliance inspection by the Department according to A.R.S. § 36-424(C).~~

B. For a single group license authorized in A.R.S. § 36-422(F), in addition to the requirements in subsection (A), a governing authority applying for an initial or renewal license shall submit the following to the Department, in a format provided by the Department, for each satellite facility under the single group license:

1. The name, address, and telephone number of the satellite facility;
2. The name of the administrator; and
3. The hours of operation during which the satellite facility provides medical services, nursing services, or health-related services.

C. For a single group license authorized in A.R.S. § 36-422(G), in addition to the requirements in subsection (A), a governing authority applying for an initial or renewal license shall submit the following to the Department in a format provided by the Department for each accredited satellite facility under the single group license:
1. The name, address, and telephone number of the accredited satellite facility;
2. The name of the administrator;
3. The hours of operation during which the accredited satellite facility provides medical services, nursing services, or health-related services; and
4. A copy of the accredited satellite facility's current accreditation report.

D. A governing authority shall:
1. Notify the Department at least 30 calendar days before a satellite facility or an accredited satellite facility on a single group license terminates operations; and
2. Submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 calendar days but not more than 120 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, or health-related services under a license separate from the single group license.

R9-10-203. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a hospital;
2. Establish, in writing:
   a. A hospital's scope of services,
   b. Qualifications for an administrator,
   c. Which organized services are to be provided in the hospital, and
   d. The organized services that are to be provided in a multi-organized service unit according to R9-10-228(A);
3. Designate ~~an administrator~~, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);

4. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff by-laws;
5. Adopt a quality management program according to R9-10-204;
6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
7. Designate ~~an acting administrator~~, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    a. Expected not to be present on a hospital's premises for more than 30 calendar days, or
    b. Not present on a hospital's premises for more than 30 calendar days;
8. Except as provided in (A)(7), notify the Department according to A.R.S. § 36-425(I)~~,~~ if there is a change of administrator and identify the name and qualifications of the new administrator; and
9. For a health care institution under a single group license, ensure that the health care institution complies with the applicable requirements in this Chapter for the class or subclass of the health care institution.

B. An administrator:
1. Is directly accountable to the governing authority of a hospital for the daily operation of the hospital and hospital services and environmental services provided by or at the hospital;
2. Has the authority and responsibility to manage the hospital; and
3. Except as provided in subsection (A)(7), shall designate, in writing, an individual who is present on a hospital's premises and available and accountable for hospital services and environmental services when the administrator is not present on the hospital's premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    a. Cover job descriptions, duties, and qualifications including required skills and knowledge for personnel members, employees, volunteers, and students;
    b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    c. Include how a personnel member may submit a complaint relating to patient care;
    d. Cover the requirements in Title 36, Chapter 4, Article 11;

~~d.~~e. Cover cardiopulmonary resuscitation training required in R9-10-206(5) including:

i. The method and content of cardiopulmonary resuscitation training,

ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,

iii. The time-frame for renewal of cardiopulmonary resuscitation training, and

iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;

~~e.~~f. Cover use of private duty staff, if applicable;

~~f.~~g. Cover diversion, including:

i. The criteria for initiating diversion;

ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;

iii. The method for notifying emergency medical services providers of initiation of diversion, the type of diversion, and termination of diversion; and

iv. When the need for diversion will be reevaluated;

~~g.~~h. Include a method to identify a patient to ensure the patient receives hospital services as ordered;

~~h.~~i. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;

~~i.~~j. Cover health care directives;

~~j.~~k. Cover medical records, including electronic medical records;

~~k.~~l. Cover quality management, including incident report and supporting documentation;

~~l.~~m. Cover contracted services;

~~m.~~n. Cover tissue and organ procurement and transplant; and

~~n.~~o. Cover when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable;

2. Policies and procedures for hospital services are established, documented, and implemented to protect the health and safety of a patient that:

a. Cover patient screening, admission, transport, transfer, discharge planning, and discharge;

b. Cover the provision of hospital services;

c. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;

d. Include when general consent and informed consent are required;

e. Include the age criteria for providing hospital services to pediatric patients;

f. Cover dispensing, administering, and disposing of medication;

g. Cover prescribing a controlled substance to minimize substance abuse by a patient;

~~g.~~h. Cover infection control;

~~h.~~i. Cover restraints that:

i. ~~require~~ Require an order, including the frequency of monitoring and assessing the restraint; or

ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a patient's sudden, intense, or out-of-control behavior;

~~i.~~j. Cover seclusion of a patient including:

i. The requirements for an order, and

ii. The frequency of monitoring and assessing a patient in seclusion;

k. Cover communicating with a midwife when the midwife's client begins labor and ends labor;

~~j.~~l. Cover telemedicine, if applicable; and

~~k.~~m. Cover environmental services that affect patient care;

3. Policies and procedures are reviewed at least once every ~~36 months~~ three years and updated as needed;

4. Policies and procedures are available to personnel members;

5. The licensed capacity in an organized service is not exceeded except for an emergency admission of a patient;

6. A patient is only admitted to an organized service that has exceeded the organized service's licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient's admission is an emergency; and

7. Unless otherwise stated:

a. Documentation required by this Article is provided to the Department within two hours after a Department request; and

b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.

D. An administrator of a special hospital shall ensure that:

1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the scope of services provided by the special hospital; and
2. A physician or ~~a~~ nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises.

R9-10-204. Quality Management

A. A governing authority shall ensure that an ongoing quality management program is established that:

1. Complies with the requirements in A.R.S. § 36-445; and
2. Evaluates the quality of hospital services and environmental services related to patient care.

B. An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate hospital services and environmental services related to patient care;
   c. A method to evaluate the data collected to identify a concern about the delivery of hospital services or environmental services related to patient care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
   e. A method to identify and document each occurrence of exceeding licensed capacity, as described in R9-10-203(C)(5), and to evaluate the occurrences of exceeding licensed capacity, including the actions taken for resolving occurrences of exceeding licensed capacity; and
   f. The frequency of submitting a documented report required in subsection (B)(2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of hospital services or environmental services related to patient care, and

b. Any changes made or actions taken as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;

3. The acuity plan required in R9-10-214(C)(2) is reviewed and evaluated at least once every 12 months and the results are documented and reported to the governing authority;

4. The reports required in subsections (B)(2) and (3) and the supporting documentation for the reports are maintained for at least 12 months after the date the report is submitted to the governing authority; and

5. Except for information or documentation that is confidential under federal or state law, a report or documentation required in this Section is provided to the Department for review within two hours after the Department's request.

R9-10-206. Personnel

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:

a. Before the personnel member provides physical health services or behavioral health services, and

b. According to policies and procedures;

3. ~~Personnel~~ Sufficient personnel members are present on a hospital's premises with the qualifications, skills, and knowledge necessary to:

a. Provide the services in the hospital's scope of services,

b. Meet the needs of a patient, and

c. Ensure the health and safety of a patient;

4. Orientation occurs within the first 30 calendar days after a personnel member begins providing hospital services and includes:

a. Informing a personnel member about Department rules for licensing and regulating hospitals and where the rules may be obtained,

b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital, and

c. Providing the information required by policies and procedures;

5. Policies and procedures designate the categories of personnel providing medical services or nursing services who are:

a. Required to be qualified in cardiopulmonary resuscitation within 30 calendar days after the individual's starting date, and

b. Required to maintain current qualifications in cardiopulmonary resuscitation;

6. A personnel record for ~~a~~ each personnel member is established and maintained and includes:

a. The personnel member's name, date of birth, ~~home address,~~ and contact telephone number;

b. The personnel member's starting date and, if applicable, ending date;

c. Verification of a personnel member's certification, license, or education, if necessary for the position held;

d. Documentation of evidence of freedom from infectious tuberculosis required in R9-10-230(A)(5);

e. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and

f. Orientation documentation;

7. Personnel receive in-service education according to criteria established in policies and procedures;

8. In-service education documentation for ~~each~~ a personnel member includes:
    a. The subject matter;
    b. The date of the in-service education; and
    c. The signature~~, rubber stamp, or electronic signature code~~ of ~~each individual who participated in the in-service education~~ the personnel member;
9. Personnel records and in-service education documentation are maintained by the hospital for at least ~~two years~~ 24 months after the last date the personnel member worked; and
10. Personnel records and in-service education documentation, for a personnel member who has not worked in the hospital during the previous 12 months, are provided to the Department within 72 hours after the Department's request.

R9-10-207. Medical Staff

A. A governing authority shall ensure that:
1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;
2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
3. A medical staff member complies with medical staff bylaws and medical staff regulations;
4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit inpatients to the general hospital or special hospital;
5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit inpatients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
6. A medical staff member is available to direct patient care;
7. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
    a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
    b. Appointing members to the medical staff, subject to approval by the governing authority;
    c. Establishing committees including identifying the purpose and organization of each committee;
    d. Appointing one or more medical staff members to a committee;

e. Obtaining and documenting permission for an autopsy of a patient, performing an autopsy, and notifying, if applicable, the medical practitioner coordinating the patient's medical services when an autopsy is performed;

f. Requiring that each inpatient has a medical practitioner who coordinates the inpatient's care;

g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;

h. Defining a medical staff member's responsibilities for the transport or transfer of a patient;

i. Specifying requirements for oral, telephone, and electronic orders including which orders require identification of the time of the order;

j. Establishing a time-frame for a medical staff member to complete a patient's medical ~~records~~ record;

k. Establishing criteria for granting, denying, revoking, and suspending clinical privileges;

l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and

m. Approving the use of medication and devices under investigation by the U.S. Department of Health and Human Services, Food and Drug Administration including:

i. Establishing criteria for patient selection;

ii. Obtaining informed consent before administering the investigational medication or device; and

iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device; and

8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every ~~36 months~~ three years and updates the bylaws and regulations as needed.

B. An administrator shall ensure that:

1. A medical staff member provides evidence of freedom from infectious tuberculosis according to the requirements in R9-10-230(A)(5);

2. A record for each medical staff member is established and maintained that includes:

a. A completed application for clinical privileges;

b. The dates and lengths of appointment and reappointment of clinical privileges;

c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and

d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and

3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:

a. As soon as possible but not more than two hours after the time of the Department's request if the individual is a current medical staff member; and

b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

R9-10-208. ~~Admissions~~ Admission

An administrator shall ensure that:

1. A patient is admitted as an inpatient on the order of a medical staff member;
2. An individual, authorized by policies and procedures, is available to accept a patient for admission;
3. Except in an emergency, informed consent is obtained from a patient or the patient's representative before or at the time of admission;
4. The informed consent obtained in subsection (3) or the lack of consent in an emergency is documented in the patient's medical record;
5. A physician or other medical staff member performs a medical history and physical examination on a patient within 30 calendar days before admission or within 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours after admission; and
6. If a physician or a medical staff member performs a medical history and physical examination on a patient before admission, the physician or the medical staff member enters an interval note into the patient's medical record at the time of admission.

R9-10-210. Transport

A. For a transport of a patient, the administrator of a sending hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:

a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;

b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient's return;

c. Specify the information in the sending hospital's patient medical ~~records~~ record that ~~are~~ is required to accompany the patient, which shall include the ~~medical records~~ information related to the medical services to be provided to the patient at the receiving health care institution;

d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and

e. Specify how a medical staff member explains the risks and benefits of a transport to the patient or the patient's representative based on the:

i. Patient's medical condition, and

ii. Mode of transport; and

2. Documentation in the patient's medical record includes:

a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;

b. The acceptance of the patient by and communication with an individual at the receiving health care institution;

c. The date and the time of the transport to the receiving health care institution;

d. The date and time of the patient's return to the sending hospital, if applicable;

e. The mode of transportation; and

f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

B. For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:

a. Specify the process by which the receiving hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;

b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending hospital unless the receiving facility is a satellite facility, as ~~defined~~ established in A.R.S. § 36-422, and does not have a registered nurse or a medical staff member at the satellite facility;

c. Specify the information in the receiving hospital's patient medical ~~records~~ record required to accompany the patient when the patient is returned to the sending hospital, if applicable; and

d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending hospital that is not provided at the time of the patient's return; and

2. Documentation in the patient's medical record includes:

a. The date and time the patient arrives at the receiving hospital;

b. The medical services provided to the patient at the receiving hospital;

c. Any adverse reaction or negative outcome the patient experiences at the receiving hospital, if applicable;

d. The date and time the receiving hospital returns the patient to the sending hospital, if applicable;

e. The mode of transportation to return the patient to the sending hospital, if applicable; and

f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

R9-10-212. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the hospital's premises;

2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and

3. Policies and procedures ~~are established, documented, and implemented that~~ include:

a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and

b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;

2. A patient is not subjected to:

a. Abuse;

b. Neglect;

c. Exploitation;

d. Coercion;

e. Manipulation;

f. Sexual abuse;

g. Sexual assault;

h. Seclusion, except as allowed under R9-10-217 or R9-10-225;

i. Restraint, if not necessary to prevent imminent harm to self or others or as allowed under R9-10-225;

j. Retaliation for submitting a complaint to the Department or another entity; or

k. Misappropriation of personal and private property by a hospital's medical staff, personnel members, employees, volunteers, or students; and

3. A patient or the patient's representative:

a. Except in an emergency, either consents to or refuses treatment;

b. May refuse examination or withdraw consent ~~to~~ for treatment before treatment is initiated;

c. Is informed of:

i. Except in an emergency, alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure;

ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);

iii. The patient complaint policies and procedures, including the telephone number of hospital personnel to contact about complaints, and the Department's telephone number if the hospital is unable to resolve the patient's complaint; and

iv. Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;

d. Except in an emergency, is provided a description of the health care directives policies and procedures:

i. If an inpatient, at the time of admission; or

ii. If an outpatient:

(1) Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or

(2) If the hospital services include a planned series of treatments, at the start of each series;

e. Consents to photographs of the patient before ~~a~~ the patient is photographed, except that a patient may be photographed when admitted to a hospital for identification and administrative purposes; and

f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:

i. Medical ~~records~~ record, ~~and~~ or

ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To have access to a telephone;
5. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
6. To receive a referral to another health care institution if the hospital is ~~unable~~ not authorized or not able to provide physical health services or behavioral health services ~~for~~ needed by the patient;
7. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
8. To participate or refuse to participate in research or experimental treatment; and
9. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-213. Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. § Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and

c. Not changed to make the initial entry illegible;

3. An order is:

a. Dated when the order is entered in the patient's medical record and includes the time of the order;

b. Authenticated by a medical staff member according to policies and procedures; and

c. If the order is a verbal order, authenticated by ~~the~~ a medical staff member or medical practitioner ~~entering the order in the patient's medical record~~;

4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or ~~the~~ electronic ~~code~~ signature;

5. A patient's medical record is available to personnel members and medical staff members authorized by policies and procedures to access the medical record;

6. Policies and procedures include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff member or authorized personnel member; and

7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a hospital maintains ~~patient's~~ patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and

2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a ~~hospital's~~ medical record for an inpatient contains:

1. Patient information that includes:

a. The patient's name;

b. The patient's address;

c. The patient's date of birth; and

~~d. The name and contact information of the patient's representative, if applicable; and~~

~~e.~~d. Any known allergy, including medication allergies or sensitivities;

2. Medication information that includes:

a. A medication ordered for the patient; and

b. A medication administered to the patient including:

i. The date and time of administration;

ii. The name, strength, dosage, amount, and route of administration;

iii. The identification and authentication of the individual administering the medication; and

iv. Any adverse reaction the patient has to the medication;

3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;

4. A medical history and results of a physical examination or an interval note;

5. If the patient provides a health care directive, the health care directive signed by the patient;

6. An admitting diagnosis;

7. The date of admission and, if applicable, the date of discharge;

~~7.~~8. Names of the admitting medical staff member and medical practitioners coordinating the patient's care;

9. If applicable, the name and contact information of the patient's representative and:

a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or

b. If the patient's representative:

i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or

ii. Is a legal guardian, a copy of the court order establishing guardianship;

~~8.~~10. Orders;

~~9.~~11. Care plans;

~~10.~~12. Documentation of hospital services provided to the patient;

~~11.~~13. Progress notes;

~~12.~~14. ~~Disposition~~ The disposition of the patient after discharge;

~~13.~~15. Discharge planning, including discharge instructions required in R9-10-209(B)(3);

~~14.~~16. A discharge summary; and

~~15.~~17. If applicable:

a. A laboratory report,

b. A pathology report,

c. An autopsy report,

d. A radiologic report,

e. A diagnostic imaging report,

f. Documentation of restraint or seclusion, and

g. A consultation report.

D. An administrator shall ensure that a hospital's medical record for an outpatient contains:

1. Patient information that includes:

a. The patient's name;

b. The patient's address;

c. The patient's date of birth;

d. The name and contact information of the patient’s representative, if applicable; and

e. Any known allergy including medication allergies or sensitivities;

2. If necessary for treatment, medication information that includes:

a. A medication ordered for the patient; and

b. A medication administered to the patient including:

i. The date and time of administration;

ii. The name, strength, dosage, amount, and route of administration;

iii. The identification and authentication of the individual administering the medication; and

iv. Any adverse reaction the patient has to the medication;

3. Documentation of general and, if applicable, informed consent for treatment by the patient or the patient's representative~~,~~ except in an emergency;

4. An admitting diagnosis or reason for outpatient medical services;

5. Orders;

6. Documentation of hospital services provided to the patient; and

7. If applicable:

a. A laboratory report,

b. A pathology report,

c. An autopsy report,

d. A radiologic report,

e. A diagnostic imaging report,

f. Documentation of restraint or seclusion, and

g. A consultation report.

E. In addition to the requirements in subsection (D), an administrator shall ensure that the hospital's record of emergency services provided to a patient contains:

1. Documentation of treatment the patient received before arrival at the hospital, if available;
2. The patient's medical history;
3. An assessment, including the name of the individual performing the assessment;
4. The patient's chief complaint;
5. The name of the individual who treated the patient in the emergency room, if applicable; and
6. The disposition of the patient after discharge.

R9-10-214. Nursing Services

A. An administrator shall ensure that:

1. Nursing services are provided 24 hours a day, and
2. A nurse executive is appointed who is qualified according to ~~the requirements in~~ policies and procedures.

B. A nurse executive shall designate a registered nurse who is present ~~in~~ on the ~~hospital~~ hosptial's premises to be accountable for managing the nursing services when the nurse executive is not present in the hospital.

C. A nurse executive shall ensure that:

1. Policies and procedures for nursing services are established, documented, and implemented;
2. An acuity plan is established, documented, and implemented that includes:
   a. A method that establishes the types and numbers of nursing personnel that are required for each unit in the hospital;
   b. An assessment of a patient's need for nursing services made by a registered nurse providing nursing services directly to the patient; and
   c. A policy and procedure stating the steps a hospital will take to:
      i. Obtain the necessary nursing personnel to meet patient acuity, and
      ii. Make assignments for patient care according to the acuity plan;
3. Registered nurses, including registered nurses providing nursing services directly to a patient, are knowledgeable about the acuity plan and implement the acuity plan established under subsection (C)(2);

4. If licensed capacity in an organized service is exceeded or patients are kept in areas without licensed beds, nursing personnel are assigned according to the specific rules for the organized service in this Chapter;
5. There is ~~a minimum of~~ at least one registered nurse on ~~duty in a~~ the hospital premises whether or not there is a patient;
6. A general hospital has at least two registered nurses on ~~duty~~ the general hospital premises when there is more than one patient;
7. A special hospital offering emergency services or obstetrical services has at least two registered nurses on ~~duty~~ the special hospital's when there is more than one patient;
8. A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on ~~duty~~ the special hospital's premises when there is more than one patient;
9. A rural general hospital with more than one patient has at least one registered nurse and at least one other nursing personnel member on ~~duty~~ the rural general hospital's premises. If there is only one registered nurse ~~in the hospital~~ on the rural general hospital's premises, an additional registered nurse is on-call who is able to be present ~~in the hospital~~ on the rural general hospital's premises within 15 minutes after being called;
10. If a hospital has a patient in a unit, there is ~~a minimum of~~ at least one registered nurse present in the unit;
11. If a hospital has more than one patient in a unit, there is ~~a minimum of~~ at least one registered nurse and one additional nursing personnel member present in the unit;
12. At least one registered nurse is present and accountable for the nursing services provided to a patient:
    a. During the delivery of a neonate,
    b. In an operating room, and
    c. In a post-anesthesia care unit;
13. Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
14. A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;
15. There is a care plan for each inpatient based on the inpatient's need for nursing services; and
16. Nursing personnel document nursing services in a patient's medical record.

R9-10-215. Surgical Services

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

1. There is an organized service that provides surgical services under the direction of a medical staff member;
2. There is a designated area for providing surgical services as an organized service;
3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
5. Postoperative orders are documented in the patient's medical record;
6. There is a chronological log of surgical procedures performed in the surgical services area that contains:
    a. The date of the surgical procedure,
    b. The patient's name,
    c. The type of surgical procedure,
    d. The time in and time out of the operating room,
    e. The name and title of each individual performing or assisting in the surgical procedure,
    f. The type of anesthesia used,
    g. An identification of the operating room used, and
    h. The disposition of the patient after the surgical procedure;
7. The chronological log required in subsection (A)(6) is maintained in the surgical services area for ~~a minimum of~~ at least 12 months after the date of the surgical procedure and then maintained by the hospital for an additional 12 months;
8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;
10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 calendar days before performing a surgical procedure on a patient;
12. Except in an emergency, a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;

13. Except in an emergency, the following are documented in a patient's medical record before a surgical procedure:
    a. A preoperative diagnosis;
    b. Each diagnostic test performed in the hospital;
    c. A medical history and physical examination as required in subsection (A)(11) and an interval note as required in subsection (A)(12);
    d. A consent or refusal for blood or blood products signed by the patient or the patient's representative, if applicable; and
    e. Informed consent according to policies and procedures; and
14. Within 24 hours after a surgical procedure on a patient is completed:

R9-10-217. Emergency Services

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

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

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

D. An administrator of a hospital that provides emergency services shall ensure that a room used for seclusion in a designated area of the hospital used for providing emergency services, complies with applicable physical plant health and safety codes and standards for seclusion rooms, incorporated by reference in A.A.C. R9-1-412.

R9-10-218. Pharmaceutical Services

An administrator shall ensure that:

1. Pharmaceutical services are provided under the direction of a pharmacist according to A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23;
2. A copy of the pharmacy license is provided to the Department for review upon the Department's request;
3. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures is established to:
   a. Develop a drug formulary,
   b. Update the drug formulary at least once every 12 months,
   c. Develop medication usage and medication substitution policies and procedures, and
   d. Specify which medication and medication classifications are required to be automatically stopped after a specified time period unless the ordering medical staff member specifically orders otherwise;
4. An expired, mislabeled, or unusable medication is disposed of according to policies and procedures;
5. A medication administration error or an adverse reaction is reported to the ordering medical staff member or the medical staff member's designee;
6. A pharmacy medication dispensing error is reported to the pharmacist;
7. In a pharmacist's absence, personnel members designated by policies and procedures have access to a locked area containing a medication;
8. A medication is maintained at temperatures recommended by the manufacturer;
9. A cart used for an emergency:

a. Contains medication, supplies, and equipment as specified in policies and procedures;
b. Is available to a unit; and
c. Is sealed until opened in an emergency;

10. Emergency cart contents and sealing of the emergency cart are verified and documented according to policies and procedures;
11. Policies and procedures specify individuals who may:
    a. Order medication, and
    b. Administer medication;
12. A medication is administered in compliance with an order;
13. A medication administered to a patient is documented as required in R9-10-213;
14. If pain medication is administered to a patient, documentation in the patient's medical record includes:
    a. An assessment of the patient's pain before administering the medication, and
    b. The effect of the pain medication administered; and
15. Policies and procedures specify a process for review through the quality management program of:
    a. A medication administration error,
    b. An adverse reaction to a medication, and
    c. A pharmacy medication dispensing error.

R9-10-219. Clinical Laboratory Services and Pathology Services

An administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation or compliance in subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day ~~within the hospital~~ on the hospital's premises to meet the needs of a patient in an emergency;
4. A special hospital whose patients require clinical laboratory services:
    a. Is able to provide clinical laboratory services when needed by the patients,

b. Obtains specimens for clinical laboratory services without transporting the patients from the special hospital's premises, and

c. Has the examination of the specimens performed by a clinical laboratory on the special hospital's premises or by arrangement with a clinical laboratory not on the special hospital's premises;

5. A hospital that provides clinical laboratory services 24 hours a day has on duty or on-call laboratory personnel authorized by policies and procedures to perform testing;

6. A hospital that offers surgical services provides pathology services ~~within the hospital~~ on the hospital's premises or by contracted service to meet the needs of a patient;

7. Clinical laboratory and pathology test results are:

a. Available to the medical staff:

i. Within 24 hours after the test is completed if the test is performed at a laboratory on the ~~hospital~~ hospital's premises, or

ii. Within 24 hours after the test result is received if the test is performed at a laboratory ~~outside of the hospital~~ not on the hospital's premises; and

b. Documented in a patient's medical record;

8. If a test result is obtained that indicates a patient may have an emergency medical condition, as ~~defined~~ established by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient's assigned unit;

9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient's medical record;

10. Policies and procedures are established, documented, and implemented for:

a. Procuring, storing, transfusing, and disposing of blood and blood products;

b. Blood typing, antibody detection, and blood compatibility testing; and

c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;

11. If blood and blood products are provided by contract, the contract includes:

a. The availability of blood and blood products from the contractor, and

b. The process for delivery of blood and blood products from the contractor; and

12. Expired laboratory supplies are discarded according to policies and procedures.

R9-10-220. Radiology Services and Diagnostic Imaging Services

A. An administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 12 A.A.C. 1;

2. A copy of a certificate documenting compliance with subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides radiology services 24 hours a day ~~within the hospital~~ on the hospital's premises to meet the emergency needs of a patient;
4. A hospital that provides surgical services has radiology services and diagnostic imaging services on the hospital's premises to meet the needs of patients;
5. A general hospital or a rural general hospital has a radiologic technologist on duty or on-call; and
6. Except as provided in subsection (A)(4), a special hospital whose patients require radiology services and diagnostic imaging services is able to provide the radiology services and diagnostic imaging services when needed by the patients:
    a. On the special hospital's premises, or
    b. By arrangement with a radiology and diagnostic imaging facility that is not on the special hospital's premises.

B. An administrator of a hospital that provides radiology services or diagnostic imaging services ~~in the hospital~~ on the hospital's premises shall ensure that:
1. Radiology services and diagnostic imaging services are provided:
    a. Under the direction of a medical staff member; and
    b. According to an order that includes:
        i. The patient's name,
        ii. The name of the ordering individual,
        iii. The radiological or diagnostic imaging procedure ordered, and
        iv. The reason for the procedure;
2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
3. A radiologic or diagnostic imaging patient report is prepared that includes:
    a. The patient's name;
    b. The date of the procedure;
    c. A medical staff member's or radiologist's interpretation of the image;
    d. The type and amount of radiopharmaceutical used, if applicable; and
    e. The adverse reaction to the radiopharmaceutical, if any; and
4. A radiologic or diagnostic imaging report is included in the patient's medical record.

R9-10-221. Intensive Care Services

Except for a special hospital that provides only psychiatric services, an administrator of a hospital that provides intensive care services shall ensure that:

1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
2. An inpatient admitted for intensive care services is personally visited by a physician at least once every 24 hours;
3. Admission and discharge criteria for intensive care services are established;
4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are ~~defined~~ established and documented in policies and procedures;
5. In addition to the requirements in R9-10-214(C), an intensive care unit is staffed:
    a. With ~~a minimum of~~ at least one registered nurse assigned for every two patients, and
    b. According to an acuity plan as required in R9-10-214;
6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients;
7. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
8. Private duty staff do not provide hospital services in an intensive care unit;
9. At least one registered nurse assigned to a patient in an intensive care unit is certified in advanced cardiac life support specific to the age of the patient;
10. Resuscitation, emergency, and other equipment are available to meet the needs of a patient including:
    a. Ventilatory assistance equipment,
    b. Respiratory and cardiac monitoring equipment,
    c. Suction equipment,
    d. Portable radiologic equipment, and
    e. A patient weighing device for patients restricted to a bed; and
11. An intensive care unit has at least one emergency cart that is maintained according to R9-10-218.

R9-10-222. Respiratory Care Services

An administrator of a hospital that provides respiratory care services shall ensure that:

1. Respiratory care services are provided under the direction of a medical staff member;
2. Respiratory care services are provided according to an order that includes:
    a. The patient's name;

b. The name and signature of the ordering individual;

c. The type, frequency, and, if applicable, duration of treatment;

d. The type and dosage of medication and diluent; and

e. The oxygen concentration or oxygen liter flow and method of administration;

3. Respiratory care services provided to a patient are documented in the patient's medical record and include:

a. The date and time of administration;

b. The type of respiratory care services;

c. The effect of respiratory care services;

d. If applicable, ~~The~~ any-adverse reaction to respiratory care services~~, if any~~; and

e. The authentication of the individual providing the respiratory care services; and

4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-219.

R9-10-223. Perinatal Services

A. An administrator of a hospital that provides perinatal organized services shall ensure that:

1. Perinatal services are provided in a designated area under the direction of a medical staff member;

2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;

3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in policies and procedures;

4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;

5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;

6. A chronological log of perinatal services provided to patients is maintained that includes:

a. The patient's name;

b. The date, time, and mode of the patient's arrival;

c. The disposition of the patient including discharge, transfer, or admission time; and

d. The following information for a delivery of a neonate:

i. The neonate's name or other identifier;

ii. The name of the medical staff member who delivered the neonate;

iii. The delivery time and date; and

iv. Complications of delivery, if any;

7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for ~~a minimum of~~ at least 12 months after the date the perinatal services are provided and then maintained by the hospital for at least an additional 12 months;

8. The perinatal services unit provides fetal monitoring;

9. The perinatal services unit has ultrasound capability;

10. Except in an emergency, a neonate is identified as required by policies and procedures before moving the neonate from a delivery area;

11. Policies and procedures specify:

a. Security measures to prevent neonatal abduction, and

b. How the hospital determines to whom a neonate may be discharged;

12. A neonate is discharged only to an individual who:

a. Is authorized according to subsection (A)(11), and

b. Provides identification;

13. A neonate's medical record identifies the individual to whom the neonate is discharged;

14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in R9-10-209;

15. Intensive care services for neonates comply with the requirements in R9-10-221;

16. ~~A minimum of~~ At least one registered nurse is on duty in a nursery when there is a neonate in the nursery except as provided in subsection (A)(17);

17. A nursery occupied only by a neonate, who is placed in the nursery for the convenience of the neonate's mother and does not require treatment as ~~defined~~ established in this Article, is staffed by a ~~licensed~~ nurse;

18. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and

19. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.

B. An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in R9-10-217(C).

R9-10-224. Pediatric Services

A. An administrator of a hospital that provides pediatric services or organized pediatric services according to the requirements in this Section shall ensure that:

1. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of the pediatric patient to stay overnight;
2. Policies and procedures are established, documented, and implemented for:
    a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
    b. Visitation of a pediatric patient, including age limits if applicable;
3. ~~The hospital only admits a~~ A pediatric inpatient is only admitted if the hospital has the staff, equipment, and supplies available to meet the needs of the pediatric patient based on the pediatric patient's medical condition and the hospital's scope of services; and
4. If the hospital provides pediatric intensive care services, the pediatric intensive care services comply with intensive care services requirements in R9-10-221.

B. An administrator of a hospital that provides pediatric organized services shall ensure that pediatric services are provided in a designated area under the direction of a medical staff member.

C. An administrator shall ensure that in a multi-organized service unit or a patient care unit that is providing medical and nursing services to an adult patient and a pediatric patient according to this Section:

1. A pediatric patient is not placed in a patient room with an adult patient, and
2. A medication for a pediatric patient that is stored in the patient care unit is stored separately from a medication for an adult patient.

D. Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.

E. A hospital may use a bed in a pediatric organized services patient care unit for an adult patient if an administrator establishes, documents, and implements policies and procedures that:

1. Delineate the specific conditions under which an adult patient is placed in a bed in the pediatric organized services unit, and
2. Except as provided in subsection (H) and (I), ensure that an adult patient is:
    a. Not placed in a pediatric organized services patient care unit if a pediatric patient is admitted to and present in the pediatric organized services patient care unit, and
    b. Transferred out of the pediatric organized services patient care unit to an appropriate level of care when a pediatric patient is admitted to the pediatric organized services patient care unit.

F. Subsection (G) only applies to a general hospital or rural general hospital that:

1. Does not provide pediatric organized services;
2. Has designated in the general hospital or rural general hospital's scope of services, inpatient services that are available to a pediatric patient;
3. Has a licensed capacity of less than 100; and
4. Is located in a county with a population of less than 500,000.

G. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (F) shall ensure that:

1. There are pediatric-appropriate equipment and supplies available based on the hospital services designated for pediatric patients in the general hospital or rural general hospital's scope of services; and
2. Personnel members that are or may be assigned to provide hospital services to a pediatric patient have the appropriate skills and knowledge for providing hospital services to a pediatric patient based on the general hospital or rural general hospital's scope of services.

H. Subsection (I) only applies to a general hospital or a rural general hospital that:

1. Provides organized pediatric services in a patient care unit;
2. Has designated in the general hospital or rural general hospital's scope of services, inpatient services that are available to an adult patient in an organized pediatric services patient care unit;
3. Has a licensed capacity of less than 100; and
4. Is located in a county with a population of less than 500,000.

I. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (H) shall comply with the requirements in subsection (E)(1).

R9-10-225. Psychiatric Services

A. An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ensure that in the organized psychiatric unit or special hospital:

1. Psychiatric services are provided under the direction of a medical staff member;
2. An inpatient admitted to the organized psychiatric services unit or special hospital has a ~~principle~~ principal diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
3. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;

4. An individual whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or a special hospital is not admitted to or is transferred out of the organized psychiatric services unit or special hospital;

~~5. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a patient or the patient's representative for a psychotropic drug and documented in the patient's medical record before the psychotropic drug is administered to the patient;~~

~~6.~~5. Policies and procedures for the organized psychiatric services unit or special hospital are established, documented, and implemented that:

a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;

b. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;

c. Establish the process for developing and implementing a patient's care plan including:

i. Obtaining the patient's or the patient's representative's participation in the development of the patient's care plan;

ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;

iii. Informing the patient that the patient has the right to refuse any treatment;

iv. Updating the patient's care plan and informing the patient of any changes to the patient's care plan; and

v. Documenting the actions in subsection ~~(6)(c)(i) through (6)(c)(iv)~~ (A)(5)(c)(i) through (iv) in the patient's medical record;

d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;

e. Establish the criteria for determining when an inpatient's absence is unauthorized, including whether the inpatient:

i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;

ii. Is absent against medical advice; or

iii. Is under ~~the age of~~ 18 years of age;

f. Identify each type of restraint and seclusion used in the organized psychiatric services unit or special hospital and include for each type of restraint and seclusion used:

i. The qualifications of a medical staff member or personnel member who can:

(1) Order the restraint or seclusion,

(2) Place a patient in the restraint or seclusion,

(3) Monitor a patient in the restraint or seclusion,

(4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or

(5) Renew the order for restraint or seclusion;

ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and

iii. Criteria for monitoring and assessing a patient including:

(1) Frequencies of monitoring and assessment based on a patient's condition, cognitive status, situational factors, and risks associated with the specific restraint or seclusion;

(2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;

(3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;

(4) If a mechanical restraint is used, how often the mechanical restraint is monitored or loosened; and

(5) A process for meeting a patient's nutritional needs and elimination needs;

g. Establish the criteria and procedures for renewing an order for restraint or seclusion;

h. Establish procedures for internal review of the use of restraint or seclusion;

i. Establish requirements for notifying the parent or guardian of a patient who is ~~less than~~ under 18 years of age and who is restrained or secluded; and

j. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;

~~7.~~6. If time out is used in the organized psychiatric services unit or special hospital, a time out:

a. Takes place in an area that is unlocked, lighted, quiet, and private;

b. Does not take place in the room approved for seclusion by the Department under R9-10-104;

c. Is time-limited and does not exceed two hours per incident or four hours per day;

d. Does not result in a patient's missing a meal if the patient is in time out at mealtime;

e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave time out; and

f. Is documented in the patient's medical record, to include:

i. The date of the time out,

ii. The reason for the time out,

iii. The duration of the time out, and

iv. The action planned and taken to address the reason for the time out;

~~8.~~7. Restraint or seclusion is:

a. Not used as a means of coercion, discipline, convenience, or retaliation;

b. Only used when all of the following conditions are met:

i. Except as provided in subsection ~~(9)~~ (A)(8), after obtaining an order for the restraint or seclusion;

ii. For the management of a patient's aggressive, violent or self-destructive behavior;

iii. When less restrictive interventions have been determined to be ineffective; and

iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and

c. Discontinued at the earliest possible time;

~~9.~~8. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:

a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and

b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;

~~10.~~9. Restraint or seclusion is:

a. Only ordered by a physician or a registered nurse practitioner, and

b. Not written as a standing order or on an as-needed basis;

~~11.~~10. An order for restraint or seclusion includes:

a. The name of the individual ordering the restraint or seclusion;

b. The date and time that the restraint or seclusion was ordered;

c. The specific restraint or seclusion ordered;

d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;

e. The specific criteria for release from restraint or seclusion without an additional order; and

f. The maximum duration authorized for the restraint or seclusion;

~~12.~~11. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:

a. Four continuous hours for a patient who is 18 years of age or older,

b. Two continuous hours for a patient who is between the ages of nine and 17 years of age, or

c. One continuous hour for a patient who is younger than nine years of age;

~~13.~~12. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:

a. Face-to-face monitoring by a medical staff member or personnel member, or

b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;

~~14.~~13. If an order for restraint or seclusion of a patient is not provided by a medical practitioner coordinating the patient's medical services, the medical practitioner is notified as soon as possible;

~~15.~~14. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion until the medical staff member or personnel member completes education and training that:

a. Includes:

i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;

ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;

iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;

iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;

v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;

vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and

vii. Training exercises in which medical staff members and personnel members successfully demonstrate the techniques that the medical staff members and personnel members have learned for managing emergency situations; and

b. Is provided by individuals qualified according to policies and procedures;

~~16.~~15. When a patient is placed in restraint or seclusion:

a. The restraint or seclusion is conducted according to policies and procedures;

b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:

i. Chronological and developmental age;

ii. Size;

iii. Gender;

iv. Physical condition;

v. Medical condition;

vi. Psychiatric condition; and

vii. Personal history, including any history of physical or sexual abuse;

c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;

d. A patient is monitored and assessed according to policies and procedures;

e. A physician or other health professional authorized by policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:

i. The patient's current behavior,

ii. The patient's reaction to the restraint or seclusion used,

iii. The patient's medical and behavioral condition, and

iv. Whether to continue or terminate the restraint or seclusion;

f. The patient is given the opportunity:

i. To eat during mealtime, and

ii. To use the toilet~~,~~; and

g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;

~~17.~~16. If a patient is placed in seclusion, the room used for seclusion:

a. Is approved for use as a seclusion room by the Department under R9-10-104;

b. Is not used as a patient's bedroom or a sleeping area;

c. Allows full view of the patient in all areas of the room;

d. Is free of hazards, such as unprotected light fixtures or electrical outlets;

e. Contains at least 60 square feet of floor space; and

f. Except as provided in subsection ~~(18)~~ (A)(17), contains a non-adjustable bed that:

i. Consists of a mattress on a solid platform that is:

(1) Constructed of a durable, non-hazardous material; and

(2) Raised off of the floor;

ii. Does not have wire springs or a storage drawer; and

iii. Is securely anchored in place;

~~18.~~17. If a room used for seclusion does not contain a non-adjustable bed required in subsection ~~(17)(f) is not in a room used for seclusion~~ (A)(16)(f):

a. A piece of equipment is available for use in the room used for seclusion that:

i. Is commercially manufactured to safely and humanely restrain a patient's body;

ii. Provides support to the trunk and head of a patient's body;

iii. Provides restraint to the trunk of a patient's body;

iv. Is able to restrict movement of a patient's arms, legs, trunk, and head;

v. Allows a patient's body to recline; and

vi. Does not inflict harm on a patient's body; and

b. Documentation of the manufacturer's specifications for the piece of equipment in subsection ~~(18)(a)~~ (A)(17)(a) is maintained;

~~19.~~18. A seclusion room may be used for services or activities other than seclusion if:

a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;

b. No permanent equipment other than the bed required in subsection ~~(17)(f)~~ (A)(16)(f) is in the room;

c. Policies and procedures are established, documented, and implemented that:

i. Delineate which services or activities other than seclusion may be provided in the room,

ii. List what types of equipment or supplies may be placed in the room for the delineated services, and

iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and

d. The sign required in subsection ~~(19)(a)~~ (A)(18)(a) and equipment and supplies in the room, other than the bed required in subsection ~~(17)(f)~~ (A)(16)(f), are removed before a patient is placed in seclusion in the room;

~~20.~~19. A medical staff member or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:

a. The emergency situation that required the patient to be restrained or put in seclusion;

b. The times the patient's restraint or seclusion actually began and ended;

c. The time of the face-to-face assessment required in subsection ~~(13)(a)~~ (A)(12)(a);

d. The monitoring required in subsection ~~(13)(b) or (16)(d)~~ (A)(12)(b) or (15)(d), as applicable;

e. The times the patient was given the opportunity to eat or use the toilet according to subsection ~~(16)(f)~~ (A)(15)(f); and

f. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and

~~21.~~20. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures.

B. An administrator of a hospital that provides opioid treatment services to an outpatient shall comply with the requirements in R9-10-1020.

R9-10-226. Behavioral Health Observation/Stabilization Services

An administrator of a hospital that ~~provides~~ is authorized to provide behavioral health observation/stabilizations services shall ensure that:

1. Behavioral health observation/stabilization services are provided according to the requirements in R9-10-1012, and
2. Restraint and seclusion are provided according to the requirements for restraint and seclusion in R9-10-225.

R9-10-229. Social Services

An administrator of a hospital that provides social services shall ensure that:

1. A ~~social worker or a~~ registered nurse or another personnel member designated ~~by the administrator~~ according to policies and procedures coordinates social services;
2. If a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5;

~~2.~~3. A medical staff member, nurse, patient, patient's representative, or ~~a~~ member of the patient's family may request social services;

~~3.~~4. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;

~~4.~~5. The patient has privacy when communicating with a personnel member providing social services; and

~~5.~~6. Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

R9-10-230. Infection Control

~~A.~~ An administrator shall ensure that:

1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to policies and procedures;
2. An infection control program has a procedure for documenting:
    a. The collection and analysis of infection control data,
    b. The actions taken relating to infections and communicable diseases, and
    c. Reports of communicable diseases to the governing authority and state and county health departments;
3. Infection control documents are maintained for at least ~~two years~~ 12 months after the date of the document;
4. Policies and procedures are established, documented, and implemented:
    a. To prevent or minimize, identify, report, and investigate infections and communicable diseases that include:
        i. Isolating a patient;
        ii. Sterilizing equipment and supplies;
        iii. Maintaining and storing sterile equipment and supplies;
        iv. ~~Use of~~ Using personal protective equipment such as gowns, masks, or face protection;
        v. Disposing of biohazardous medical waste; and
        vi. ~~Transporting~~ Moving and processing soiled linens and clothing;
    b. That specify communicable diseases, medical conditions, or criteria that prevent an individual, a personnel member, or a medical staff member from:
        i. Working in the hospital,
        ii. Providing patient care, or
        iii. Providing environmental services;
    c. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious tuberculosis based on:
        i. The level of risk in the area of the hospital premises where the medical staff member practices, and
        ii. The work that the medical staff member performs; and
    d. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;
5. Tuberculosis screening is performed:

a. As part of a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings according to ~~R9-10-112~~ R9-10-113(2); or

b. Using a screening method described in ~~R9-10-112~~ R9-10-113(1), as follows:

i. For a personnel member, on or before the date the personnel member begins providing services at or on behalf of the hospital and at least once every 12 months thereafter or more frequently if the personnel member is determined to be at an increased risk of exposure based on the criteria in subsection (A)(4)(c);

ii. Except as required in subsection (A)(4)(d), for a medical staff member, at least once every ~~two years~~ 12 months; and

iii. For a medical staff member at an increased risk of exposure based on the criteria in subsection (A)(4)(c), at the frequency required by policies and procedures, but no less frequently than every ~~two years~~ 12 months;

6. Soiled linen and clothing are:

a. Collected in a manner to minimize or prevent contamination,

b. Bagged at the site of use, and

c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;

7. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material;

8. An infection control committee is established according to policies and procedures and consists of:

a. At least one medical staff member,

b. The individual directing the infection control program, and

c. Other personnel identified in policies and procedures; and

9. The infection control committee:

a. Develops a plan for preventing, tracking, and controlling infections;

b. Reviews the type and frequency of infections and develops recommendations for improvement;

c. Meets and provides a quarterly written report for inclusion by the quality management program; and

d. Maintains a record of actions taken and minutes of meetings.

~~B. An administrator shall comply with communicable disease control and reporting requirements in 9 A.A.C. 6.~~

R9-10-231. Dietary Services

An administrator shall ensure that:

1. Dietary services are provided according to 9 A.A.C. 8, Article 1;
2. A copy of the hospital's food establishment license or permit under 9 A.A.C. 8, Article 1, is maintained;
3. For a hospital that contracts with a food establishment, as ~~defined~~ established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospital, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1, is maintained;
4. If a hospital contracts with a food establishment to prepare and deliver food to the hospital, the hospital is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
5. Dietary services are provided under the direction of an individual qualified to direct the provision of dietary services according to policies and procedures;
6. There are personnel members on duty to meet the dietary needs of patients;
7. Personnel members providing dietary services are qualified to provide dietary services according to policies and procedures;
8. A nutrition assessment of a patient is:
    a. Performed according to policies and procedures, and
    b. Communicated to the medical practitioner coordinating the patient’s medical services if the nutrition assessment reveals a specific dietary need;
9. A medical staff member documents an order for a diet for each patient in the patient's medical record;
10. A current diet manual approved by a registered dietitian is available to personnel members and medical staff members; and
11. A patient's dietary needs are met 24 hours a day.

R9-10-232. Disaster Management

An administrator shall ensure that:

1. A disaster plan is developed and documented that includes:
    a. Procedures for protecting the health and safety of patients and other individuals;
    b. Assigned personnel responsibilities; and

c. Instructions for the evacuation, transport, or transfer of patients, maintenance of medical records, and arrangements to provide any other hospital services to meet the patients' needs;

2. A plan exists for back-up power and water supply;
3. A fire drill is performed on each shift at least once every three months;
4. A disaster drill is performed on each shift at least once every 12 months;
5. Documentation of a fire drill required in subsection (3) and a disaster drill required in subsection (4) includes:
   a. The date and time of the drill;
   b. A critique of the drill; and
   c. Recommendations for improvement, if applicable; and
6. Documentation of a fire drill or a disaster drill is maintained by the hospital for at least 12 months after the date of the drill.

R9-10-233. Environmental Standards

An administrator shall ensure that:

1. An individual providing environmental services who has the potential to transmit infectious tuberculosis to patients, as determined by the infection control risk assessment criteria in R9-10-230(A)(4)(c), provides evidence of freedom from infectious tuberculosis ~~as specified in R9-10-112~~:
   a. Using a screening method described in R9-10-113(1), on or before the date the individual begins providing environmental services at or on behalf of the hospital and at least once every 12 months thereafter; or
   b. According to R9-10-113(2);
2. The hospital premises and equipment are:
   a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control infection or illness; and
   b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program is implemented and documented;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
6. Equipment used to provide hospital services is:
   a. Maintained in working order;

b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and

c. Used according to the manufacturer's recommendations; and

7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair.

R9-10-234. Physical Plant Standards

A. An administrator shall ensure that:

1. A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 in effect on the date the hospital submitted, according to R9-10-104, an application for an approval of architectural plans and specifications ~~for approval~~ to the Department;

2. ~~The licensed hospital~~ A hospital's premises or any part of the ~~licensed~~ hospital premises is not leased to or used by another person;

3. A unit with inpatient beds is not used as a passageway to another health care institution; and

4. ~~Hospital~~ A hosptial's premises are not licensed as more than one health care institution.

B. An administrator shall:

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

2. Make any repairs or corrections stated on the inspection report, and

3. Maintain documentation of a current fire inspection report.

R9-10-235. Administrative Separation

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-201, the following definition applies in this Section:

1. "Administrative separation" means the temporary isolation of a patient for the purpose of preserving the integrity of evidence during the course of a criminal investigation or for a situation where not isolating the patient presents a risk of serious harm to other individuals or a serious risk to the safety or security of a hospital.

B. Only a hospital established according to A.R.S. § 36-202 may use administrative separation.

C. An administrator appointed according to A.R.S. § 36-205 shall ensure that:

1. Administrative separation:

a. Is only used for a patient admitted to the hospital pursuant to a criminal court order; and

b. Is not used:

i. In conjunction with a restraint,

ii. As a method to manage behaviors, or

iii. If prohibited by law; and

2. Policies and procedures are established, documented, and implemented for administrative separation that:

a. Include the process and criteria for requesting an administrative separation;

b. Include the process and deadlines for approving a request for an administrative separation;

c. Cover patient notification of the right to appeal the administrative separation and to file a complaint;

d. Include the process for providing a patient access to:

i. Incoming mail, and

ii. An advocate or legal representative;

e. Include the process for providing treatment to a patient while in administrative separation;

f. Include the process for establishing investigative goals; and

g. Include the process for determining when administrative separation will no longer be used for a patient.

ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES

R9-10-301. Definitions

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

1. "Child and adolescent residential treatment services" means behavioral health services and physical health services provided in or by a behavioral health inpatient facility to a patient who is:

a. Under 18 years of age, or

b. Under 21 years of age and meets the criteria in R9-10-318(B).

R9-10-302. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for ~~a~~ an initial license as a behavioral health inpatient facility shall include ~~on the application~~ in a Department-provided format whether the applicant is requesting authorization to provide:

~~1.~~ ~~Inpatient services to individuals under 18 years of age, including the licensed capacity requested;~~

~~2.~~1. Inpatient services to individuals 18 years of age and older, including the licensed capacity requested;

~~3.~~ ~~Detoxification services;~~

~~4.~~2. Court-ordered pre-petition screening;

~~5.~~3. Court-ordered evaluation;

~~6.~~4. Court-ordered treatment;

~~7.~~5. Behavioral health observation/stabilization services including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals:

a. Under 18 years of age, and

b. 18 years of age and older;

6. Child and adolescent residential treatment services, including the licensed capacity requested;

7. Detoxification services;

8. Seclusion;

~~8.~~ ~~Surgical services;~~

9. Clinical laboratory services;

10. Radiology services; or

11. Diagnostic imaging services~~;~~.

~~12.~~ ~~Intensive care services; or~~

~~13.~~ ~~Perinatal services.~~

R9-10-303. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health inpatient facility;

2. Establish, in writing:

a. A behavioral health inpatient facility's scope of services, and

b. Qualifications for an administrator;

3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);

4. Adopt a quality management program according to R9-10-304;

5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
    a. ~~Not expected~~ Expected not to be present on the behavioral health inpatient facility's premises for more than 30 calendar days, or
    b. Not present on the behavioral health inpatient facility's premises for more than 30 calendar days; and
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 ~~administration~~ administrator and identify the name and qualifications of the new administrator.

B. An administrator:
1. Is directly accountable to the governing authority of a behavioral health inpatient facility for the daily operation of the behavioral health inpatient facility and for ~~the behavioral health services and physical health~~ all services provided by or at the behavioral health inpatient facility;
2. Has the authority and responsibility to manage the behavioral health inpatient facility; and
3. Except as provided in subsection ~~(A)(8)~~ (A)(6), designates, in writing, an individual who is ~~available~~ present on the behavioral health inpatient facility's premises and accountable for ~~services~~ the behavioral health inpatient facility when the administrator is not present on the behavioral health inpatient facility's premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    a. ~~Include~~ Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    c. Include how a personnel member may submit a complaint relating to services provided to a patient;
    d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    ~~d.~~e. Cover cardiopulmonary resuscitation training including:

i. The method and content of cardiopulmonary resuscitation training,

ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,

iii. The time-frame for renewal of cardiopulmonary resuscitation training, and

iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;

~~e.~~f. Cover first aid training;

~~f.~~g. Include a method to identify a patient to ensure the patient receives physical health and behavioral health services as ordered;

~~g.~~h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;

~~h.~~i. Cover specific steps ~~and deadlines~~ for:

i. A patient to file a complaint~~;~~, and

ii. The behavioral health inpatient facility to respond to ~~and resolve~~ a patient's complaint; ~~and~~

~~iii. The behavioral health inpatient facility to obtain documentation of fingerprint clearance, if applicable;~~

~~i.~~j. Cover health care directives;

~~j.~~k. Cover medical records, including electronic medical records;

~~k.~~l. Cover quality management, including incident ~~report~~ reports and supporting documentation;

~~l.~~m. Cover contracted services; and

~~m.~~n. Cover when an individual may visit a patient in the behavioral health inpatient facility;

2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a patient that:

a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;

b. Cover the provision of behavioral health services and physical health services;

c. Include when general consent and informed consent are required;

d. Cover restraint and, if applicable, seclusion;

e. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;

f. Cover prescribing a controlled substance to minimize substance abuse by a patient;

~~f.~~g. Cover infection control;

~~g.~~h. Cover telemedicine, if applicable;

~~h.~~i. Cover environmental services that affect patient care;

~~i.~~j. Cover patient outings;

~~j.~~k. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of patients or the public;

~~k.~~l. If the behavioral health inpatient facility is involved in research, cover the establishment or use of a Human Subject Review Committee;

~~l.~~m. Cover the process for receiving a fee from a patient and refunding a fee to a patient;

~~m.~~n. Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks;

~~n.~~o. Cover the security of a patient's possessions that are allowed on the premises; and

~~o.~~p. Cover smoking and the use of tobacco products on the premises;

3. Policies and procedures are reviewed at least once every ~~two~~ three years and updated as needed;

4. Policies and procedures are available to personnel members, employees, volunteers and students; and

5. Unless otherwise stated:

a. Documentation required by this Article is provided to the Department within two hours after a Department request; and

b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health inpatient facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health inpatient facility.

D. An administrator shall designate a:

1. Medical director who:

a. Provides direction for physical health services provided by or at the behavioral health inpatient facility~~, and~~ ;

b. Is a physician or registered nurse practitioner; and

c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(2)(a) and (b);

2. Clinical director who:

a. Provides direction for the behavioral health services provided by or at the behavioral health inpatient facility;

b. Is a behavioral health professional; and

c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(2)(a) and (b); and

3. Registered nurse to provide direction for nursing services provided by or at the behavioral health inpatient facility.

E. An administrator shall provide written notification to the Department of a patient's:

1. ~~If a~~ Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and

2. ~~Within~~ Self-injury, within two working days after ~~a~~ the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

F. ~~If~~ Except as specified in R9-10-318(A)(1), if abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a behavioral health inpatient facility's employee or personnel member, an administrator shall ~~immediately~~ report the alleged or suspected abuse, neglect, or exploitation of the patient ~~as follows.~~

~~1. For a patient 18 years of age or older,~~ according to A.R.S. § 46-454~~; or~~

~~2. For a patient under 18 years of age, according to A.R.S. § 13-3620;~~.

G. If ~~abuse, neglect, or exploitation of a patient is alleged or suspected to have~~ an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while ~~the~~ a patient is receiving services from a behavioral health inpatient facility's employee or personnel member, ~~an~~ the administrator shall:

1. ~~Take~~ If applicable, take immediate action to stop the ~~alleged or~~ suspected abuse, neglect, or exploitation;

2. ~~Immediately report~~ Report the ~~alleged or~~ suspected abuse, neglect, or exploitation of the patient~~:~~

~~a. For a patient 18 years of age or older,~~ according to A.R.S. § 46-454~~; or~~

~~b. For a patient 18 years of age, according to A.R.S. § 13-3620~~;

3. Document:

a. ~~the~~ The suspected abuse, neglect, or exploitation;

b. Any action ~~in~~ taken according to subsection (G)(1); and

c. ~~the~~ The report in subsection (G)(2);

4. ~~and maintain~~ Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);

~~4.~~5. ~~Investigate~~ Initiate an investigation of the suspected ~~or alleged~~ abuse, neglect, or exploitation and ~~develop a written report of the investigation~~ document the following information within ~~48 hours~~ five working days after the report required in subsection (G)(2) that includes:

a. ~~Dates~~ The dates, times, and description of the ~~alleged or~~ suspected abuse, neglect, or exploitation;

b. ~~Description~~ A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;

c. ~~Names~~ The names of witnesses to the ~~alleged or~~ suspected abuse, neglect, or exploitation; and

d. ~~Actions~~ The actions taken by the administrator to prevent the ~~alleged or~~ suspected abuse, neglect, or exploitation from occurring in the future; and

~~5. Submit a copy of the investigation report required in subsection (G)(4) to the Department within 10 working days after submitting the report in subsection (G)(2); and~~

6. Maintain a copy of the ~~investigation report~~ documented information required in subsection ~~(G)(4)~~ (G)(5) and any other information obtained during the investigation for at least 12 months after the date ~~of~~ the investigation ~~report~~ was initiated.

H. An administrator shall establish and document the criteria for determining when a ~~resident's~~ patient's absence is unauthorized, including ~~whether the resident~~ the criteria for a patient who:

1. ~~was~~ Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3~~,~~;

2. ~~is~~ Is absent against medical advice~~,~~; or

3. ~~is~~ Is under the age of 18.

I. An administrator shall:

1. ~~If~~ For a patient who is under a court's jurisdiction, within an hour after determining that the ~~resident's~~ patient's absence is unauthorized ~~as determined~~ according to the criteria in

subsection (H), ~~submit a written report within an hour of determining whether the resident's absence is unauthorized to~~ notify~~:~~

a. ~~For a resident who is less than 18 years of age, the resident's parent or legal guardian; and~~

~~b.~~ ~~For a resident who is under a court's jurisdiction,~~ the appropriate court or a person designated by the appropriate court;

2. Document the notification in subsection (I)(1) and the written log required in subsection (I)(3);

~~2.~~3. Maintain a written log of unauthorized absences for at least ~~two years~~ 12 months after the date of a ~~resident's~~ patient's absence that includes the:

a. ~~The name~~ Name of a ~~resident~~ patient absent without authorization;

b. If applicable, ~~Name~~ name of the person ~~to whom the report required in subsection (I)(1) was submitted~~ notified as required in subsection (I)(1); and

c. Date of the ~~report~~ notification; and

~~3.~~4. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-304.

R9-10-304. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:

a. A method to identify, document, and evaluate incidents;

b. A method to collect data to evaluate services provided to ~~patient~~ patients;

c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;

d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and

e. The frequency of submitting a documented report required in subsection (2) to the governing authority;

2. A documented report is submitted to the governing authority that includes:

a. An identification of each concern about the delivery of services related to patient care, and

b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-305. Contracted Services

An administrator shall ensure that:

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

R9-10-306. Personnel

A. An administrator shall ensure that:

1. A personnel member is:
   a. ~~at~~ At least 21 years old, or
   b. Licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. ~~2.~~ A student is at least 18 years old~~,~~; and
4. ~~3.~~ A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures; and
3. ~~Personnel~~ Sufficient personnel members are present on a behavioral health inpatient facility's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the behavioral health inpatient facility's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient.

C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in ~~R9-10-114~~ R9-10-115.

D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.

E. An administrator shall ensure that a personnel member or an employee, volunteer, or student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the behavioral health inpatient facility, and
2. ~~as~~ As specified in ~~R9-10-112~~ R9-10-113.

F. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, ~~and~~ or student that ~~contains~~ includes:

1. The individual's name, date of birth, ~~home address,~~ and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications, including skills and knowledge applicable to the employee's job duties;

b. The individual's education and experience applicable to the employee's job duties;

c. The individual's completed orientation and in-service education as required by policies and procedures;

d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;

e. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-316;

~~f. If the behavioral health facility provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;~~

~~g.~~f. If the individual is a behavioral health technician, clinical oversight required in ~~R9-10-114~~ R9-10-115;

~~h.~~g. Cardiopulmonary resuscitation training, if required for the individual according to ~~R9-10-303(C)(1)(d)~~ R9-10-303(C)(1)(e);

~~i.~~h. First aid training, if required for the individual according to this Article or policies and procedures; and

~~j.~~i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E).

G. An administrator shall ensure that personnel records are ~~maintained~~:

1. Maintained:

a. Throughout an individual's period of providing services in or for the behavioral health inpatient facility, and

~~2.~~b. For at least ~~two years~~ 24 months after the last date the individual provided services in or for the behavioral health inpatient facility~~.~~; and

2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health inpatient facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

H. An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, ~~employees, volunteers, and students~~ an employee, a volunteer, and a student is developed, documented, and implemented;

2. A personnel member completes orientation before providing behavioral health services or physical health services;

3. An individual's orientation is documented, to include:

a. The individual's name,

b. The date of the orientation, and

c. The subject or topics covered in the orientation;

4. A clinical director develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member; and

5. A personnel member's in-service education is documented, to include:

a. The personnel member's name,

b. The date of the training, and

c. The subject or topics covered in the training.

~~I. An administrator shall ensure that sufficient personnel members are present at the behavioral health inpatient facility to provide general patient supervision and treatment, and sufficient personnel members or employees are present to provide ancillary services to meet the scheduled and unscheduled needs of a patient.~~

~~J.~~I. An administrator shall ensure that a behavioral health inpatient facility has a daily staffing schedule that:

1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;

2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and

3. Is maintained for at least 12 months after the last date on the daily staffing schedule.

~~K.~~J. An administrator shall ensure that:

1. A physician or registered nurse practitioner is present on the behavioral health inpatient facility's premises or on-call,

2. A registered nurse is present on the behavioral health inpatient facility's premises, and

3. A registered nurse who provides direction for the nursing services provided at the behavioral health inpatient facility is present at the behavioral health inpatient facility at least 40 hours every week.

~~L. An administrator shall ensure that:~~

~~1. If a patient requires medical services that the behavioral health inpatient facility is not authorized or not able to provide, a personnel member arranges for the patient to be transported to a hospital or another health care institution where the services can be provided; and~~

~~2. The behavioral health inpatient facility has a written agreement with a hospital near the behavioral health inpatient facility's location to provide medical services for patients who~~

~~require medical services that the behavioral health inpatient facility is not authorized or able to provide.~~

R9-10-307. ~~Admissions~~ Admission; Assessment

Except as provided in R9-10-315(E) ~~and~~ or (F), an administrator shall ensure that:

1. A patient is admitted based upon the patient's presenting behavioral health issue and treatment needs and the behavioral health inpatient facility's ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient's treatment needs;
2. A patient is admitted on the order of a medical practitioner or clinical director;
3. A medical practitioner or clinical director authorized by policies and procedures to accept a patient for admission, is available;
4. Except in an emergency or as provided in subsections (6) and (7), general consent is obtained from ~~an adult~~ a patient or, if applicable, the patient's representative before or at the time of admission;
5. The general consent obtained in subsection (4) or the lack of consent in an emergency is documented in the patient's medical record;
6. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;
8. A medical practitioner performs a medical history and physical examination on a patient within 30 calendar days before admission or within ~~48~~ 72 hours after admission and documents the medical history and physical examination in the patient's medical record within ~~48~~ 72 hours after admission;
9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient's medical record ~~at the time of~~ within seven calendar days after admission;
10. Except when a patient needs crisis services, ~~an~~ a behavioral health assessment of a patient is completed before treatment for the patient is initiated;
11. If ~~an~~ a behavioral health assessment is conducted by a:
    a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, reviews and signs the behavioral

health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the patient; or

b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the patient;

12. When a patient is admitted, a registered nurse:

a. ~~Assesses~~ Conducts a nursing assessment of a patient's medical condition and history;

b. Determines whether the:

i. Patient requires immediate physical health services, and

ii. Patient's behavioral health issue may be related to the patient's medical condition and history;

c. Documents the patient's ~~medical condition and history~~ nursing assessment and the determinations required in subsection (12)(b) in the patient's medical record; and

d. Signs the patient's medical record;

13. A ~~patient's~~ behavioral health assessment:

a. ~~Addresses~~ Documents the patient's:

i. Presenting issue;

ii. Substance abuse history;

iii. Co-occurring disorder;

iv. Legal history, including:

(1) Custody,

(2) Guardianship, and

(3) Pending litigation;

v. Court-ordered evaluation;

vi. Court-ordered treatment;

vii. Criminal justice record;

viii. Family history;

ix. Behavioral health treatment history;

x. Symptoms reported by the patient; and

xi. Referrals needed by the patient, if any; and

b. Includes:

i. Recommendations for further assessment or examination of the patient's needs;

ii. For a patient who:

(1) Is admitted to receive crisis services, the behavioral health services and physical health services that will be provided to the patient; or

(2) Does not need crisis services, the behavioral health services or physical health services that will be provided to the patient until the patient's treatment plan is completed; and

iii. The signature and date signed of the personnel member conducting the behavioral health assessment;

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

15. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;

16. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;

17. The request in subsection (15) and the opportunity in subsection (16) are documented in the patient's medical record;

18. For a patient who is admitted to receive crisis services, the patient's behavioral health assessment is documented in the patient's medical record within 24 hours after admission;

19. Except as provided in subsection (18), a patient's behavioral health assessment is documented in the patient's medical record within 48 hours after completing the assessment;

20. ~~A patient's assessment is reviewed and updated when additional information that affects the patient's assessment is identified~~ If the information listed in subsection (13) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained~~; and~~ .

~~21. A review and update of a patient's behavioral health assessment is documented in the medical record within 48 hours after the review is completed.~~

R9-10-308. Treatment Plan

A. Except for a patient admitted to receive crisis services or as provided in ~~R9-10-315(C)~~ R9-10-315(E) or (F), an administrator shall ensure that a treatment plan is developed and implemented for a patient that is:

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

d. When a patient has a significant change in condition or experiences an event that affects treatment~~;~~.

B. An administrator shall ensure that:

1. A request for participation in developing a patient's treatment plan is made to the patient or the patient's representative;
2. An opportunity for participation in developing the patient's treatment plan is provided to the patient or the patient's representative; and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.

C. If a patient who is admitted to receive crisis services remains admitted as a patient after the patient no longer needs crisis services, an administrator shall ensure that a treatment plan for the patient is:

1. Except for subsection (A)(3), completed according to the requirements in subsection (A); and
2. Documented in the patient's medical record within 24 hours after the patient no longer needs crisis services.

R9-10-309. Discharge

A. ~~An~~ Except as provided in R9-10-315(E) or (F), an administrator shall ensure that a discharge plan for a patient is:

1. Developed that:
   a. Identifies any specific needs of the patient after discharge;
   b. If the discharge date has been determined, includes the discharge date;
   c. Is completed before discharge occurs; and
   d. Includes a description of the level of care that may meet the patient's assessed and anticipated needs after discharge; ~~and~~

~~e.~~2. ~~Is documented~~ Documented in the patient's medical record within 48 hours after the discharge plan is completed; and

~~2.~~3. Provided to the patient or the patient's representative before the discharge occurs.

B. An administrator shall ensure that:

1. A request for participation in developing a patient's discharge plan is made to the patient or the patient's representative,
2. An opportunity for participation in developing the patient's discharge plan is provided to the patient or the patient's representative, and

3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.

C. An administrator shall ensure that a patient is discharged from a behavioral health inpatient facility~~:~~

~~1. When the patient's treatment goals are achieved, as documented in the patient's treatment plan; or~~

~~2.~~ ~~When~~ when the patient's treatment needs are not consistent with the services that the behavioral health inpatient facility is authorized ~~or~~ and able to provide.

D. An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a patient is discharged unless the patient leaves the behavioral health inpatient facility against a medical practitioner's or behavioral health professional's advice.

E. An administrator shall ensure that, at the time of discharge, a patient receives a referral for treatment or ancillary services that the patient may need after discharge, if applicable.

F. If a patient is discharged to any location other than a health care institution, an administrator shall ensure that:

1. Discharge instructions are documented, and
2. The patient or the patient's representative is provided with a copy of the discharge instructions.

G. An administrator shall ensure that a discharge summary:

1. Is entered into the patient's medical record within 10 working days after a patient's discharge; and
2. Includes:
    a. The following information ~~completed~~ authenticated by a medical practitioner or ~~a~~ behavioral health professional:
        i. The patient's presenting issue and other physical health and behavioral health issues identified in the patient's nursing assessment, behavioral health assessment, or treatment plan;
        ii. A summary of the treatment provided to the patient;
        iii. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
        iv. The name, dosage, and frequency of each medication ~~for the patient~~ ordered for the patient by a medical practitioner at the behavioral health

inpatient facility at the time of the patient's discharge ~~by a medical practitioner at the behavioral health inpatient facility~~; and

b. A description of the disposition of the patient's possessions, funds, or medications brought to the behavioral health inpatient facility by the patient.

H. An administrator shall ensure that a patient who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the patient is discharged from the behavioral health inpatient facility if a medical practitioner for the behavioral health inpatient facility will not be prescribing the medication for the patient at or after discharge.

R9-10-310. Transport; Transfer

A. Except ~~for a transport of a patient due to an emergency~~ as provided in subsection (B), an administrator shall ensure that:

1. A personnel member coordinates the transport and the services provided to the patient;
2. According to policies and procedures:
   a. An evaluation of the patient is conducted before and after the transport,
   b. ~~Medical records are~~ Information from the patient's medical record is provided to a receiving health care institution, ~~and~~
   c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative~~;~~, and
   d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution;
3. Documentation in the patient's medical record includes:
   a. Communication or lack of communication with an individual at a receiving health care institution;
   b. The date and time of the transport;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the patient during a transport.

B. Subsection (A) does not apply to:

1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a patient by the patient or the patient's representative,
3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
4. A transport to another licensed health care institution in an emergency.

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

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

R9-10-311. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (D) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (D); and
3. Policies and procedures ~~are established, documented, and implemented that~~ include:
    a. How and when a patient or the patient's representative is informed of patient rights in subsection ~~(C)~~ (D), and
    b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
    a. Abuse;
    b. Neglect;
    c. Exploitation;
    d. Coercion;
    e. Manipulation;
    f. Sexual abuse;

g. Sexual assault;

h. ~~Seclusion~~ Except as allowed under R9-10-316, restraint or seclusion;

~~i. Restraint, if not necessary to prevent imminent harm to self or others;~~

~~j.~~i. Retaliation for submitting a complaint to the Department or another entity;

~~k.~~j. Misappropriation of personal and private property by ~~a~~ the behavioral health inpatient facility's personnel members, employees, volunteers, or students;

~~l.~~k. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative; or

~~m.~~l. Treatment that involves the denial of:

i. Food,

ii. The opportunity to sleep, or

iii. The opportunity to use the toilet; ~~and~~

3. Except as provided in subsection (C), a patient is allowed to:

a. Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the behavioral health inpatient facility;

b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and

c. Unless restricted by a court order, send and receive uncensored and unopened mail; and

4. ~~A~~ Except as provided in R9-10-318, a patient or, ~~if the patient is under 18 years of age,~~ if applicable, the patient's representative:

a. Except in an emergency, either consents to or refuses treatment;

b. May refuse or withdraw consent ~~to~~ for treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5~~,~~ is necessary to save the patient's life or physical health, or is provided according to A.R.S. § 36-512;

c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication ~~or surgical procedure~~ and the associated risks and possible complications of the proposed psychotropic medication ~~or surgical procedure~~;

d. Is informed of the following:

i. The policy on health care directives~~;~~, and

ii. The patient complaint process; and

e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:

i. Medical ~~records~~ record, ~~and~~ or

ii. Financial records.

C. If a medical director or clinical director determines that a patient's treatment requires the behavioral health inpatient facility to restrict the patient's ability to participate in ~~the activities~~ an activity in subsection ~~(B)(2)~~ (B)(3), the medical director or clinical director shall:

1. Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity,
2. Inform the patient of the reason why the activity is being restricted, and
3. Inform the patient of the patient's right to file a complaint and the procedure for filing a complaint.

D. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
   a. Supports and respects the patient's individuality, choices, strengths, and abilities;
   b. Supports the patient's personal liberty and only restricts the patient's personal liberty according to a court order, by the patient's or the patient's representative's general consent, or as permitted in this Chapter; and
   c. Is provided in the least restrictive environment that meets the patient's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
   a. A patient may be photographed when admitted to a behavioral health inpatient facility for identification and administrative purposes;
   b. For a patient receiving treatment according to A.R.S. Title 36, Chapter 37; or
   c. For video recordings used for security purposes that are maintained only on a temporary basis; ~~or~~
   ~~d. As provided in R9-10-316(7);~~
4. Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is ~~unable~~ not able to exercise a specific right or category of rights;

5. To review, upon written request, the patient's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
6. To receive a referral to another health care institution if the behavioral health inpatient facility is ~~unable~~ not authorized or not able to provide physical health services or behavioral health services ~~for~~ needed by the patient;
7. To participate or have the patient's representative participate in the development of a treatment plan or decisions concerning treatment;
8. To participate or refuse to participate in research or experimental treatment; and
9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-312. Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to ~~the requirements in~~ A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the patient's medical record and includes the time of the order;
   b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or ~~the~~ electronic ~~code~~ signature;
5. A patient's medical record is available to ~~personnel members, medical practitioners, and behavioral health professional~~ an individual:
   a. ~~authorized by~~ Authorized according to policies and procedures to access the patient's medical record;

~~6.~~b. ~~Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only~~ If the individual is not authorized according to policies and procedures, with the written consent of ~~a~~ the patient or the patient's representative, or

c. ~~as~~ As permitted by law; and

~~7.~~6. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health inpatient facility maintains ~~a patient's~~ patients' medical records electronically, an administrator shall ensure that:

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

C. An administrator shall ensure that a ~~behavioral health inpatient facility's~~ patient's medical record ~~for a patient~~ contains:

1. Patient information that includes:
   a. The patient's name;
   b. The patient's address;
   c. The patient's date of birth; and
   ~~d. The name and contact information of the patient's representative, if applicable; and~~
   ~~e.~~d. Any known allergy, including medication allergies;
2. Medication information that includes:
   a. ~~A~~ Documentation of medication ordered for the patient; and
   b. ~~A~~ Documentation of medication administered to the patient ~~including~~ that includes:
      i. The date and time of administration;
      ii. The name, strength, dosage, amount, and route of administration;
      iii. For a medication administered for pain on a PRN basis:
         (1) An assessment of the patient's pain before administering the medication, and
         (2) The effect of the medication administered;
      iv. For a psychotropic medication administered on a PRN basis:
         (1) An assessment of the patient's behavior before administering the psychotropic medication, and
         (2) The effect of the psychotropic medication administered;

~~iii.~~v. The identification and authentication of the individual administering the medication or providing assistance in the self-administration of the medication; and

~~iv.~~vi. Any adverse reaction the patient has to the medication;

3. If ~~required~~ applicable, documented general consent and informed consent by the patient or the patient's representative;

4. If applicable, the name and contact information of the patient's representative and:

a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or

b. If the patient's representative:

i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or

ii. Is a legal guardian, a copy of the court order establishing guardianship;

~~4.~~5. The patient's medical history and results of a physical examination or an interval note;

~~5.~~6. If the patient provides a health care directive, the health care directive signed by the patient or the patient's representative;

~~6.~~7. An admitting diagnosis or presenting symptoms;

8. The date of admission and, if applicable, the date of discharge;

~~7.~~9. The name of the admitting medical practitioner or behavioral health professional;

~~8.~~10. Orders;

~~9.~~11. ~~Patient~~ The patient's nursing assessment and behavioral health assessment and any interval notes;

~~10.~~12. Treatment plans;

~~11.~~13. Documentation of behavioral health services and physical health services provided to the patient;

~~12.~~14. Progress notes;

15. If applicable, documentation of restraint or seclusion;

16. If applicable, documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient;

~~13.~~17. ~~Disposition~~ The disposition of the patient after discharge;

~~14.~~18. ~~Discharge~~ The discharge plan;

~~15.~~19. ~~Discharge~~ The discharge summary; and

~~16.~~20. If applicable:

a. A laboratory report,

b. A radiologic report,

c. A diagnostic report, and

~~d. Documentation of restraint or seclusion, and~~

~~e.~~d. A consultation report.

R9-10-313. Transportation; Patient Outings

A. An administrator ~~shall ensure that~~ of a behavioral health inpatient facility that uses a vehicle owned or leased by the behavioral health inpatient facility to provide transportation to a patient shall ensure that:

1. The vehicle:

a. Is safe and in good repair,

b. Contains a first aid kit,

c. Contains drinking water sufficient to meet the needs of each patient present in the vehicle, and

d. Contains a working heating and air conditioning system;

2. Documentation of vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;

3. A driver of the vehicle:

a. Is 21 years of age or older;

b. Has a valid driver license;

c. ~~Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position~~ Operates the vehicle in a manner that does not endanger a patient in the vehicle;

d. Does not leave in the vehicle an unattended:

i. Child;

ii. Patient who may be a threat to the health, safety, or welfare of the patient or another individual; or

iii. Patient who is incapable of independent exit from the vehicle; and

e. Ensures the safe and hazard-free loading and unloading of patients; and

4. Transportation safety is maintained as follows:

a. An individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and

b. ~~A~~ Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

B. An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each patient participating in the outing.

C. An administrator shall ensure that:

1. At least two personnel members are present on an outing;

2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a patient on the outing;

3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to ~~R9-10-303(C)(1)(d)~~ R9-10-303(C)(1)(e) and first aid training;

4. Documentation is developed before an outing that includes:

a. The name of each patient participating in the outing;

b. A description of the outing;

c. The date of the outing;

d. The anticipated departure and return times;

e. The name, address, and, if available, telephone number of the outing destination; and

f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;

5. The documentation described in subsection ~~(A)(2) and~~ (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and

6. Emergency information for a patient participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:

a. The patient's name;

b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the patient during the anticipated duration of the outing;

c. The patient's allergies; and

d. The name and telephone number of a designated individual, to notify in case of an emergency, who is present on the behavioral health inpatient facility's premises.

R9-10-314. Physical Health Services

A. An administrator shall ensure that:

1. Medical services are provided under the direction of a physician;

2. Nursing services are provided under the direction of a registered nurse; and

3. If a behavioral health inpatient facility ~~provides~~ is authorized to provide:

~~a. Surgical services as defined in R9-10-215, the behavioral health inpatient facility complies with:~~

~~i. The applicable standards for an inpatient surgical services suite and anesthesia services in the physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412, and~~

~~ii. The requirements in R9-10-215 and R9-10-216;~~

~~b.~~a. Clinical laboratory services, as defined in R9-10-101, the behavioral health inpatient facility complies with the requirements for clinical laboratory services in R9-10-219; or

~~c.~~b. Radiology services or diagnostic imaging services, the behavioral health inpatient facility complies with the requirements in R9-10-220~~;~~.

~~d. Intensive care services as defined in R9-10-221, the behavioral health inpatient facility complies with:~~

~~i. The applicable standards for inpatient intensive care services in the physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412, and~~

~~ii. The requirements in R9-10-221; and~~

~~e. Perinatal services as defined in R9-10-223, the behavioral health inpatient facility complies with:~~

~~i. The applicable standards for inpatient perinatal services in the physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412, and~~

~~ii. The requirements in R9-10-223.~~

B. An administrator shall ensure that, if a patient requires immediate medical services to ensure the patient's health and safety that the behavioral health inpatient facility is not authorized or not able

to provide, a personnel member arranges for the patient to be transported to a hospital, another health care institution, or a health care provider where the medical services can be provided.

R9-10-315. Behavioral Health Services

A. An administrator shall ensure that:

1. Behavioral health services listed in the behavioral health inpatient facility's scope of services are provided to meet the needs of a patient;
2. When behavioral health services are:
   a. Listed in the behavioral health inpatient facility's scope of services, the behavioral health services are provided on the behavioral health inpatient facility's premises; and
   b. Provided in a setting or activity with more than one patient participating, before a patient participates, the ~~patients participating have similar~~ diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical abuse or sexual abuse, of the patients participating are reviewed, to ensure that the:
      i. Health and safety of ~~a~~ each patient is protected, and
      ii. Treatment needs of ~~a~~ each patient participating in the setting or activity are being met; and
3. A patient does not share any space, participate in any activity or treatment, or verbally or physically interact with any other patient that, based on the other patient's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history, may present a threat to the ~~patient~~ patient's health and safety.

B. An administrator shall ensure that counseling is:

1. Offered as described in the behavioral health inpatient facility's scope of services,
2. Provided according to the frequency and number of hours identified in the patient's treatment plan, and
3. Provided by a behavioral health professional or a behavioral health technician.

C. An administrator shall ensure that each counseling session is documented in ~~the~~ a patient's medical record to include:

1. The date of the counseling session;
2. The amount of time spent in the counseling session;
3. Whether the counseling was individual counseling, family counseling, or group counseling;
4. The treatment goals addressed in the counseling session; and

5. The signature of the personnel member who provided the counseling and the date signed.

D. An administrator ~~that provides~~ of a behavioral health inpatient facility authorized to provide pre-petition screening shall ensure pre-petition screening is provided according to the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.

E. An administrator ~~that provides~~ of a behavioral health inpatient facility authorized to provide court-ordered evaluation shall ensure that court-ordered evaluation is provided according to the court-evaluation requirements in A.R.S. Title 36, Chapter 5.

F. An administrator is not required to comply with the following provisions in this Chapter for a patient receiving court-ordered evaluation:

1. Admission requirements in R9-10-307,
2. Patient assessment requirements in R9-10-307,
3. Treatment plan requirements in R9-10-308, and
4. Discharge requirements in R9-10-309.

G. An administrator of a behavioral health inpatient facility ~~that provides~~ authorized to provide court-ordered treatment shall ensure that court-ordered treatment is provided according to the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5.

~~H. An administrator of a behavioral health inpatient facility that provides inpatient services to individuals under 18 years of age:~~

~~1. May continue to provide behavioral health services to a patient who is 18 years of age or older:~~

~~a. If the patient:~~

~~i. Was admitted to the behavioral health inpatient facility before the patient's 18th birthday,~~

~~ii. Is not 21 years of age or older, and~~

~~iii. Is completing high school or a high school equivalency diploma or participating in a job training program; or~~

~~b. Through the last calendar day of the month of the patient's 18th birthday; and~~

~~2. Shall ensure that:~~

~~a. A patient does not receive the following from other patients at the behavioral health inpatient facility:~~

~~i. Threats,~~

~~ii. Ridicule,~~

~~iii. Verbal harassment,~~

~~iv. Punishment, or~~

~~v. Abuse;~~

~~b. The interior of the behavioral health inpatient facility has furnishings and decorations appropriate to the ages of the patients receiving services at the behavioral health inpatient facility;~~

~~c. A patient older than three years of age does not sleep in a crib;~~

~~d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to patients in a quantity sufficient to meet each patient's needs and are appropriate to each patient's age, developmental level, and treatment needs; and~~

~~e. A patient's educational needs are met by establishing and providing an educational component, approved in writing by the Arizona Department of Education.~~

R9-10-316. ~~Restraint and~~ Seclusion; Restraint

A. An administrator shall ensure that restraint is provided according to the requirements in subsection (C).

B. An administrator of a behavioral health inpatient facility authorized to provide seclusion shall ensure that:

1. Seclusion is provided according to the requirements in subsection (C);
2. If a patient is placed in seclusion, the room used for seclusion:
   a. Is approved for use as a seclusion room by the Department;
   b. Is not used as a patient's bedroom or a sleeping area;
   c. Allows full view of the patient in all areas of the room;
   d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
   e. Contains at least 60 square feet of floor space; and
   f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
      i. Consists of a mattress on a solid platform that is:
         (1) Constructed of a durable, non-hazardous material, and
         (2) Raised off of the floor;
      ii. Does not have wire springs or a storage drawer; and
      iii. Is securely anchored in place;
3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
   a. A piece of equipment is available that:

i. Is commercially manufactured to safely and humanely restrain a patient's body;

ii. Provides support to the trunk and head of a patient's body;

iii. Provides restraint to the trunk of a patient's body;

iv. Is able to restrict movement of a patient's arms, legs, body, and head;

v. Allows a patient's body to recline; and

vi. Does not inflict harm on a patient's body; and

b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and

4. A seclusion room may be used for services or activities other than seclusion if:

a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;

b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;

c. Policies and procedures:

i. Delineate which services or activities other than seclusion may be provided in the room,

ii. List what types of equipment or supplies may be placed in the room for the delineated services, and

iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and

d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before use.

C. An administrator shall ensure that:

1. Policies and procedures for providing restraint ~~and~~ or seclusion are established, documented, and implemented to protect the health and safety of a patient that:

a. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;

b. Identify each type of restraint ~~and~~ or seclusion used and include for each type of restraint ~~and~~ or seclusion used:

i. The qualifications of a personnel member who can:

(1) Order the restraint or seclusion,

(2) Place a patient in the restraint or seclusion,

(3) Monitor a patient in the restraint or seclusion,

(4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or

(5) Renew the order for restraint or seclusion;

ii. On-going training requirements for a personnel member who has direct patient contact while ~~a~~ the patient is in a restraint or seclusion; and

iii. Criteria for monitoring and assessing a patient including:

(1) Frequencies of monitoring and assessment based on a patient's medical condition and risks associated with the specific restraint or seclusion;

(2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;

(3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;

(4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and

(5) A process for meeting a patient's nutritional needs and elimination needs;

c. Establish the criteria and procedures for renewing an order for restraint or seclusion;

d. Establish procedures for internal review of the use of restraint or seclusion;

~~e. Establish requirements for notifying the parent or guardian of a patient who is less than 18 years of age and who is restrained or secluded;~~ and

~~f.~~e. Establish ~~patient~~ medical record and personnel record documentation requirements for restraint and seclusion, if applicable;

2. An order for restraint or seclusion is:

a. ~~Written by~~ Obtained from a physician or registered nurse practitioner, and

b. Not written as a standing order or on an as-needed basis;

3. Restraint or seclusion is:
    a. Not used as a means of coercion, discipline, convenience, or retaliation;
    b. Only used when all of the following conditions are met:
        i. Except as provided in subsection ~~(4)~~ (C)(4), after obtaining an order for the restraint or seclusion;
        ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
        iii. When less restrictive interventions have been determined to be ineffective; and
        iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
    c. Discontinued at the earliest possible time;
4. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to ~~a~~ the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
    a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
    b. ~~Shall obtain~~ Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
5. An order for restraint or seclusion includes:
    a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
    b. The date and time that the restraint or seclusion was ordered;
    c. The specific restraint or seclusion ordered;
    d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
    e. The specific criteria for release from restraint or seclusion without an additional order; and
    f. The maximum duration authorized for the restraint or seclusion;
6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed~~:~~
    ~~a.~~ ~~Three~~ three continuous hours ~~for a patient who is 18 years of age or older;~~
    ~~b. Two continuous hours for a patient who is between the ages of nine and 17; or~~

~~c. One continuous hour for a patient who is younger than nine~~;

~~7. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:~~

~~a. Face-to-face monitoring by a medical practitioner or personnel member, or~~

~~b. Video and audio monitoring by a medical practitioner or personnel member who is in close proximity to the patient;~~

~~8.~~7. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;

~~9.~~8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:

a. Includes:

i. Techniques to identify medical practitioner, personnel member, and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;

ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;

iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;

iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;

v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;

vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and

vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and

b. Is provided by individuals qualified according to policies and procedures;

~~10.~~9. When a patient is placed in restraint or seclusion:

a. The restraint or seclusion is conducted according to policies and procedures;

b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:

i. Chronological and developmental age;

ii. Size;

iii. Gender;

iv. Physical condition;

v. Medical condition;

vi. Psychiatric condition; and

vii. Personal history, including any history of physical or sexual abuse;

c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;

d. The patient is monitored and assessed according to policies and procedures;

e. A physician or registered nurse assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:

i. The patient's current behavior,

ii. The patient's reaction to the restraint or seclusion used,

iii. The patient's medical and behavioral condition, and

iv. Whether to continue or terminate the restraint or seclusion;

f. The patient is given the opportunity:

i. To eat during mealtime, and

ii. To use the toilet; and

g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;

~~11. If a patient is placed in seclusion, the room used for seclusion:~~

~~a. Is approved for use as a seclusion room by the Department;~~

~~b. Is not used as a patient's bedroom or a sleeping area;~~

~~c. Allows full view of the patient in all areas of the room;~~

~~d. Is free of hazards, such as unprotected light fixtures or electrical outlets;~~

~~e. Contains at least 60 square feet of floor space; and~~

~~f. Except as provided in subsection (12), contains a non-adjustable bed that:~~

~~i. Consists of a mattress on a solid platform that is:~~

~~(1) Constructed of a durable, non-hazardous material, and~~

~~(2) Raised off of the floor;~~

~~ii. Does not have wire springs or a storage drawer; and~~

~~iii. Is securely anchored in place;~~

~~12. If a non-adjustable bed required in subsection (11)(f) is not in a room used for seclusion:~~

~~a. A piece of equipment is available that:~~

~~i. Is commercially manufactured to safely and humanely restrain a patient's body;~~

~~ii. Provides support to the trunk and head of a patient's body;~~

~~iii. Provides restraint to the trunk of a patient's body;~~

~~iv. Is able to restrict movement of a patient's arms, legs, body, and head;~~

~~v. Allows a patient's body to recline; and~~

~~vi. Does not inflict harm on a patient's body; and~~

~~b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (12)(a) is maintained;~~

~~13. A seclusion room may be used for services or activities other than seclusion if:~~

~~a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;~~

~~b. No permanent equipment other than the bed required in subsection (11)(f) is in the room;~~

~~c. There are policies and procedures that:~~

~~i. Delineate which services or activities other than seclusion may be provided in the room,~~

~~ii. List what types of equipment or supplies may be placed in the room for the delineated services, and~~

~~iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and~~

~~d. The sign required in subsection (13)(a) and equipment and supplies in the room other than the bed required in subsection (11)(f) are removed before a patient is placed in seclusion in the room;~~

~~14.~~10. A medical practitioner or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:

a. The emergency situation that required the patient to be restrained or put in seclusion;

b. The times the patient's restraint or seclusion actually began and ended;

c. The time of the assessment required in subsection ~~(10)(e)~~ (C)(9)(e);

d. The monitoring required in subsection ~~(7) or~~ (C)(10)(d)~~, as applicable~~;

e. The names of the medical practitioners and personnel members with direct patient contact while the patient was in the restraint or seclusion;

f. The times the patient was given the opportunity to eat or use the toilet according to subsection ~~(10)(f)~~ (C)(9)(f); and

g. The patient evaluation required in subsection ~~(16)~~ (C)(12);

~~15.~~11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:

a. The specific criteria for release from restraint or seclusion without an additional order, and

b. The maximum duration authorized for the restraint or seclusion; and

~~16.~~12. A patient is evaluated after restraint or seclusion is no longer being used for the patient.

R9-10-317. Behavioral Health Observation/Stabilization Services

A. An administrator of a behavioral health inpatient facility ~~that provides~~ authorized to provide behavioral health observation/stabilization services shall comply with the requirements for behavioral health observation/stabilization services in R9-10-1012.

B. If a behavioral health inpatient facility is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age, an administrator shall ensure that, in addition to complying with the requirements in R9-10-1012, the behavioral health inpatient facility complies with the requirements for a patient under 18 years of age, personnel records, and physical plant in R9-10-318.

R9-10-318. Child and Adolescent Residential Treatment Services

A. An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services shall:

1. If abuse, neglect, or exploitation of a patient under 18 years of age is alleged or suspected to have occurred before the patient was accepted or while the patient is not on the premises and not receiving services from an employee or personnel member of the behavioral health inpatient facility, report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620.

2. If the administrator has a reasonable basis, according to A.R.S. § 13-3620, to believe that abuse, neglect, or exploitation of a patient under 18 years of age has occurred on the premises or while the patient is receiving services from an employee or a personnel member:
   a. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
   b. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
   c. Document:
      i. The suspected abuse, neglect, or exploitation;
      ii. Any action taken according to subsection (A)(2)(a); and
      iii. The report in subsection (A)(2)(b);
   d. Maintain the documentation in subsection (A)(2)(c) for at least 12 months after the date of the report in subsection (A)(2)(b);
   e. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (A)(2)(b) that includes:
      i. The dates, times, and description of the suspected abuse, neglect, or exploitation;
      ii. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
      iii. The names of witnesses to the suspected abuse, neglect, or exploitation; and
      iv. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
   f. Maintain a copy of the documented information required in subsection (A)(2)(e) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated;
3. If a patient who is under 18 years of age is absent and the absence is unauthorized as determined according to the criteria in R9-10-303(H), within an hour after determining that the patient's absence is unauthorized, notify:
   a. Except as provided in subsection (A)(3)(b), the patient's parent or legal guardian; and

b. For a patient who is under a court's jurisdiction, the appropriate court or a person designated by the appropriate court;

4. Document the notification in subsection (A)(3) in the patient's medical record and the written log required in R9-10-303(I)(3);

5. In addition to the personnel records requirements in R9-10-306(F), ensure that a personnel record for each employee, volunteer, and student contains documentation of the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;

6. Ensure that the patient's representative for a patient who is under 18 years of age:

a. Except in an emergency, either consents to or refuses treatment;

b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;

c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;

d. Is informed of the following:

i. The policy on health care directives, and

ii. The patient complaint process; and

e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:

i. Medical record, or

ii. Financial records.

7. In addition to the restrictions provided in R9-10-311(C), ensure that a parent of a patient under 18 years of age is allowed to restrict the patient from:

a. Associating with individuals of the patient's choice, receiving visitors, and making telephone calls during the hours established by the behavioral health inpatient facility;

b. Having privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and

c. Sending and receiving uncensored and unopened mail; and

8. Establish, document, and implement policies and procedures to ensure that:

a. A patient is protected from the following from other patients at the behavioral health inpatient facility:

i. Threats,

ii. Ridicule,

iii. Verbal harassment,

iv. Punishment, or

v. Abuse;

9. Ensure that:

a. The interior of the behavioral health inpatient facility has furnishings and decorations appropriate to the ages of the patients receiving services at the behavioral health inpatient facility;

b. A patient older than three years of age does not sleep in a crib;

c. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to patients in a quantity sufficient to meet each patient's needs and are appropriate to each patient's age, developmental level, and treatment needs; and

d. A patient's educational needs are met by establishing and providing an educational component, approved in writing by the Arizona Department of Education;

10. In addition to the requirements for seclusion or restraint in R9-10-316, ensure that:

a. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:

i. Two continuous hours for a patient who is between the ages of nine and 17, or

ii. One continuous hour for a patient who is younger than nine; and

b. Establish requirements for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and

11. Prohibit a patient under 18 years of age from possessing or using tobacco products on the premises.

B. An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services may continue to provide behavioral health services to a patient who is 18 years of age or older:

1. If the patient:

a. Was admitted to the behavioral health inpatient facility before the patient's 18th birthday,

b. Is not 21 years of age or older, and

c. Is completing high school or a high school equivalency diploma or participating in a job training program; or

2. Through the last calendar day of the month of the patient's 18th birthday.

~~R9-10-318.~~R9-10-319. Detoxification Services

An administrator of a behavioral health inpatient facility ~~licensed~~ authorized to provide detoxification services shall ensure that:

1. Detoxification services are available;
2. Policies and procedures state:
   a. Whether the behavioral health inpatient facility ~~provides~~ is authorized to provide involuntary, court-ordered alcohol treatment;
   b. Whether the behavioral health inpatient facility includes a local alcoholism reception center, as defined in A.R.S. § 36-2021;
   c. The types of substances for which the behavioral health inpatient facility provides detoxification services; ~~and~~
   d. The detoxification process or processes used by the behavioral health inpatient facility; and
   e. When an adjustable bed can be used by a patient and what actions are necessary, including supervision, to protect the patient's health and safety when the patient is in an adjustable bed; and
3. A physician or registered nurse practitioner with skills and knowledge in providing detoxification services is present at the behavioral health inpatient facility or on-call~~; and~~.
~~4. A patient who needs immediate medical services the behavioral health inpatient facility is unable to provide is transferred to a health care institution capable of meeting the patient's immediate needs for medical services.~~

~~R9-10-319.~~R9-10-320. Medication Services

A. ~~If a behavioral health inpatient facility provides medication administration or assistance in the self-administration of medication, an~~ An administrator shall ensure that policies and procedures for medication services:

1. Include:
   a. A process for providing information to a patient about medication prescribed for the patient including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and

iv. Potential adverse reactions that could result from not taking the medication as prescribed;

b. Procedures for preventing, responding to, and reporting:

i. A medication error,

ii. An adverse ~~response~~ reaction to a medication, or

iii. A medication overdose;

c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen ~~and~~ meets the patient's needs;

d. Procedures for documenting medication ~~services~~ administration and assistance in the self-administration of medication;

e. Procedures for assisting a patient in obtaining medication; and

f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and

2. Specify a process for review through the quality management program of:

a. A medication administration error, and

b. An adverse reaction to a medication~~;~~.

B. If a behavioral health inpatient facility provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:

a. Are reviewed and approved by a medical practitioner;

b. Specify the individuals who may:

i. Order medication, and

ii. Administer medication;

c. Ensure that medication is administered to a patient only as prescribed; and

d. ~~A~~ Cover the documentation of a patient's refusal to take prescribed medication ~~is documented~~ in the patient's medical record;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

3. A medication administered to a patient is:

a. Administered in compliance with an order, and

b. Documented in the patient's medical record~~; and~~

~~4. If pain medication is administered to a patient, documentation in the patient's medical record includes:~~

~~a. An identification of the patient's pain before administering the medication, and~~

~~b. The effect of the pain medication administered.~~

C. If a behavioral health inpatient facility provides assistance in the self-administration of medication, an administrator shall ensure that:

1. A patient's medication is stored by the behavioral health inpatient facility;

2. The following assistance is provided to a patient:

a. A reminder when it is time to take the medication;

b. Opening the medication container for the patient;

c. Observing the patient while the patient removes the medication from the container;

d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:

i. The patient taking the medication is the individual stated on the medication container label,

ii. The <u>patient is taking the</u> dosage of the medication ~~is the same as~~ stated on the medication container label <u>or according to an order from a medical practitioner dated later than the date on the medication container label</u>, and

iii. The ~~medication is being taken by the~~ patient <u>is taking the medication</u> at the time stated on the medication container label <u>or according to an order from a medical practitioner dated later than the date on the medication container label</u>; or

e. Observing the patient while the patient 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 <u>assistance in</u> the self-administration of medication:

a. Is provided by a medical practitioner or ~~a~~ registered nurse or an individual trained by a medical practitioner or registered nurse; and

b. Includes:

i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,

ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and

iii. ~~Process~~ The process for notifying the appropriate entities when an emergency medical intervention is needed;

5. A personnel member, other than a medical practitioner or ~~a~~ registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and

6. Assistance ~~with~~ in the self-administration of medication provided to a patient:

a. Is in compliance with an order, and

b. Is documented in the patient's medical record.

D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;

2. A current toxicology reference guide is available for use by personnel members; and

3. If pharmaceutical services are provided on the premises:

a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:

i. Develop a drug formulary;

ii. Update the drug formulary at least once every 12 months;

iii. Develop medication usage and medication substitution policies and procedures; and

iv. Specify which medication and medication classifications are required to be ~~automatically~~ stopped automatically after a specific time period unless the ordering medical ~~staff member~~ practitioner specifically orders otherwise;

b. The pharmaceutical services are provided under the direction of a pharmacist;

c. The pharmaceutical services comply with ~~ARS~~ A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and

d. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a behavioral health inpatient facility, an administrator shall ensure that:

1. ~~There is a~~ Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage ~~that includes a lockable door~~;

~~2. If medication is stored in a separate room or closet, a locked cabinet or container is used for medication storage;~~

~~3.~~2. Medication is stored according to the instructions on the medication container; and

~~4.~~3. 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 patients who received recalled medication; and

d. Storing, inventorying, and dispensing controlled substances.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health inpatient facility's clinical director.

~~R9-10-320.~~R9-10-321. Food Services

A. An administrator shall ensure that:

1. The behavioral health inpatient facility ~~is licensed~~ obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1;

2. A copy of the behavioral health inpatient facility's food establishment license or permit is maintained;

3. If a behavioral health inpatient facility contracts with a food establishment, as ~~defined~~ established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health inpatient facility:

a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health inpatient facility; and

b. The behavioral health inpatient facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;

4. A registered dietitian is employed full-time, part-time, or as a consultant; and

5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.

B. A registered dietitian or director of food services 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 calendar day before the first meal on the food menu will be served,

d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and

e. Is maintained for at least 60 calendar days after the last day included in the food menu;

2. Meals and snacks provided by the behavioral health inpatient facility are served according to posted menus;

3. Meals and snacks for each day are planned using:

a. The applicable ~~meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm~~ guidelines in http://www.health.gov/dietaryguidelines/2010.asp; and

b. Preferences for meals and snacks obtained from patients;

4. A patient is provided:

a. A diet that meets the patient's nutritional needs as specified in the patient's assessment or treatment plan;

b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);

c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and

d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:

i. A patient group agrees; and

ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and

6. Water is available and accessible to patients.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;

2. Food is protected from potential contamination;

3. Food is prepared:

a. Using methods that conserve nutritional value, flavor, and appearance; and

b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;

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
      ~~iv.~~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.

~~R9-10-321.~~R9-10-322. Emergency and Safety Standards

A. An administrator shall ensure that a behavioral health inpatient facility has:
   1. A fire alarm system installed according to the National Fire Protection Association 72: ~~National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a)~~ National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, and a sprinkler system installed according to the National Fire Protection Association 13 ~~standards~~ Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that are in working order; or
   2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

B. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    a. When, how, and where patients will be relocated;
    b. How a patient's medical record will be available to ~~personnel~~ individuals providing services to the patient during a disaster;
    c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    d. A plan for obtaining food and water for individuals present in the behavioral health inpatient facility or the behavioral health inpatient facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    a. The date and time of the disaster plan review;
    b. The name of each personnel member, employee, volunteer, or student participating in the disaster plan review;
    c. A critique of the disaster plan review; and
    d. If applicable, recommendations for improvement;
4. ~~An evacuation~~ A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and patients:
    a. Is conducted at least once every six months; and
    b. ~~Except for a patient whose treatment plan contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, includes~~ Includes all individuals ~~in the behavioral health inpatient facility~~ on the premises except for:
        i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, and
        ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    a. The date and time of the evacuation drill;

~~b.~~ ~~Whether the evacuation drill was for employees only or for both employees and patients;~~

~~c.~~b. The amount of time taken for ~~all~~ employees and~~, if applicable,~~ patients to evacuate to a designated area;

~~d.~~c. If applicable:

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

ii. An identification of patients who were not evacuated;

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

~~f.~~e. Recommendations for improvement, if applicable; and

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

C. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

~~R9-10-322.~~R9-10-323. Environmental Standards

A. An administrator 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 patient or other individual to suffer physical injury;
2. A pest control program is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment used at the behavioral health inpatient facility is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;

6. Garbage and refuse ~~is~~ are:
    a. In areas used for food storage, food preparation, or food service, stored in covered containers lined with plastic bags;
    b. In areas not used for food storage, food preparation, or food service, stored:
        i. According to the requirements in subsection (6)(a), or
        ii. In a paper-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
    c. ~~Is removed~~ Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health inpatient facility at a temperature between 70° F and 84° F;
8. Common areas:
    a. Are lighted to assure the safety of patients, and
    b. Have lighting sufficient to allow personnel members to monitor patient activity;
9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health inpatient facility used by patients;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
11. Soiled linen and soiled clothing stored by the behavioral health inpatient facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
12. Oxygen containers are secured in an upright position;
13. Poisonous or toxic materials stored by the behavioral health inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
14. Combustible or flammable liquids and hazardous materials stored by a behavioral health inpatient facility are stored in the original labeled containers or safety containers ~~outside the behavioral health inpatient facility or in an attached garage that is~~ in a locked area ~~and are~~ inaccessible to patients;
15. ~~Pets~~ If pets or animals are allowed in the behavioral health inpatient facility, pets or animals are:
    a. Controlled to prevent endangering the patients and to maintain sanitation;
    b. Licensed consistent with local ordinances; and
    c. ~~Vaccinated as follows:~~
        ~~i.~~ ~~A~~ For a dog ~~is vaccinated against rabies and leptospirosis, and~~

~~ii.~~ ~~A~~ or cat~~,~~ ~~is~~ vaccinated against rabies;

16. If a ~~non-municipal~~ water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    c. Documentation of testing is maintained for ~~two years~~ at least 12 months after the date of the test; and
17. 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. An administrator shall ensure that:
1. Smoking ~~or the use of~~ tobacco products is not permitted within a behavioral health inpatient facility; and
2. Except as provided in R9-10-318(A)(11), ~~Smoking~~ smoking ~~and the use of~~ tobacco products may be permitted on the premises outside a behavioral health inpatient facility if:
    a. Signs designating smoking areas are conspicuously posted, and
    b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in ~~R9-10-303(C)(1)(d)~~ R9-10-303(C)(1)(e) is present in the pool area when a patient is in the pool area, and
2. At least two personnel members are present in the pool area when two or more patients are in the pool area.

~~R9-10-323.~~R9-10-324. Physical Plant Standards

A. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the behavioral health inpatient facility's scope of services, and
2. An individual accepted as a patient by the behavioral health inpatient facility.

B. An administrator shall ensure that:
1. A behavioral health inpatient facility has a:
    a. Waiting area with seating for patients and visitors;
    b. Room that provides privacy for a patient to receive treatment or visitors; and
    c. Common area and a dining area that:
        i. Are not converted, partitioned, or otherwise used as a sleeping area; and

ii. Contain furniture and materials to accommodate the recreational and socialization needs of the patients and other individuals in the behavioral health inpatient facility;

2. A bathroom is available for use by visitors during the behavioral health inpatient facility's hours of operation and:
   a. Provides privacy; and
   b. Contains:
      i. A working sink with running water,
      ii. A working toilet that flushes and has a seat,
      iii. Toilet tissue,
      iv. Soap for hand washing,
      v. Paper towels or a mechanical air hand dryer,
      vi. Lighting, and
      vii. A window that opens or another means of ventilation;
3. For every six patients, there is at least one working toilet that flushes and has a seat and one sink with running water;
4. For every eight patients, there is at least one working bathtub or shower with a slip-resistant surface;
5. A patient bathroom complies with the following:
   a. Provides privacy when in use;
   b. Contains:
      i. A shatterproof mirror, unless the patient's treatment plan requires otherwise;
      ii. A window that opens or another means of ventilation; and
      iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
   c. Has plumbing, piping, ductwork, or other potentially hazardous elements concealed above a ceiling;
   d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access;
   e. If grab bars for the toilet and tub or shower or other assistive devices are identified in the patient's treatment plan, has grab bars or other assistive devices to provide for patient safety;

f. If a grab bar is provided, has the space between the grab bar and the wall filled to prevent a cord being tied around the grab bar;

g. Does not contain a towel bar, a shower curtain rod, or a lever handle that is not a specifically designed anti-ligature lever handle;

h. Has tamper-resistant lighting fixtures, sprinkler heads, and electrical outlets; and

i. For a bathroom with a sprinkler head where a patient is not supervised while the patient is in the bathroom, has a sprinkler head that is recessed or designed to minimize patient access;

6. If a patient bathroom door locks from the inside, an employee has a key and access to the bathroom;

7. Each patient is provided a bedroom for sleeping;

8. A patient bedroom complies with the following:

a. Is not used as a common area;

b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of ~~an individual~~ the patient occupying the bedroom;

c. Contains a door that opens into a hallway, common area, or outdoors and, except as provided in subsection ~~(C)~~ (E), another means of egress;

~~d.~~ Is constructed and furnished to provide unimpeded access to the door;

~~e.~~f. Has window or door covers that provide patient privacy;

~~f.~~g. Has floor to ceiling walls:

~~g.~~h. Is a:

i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or

ii. Shared bedroom that:

(1) Is shared by no more than four patients;

(2) Contains, except as provided in subsection (B)(9), at least 60 square feet of floor space, not including a closet, for each ~~individual~~ patient occupying the bedroom; and

(3) Provides ~~at least three feet of floor~~ sufficient space between beds to ensure that a patient has unobstructed access to the bedroom door;

~~h.~~i. Contains for each patient occupying the bedroom:

i. A bed that is: at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens that is not a threat to health and safety; and

ii. Individual storage space for personnel effects and clothing such as shelves, a dresser, or chest of drawers;

~~i.~~j. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each patient;

~~j.~~k. Has sufficient lighting for a patient occupying the bedroom to read; and

~~k.~~l. If applicable, has a drawer pull that is recessed to eliminate the possibility of use as a tie-off point;

9. If a behavioral health inpatient facility licensed before November 1, 2003 was approved for 50 square feet of floor space for each patient in a bedroom, ensure that the bedroom contains at least 50 square feet for each patient not including the closet;

~~9.~~10. In a patient bathroom or a patient bedroom:

a. The ceiling is secured from access or at least 9 feet in height; and

b. A ventilation grille is:

i. Secured and has perforations that are too small to use as a tie-off point, or

ii. Of sufficient height to prevent patient access;

~~10.~~11. For a door located in an area of the behavioral health inpatient facility that is accessible to patients:

a. A door closing device, if used on a patient bedroom door, is mounted on the public side of the door;

b. A door's hinges are designed to minimize points for hanging;

c. Except for a door lever handle that contains specifically designed anti-ligature hardware, a door lever handle points downward when in the latched or unlatched position; and

d. Hardware has tamper-resistant fasteners; and

~~11.~~12. A window located in an area of the behavioral health inpatient facility that is accessible to patients is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.

C. An administrator of a licensed behavioral health inpatient facility may submit a request, in a Department-provided format, for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) that includes:

1. The rule citation for the specific plant requirement,
2. The current physical plant condition that does not comply with the physical plant requirement,
3. How the current physical plant condition will be changed to comply with the physical plant requirement,
4. Estimated completion date of the identified physical plant change, and
5. Specific actions taken to ensure the health and safety of a patient until the physical plant requirement is met.

D. When the Department receives a request for addition time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) submitted according to subsection (C), the Department may approve the request for up to 24 months after the effective date of these rules based on:

1. The behavioral health inpatient facility's scope of services,
2. The expected patient acuity based on the behavioral health inpatient facility's scope of services,
3. The specific physical plant requirement in the request, and
4. The threat to patients' health and safety.

~~C.~~E. A bedroom in a behavioral health inpatient facility ~~licensed before October 1, 2013,~~ is not required to have a second means of egress if:

1. ~~an~~ An administrator ensures that policies and procedures are established, documented, and implemented that provide for the safe evacuation of a patient in the bedroom based on the patient's physical and mental limitations and the location of the bedroom; or
2. The building where the bedroom is located has a fire alarm system and a sprinkler system required in R9-10-322(A)(1).

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

1. The swimming pool is enclosed by a wall or fence that:
   a. Is at least five feet in height as measured on the exterior of the wall or fence;
   b. Has no vertical openings greater that four inches across;
   c. Has no horizontal openings, except as described in subsection ~~(C)(1)(e)~~ (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; and

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

~~E.~~G. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection ~~(D)(1)~~ (F)(1)is covered and locked when not in use.

ARTICLE 4. NURSING CARE INSTITUTIONS

R9-10-401. Definitions

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

1. "Administrator" has the meaning in A.R.S. § 36-446.

~~2. "Behavioral care" means:~~

~~a. Assistance with a resident's psychosocial interactions to manage the resident's behavior that can be performed by an individual without professional skills that may include direction provided by a behavioral health professional and medication ordered by a medical practitioner or behavioral health professional; or~~

~~b. Behavioral health services provided by a behavioral health professional on an intermittent basis to address a resident's significant psychological or behavioral response to an identifiable stressor or stressors.~~

~~3.~~2. "Care plan" means a documented description of physical health services and behavioral health services expected to be provided to a resident, based on the resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.

~~4.~~3. "Direct care" means medical services, nursing services, or social services provided to a resident.

~~5.~~4. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.

~~6.~~5. "Full-time" means 40 hours or more every consecutive seven calendar days.

~~7.~~6. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.

~~8.~~7. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment.

~~9.~~8. “Intermittent” means not on a regular basis.

~~10. "Medical director" means a physician who is responsible for the coordination of medical services provided to residents in a nursing care institution.~~

~~11.~~9. "Nursing care institution services" means medical services, nursing services, health-related services, ancillary services, social services, and environmental services provided to a resident.

~~12. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.~~

~~13. “Resident” means a patient admitted to a nursing care institution with the expectation that the patient will be present in the nursing care institution for more than 24 hours.~~

~~14.~~10. "Resident group" means residents or residents' family members who:

a. Plan and participate in resident activities, or

b. Meet to discuss nursing care institution issues and policies.

~~15. "Resident's representative" means a resident's legal guardian, an individual acting on behalf of a resident with the written consent of the resident, or a surrogate under A.R.S. § 36-3201.~~

~~16.~~11. "Secured" means the use of a method, device, or structure that:

a. Prevents a resident from leaving an area of the nursing care institution's premises, or

b. Alerts a personnel member of a resident's departure from the nursing care institution.

~~17.~~12. "Social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.

~~18.~~13. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.

~~19.~~14. "Unnecessary drug" means a medication that is not required because:

a. There is no documented indication for a resident’s use of the medication;

b. The medication is ~~excessive or~~ duplicative;

c. The medication is administered before determining whether the resident requires the medication; or

d. The resident has experienced an adverse reaction from the medication, indicating that the medication should be reduced or discontinued.

~~20~~15.~~.~~ "Ventilator" means a device designed to provide, to a resident who is physically unable to breathe or who is breathing insufficiently, the mechanism of breathing by mechanically moving breathable air into and out of the resident's lungs.

R9-10-402. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for an initial license as a nursing care institution shall include:

1. ~~On the application~~ In a Department-provided format whether the ~~nursing care institution~~ applicant:
   a. Has:
      i. A secured area for a resident with Alzheimer's disease or other dementia, or
      ii. An area for a resident on a ventilator;
   b. Is requesting authorization to provide to a resident:
      i. Behavioral health services,
      ii. Clinical laboratory services,
      iii. Dialysis services, or
      iv. Radiology services and diagnostic imaging services; and
   c. Is requesting authorization to operate a nutrition and feeding assistant training program; and
2. If the governing authority is requesting authorization to operate a nutrition and feeding assistant training program, the information in ~~R9-10-115(B)(1)(a)~~ R9-10-116(B)(1)(a), (B)(1)(c), and (B)(2).

R9-10-403. Administration

A. A governing authority shall:
   1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
   2. Establish, in writing, the nursing care institution's scope of services;
   3. Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
   4. Adopt a quality management program according to R9-10-404;

5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

6 Designate, in writing, an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6, if the administrator is:

a. Expected not to be present on the nursing care institution's premises for more than 30 calendar days, or

b. ~~Is not~~ Not present on the nursing care institution's premises for more than 30 calendar days; and

7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department.

B. An administrator:

1. Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
2. Has the authority and responsibility to ~~administer~~ manage the nursing care institution;
3. Except as provided in subsection ~~(A)(7)~~ (A)(6), designates, in writing, an individual~~, in writing,~~ who is ~~available~~ present on the nursing care institution's premises and accountable for the nursing care institution when the administrator is not present on the nursing care institution's premises;
4. Ensures the nursing care institution's compliance with A.R.S. § 36-411; and
5. If the nursing care institution provides feeding and nutrition assistant training, ensures the nursing care institution complies with the requirements for the operation of a feeding and nutrition assistant training program in ~~R9-10-115~~ R9-10-116.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:

a. ~~Include~~ Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;

b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;

c. Include how a personnel member may submit a complaint relating to resident care;

d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;

~~d.~~e. Cover cardiopulmonary resuscitation training including:

i. Which personnel members are required to obtain cardiopulmonary resuscitation training,

ii. The method and content of cardiopulmonary resuscitation training,

iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,

iv. The time-frame for renewal of cardiopulmonary resuscitation training, and

v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;

~~e.~~f. Cover first aid training;

~~f.~~g. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;

~~g.~~h. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;

~~h.~~i. Cover specific steps~~, including applicable deadlines,~~ for:

i. A resident to file a complaint~~;~~, and

ii. The nursing care institution to respond to a resident's complaint; ~~and~~

~~iii. The nursing care institution to obtain documentation of fingerprint clearance, if applicable;~~

~~i.~~j. Cover health care directives;

~~j.~~k. Cover medical records, including electronic medical records;

~~k.~~l. Cover a quality management program, including incident reports and supporting documentation;

~~l.~~m. Cover contracted services;

~~m.~~n. Cover resident's personal accounts;

~~n.~~o. Cover petty cash funds;

~~o.~~p. Cover fees and refund policies;

~~p.~~q. Cover misappropriation of resident property; and

~~q.~~r. Cover when an individual may visit a resident in a nursing care institution; and

2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that:

a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;

b. Cover the provision of physical health services and behavioral health services;

c. Include when general consent and informed consent are required;

d. Cover storing, dispensing, administering, and disposing of medication;

e. Cover infection control;

f. Cover ~~restraints that require an order, including the frequency of monitoring and assessing the restraint~~ how personnel members will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;

~~g. Cover seclusion of a resident including:~~

~~i. The requirements for an order, and~~

~~ii. The frequency of monitoring and assessing a resident in seclusion;~~

~~h.~~g. Cover telemedicine, if applicable; and

~~i.~~h. Cover environmental services that affect resident care;

3. Policies and procedures are reviewed at least once every ~~two~~ three years and updated as needed;

4. Policies and procedures are available to personnel members, employees, volunteers, and students; and

5. Unless otherwise stated:

a. Documentation required by this Article is provided to the Department within two hours after a Department request; and

b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing care institution.

D. Except for health screening services, ~~An~~ an administrator shall ensure that medical services, nursing services, health-related services, behavioral health services, or ancillary services provided by a nursing care institution are only provided to a resident.

E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing care institution's employee or personnel member, an administrator shall ~~immediately~~ report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:

1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or

2. For a resident under 18 years of age, according to A.R.S. § 13-3620;

F. If ~~abuse, neglect, or exploitation of a resident is alleged or suspected to have~~ an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while ~~the~~ a resident is receiving services from a nursing care institution's employee or personnel member, an administrator shall:

1. If applicable, ~~Take~~ take immediate action to stop the ~~alleged or~~ suspected abuse, neglect, or exploitation;
2. ~~Immediately report~~ Report the ~~alleged or~~ suspected abuse, neglect, or exploitation of the resident as follows:
   a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
   b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
   a. ~~the~~ The suspected abuse, neglect, or exploitation;
   b. Any action ~~in~~ taken according to subsection (F)(1); and
   c. ~~the~~ The report in subsection (F)(2);
4. ~~and maintain~~ Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
5. ~~4.~~ ~~Investigate~~ Initiate an investigation of the ~~alleged or~~ suspected abuse, neglect, or exploitation and ~~develop a written report of the investigation~~ document the following information within ~~48 hours~~ five working days after the report required in subsection (F)(2) that includes:
   a. The dates, times, and description of the ~~alleged or~~ suspected abuse, neglect, or exploitation;
   b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the ~~alleged or~~ suspected abuse, neglect, or exploitation; and
   d. The actions taken by the administrator to prevent the ~~alleged or~~ suspected abuse, neglect, or exploitation from occurring in the future; and
6. ~~5. Submit a copy of the investigation report required in subsection (F)(4) to the Department within 10 working days after submitting the report in subsection (F)(2); and~~

6. Maintain a copy of the ~~investigation report~~ documented information required in subsection ~~(F)(4)~~ (F)(5) and any other information obtained during the investigation for at least 12 months after the date ~~of~~ the ~~report~~ investigation was initiated.

G. An administrator shall:

1. Allow a resident advocate to assist a resident, the resident's representative, or a resident group with a request or recommendation, and ~~respond~~ document in writing ~~to~~ any complaint submitted to the nursing care institution;
2. Ensure that a monthly schedule of recreational activities for residents is developed, documented and implemented; and
3. Ensure that the following are conspicuously posted on the premises:
    a. The current nursing care institution license and quality rating issued by the Department;
    b. The name, address, and telephone number of:
        i. The Department's Office of Long Term Care,
        ii. The State Long-Term Care Ombudsman Program, and
        iii. Adult Protective Services of the Department of Economic Security;
    c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
    d. The monthly schedule of recreational activities; and
    e. One of the following:
        i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
        ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.

H. An administrator shall provide written notification to the Department of a resident’s:

1. Death, if the resident’s death is required to be reported according to A.R.S. § 11-593, within one working day after the resident’s death; and
2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

I. If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:

1. Comply with policies and procedures established according to subsection ~~(C)(1)(m)~~ (C)(1)(n);
2. Designate a personnel member who is responsible for the personal accounts;
3. Maintain a complete and separate accounting of each personal account;
4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
6. Transfer all money from the resident's personal account in excess of $50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.

J. If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection ~~(C)(1)(k)~~ (C)(1)(o) include:
   a. A prescribed cash limit of the petty cash fund, and
   b. The hours of the day a resident may access the petty cash fund; and
2. A resident's written acknowledgment is obtained for a petty cash transaction.

R9-10-405. Contracted Services

An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. ~~A documented list~~ Documentation of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-406. Personnel

A. An administrator shall ensure that:
1. A behavioral health technician is at least 21 years old, and
2. A behavioral health paraprofessional is at least 21 years old.

B. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and

ii. The acuity of the residents receiving physical health services or behavioral health services from the personnel member according to the established job description; and

b. Include:

i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,

ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

a. Before the personnel member provides physical health services or behavioral health services, and

b. According to policies and procedures; and

3. ~~Personnel~~ Sufficient personnel members are present on a nursing care institution's premises with the qualifications, skills, and knowledge necessary to:

a. Provide the services in the nursing care institution's scope of services,

b. Meet the needs of a resident, and

c. Ensure the health and safety of a resident.

C. Except as provided in R9-10-415, ~~An~~ an administrator shall ensure that ~~social services are provided an individual in compliance with the requirements in A.R.S. Title 32, Chapter 33~~ if a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5.

D. An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

E. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than ~~8~~ eight hours a week provides evidence of freedom from infectious tuberculosis: ~~as specified in R9-10-112.~~

1. On or before the date the individual begins providing services at or on behalf of the nursing care institution, and

2. As specified in R9-10-113.

F. An administrator shall ensure that a personnel record is maintained for each personnel member, ~~an~~ employee, ~~a~~ volunteer, ~~and~~ or ~~a~~ student that ~~contains~~ includes:

1. The individual's name, date of birth, ~~home address,~~ and contact telephone number;

2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

3. Documentation of:

a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;

b. The individual's education and experience applicable to the individual's job duties;

c. The individual's compliance with the requirements in A.R.S. § 36-411;

d. Orientation and in-service education as required by policies and procedures;

e. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;

f. If the individual is a behavioral health technician, clinical oversight required in ~~R9-10-114~~ R9-10-115;

g. Cardiopulmonary resuscitation training, if required for the individual according to ~~R9-10-403(C)(1)(d)~~ R9-10-403(C)(1)(e);

h. First aid training, if required for the individual according to this Article or policies and procedures;

i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E); and

j. If the individual is a nutrition and feeding assistant:

i. Completion of the nutrition and feeding assistant training course required in ~~R9-10-115~~ R9-10-116, and

ii. A nurse's observations required in R9-10-423(C)(6).

G. An administrator shall ensure that personnel records are ~~maintained~~:

1. Maintained:

a. Throughout the individual's period of providing services in or for the nursing care institution, and

~~2.~~b. For at least ~~two years~~ 24 months after the last date the individual provided services in or for the nursing care institution~~.~~; and

2. For a personnel member who has not provided physical health services or behavioral health services at or for the nursing care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.

H. An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
2. A personnel member completes orientation before providing physical health services or behavioral health services;
3. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
4. A ~~director of nursing develops, documents, and implements~~ a plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
5. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the training, and
   c. The subject or topics covered in the training; and
6. A work schedule of each personnel member is developed and maintained at the nursing care institution for at least 12 months after the date of the work schedule.

I. An administrator shall designate a qualified individual to provide:

1. Social services, and
2. Recreational activities.

R9-10-407. ~~Admissions~~ Admission

An administrator shall ensure that:

1. A resident is admitted only on a physician's order;
2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident such as medication and food services;
3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to ensure the resident's immediate needs for nursing care institution services are met;

4. A resident's needs do not exceed the medical services and nursing services available at the nursing care institution as established in the nursing care institution's scope of services;
5. Before or at the time of admission, a resident or the resident's representative:
   a. ~~Signs~~ Receives a ~~written~~ documented agreement with the nursing care institution that includes rates and charges,
   b. Is informed of third-party coverage for rates and charges,
   c. Is informed of the nursing care institution's refund policy, and
   d. Receives written information concerning the nursing care institution's policies and procedures related to a resident's health care directives;
6. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
   a. A physician, or
   b. A physician assistant or a registered nurse practitioner designated by the attending physician;
7. Except as specified in subsection (8), a resident provides evidence of freedom from infectious tuberculosis ~~as specified in R9-10-112~~:
   a. Before or within seven calendar days after the resident's admission, and
   b. As specified in R9-10-113;
8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in ~~R9-10-112(1)~~ R9-10-113(1) if:
   a. Fewer than 12 months have passed since the resident was screened for tuberculosis or since the date of the written statement, and
   b. The documentation of freedom from infectious tuberculosis required in subsection (7) accompanies the resident at the time of transfer; and
9. Compliance with the requirements in subsection (6) is documented in the resident's medical ~~records~~ record.

R9-10-408. Discharge

A. An administrator shall ensure that:
   1. A resident is transferred or discharged if:
      a. The nursing care institution is ~~unable~~ not authorized or not able to meet the needs of the resident, or

b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution, ~~or~~

~~c. The resident's health has improved and the resident no longer requires nursing care institution services;~~ and

2. Documentation of a resident's transfer or discharge includes:

a. The date of the transfer or discharge;

b. The reason for the transfer or discharge;

c. A 30-day written notice except:

i. ~~in~~ In an emergency~~;~~, or

ii. If the resident no longer requires nursing care institution services as determined by a physician or the physician's designee;

d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and

e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.

B. An administrator may transfer or discharge a resident for failure to pay for residency if:

1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and

2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.

C. Except in an emergency, a director of nursing shall ensure that before a resident is discharged:

1. Written follow-up instructions are developed with the resident or the resident's representative that includes:

a. Information necessary to meet the resident's need for medical services and nursing services; and

b. The state long-term care ombudsman's name, address, and telephone number;

2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and

3. A discharge summary is developed by a personnel member and authenticated by the resident's attending physician or designee and includes:

a. The resident's medical condition at the time of transfer or discharge,

b. The resident's medical and psychosocial history,

c. The date of the transfer or discharge, and

d. The location of the resident after discharge.

R9-10-409. Transport; Transfer

A. Except ~~for a transport of a resident due to an emergency~~ as provided in subsection (B), an administrator shall ensure that:

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

B. Subsection (A) does not apply to:

1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a resident by the resident or the resident's representative,
3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
4. A transport to another licensed health care institution in an emergency.

~~B.~~C. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before the transfer,
   b. ~~Medical records~~ Information from the resident's medical record, including orders that are in effect at the time of the transfer, ~~are~~ is provided to a receiving health care institution, and
   c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;

b. The date and time of the transfer;

c. The mode of transportation; and

d. If applicable, ~~a~~ the name of the personnel member accompanying the resident during a transfer.

R9-10-410. Resident Rights

A. An administrator shall ensure that:

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. Policies and procedures 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. An administrator shall ensure that:

1. A resident has privacy in:

a. Treatment,

b. Bathing and toileting,

c. Room accommodations, and

d. A visit or meeting with another resident or an individual;

2. A resident is treated with dignity, respect, and consideration;

3. A resident is not subjected to:

a. Abuse;

b. Neglect;

c. Exploitation;

d. Coercion;

e. Manipulation;

f. Sexual abuse;

g. Sexual assault;

h. Seclusion;

i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;

j. Retaliation for submitting a complaint to the Department or another entity; or

k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and

4. 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~~ for treatment before treatment is initiated;

c. Except in an emergency, is informed of proposed alternatives to psychotropic medication or a surgical procedure and the associated risks and possible complications of the psychotropic medication or surgical procedure;

d. Is informed of the following:

i. The health care institution's policy on health care directives, and

ii. The resident complaint process;

e. Consents to photographs of the resident before ~~a~~ the resident is photographed, except that the resident may be photographed when admitted to a nursing care institution for identification and administrative purposes;

f. May manage the resident's financial affairs;

g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;

h. Has access to and may communicate with any individual, organization, or agency;

i. May participate in a resident group;

j. May review the resident's financial records within two working days and medical ~~records~~ record within one working day after the resident's or the resident's representative's request;

k. May obtain a copy of the resident's financial records and medical ~~records~~ record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;

l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:

i. Medical records, and

ii. Financial records;

~~l.~~m. May select a pharmacy of choice if the pharmacy complies with ~~nursing care institution~~ policies and procedures and does not pose a risk to the resident;

~~m.~~n. Is informed of the method for contacting the resident's attending physician;

~~n.~~o. Is informed of the resident's total health condition;

~~o.~~p. Is provided with a copy of those sections of the resident's medical ~~records~~ record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged;

~~p.~~q. Is informed in writing of a change in rates and charges at least 60 calendar days before the effective date of the change; and

~~q.~~r. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical ~~records~~ record.

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, or diagnosis;
2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
4. To participate in social, religious, political, and community activities that do not interfere with other residents;
5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
6. To share a room with the resident's spouse if space is available and the spouse consents;
7. To receive a referral to another health care institution if the nursing care institution is ~~unable~~ not authorized or not able to provide physical health services or behavioral health services ~~for~~ needed by 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, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-411. Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for ~~a~~ each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;

2. An entry in a resident's medical record is:
    a. Recorded only by an individual authorized by ~~nursing care institution~~ policies and procedures to make the entry;
    b. Dated, legible, and authenticated; and
    c. Not changed to make the initial entry illegible;
3. An order is:
    a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or ~~the~~ electronic ~~code~~ signature;
5. ~~A resident's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by nursing care institution policies and procedures;~~ A resident's medical record is available to an individual:
    a. Authorized to access the resident's medial record according to policies and procedures;
    b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
    c. As permitted by law; and
6. ~~Information in a resident's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of the resident or the resident's representative or as permitted by law; and~~
~~7.~~6. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a nursing care institution ~~keeps a resident's~~ maintains residents' 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; and
   ~~c. The name and contact information of the resident's representative, if applicable; and~~
   ~~d.~~c. Any known ~~allergy~~ allergies, including medication allergies;
2. The admission date and, if applicable, the date of discharge;
3. The admitting diagnosis or presenting symptoms;
4. Documentation of general consent and, if applicable, informed consent;
5. If applicable, the name and contact information of the resident's representative and:
   a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
   b. If the resident's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
~~5.~~6. The medical history and physical examination required in ~~R9-10-407(5)~~ R9-10-407(6);
~~6.~~7. A copy of the resident's living will~~, health care power of attorney,~~ or other health care directive, if applicable;
~~7.~~8. The name and telephone number of the resident's attending physician;
~~8.~~9. Orders;
~~9.~~10. Care plans;
~~10.~~11. Behavioral care plans, if the resident is receiving behavioral care;
~~11.~~12. Documentation of nursing care institution services provided to the resident;
~~12.~~13. Progress notes;
14. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
15. If applicable, documentation that evacuation from the nursing care institution would cause harm to the resident;
~~13.~~16. The disposition of the resident after discharge;
~~14.~~17. The discharge plan;

~~15.~~18. The discharge summary;

~~16.~~19. Transfer documentation;

~~17.~~20. If applicable:

a. A laboratory report,

b. A radiologic report,

c. A diagnostic report, and

~~d. Documentation of restraint or seclusion, and~~

~~e.~~d. A consultation report;

~~18.~~21. Documentation of freedom from infectious tuberculosis required in R9-10-407(7);

~~19.~~22. Documentation of a medication administered to the resident that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. The type of vaccine, if applicable;

d. For a medication administered for pain on a PRN basis:

i. An evaluation of the resident's pain before administering the medication, and

ii. The effect of the medication administered;

e. For a psychotropic medication administered on a PRN basis:

i. An evaluation of the resident's ~~behavior~~ symptoms before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

f. The identification, signature, and professional designation of the individual administering ~~or observing the self-administration of~~ the medication; and

g. Any adverse reaction a resident has to the medication;

~~20.~~23. If the resident has been assessed for receiving nutrition and feeding assistance from a nutrition and feeding assistant, documentation of the assessment and the determination of eligibility; and

~~21.~~24. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

R9-10-412. Nursing Services

A. An administrator shall ensure that:

1. Nursing services are provided 24 hours a day in a nursing care institution;

2. A director of nursing is appointed who:

a. Is a registered nurse,

b. Works full-time at the nursing care institution, and

c. Is responsible for the direction of nursing services;

3. The director of nursing or an individual designated by the administrator participates in the quality management program; and

4. If the daily census of the nursing care institution is less than 60, the director of nursing may provide direct care to residents on a regular basis.

B. A director of nursing shall ensure that:

1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution's scope of services;

2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are on the nursing care institution premises to meet the needs of a resident for nursing services;

3. At least one nurse is present on the nursing care institution's premises and responsible for providing direct care to not more than 64 residents;

4. Documentation of nursing personnel ~~on duty~~ present on the nursing care institution's premises each day is maintained and includes:

a. The date,

b. The number of residents,

c. The name and license or certification title of each nursing personnel member who worked that day, and

d. The actual number of hours each nursing personnel member worked that day;

5. The documentation of nursing personnel required in subsection (B)(4) is maintained for at least 12 months after the date of the documentation;

6. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:

a. Is injured,

b. Is involved in an incident that may require medical services, or

c. Has a significant change in condition; and

7. An unnecessary drug is not administered to a resident.

R9-10-413. Medical Services

A. An administrator shall appoint a medical director.

B. A medical director shall ensure that:

1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident at least once every 12 months after the date of admission by an individual listed in ~~R9-10-407(5)~~ R9-10-407(6);
5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
    a. The attending physician provides documentation that the vaccination is medically contraindicated;
    b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical ~~records~~ record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
    c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
6. If the any of the following services are not provided by the nursing care institution and needed by a resident, the resident is assisted in obtaining, at the resident's expense:
    a. Vision services;
    b. Hearing services;
    c. Dental services;
    d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
    e. Psychosocial services;
    f. Physical therapy;
    g. Speech therapy;
    h. Occupational therapy;
    i. Behavioral health services; and
    j. Services for an individual who has a developmental disability, as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

R9-10-414. Comprehensive Assessment; Care Plan

A. A director of nursing shall ensure that:

1. A comprehensive assessment of a resident:
    a. Is conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team;
    b. Is completed for the resident within 14 calendar days after the resident's admission to a nursing care institution;
    c. Is updated:
        i. No later than 12 months after the date of the resident's last comprehensive assessment, and
        ii. When the resident experiences a significant change;
    d. Includes the following information for the resident:
        i. Identifying information;
        ii. An evaluation of the resident's hearing, speech, and vision;
        iii. An evaluation of the resident's ability to understand and recall information;
        iv. An evaluation of the resident's mental status;
        v. Whether the resident's mental status or behaviors:
            (1) Put the resident at risk for physical illness or injury,
            (2) Significantly interfere with the resident's care,
            (3) Significantly interfere with the resident's ability to participate in activities or social interactions,
            (4) Put other residents or personnel members at significant risk for physical injury,
            (5) ~~Intrude~~ Significantly intrude on another resident's privacy, or
            (6) Significantly disrupt care for another resident;
        vi. Preferences for customary routine and activities;
        vii. An evaluation of the resident's ability to perform activities of daily living;
        viii. Need for a mobility device;
        ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
        x. Any diagnosis that impacts nursing care institution services that the resident may require;

xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing care institution services;

xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;

xiii. An evaluation of the resident's oral and dental status;

xiv. An evaluation of the condition of the resident's skin;

xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;

xvi. Identification of any treatment or medication ordered for the resident;

xvii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;

xviii. A description of the resident or resident's representative's participation in the comprehensive assessment;

xix. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;

xx. Potential for rehabilitation; and

xxi. Potential for discharge; and

e. Is signed and dated by:

i. The registered nurse who conducts or coordinates the comprehensive assessment or review; and

ii. If a behavioral health professional is required to review according to subsection (A)(2), the behavioral health professional who reviewed the comprehensive assessment or review;

2. If any of the conditions in (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and care plan to ensure that the resident's needs for behavioral health services are being met;

3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and

4. A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition.

B. An administrator shall ensure that a care plan for a resident:

1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
2. Is reviewed and revised based on any change to the resident's comprehensive assessment; and
3. Ensures that a resident is provided nursing care institution services that:
   a. Address any medical condition or behavioral health issue identified in the resident's comprehensive assessment, and
   b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

R9-10-415. Behavioral Health Services

Except for behavioral care, if a nursing care institution ~~provides~~ is authorized to provide behavioral health services, an administrator shall ensure that:

1. The behavioral health services are provided:
   a. Under the direction of a behavioral health professional licensed or certified to provide the type of behavioral health services in the nursing care institution's scope of services, and
   b. In compliance with the requirements:
      i. For behavioral health paraprofessionals and behavioral health technicians, in ~~R9-10-114~~ R9-10-115; and
      ii. For an assessment, in R9-10-1011(B); and
2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident~~; and~~.
~~3. If the nursing care institution provides assistance in the self-administration of medication to a resident receiving behavioral health services:~~
   ~~a. The resident's interdisciplinary team determines that the resident is capable of self-administration and the attending physician documents authorization for medication self-administration in the resident's medical records;~~

b. A resident's medication is stored by the nursing care institution;

c. The following assistance is provided to a resident:

i. Reminding the resident when it is time to take the medication;

ii. Opening the medication container for the resident;

iii. Observing the resident while the resident removes the medication from the container;

iv. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:

(1) The resident taking the medication is the individual stated on the medication container label,

(2) The dosage of the medication is the same as stated on the medication container label, and

(3) The medication is being taken by the resident at the time stated on the medication container label; or

v. Observing the resident while the resident takes the medication;

d. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;

e. Training for a personnel member, other than a medical practitioner, nurse, or medication assistant, in the self-administration of medication:

i. Is provided by a medical practitioner or nurse or an individual trained by a medical practitioner or nurse; and

ii. Includes:

(1) A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,

(2) Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and

(3) The process for notifying the appropriate entities when an emergency medical intervention is needed;

f. A personnel member, other than a medical practitioner, nurse, or medication assistant, completes the training in subsection (3)(e) before the personnel member provides assistance in the self-administration of medication; and

g. Assistance in the self-administration of medication provided to a resident:

~~i. Is in compliance with an order, and~~

~~ii. Is documented in the resident's medical record.~~

R9-10-416. Clinical Laboratory Services

If clinical laboratory services are authorized to be provided on ~~the premises of a nursing care institution~~ a nursing care institution's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The nursing care institution:
    a. Is able to provide the clinical laboratory services delineated in the nursing care institution's scope of services when needed by the residents,
    b. Obtains specimens for the clinical laboratory services delineated in the nursing care institution's scope of services without transporting the residents from the nursing care institution's premises, and
    c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
    a. Available to the ordering physician:
        i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing care institution's premises, or
        ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing care institution's premises; and
    b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as ~~defined~~ established in ~~the nursing care institution's~~ policies and procedures, personnel notify:
    a. The ordering physician,
    b. A registered nurse in the resident's assigned unit,
    c. The nursing care institution's administrator, or
    d. The director of nursing;

6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the nursing care institution provides blood or blood products, policies and procedures are established, documented, and implemented for:
    a. Procuring, storing, transfusing, and disposing of blood or blood products;
    b. Blood typing, antibody detection, and blood compatibility testing; and
    c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

R9-10-417. Dialysis Services

If dialysis services are authorized to be provided on ~~the premises of the nursing care institution~~ a nursing care institution's premises, an administrator shall ensure that the dialysis services are provided in compliance with the requirements in R9-10-1018.

R9-10-418. Radiology Services and Diagnostic Imaging Services

If radiology services or diagnostic imaging services are authorized to be provided on ~~the premises of a nursing care institution~~ a nursing care institution's premises, an administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 12 A.A.C. 1;
2. A copy of a certificate documenting compliance with subsection (1) is maintained by the nursing care institution;
3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution’s scope of services are provided on the nursing care institution's premises;
4. Radiology services and diagnostic imaging services are provided:
    a. Under the direction of a physician; and
    b. According to an order that includes:
        i. The resident's name,
        ii. The name of the ordering individual,
        iii. The radiological or diagnostic imaging procedure ordered, and
        iv. The reason for the procedure;
5. A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
6. A radiologic or diagnostic imaging report is prepared that includes:
    a. The resident's name;

b. The date of the procedure;

c. A medical director, attending physician, or radiologist's interpretation of the image;

d. The type and amount of radiopharmaceutical used, if applicable; and

e. The resident's adverse reaction to the radiopharmaceutical, if any; and

7. A radiologic or diagnostic imaging report is included in the resident's medical record.

R9-10-419. Respiratory Care Services

If respiratory care services are provided on ~~the premises of a nursing care institution~~ a nursing care institution's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a medical director or attending physician;
2. Respiratory care services are provided according to an order that includes:
   a. The resident's name;
   b. The name and signature of the ordering individual;
   c. The type, frequency, and, if applicable, duration of treatment;
   d. The type and dosage of medication and diluent; and
   e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
   a. The date and time of administration;
   b. The type of respiratory care services provided;
   c. The effect of the respiratory care services;
   d. The resident's adverse reaction to the respiratory care services, if any; and
   e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-416.

R9-10-420. Rehabilitation Services

If rehabilitation services are provided on ~~the premises of a nursing care institution~~ a nursing care institution's premises, an administrator shall ensure that:

1. Rehabilitation services are provided:
   a. Under the direction of an individual qualified according to policies and procedures,
   b. By an individual licensed to provide the rehabilitation services, and
   c. According to an order; and

2. The medical record of a resident receiving rehabilitation services includes:
    a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
    b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
    c. The rehabilitation services provided,
    d. The resident's response to the rehabilitation services, and
    e. The authentication of the individual providing the rehabilitation services.

R9-10-421. Medication Services

A. ~~If a nursing care institution provides medication administration, an~~ An administrator shall ensure that policies and procedures for medication services:
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 pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
    d. Procedures for documenting medication services ~~and assistance in the self-administration of medication~~; and
    e. Procedures for assisting a resident in obtaining medication; and
2. Specify a process for review through the quality management program of:
    a. A medication administration error, and
    b. An adverse reaction to a medication.

B. ~~If a nursing care institution provides medication administration, an~~ An administrator shall ensure that:

1. Policies and procedures for medication administration:
    a. Are reviewed and approved by the director of nursing;
    b. Specify the individuals who may:
        i. Order medication, and
        ii. Administer medication;
    c. Ensure that medication is administered to a resident only as prescribed; and
    d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
    a. Is administered in compliance with an order, and
    b. Is documented in the resident's medical record; and
4. If a psychotropic medication is administered to a resident, the psychotropic medication:
    a. Is only administered to a resident for a diagnosed medical condition; and
    b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.

C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members; and
2. If pharmaceutical services are provided:
    a. The pharmaceutical services are provided under the direction of a pharmacist;
    b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    c. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a nursing care institution, an administrator shall ensure that:

1. ~~There is a~~ Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage ~~that includes a lockable door~~;

~~2.~~ ~~If medication is stored in a room or closet, a locked cabinet is used for medication storage;~~

~~3.~~2. Medication is stored according to the instructions on the medication container; and

~~4.~~3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident 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. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and the nursing care institution's director of nursing.

R9-10-422. Infection Control

~~A.~~ An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:

a. A method to identify and document infections occurring at the nursing care institution;

b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing care institution;

c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and

d. Documentation of infection control activities including:

i. The collection and analysis of infection control data,

ii. The actions taken related to infections and communicable diseases, and

iii. Reports of communicable diseases to the governing authority and state and county health departments;

2. Infection control documentation is maintained for at least ~~two years~~ 12 months after the date of the documentation;

3. Policies and procedures are established, documented, and implemented that cover:

~~a.~~ ~~Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;~~

~~b.~~a. Handling and disposal of biohazardous medical waste;

~~c.~~b. Sterilization, disinfection, and storage of medical equipment and supplies;

~~d.~~c. ~~Use of~~ Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;

~~e.~~d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;

~~f.~~e. Training of personnel members, employees, and volunteers in infection control practices; and

~~g.~~f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;

4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;

5. Soiled linen and clothing are:

   a. Collected in a manner to minimize or prevent contamination;

   b. Bagged at the site of use; and

   c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas; and

6. A personnel member, an employee, or a volunteer washes hands or ~~use~~ uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

~~B. An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.~~

R9-10-423. Food Services

A. An administrator shall ensure that:

1. The nursing care institution is licensed or permitted as a food establishment under 9 A.A.C. 8, Article 1;

2. A copy of the nursing care institution’s food establishment license or permit is maintained;

3. If a nursing care institution contracts with a food establishment, as ~~defined~~ established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution:

   a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the nursing care institution; and

b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;

4. A registered dietitian:

a. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,

b. Documents the review of a food menu, and

c. Is available for consultation regarding a resident's nutritional needs; and

5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.

B. A registered dietitian or director of food services shall ensure that:

1. Food is prepared:

a. Using methods that conserve nutritional value, flavor, and appearance; and

b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;

2. A food menu:

a. Is prepared at least one week in advance,

b. Includes the foods to be served on each day,

c Is conspicuously posted at least one day before the first meal on the food menu will be served,

d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and

e. Is maintained for at least 60 calendar days after the last day included in the food menu;

3. Meals and snacks for each day are planned and served using the applicable ~~meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm~~ guidelines in http://www.health.gov/dietaryguidelines/2010.asp;

4. A resident is provided:

a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;

b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);

c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and

d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:

i. A resident group agrees; and

ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

5. A resident is provided with food substitutions of similar nutritional value if:

a. The resident refuses to eat the food served, or

b. The resident requests a substitution;

6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;

7. 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;

8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair;

9. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the resident's medical ~~records~~ record; and

10. Water is available and accessible to residents.

C. If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:

1. A nutrition and feeding assistant:

a. Is at least 16 years of age;

b. If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;

c. Completes a nutrition and feeding assistant training course within 12 months before initially providing nutrition and feeding assistance;

d. Provides nutrition and feeding assistance where nursing personnel are present;

e. Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel; and

f. If the nutrition and feeding assistant observes a change in a resident's physical condition or behavior, reports the change to a nurse or, if a nurse is not present in the common area, to nursing personnel;

2. A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:

a. Has difficulty swallowing,

b. Has had recurrent lung aspirations,

c. Requires enteral feedings,

d. Requires parenteral feedings, or

e. Has any other eating or drinking difficulty that may cause the resident's health or safety to be compromised if the resident receives nutrition and feeding assistance from a nutrition and feeding assistant;

3. Only an eligible resident receives nutrition and feeding assistance from a nutrition and feeding assistant;

4. A nurse determines if a resident is eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant, based on:

a. The resident's comprehensive assessment,

b. The resident's care plan, and

c. An assessment conducted by the nurse when making the determination;

5. A method is implemented that identifies eligible residents that ensures only eligible residents receive nutrition and feeding assistance from a nutrition and feeding assistant;

6. When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes the nutrition and feeding assistant while the nutrition and feeding assistant is providing nutrition and feeding assistance to ensure that the nutrition and feeding assistant is providing nutrition and feeding assistance appropriately;

7. A nurse documents the nurse's observations required in subsection (C)(6); and

8. A nutrition and feeding assistant is provided additional training:

a. According to policies and procedures, and

b. If a nurse identifies a need for additional training based on the nurse's observation in subsection (C)(6).

R9-10-424. Emergency and Safety Standards

A. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:

a. When, how, and where residents will be relocated, including:

i. Instructions for the evacuation~~, transport,~~ or transfer of residents;

ii. Assigned responsibilities for each employee and personnel member; and

iii. A plan for continuing to provide services to meet a resident's needs;

b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;

c. A plan for back-up power and water supply;

d. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;

e. A plan to ensure a resident is provided nursing services and other services required by the resident during a disaster; and

f. A plan for obtaining food and water for individuals present in the nursing care institution or the nursing care institution'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 personnel member, employee, or volunteer participating in the disaster plan review;

c. A critique of the disaster plan review; and

d. If applicable, recommendations for improvement;

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

5. ~~A disaster drill~~ An evacuation drill for employees and residents:

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

b. Includes all individuals on the premises except for;

i. A resident whose medical record contains documentation that evacuation from the nursing care institution would care harm to the resident, and

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

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

a. The date and time of the evacuation drill;

b. ~~Whether the drill was for employees only or for both employees and residents~~ The amount of time taken for employees and residents to evacuate to a designated area;

c. If applicable:

~~i. The amount of time taken for employees and residents to evacuate,~~

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

~~iii.~~ii. An identification of residents who were not evacuated;

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

e. Recommendations for improvement, if applicable; and

7. An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.

B. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.

C. An administrator shall:

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

2. Make any repairs or corrections stated on the fire inspection report, and

3. Maintain documentation of a current fire inspection.

R9-10-425. Environmental Standards

A. An administrator shall ensure that:

1. A nursing care institution's premises and equipment are:

a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and

b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;

2. A pest control program is implemented and documented;

3. Equipment used to provide direct care is:

a. Maintained in working order;

b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and

c. Used according to the manufacturer's recommendations;

4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;

5. Garbage and refuse are:

a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag,

b. In areas not used for food storage, food preparation, or food service, stored:

i. According to the requirements in subsection (5)(a), or

ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and

c. Removed from the premises at least once a week;

6. Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F;

7. Common areas:

a. Are lighted to assure the safety of residents, and

b. Have lighting sufficient to allow personnel members to monitor resident activity;

8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;

9. Linens are clean before use, without holes and stains, and not in need of repair;

10. Oxygen containers are secured in an upright position;

11. Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and <u>are</u> inaccessible to residents;

12. Combustible or flammable liquids stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area ~~outside the nursing care institution and~~ inaccessible to residents;

13. If pets or animals are allowed in the nursing care institution, 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~~ <u>For a</u> dog <u>or cat,</u> ~~is~~ vaccinated against rabies; ~~and~~

~~ii. A cat is vaccinated against rabies;~~

14. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:

a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;

b. If necessary, corrective action is taken to ensure the water is safe to drink; and

c. Documentation of testing is retained for at least 12 months after the date of the test; and

15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:

1. Smoking ~~or the use of~~ tobacco products is not permitted within a nursing care institution, and
2. Smoking ~~and the use of~~ tobacco products may be permitted outside a nursing care institution if:
    a. Signs designating smoking areas are conspicuously posted, and
    b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in ~~R9-10-403(C)(1)(d)~~ R9-10-403(C)(1)(e) is present in the pool area when a resident is in the pool area, and
2. At least two personnel members are present in the pool area when two or more residents are in the pool area.

R9-10-426. Physical Plant Standards

A. An administrator shall ensure that:
1. A nursing care institution complies with:
    a. The applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date the nursing care institution submitted architectural plans and specifications to the Department for approval according to R9-10-104; and
    b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412;
2. The premises and equipment are sufficient to accommodate:
    a. The services stated in the nursing care institution's scope of services; and
    b. An individual accepted as a resident by the nursing care institution;
3. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
4. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
5. No more than two individuals reside in a resident room unless:
    a. The nursing care institution was operating before October 31, 1982, and
    b. The resident room has not undergone a modification as defined in ~~9 A.A.C. 10, Article 1~~ A.R.S. § 36-401;

6. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs in a resident room or suite of rooms;

7. A resident room has:

   a. A window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;

   b. A closet with clothing racks and shelves accessible to the resident; and

   c. If the resident room contains more than one bed, a curtain or similar type of separation between the beds for privacy; and

8. A resident room or a suite of rooms:

   a. Is accessible without passing through another resident's room; and

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

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

1. The swimming pool is enclosed by a wall or fence that:

   a. Is at least five feet in height as measured on the exterior of the wall or fence;

   b. Has no vertical openings greater that four inches across;

   c. Has no horizontal openings, except as described in subsection (B)(1)(e);

   d. Is not chain-link;

   e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and

   f. Has a self-closing, self-latching gate that:

      i. Opens away from the swimming pool,

      ii. Has a latch located at least five feet from the ground, and

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

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

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

R9-10-427. Quality Rating

A. As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a compliance survey.

B. The following quality ratings are established:

1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points;

2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points;

3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points; and

4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.

C. The quality rating is determined by the total number of points awarded based on the following criteria:

1. Nursing Services:

   a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.

   b. 5 points: The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.

   c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.

2. Resident Rights:

   a. 10 points: The nursing care institution is implementing a system that ensures a resident's privacy needs are met.

   b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.

   c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.

3. Administration:

   a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last survey or other survey or complaint investigation conducted between the last survey and the current survey.

b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Department and as required by A.R.S. § 46-454.

c. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.

d. 1 point: The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.

e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.

f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.

g. 1 point: The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.

4. Environment and Infection Control:

a. 5 points: The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.

b. 1 point: The nursing care institution establishes and maintains a pest control program.

c. 1 point: The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.

d. 1 point: The nursing care institution ensures orientation to the disaster plan for each personnel member is completed within the first scheduled week of employment.

e. 1 point: The nursing care institution maintains a clean and sanitary environment.

f. 5 points: The nursing care institution is implementing a system to prevent and control infection.

g. 1 point: An employee ~~washes hands~~ cleans the employee's hands after each direct resident contact or ~~where hand washing~~ when hand cleaning is indicated to prevent the spread of infection.

5. Food Services:

a. 1 point: The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.

b. 3 points: The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.

c. 2 points: The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.

d. 2 points: The nursing care institution provides assistance to a resident who needs help in eating so that the resident's nutritional, physical, and social needs are met.

e. 1 point: The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.

f. 1 point: The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.

D. A nursing care institution's quality rating remains in effect until a survey is conducted by the Department for the next renewal period except as provided in subsection (E).

E. If the Department issues a provisional license, the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance survey. If the Department determines that, as a result of a substantial compliance survey, the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).

F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

ARTICLE 5. RECOVERY CARE CENTERS

R9-10-501. Definitions

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

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

R9-10-502. Administration

A. A governing authority shall:

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

B. An administrator:

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

3. Except as provided in subsection ~~(A)(8)~~ (A)(7), ~~shall designate~~ designates, in writing, an individual who is present on ~~a~~ the recovery care center's premises and ~~is available and~~ accountable for the recovery care ~~services~~ center when the administrator is not present on the recovery care center premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and ~~recovery care center~~ in-service education for personnel members, employees, volunteers, and students;
   c. Include how a personnel member may submit a complaint relating to patient care;
   d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   ~~d.~~e. Cover cardiopulmonary resuscitation training required in ~~R9-10-505(5)~~ R9-10-505(G) including:
      i. The method and content of cardiopulmonary resuscitation training,
      ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
   ~~e.~~f. Cover first aid training;
   ~~f.~~g. Include a method to identify a patient to ensure the patient receives services as ordered;
   ~~g.~~h. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
   ~~h.~~i. Cover specific steps ~~and deadlines~~ for:
      i. A patient to file a complaint, and
      ii. The recovery care center to respond to ~~and resolve~~ a patient's complaint;
   ~~i.~~j. Cover health care directives;
   ~~j.~~k. Cover medical records, including electronic medical records;
   ~~k.~~l. Cover a quality management program, including incident ~~report~~ reports and

supporting documentation;

~~l.~~m. Cover contracted services;

~~m.~~n. Cover tissue and organ procurement and transplant; and

~~n.~~o. Cover when an individual may visit a patient in a recovery care center;

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

R9-10-503. Quality Management

An administrator shall ensure that:

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

of services related to patient care;

d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and

e. The frequency of submitting a documented report required in subsection (2) to the governing authority;

2. A documented report is submitted to the governing authority that includes:

a. An identification of each concern about the delivery of services related to patient care; and

b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-504. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and

2. ~~A documented list~~ Documentation of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-505. Personnel

A. An administrator shall ensure that:

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

a. Are based on:

i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and

ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and

b. Include:

i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,

ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the

personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures; and
3. ~~Personnel~~ Sufficient personnel members are present on a recovery care center's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the recovery care center's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient.

B. An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

C. An administrator shall ensure that a personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the recovery care center, and
2. ~~as~~ As specified in ~~R9-10-112~~ R9-10-113.

D. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, ~~and~~ or student that ~~contains~~ includes:

1. The individual's name, date of birth, ~~home address,~~ and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications, including skills and knowledge applicable to the employee's job duties;
   b. The individual's education and experience applicable to the employee's job duties;

c. The individual's completed orientation and in-service education as required by policies and procedures;

d. The individual's license ~~of~~ or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;

e. The individual's compliance with the requirements in A.R.S. § 36-411;

f. Cardiopulmonary resuscitation training, if required for the individual, according to ~~R9-10-502(C)(1)(d)~~ R9-10-502(C)(1)(e);

g. First aid training, if the individual is required to have according to this Article and policies and procedures; and

h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (C).

E. An administrator shall ensure that personnel records are ~~maintained~~:

1. Maintained:

a. Throughout the individual's period of providing services in or for the recovery care center, and

~~2.~~b. For at least ~~two years~~ 24 months after the last date the individual provided services in or for the recovery care center.~~;~~ and

2. For a personnel member who has not provided physical health services or behavioral health services at or for the recovery care center during the previous 12 months, provided to the Department within 72 hours after the Department's request.

F. An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, employee, volunteer, and student is developed, documented, and implemented;

2. A personnel member completes orientation before providing behavioral health services or physical health services;

3. An individual's orientation is documented, to include:

a. The individual's name,

b. The date of the orientation, and

c. The subject or topics covered in the orientation;

4. A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member;

5. A personnel member's in-service education is documented, to include:

a. The personnel member's name,

b. The date of the training, and

c. The subject or topics covered in the training; and

6. A work schedule of each personnel member is developed and maintained at the recovery care center for at least 12 months from the date of the work schedule.

G. An administrator shall ensure that a nursing personnel member:

1. Is 18 years of age or older;
2. Is certified in cardiopulmonary resuscitation within the first month of employment;
3. Maintains current certification in cardiopulmonary resuscitation; and
4. Attends additional orientation that includes patient care and infection control policies and procedures.

R9-10-506. Medical Staff

A. A governing authority shall require that:

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

which orders require identification of the time of the order;

i. Establishing a time-frame for a medical staff member to complete a ~~patient~~ patient's medical ~~records~~ record; and

j. Establishing criteria for granting, denying, revoking, and suspending clinical privileges; and

7. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every ~~36 months~~ three years and updates the bylaws and regulations as needed.

B. An administrator shall ensure that:

1. A medical staff member provides evidence of freedom from infectious tuberculosis as specified in ~~R9-10-112~~ R9-10-113 before providing services at the recovery care center and at least once every 12 months thereafter;

2. A record for each medical staff member is established and maintained that includes:

a. A completed application for clinical privileges,

b. The dates and lengths of appointment and reappointment of clinical privileges,

c. The specific clinical privileges granted to the medical staff member including revision or revocation dates for each clinical privilege, and

d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and

3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:

a. For a current medical staff member, within 2 hours after the Department's request, or

b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

R9-10-507. ~~Admissions~~ Admission

A. An administrator shall ensure that a physician only admits patients to the recovery care center who require recovery care services, as defined in A.R.S. § 36-448.51.

B. An administrator shall ensure that the following documents are in a patient's medical record at the time the patient is admitted to the recovery care center:

1. A medical history and physical examination performed or approved by a member of the recovery care center's medical staff within 30 calendar days before the patient's admission to the recovery care center,

2. A discharge summary from the referring health care institution or physician,

3. Physician orders, and

4. Documentation concerning health care directives.

R9-10-508. Discharge

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

1. Identifies the specific needs of the patient after discharge, if applicable;

2. If a discharge date has been determined, identifies the anticipated discharge date;

~~2.~~3. Includes the participation of the patient or the patient's representative;

~~3.~~4. Is completed before discharge occurs;

~~4.~~5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and

~~5.~~6. Is documented in the patient's medical record.

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

1. ~~There is a~~ A discharge summary is developed that includes:

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

b. The signature of the medical practitioner coordinating the patient's medical services;

2. ~~There is a documented~~ A discharge order for the patient ~~by~~ is received from a medical practitioner coordinating the patient's medical services before discharge, unless the patient leaves the recovery care center against a medical staff member's advice;

3. ~~There are documented discharge~~ Discharge instructions are developed and documented; and

4. The patient or the patient's representative is provided with a copy of the discharge instructions.

R9-10-509. Transfer

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

1. A personnel member coordinates the transfer and the services provided to the patient;

2. According to policies and procedures:

a. An evaluation of the patient is conducted before the transfer~~,~~;

b. ~~Medical records~~ Information from the patient's medical record, including orders that are in effect at the time of the transfer, ~~are~~ is provided to a receiving health care institution~~;~~ and

c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and

3. Documentation in the patient's medical record includes:

a. Communication with an individual at a receiving health care institution;

b. The date and time of the transfer;

c. The mode of transportation; and

d. If applicable, ~~a~~ the name of the personnel member accompanying the patient during a transfer.

R9-10-510. Patient Rights

A. An administrator shall ensure:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;

2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and

3. ~~There are policies~~ Policies and procedures ~~that~~ include:

a. How and when a patient or the patient's representative is informed of the patient rights in subsection (C), and

b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;

2. A patient is not subjected to:

a. Abuse;

b. Neglect;

c. Exploitation;

d. Coercion;

e. Manipulation;

f. Sexual abuse;

g. Sexual assault;

h. Seclusion;

i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;

j. Retaliation for submitting a complaint to the Department or another entity; or

k. Misappropriation of personal and private property by a recovery care center's medical staff, personnel members, employees, volunteers, or students; and

3. A patient or the patient's representative:

a. Except in an emergency, either consents to or refuses treatment;

b. May refuse or withdraw consent ~~to~~ for 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 recovery care center's policy on health care directives, and

ii. The patient complaint process;

e. Consents to photographs of the patient before ~~a~~ the patient is photographed, except that a patient may be photographed when admitted to a recovery care center for identification and administrative purposes; and

f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:

i. Medical ~~records~~ record, ~~and~~ or

ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. ~~Has~~ To have access to a telephone;
5. ~~Is~~ To be advised of the recovery care center's policy regarding health care directives;
6. ~~May~~ To associate and communicate privately with individuals of the patient's choice;
7. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
8. To receive a referral to another health care institution if the health care institution is ~~unable~~ not authorized or not able to provide physical health services or behavioral health services ~~for~~ needed by the patient;
9. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
10. To participate or refuse to participate in research or experimental treatment; and
11. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-511. Medical Records

A. An administrator shall ensure that:

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

B. If a recovery care center ~~keeps patient's~~ maintains patients' medical records electronically, an administrator shall ensure that:

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

internal clock.

C. An administrator shall ensure that a ~~recovery care center~~ patient's medical record ~~for a patient~~ contains:

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

~~13.~~15. ~~Disposition~~ The disposition of the patient after discharge;

~~14.~~16. ~~Discharge~~ The discharge plan;

~~15.~~17. ~~Discharge~~ A discharge summary, if applicable;

~~16.~~18. Transfer documentation from the referring health care institution or physician;

~~17.~~19. If applicable:

a. A laboratory ~~reports~~ report,

b. A radiologic ~~reports~~ report,

c. A diagnostic ~~reports~~ report, and

~~d. Documentation of restraint or seclusion, and~~

~~e.~~d. A consultation report; ~~and~~

20. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;

21. If applicable, documentation that evacuation from the recovery care center would cause harm to the patient; and

~~18.~~22. Documentation of a medication administered to the patient that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. For a medication administered for pain on a PRN basis:

i. An assessment of the patient's pain before administering the medication, and

ii. The effect of the medication administered;

d. For a psychotropic medication administered on a PRN basis:

i. An assessment of the patient's behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The signature of the individual administering or observing the patient self-administer the medication; and

f. Any adverse reaction a patient has to the medication.

D. An administrator shall ensure that a patient's medical record is completed within 30 calendar days after the patient's discharge.

R9-10-512. Nursing Services

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

B. A director of nursing shall:

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

C. An administrator shall ensure that a registered nurse completes a nursing assessment of each patient, which addresses patient care needs, when the patient is admitted to the recovery care center.

D. An administrator shall ensure that a licensed nurse provides a patient with written discharge instructions, based on the patient's health care needs and physician's instructions, before the patient is discharged from the recovery care center.

R9-10-513. Medication Services

A. An administrator shall ensure that ~~a recovery care center has~~ policies and procedures ~~in~~ for medication ~~administration that~~ services:

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

regimen meets the patient's needs; and

2. Specify a process for review through the quality management program of:
    a. A medication administration error, and
    b. An adverse reaction to a medication.

B. An administrator shall ensure that:
1. Policies and procedures for medication administration:
    a. Are reviewed and approved by a medical practitioner;
    b. Specify the individuals who may:
        i. Order medication, and
        ii. Administer medication;
    c. Ensure that medication is administered to a patient only as prescribed; and
    d. ~~A~~ Cover the documentation of a patient's refusal to take prescribed medication is documented in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a patient:
    a. Is administered in compliance with an order, and
    b. Is documented in the patient's medical record~~; and~~.
~~4. If pain medication is administered to a patient, documentation in the patient's medical record includes:~~
    ~~a. An identification of the patient's pain before administering the medication, and~~
    ~~b. The effect of the pain medication administered.~~

C. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
    a. A committee, composed of at least on physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
        i. Develop a drug formulary,
        ii. Update the drug formulary at least every 12 months,
        iii. Develop medication usage and medication substitution policies and procedures, and
        iv. Specify which medication and medication classifications are required to be ~~automatically~~ stopped automatically after a specific time period unless

the ordering medical staff member specifically orders otherwise;

b. The pharmaceutical services are provided under the direction of a pharmacist;

c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and

d. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a recovery care center, an administrator shall ensure that:

1. ~~There is a~~ Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage ~~that includes a lockable door~~;

~~2. If medication is stored in a room or closet, a locked cabinet or self-contained unit is used for medication storage;~~

~~3.~~2. Medication is stored according to the instructions on the medication container; and

~~4.~~3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:

a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;

b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;

c. A medication recall and notification of patients who received recalled medication; and

d. Storing, inventorying, and dispensing controlled substances.

E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the recovery care center's director of nursing.

R9-10-515. Food Services

A. An administrator shall ensure that:

1. The recovery care center ~~is licensed~~ has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;

2. A copy of the recovery care center's food establishment license or permit is maintained; and

3. If a recovery care center contracts with a food establishment, as ~~defined~~ established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the recovery care center:

a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the recovery care center; and

b. The recovery care center is able to store, refrigerate, and reheat food to meet the

dietary needs of a patient.

B. An administrator shall:

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

C. A food service manager shall ensure that:

1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served each day,
   c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks provided by the recovery care center are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable ~~meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm~~ guidelines in http://www.health.gov/dietaryguidelines/2010.asp;
5. A patient is provided:
   a. A diet that meets the patient's nutritional needs and, if applicable, the orders of the patient's physician;
   b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection ~~(C)(4)(d)~~ (C)(5)(d);
   c. The option to have a daily evening snack identified in subsection (C)(4)(d)(ii) (C)(5)(d)(ii) or other snack; and
   d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:

i. A patient agrees; and

ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

6. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and

7. Water is available and accessible to a patient.

R9-10-516. Emergency and Safety Standards

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

1. Basic life support procedures, including the administration of oxygen and cardiopulmonary resuscitation; and

2. Transfer arrangements for patients who require care not provided by the recovery care center.

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

C. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:

a. When, how, and where patients will be relocated, including:

i. Instructions for the evacuation or transfer of patients,

ii. Assigned responsibilities for each employee and personnel member, and

iii. A plan for providing continuing services to meet patient's needs;

b. How each patient's medical record will be available to ~~personnel~~ individuals providing services to the patient during a disaster;

c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and

d. A plan for obtaining food and water for individuals present in the recovery care center or the recovery care center's relocation site during a disaster;

2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;

3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:

a. The date and time of the disaster plan review;

b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;

c. A critique of the disaster plan review; and

d. If applicable, recommendations for improvement;

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

5. An evacuation drill for employees and patients:

a. Is conducted at least once every six months;

b. Includes all individuals on the premises except for;

i. A patient whose medical record contains documentation that evacuation from the recovery care center would cause harm to the patient, and

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

~~5.~~6. Documentation of ~~an~~ each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:

a. The date and time of the evacuation drill;

b. The amount of time taken for employees and patients to evacuate ~~the recovery care center~~ to a designated area;

c. ~~A list of the individuals who took part in the drill;~~ If applicable:

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

ii. An identification of patients who were not evacuated;

d. ~~A critique of the drill, including any~~ Any problems encountered in conducting the evacuation drill; and

e. Recommendations for improvement, if applicable; and

~~6.~~7. An evacuation path is conspicuously posted on each hallway of each floor of the recovery care center.

D. An administrator shall:

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

2. Make any repairs or corrections stated on the inspection report, and

3. Maintain documentation of a current fire inspection.

R9-10-517. Environmental Standards

A. An administrator shall ensure the recovery care center's infection control policies and procedures

include:

1. Development and implementation of a written plan for preventing, detecting, reporting, and controlling communicable diseases and infection;
2. Handling and disposal of biohazardous medical waste; and
3. Sterilization, disinfection, and storage of medical equipment and supplies.

B. An administrator shall ensure that:

1. A recovery care center's premises and equipment are:
   a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
   b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
2. A pest control program is implemented and documented;
3. Equipment used to provide ~~direct~~ recovery care services is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
6. Soiled linen and clothing are:
   a. Collected in a manner to minimize or prevent contamination;
   b. Bagged at the site of use; and
   c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
7. Garbage and refuse are:
   a. Stored in covered containers lined with plastic bags, and
   b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the recovery care center at a temperature between 70° F and 84° F;
9. Common areas:
   a. Are lighted to assure the safety of patients, and

b. Have lighting sufficient to allow personnel members to monitor patient activity;

10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;

11. Oxygen containers are secured in an upright position;

12. Poisonous or toxic materials stored by the recovery care center are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;

13. Combustible or flammable liquids and hazardous materials stored by the recovery care center are stored in the original labeled containers or safety containers in a locked area ~~outside the recovery care center and are~~ inaccessible to patients;

14. If pets or animals are allowed in the recovery care center, pets or animals are:

a. Controlled to prevent endangering the patients and to maintain sanitation; and

b. Licensed consistent with local ordinances; ~~and~~

~~c. Vaccinated as follows:~~

~~i. A dog is vaccinated against rabies and leptospirosis, and~~

~~ii. A cat is vaccinated against rabies;~~

15. If a ~~non-municipal~~ water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:

a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;

b. If necessary, corrective action is taken to ensure the water is safe to drink; and

c. Documentation of testing is retained for ~~two years~~ at least 12 months after the date of the test; and

16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.

C. An administrator shall ensure that:

1. Smoking ~~or the use of~~ tobacco products is not permitted within a recovery care center; and

2. Smoking ~~and the use of~~ tobacco products may be permitted outside a recovery care center if:

a. Signs designating smoking areas are conspicuously posted, and

b. Smoking is prohibited in areas where combustible materials are stored or in use.

R9-10-518. Physical Plant Standards

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

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

B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
   1. The services stated in the recovery care center's scope of services; and
   2. An individual accepted as a patient by the recovery care center.

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

ARTICLE 6. HOSPICES

R9-10-601. Definitions

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

1. "Medical social services" means ~~activities that assist a patient or the patient's family to~~ assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness, finances, or personal issues and may include problem-solving, interventions, and identification of resources to address the patient's or the patient's family's concerns.
2. "Palliative care" means medical services or nursing services provided to a patient that is not curative and is designed for pain control or symptom management.

R9-10-602. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for ~~a~~ an initial license as a hospice service ~~facility~~ agency or hospice inpatient facility shall include on the application:

1. For an application as a hospice service agency:
   a. The hours of operation for the hospice's administrative office, and
   b. The geographic region to be served by the hospice service agency; and
2. For an application as a hospice inpatient facility, the requested licensed capacity.

R9-10-603. Administration

A. A governing authority shall:
   1. Consist of one or more individuals responsible for the organization, operation, and administration of the hospice;
   2. Establish, in writing:

a. A hospice's scope of services, and

b. Qualifications for an administrator;

3. Designate, in writing, an administrator~~, in writing,~~ who has the qualifications established in subsection (A)(2)(b);

4. Adopt a quality management plan ~~that complies with~~ according to R9-10-604;

5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

6. Designate ~~an acting administrator~~, in writing, an acting administrator who has the qualifications ~~establish~~ established in subsection (A)(2)(b), if the administrator is:

a. Expected not to be present:

i. At a hospice service agency's administrative office for more than 30 calendar days; or

ii. On a hospice inpatient facility's premises for more than 30 calendar days; or

b. Not present:

i. At a hospice service agency's administrative office for more than 30 calendar days; or

ii. On a hospice inpatient facility's premises for more than 30 calendar days; and

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 administrator and ~~provide~~ identify the name and qualifications of the new administrator.

B. An administrator ~~is~~:

1. ~~Directly~~ Is directly accountable to the governing authority of a hospice for the daily operation of the hospice and all services provided by or through the hospice;

2. ~~Have~~ Has the authority and responsibility to manage the hospice;

3. Except as provided in subsection (A)(6), ~~shall designate~~ designates, in writing, an individual who is ~~responsible for services provided by the~~ present on the hospice's premises and accountable for the:

a. Hospice service agency when the administrator is not present at the hospice service agency's administrative office, or

b. Inpatient hospice facility when the administrator is not on hospice inpatient ~~hospice~~ facility's premises; and

4. ~~Designate~~ Designates a personnel member to provide direction for volunteers.

C. An administrator shall ensure that:

1. ~~Establish, document, and implement policies~~ Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Include how a personnel member may submit a complaint relating to patient care;
   d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   ~~d.~~e. Include a method to identify a patient to ensure the patient receives hospice services as ordered;
   ~~e.~~f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
   ~~f.~~g. Cover specific steps ~~and deadlines~~ for:
      i. A patient to file a complaint, and
      ii. The hospice service agency or hospice inpatient facility to respond to ~~and resolve~~ a patient's complaint;
   ~~g.~~h. Cover health care directives;
   ~~h.~~i. Cover medical records, including electronic medical records;
   ~~i.~~k. Cover a quality management program, including incident ~~report~~ reports and supporting documentation; and
   ~~j.~~l. Cover contracted services;
2. Policies and procedures for hospice services are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover patient screening, admission, ~~transport,~~ transfer, discharge planning, and discharge;
   b. Cover the provision of hospice services;
   c. Include when general consent and informed consent are required;
   d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
   ~~d.~~e. Cover dispensing, administering, and disposing of medication;
   ~~e.~~f. Cover infection control; and
   ~~f.~~g. Cover telemedicine, if applicable;

3. For a hospice inpatient facility, ~~establish, document, and implement~~ policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    a. Cover visitation of a patient, including:
        i. Allowing visitation by individuals 24 hours a day, and
        ii. Allowing a visitor to bring a pet to visit the patient;
    b. Cover the use and display of a patient's personal belongings; and
    c. Cover environmental services that affect patient care;
4. Policies and procedures are reviewed at least once every ~~two~~ three years and updated as needed;
5. Policies and procedures are available to personnel members, employees, volunteers, and students; and
6. Unless otherwise stated:
    a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    b. When documentation or information is required by this Chapter to be submitted on behalf of a hospice, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospice.

D. An administrator shall designate, in writing, a:
1. Physician as the medical director who has the authority and responsibility for providing direction for the medical services provided by the hospice, and
2. Registered nurse as the director of nursing who has the authority and responsibility for managing nursing services provided by the hospice.

~~D.~~E. An administrator shall ensure that the following are conspicuously posted:
1. The current Department-issued license;
2. The current telephone number of the Department; and
3. The location at which the following are available for review:
    a. A copy of the most recent Department inspection report;
    b. A list of the services provided by the hospice; and
    c. A written copy of rates and charges, as required in A.R.S. § 36-436.03~~; and~~
    ~~d. A list of patient rights~~.

R9-10-604. Quality Management

An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management

program that, at a minimum, includes:

a. A method to identify, document, and evaluate incidents;

b. A method to collect data to evaluate services provided to patients;

c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;

d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and

e. The frequency of submitting a documented report required in subsection (2) to the governing authority;

2. A documented report is submitted to the governing authority that includes:

a. An identification of each concern about the delivery of services related to patient care; and

b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-605. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and

2. ~~A documented list~~ Documentation of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-606. Personnel

A. An administrator shall ensure that:

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

a. Are based on:

i. The type of physical health services ~~or behavioral health services~~ expected to be provided by the personnel member according to the established job description, and

ii. The acuity of the patients receiving physical health services ~~or behavioral health services~~ from the personnel member according to the established job description; and

b. Include:

i. The specific skills and knowledge necessary for the personnel member to

provide the expected physical health services ~~and behavioral health services~~ listed in the established job description,

ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services ~~or behavioral health services~~ listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services ~~or behavioral health services~~ listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services ~~or behavioral health services~~, and
   b. According to policies and procedures;
3. ~~Personnel~~ Sufficient personnel members are available and, for a hospice inpatient facility present on ~~a hospice's~~ the hospice inpatient facility's premises, with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the hospice's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient;
4. Orientation occurs within the first week of providing hospice services and includes:
   a. Informing personnel about Department rules for licensing and regulating hospices and where the rules may be obtained,
   b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospice, and
   c. Providing the information required by hospice policies and procedures;
5. Personnel receive in-service education according to criteria established in hospice policies and procedures;
6. In-service education documentation for a personnel member includes:
   a. The subject matter;
   b. The date of the in-service education; and
   c. The signature~~, rubber stamp, or electronic signature code~~ of each individual who participated in the in-service education; and
7. A personnel member, or an employee or a volunteer who has or is expected to have direct

interaction with a patient, provides evidence of freedom from infectious tuberculosis:

a. On or before the date the individual begins providing services at or on behalf of the hospice service facility or hospice inpatient facility, and

b. ~~as~~ As specified in ~~R9-10-112~~ R9-10-113.

B. An administrator shall ensure that ~~a personnel~~ record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, ~~home address,~~ and contact telephone number;

2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

3. Documentation of:

a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;

b. The individual's education and experience applicable to the individual's job duties;

c. The individual's completed orientation and in-service education as required by policies and procedures;

d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures; and

e. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(7)~~;~~.

C. An administrator shall ensure that personnel records are:

~~4.~~1. ~~Is maintained~~ Maintained:

a. Throughout the individual's period of providing services in or for the hospice, and

b. For at least ~~two years~~ 24 months after the last date the individual provided services in or for the hospice; and

~~5.~~2. For ~~an individual~~ a personnel member who has not ~~worked in~~ provided physical health services at or for the hospice during the previous 12 months, ~~is~~ provided to the Department within 72 hours after the Department's request.

R9-10-607. ~~Admissions~~ Admission

A. Before admitting an individual as a patient, an administrator shall obtain:

1. The name of the individual's physician;

2. Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that is likely to cause

the individual's death in six months or less; and

3. Documentation from the individual or the individual's representative acknowledging that:
   a. Hospice ~~service includes~~ services include palliative care and supportive care and ~~is~~ are not curative, and
   b. The individual or individual's representative has received~~:~~
      ~~i.~~ ~~A~~ a list of services to be provided by the hospice~~, and~~
      ~~ii. A list of patient rights~~.

B. At the time of admission, a physician or registered nurse shall:
   1. Assess a patient's medical, social, nutritional, and psychological needs; and
   2. As applicable, obtain informed consent or general consent.

C. Before or at the time of admission, ~~a social worker~~ a personnel member qualified according to policies and procedures shall assess the social and psychological needs of a patient's family, if applicable.

~~R9-10-611.~~R9-10-608. Care Plan

A. An administrator shall ensure that a care plan is developed for each patient:
   1. Based on the:
      a. Assessment of the:
         i. Patient; and
         ii. Patient's family, if applicable;
      b. Hospice service agency's or inpatient hospice facility's scope of service;
   2. With participation from a:
      a. Physician,
      b. Registered nurse, and
      c. ~~Social worker~~ Another personnel member as designated in R9-10-612(A)(4), and
   3. That includes:
      a. The patient's diagnosis;
      b. The patient's health care directives;
      c. The patient's cognitive awareness of self, location, and time;
      d. The patient's functional abilities and limitations;
      e. Goals for pain control and symptom management;
      f. The type, duration, and frequency of services to be provided to the patient and, if applicable, the patient's family;
      g. Treatments the patient is receiving from a health care institution or health care professional other than the hospice, if applicable;

h. Medications ordered for the patient;

i. Any known allergies;

j. Nutritional requirements and preferences; and

k. Specific measures to improve the patient's safety and protect the patient against injury.

B. An administrator shall ensure that:

1. A request for participation in a patient's care plan is made to the patient or patient's representative;

2. An opportunity for participation in the patient's care plan is provided to the patient, patient's representative, or patient's family; and

3. ~~Documentation of the~~ The request in subsection (B)(1) and the opportunity in subsection (B)(2) ~~is~~ are documented in the patient's medical record.

C. An administrator shall ensure that:

1. Hospice ~~service is~~ services are provided to a patient and, if applicable, the patient's family according to the patient's care plan;

2. A patient's care plan is reviewed and updated:

a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided:

b. If the patient's physician orders a change in the care plan; and

c. At least every 30 calendar days; and

3. A patient's physician authenticates the care plan with a signature within 14 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

~~R9-10-608.~~R9-10-609. Transfer

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

1. A personnel member coordinates the transfer and the services provided to the patient;

2. According to policies and procedures:

a. An evaluation of the patient is conducted before the transfer~~,~~;

b. ~~Medical records~~ Information from the patient's medical record, including orders that are in effect at the time of the transfer, ~~are~~ is provided to a receiving health care institution~~,~~; and

c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and

3. Documentation in the patient's medical record includes:

a. Communication with an individual at a receiving health care institution;

b. The date and time of the transfer;

c. The mode of transportation; and

d. If applicable, ~~a~~ the name of the personnel member accompanying the patient during a transfer.

~~R9-10-609.~~R9-10-610. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;

2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and

3. ~~There are policies~~ Policies and procedures ~~that~~ include:

a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and

b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;

2. A patient is not subjected to:

a. Abuse;

b. Neglect;

c. Exploitation;

d. Coercion;

e. Manipulation;

f. Sexual abuse;

g. Sexual assault;

h. Seclusion;

i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;

j. Retaliation for submitting a complaint to the Department or another entity; or

k. Misappropriation of personal and private property by ~~a~~ the hospice's personnel members, employees, volunteers, or students; and

3. A patient or the patient's representative:

a. Except in an emergency, either consents to or refuses treatment;

b. May refuse or withdraw consent ~~to~~ for 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. Consents to photographs of the patient before ~~a~~ the patient is photographed, except that a patient may be photographed when admitted to a hospice for identification and administrative purposes;

e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:

i. Medical ~~records~~ record, ~~and~~ or

ii. Financial records;

f. Is informed of:

i. The components of hospice ~~service~~ services provided by the hospice;

ii. The rates and charges for the components of hospice ~~service~~ services before the components are initiated and before a change in rates, charges, or services;

iii. The hospice's policy on health care directives; and

iv. The patient complaint process; and

g. Is informed that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;

2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;

3. To receive privacy in treatment and care for personal needs;

4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;

5. To receive a referral to another health care institution if the hospice inpatient facility is ~~unable~~ not authorized or not able to provide physical health services ~~or behavioral health services for~~ needed by the patient;

6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;

7. To participate or refuse to participate in research or experimental treatment; and

8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

~~R9-10-610.~~R9-10-611. Medical Records

A. An administrator shall ensure that:

1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
    a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    b. Dated, legible, and authenticated; and
    c. Not changed to make the initial entry illegible;
3. An order is:
    a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    b. Authenticated by a medical practitioner ~~or behavioral health professional~~ according to policies and procedures; and
    c. If the order is a verbal order, authenticated by the medical practitioner issuing the order;
4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature;
5. A patient's medical record is available to ~~a personnel member, a medical practitioner, or behavioral health professional~~ an individual:
    a. ~~authorized by~~ Authorized according to policies and procedures to access the patient's medical record;
    ~~6.~~b. ~~Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only~~ If the individual is not authorized according to policies and procedures, with the written consent of a patient or the patient's representative; or
    c. ~~as~~ As permitted by law; and

~~7.~~6. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a hospice ~~keeps a patient's~~ maintains patients' medical records electronically, an administrator shall ensure that:

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

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

1. Patient information that includes:
   a. The patient's name~~;~~,
   b. The patient's address~~;~~,
   c. The patient's telephone number~~;~~,
   d. The patient's date of birth~~;~~, and
   ~~e. The name and contact information of the patient's representative, if applicable; and~~
   ~~f.~~e. Any known allergy;
2. ~~Admission~~ The admission date and, if applicable, the date that the patient stopped receiving services from the hospice;
3. ~~Name~~ The name and telephone number of the patient's physician;
4. If applicable, the name and contact information of the patient's representative and:
   a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf, or
   b. If the patient's representative;
      i. Is a legal guardian, a copy of the court order establishing guardianship; or
      ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
~~4.~~5. ~~Admitting~~ The admitting diagnosis;
~~5.~~6. If applicable, ~~Documentation of~~ documented general consent~~,~~ and ~~if applicable~~ informed consent, ~~for treatment~~ by the patient or the patient's representative ~~except in an emergency~~;
~~6.~~7. Documentation of medical history;
~~7.~~8. ~~Copy~~ A copy of the patient's living will, health care power of attorney, or other health care directive, if applicable;
~~8.~~9. Orders;
~~9.~~10. ~~Assessment~~ The assessment required in ~~R9-10-607~~ R9-10-607(B)(1);
~~10.~~11. Care plans;
~~11.~~12. Progress notes for each patient contact, including:

a. The date of the patient contact,

b. The services provided,

c. A description of the patient's condition, and

d. Instructions given to the patient or patient's representative;

~~12.~~13. Documentation of hospice services provided to ~~a~~ the patient;

~~13.~~14. ~~Documentation of restraint or seclusion, if applicable~~ If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;

~~14.~~15. Documentation of coordination of patient care;

~~15.~~16. Documentation of contacts with the patient's physician by a personnel member;

~~16.~~17. ~~Discharge~~ The discharge summary, if applicable;

~~17.~~18. If applicable, transfer documentation from a sending health care institution; and

~~18.~~19. Documentation of a medication administered to the patient that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. For a medication administered for pain, when initially administered or when administered on a PRN basis:

i. An assessment of the patient's pain before administering the medication, and

ii. The effect of the medication administered;

d. For a psychotropic medication, when initially administered or when administered on a PRN basis:

i. An assessment of the patient's behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The identification, signature, and professional designation of the individual administering ~~or observing the self-administration of~~ the medication; and

f. Any adverse reaction a patient has to the medication.

R9-10-612. Hospice Services

A. An administrator shall ensure that the following are included in the hospice ~~service~~ services provided by the hospice:

1. Medical services;

2. Nursing services;

3. Nutritional services, including menu planning and the designation of the kind and amount

of food appropriate for a patient;

4. Medical social services, provided as follows:

   a. ~~For medical social services under the practice of social work as defined in A.R.S. § 32-3251, by a clinical social worker, licensed according to A.R.S. § 32-3293, or a licensed baccalaureate social worker according to A.R.S. § 32-3291~~ By a personnel member qualified according to policies and procedures to coordinate medical social services; and

   b. ~~For other medical social services, by an individual with a master's or higher degree in social work who has at least one year of social work experience in a health care setting or by a licensed baccalaureate social worker, according to A.R.S. § 32-3291~~ If a personnel member provides medical social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, by a personnel member who is licensed under A.R.S. Title 32, Chapter 33, Article 5;

5. Bereavement counseling for a patient's family for at least one year after the death of ~~a~~ the patient; and

6. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity.

B. In addition to the services specified in subsection (A), an administrator of a hospice service agency shall ensure that the following are included in the hospice ~~service~~ services provided by the hospice:

1. Home health aide services;

2. Respite care services; and

3. Supportive services, as defined in A.R.S. § 36-151.

C. An administrator shall ensure that the medical director provides direction for medical services provided by or through the hospice.

D. A medical director shall ensure that:

1. A patient's need for medical services is met, according to the patient's care plan and ~~a~~ the hospice's scope of services; and

2. If a patient is receiving medical services not provided by or through the hospice, hospice services are coordinated with the physician providing medical services to the patient.

E. A director of nursing shall ensure that:

1. A registered nurse or practical nurse provides nursing services according to the hospice's policies and procedures;

2. A sufficient number of nurses are available to provide the nursing services identified in

each patient's care plan;

3. The care plan for a patient is implemented;
4. A personnel member is only assigned to provide services the personnel member can competently perform;
5. A registered nurse:
   a. Assigns tasks in writing to a home health aide who is providing home health aide service to a patient,
   b. Provides direction for the home health aide services provided to a patient, and
   c. Verifies the competency of the home health aide in performing assigned tasks;
6. A registered dietitian or a personnel member under the direction of a registered dietitian plans menus for a patient;
7. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact;
8. A patient's physician is immediately informed of a change in the patient's condition that requires medical services; and
9. The implementation of a patient's care plan is coordinated among the personnel members providing hospice ~~service~~ services to the patient.

R9-10-613. Medication Services

A. ~~If a hospice provides medication administration or assistance in the self-administration of medication, an~~ An administrator shall ensure that policies and procedures for medication services:

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

regimen meets the patient's needs;

~~d.~~e. Procedures for:

i. ~~documenting~~ Documenting, as applicable, medication ~~services~~ administration and assistance in the self-administration of medication; and

ii. Monitoring a patient who self-administers medication;

~~e.~~f. Procedures for assisting a patient in obtaining medication; and

~~f.~~g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and

2. Specify a process for review through the quality management program of:

a. A medication administration error, and

b. An adverse reaction to a medication.

B. If a hospice provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:

a. Are reviewed and approved by a medical practitioner;

b. Specify the individuals who may:

i. Order medication, and

ii. Administer medication;

c. Ensure that medication is administered to a patient only as prescribed; and

d. ~~A~~ Cover the documentation of a patient's refusal to take prescribed medication is documented in the patient's medical record;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

3. A medication administered to a patient:

a. Is administered in compliance with an order, and

b. Is documented in the patient's medical record~~; and~~.

~~4. If pain medication is administered to a patient, documentation in the patient's medical record includes:~~

~~a. An identification of the patient's pain before administering the medication, and~~

~~b. The effect of the pain medication administered.~~

~~C. If a hospice provides assistance in the self-administration of medication, an administrator shall ensure that:~~

~~1. A patient's medication is stored by the hospice;~~

~~2. The following assistance is provided to a patient:~~

~~a. A reminder when it is time to take the medication;~~

~~b. Opening the medication container for the patient;~~

~~c. Observing the patient while the patient removes the medication from the container;~~

~~d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:~~

~~i. The patient 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 patient at the time stated on the medication container label; or~~

~~e. Observing the patient while the patient takes the medication;~~

~~3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner, a pharmacist, 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; and~~

~~6. Assistance with the self-administration of medication provided to a patient:~~

~~a. Is in compliance with an order, and~~

~~b. Is documented in the patient's medical record.~~

~~D.~~C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;

2. A current toxicology reference guide is available for use by personnel members;

3. If pharmaceutical services are provided on the premises:

a. A committee, composed of at least on physician, one pharmacist, and other personnel members as determined by the hospice's policies and procedures is established to:

i. Develop a drug formulary,

ii. Update the drug formulary at least every 12 months,

iii. Develop medication usage and medication substitution policies and procedures, and

iv. Specify which medication and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical ~~staff member~~ practitioner specifically orders otherwise;

b. The pharmaceutical services are provided under the direction of a pharmacist;

c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and

d. A copy of the pharmacy license is provided to the Department upon request.

~~E.~~D. When medication is stored at a hospice inpatient facility, an administrator shall ensure that:

1. ~~There is a~~ Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage ~~that includes a lockable door~~;

~~2. If a room or closet is used to store medication, a locked cabinet or self-contained unit is used for medication storage;~~

~~3.~~2. Medication is stored according to the instructions on the medication container; and

~~4.~~3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:

a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;

b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;

c. A medication recall and notification of patients who received recalled medication; and

d. Storing, inventorying, and dispensing controlled substances.

~~F.~~E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the hospice's director of nursing.

R9-10-614. Infection Control

~~A.~~ An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to ~~the hospice's~~ policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
   a. A method to identify and document infections;
   b. Analysis of the types, causes, and spread of infections and communicable diseases;
   c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases; and
   d. Documenting infection control activities including:
      i. The collection and analysis of infection control data,
      ii. The actions taken relating to infections and communicable diseases, and
      iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documents are maintained for at least ~~two years~~ 12 months after the date of the documents;
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   ~~a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;~~
   ~~b.~~a. Handling and disposal of biohazardous medical waste;
   ~~c.~~b. Sterilization and disinfection of medical equipment and supplies;
   ~~d.~~c. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
   ~~e.~~d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a patient;
   ~~f.~~e. Training of personnel members in infection control practices; and
   ~~g.~~f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
5. A personnel member washes hands or use a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

~~B. An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.~~

R9-10-615. Food Services for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility 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 calendar days after the last day included in the food menu;~~

~~2.~~1. Meals and snacks provided by the hospice inpatient facility are served according to ~~posted menus~~ a patient's dietary needs and preferences;

~~3.~~2. Meals and snacks for each day are planned using~~:~~

a. The applicable ~~meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm~~ guidelines in http://www.health.gov/dietaryguidelines/2010.asp; and

b. Preferences for meals and snacks obtained from patients;

~~4.~~3. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and

~~5.~~4. Water is available and accessible to patients at all times, unless otherwise stated in a patient's care plan.

B. An administrator of a hospice inpatient facility 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 patient, 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;
    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, 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.

C. An administrator shall ensure that:
1. For a hospice inpatient facility with a licensed capacity of more than 20 beds, the hospice inpatient facility:
    a. ~~Is licensed~~ Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1, and
    b. Maintains a copy of the hospice inpatient facility's food establishment license or permit;
2. If the hospice inpatient facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospice inpatient facility a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the hospice inpatient facility; and
3. Food is stored, refrigerated, and reheated to meet the dietary needs of a patient.

R9-10-616. Emergency and Safety Standards for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    a. When, how, and where patients will be relocated, including:
        i. Instructions for the evacuation~~, transport,~~ or transfer of patients,
        ii. Assigned responsibilities for each employee and personnel member, and
        iii. A plan for providing continuing services to meet patient's needs;
    b. How each patient's medical record will be available to ~~personnel~~ individuals providing services to the patient during a disaster;
    c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    d. A plan for obtaining food and water for individuals present in the hospice inpatient facility or the hospice inpatient 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 personnel member, employee, or volunteer participating in the disaster plan review;
    c. A critique of the disaster plan review; and
    d. If applicable, recommendations for improvement;

~~3.~~4. ~~An evacuation~~ A disaster drill for employees is conducted on each shift at least once every three months and documented; and

~~4. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:~~
    ~~a. The date and time of the evacuation drill;~~
    ~~b. The amount of time taken for employees to evacuate the hospice inpatient facility;~~
    ~~c. Any problems encountered in conducting the evacuation drill; and~~
    ~~d. Recommendations for improvement, if applicable; and~~

5. An evacuation path is conspicuously posted on each hallway of each floor of the hospice inpatient facility.

B. An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local

fire department or the State Fire Marshal,

2. Make any repairs or corrections stated on the fire inspection report, and

3. Maintain documentation of a current fire inspection.

R9-10-617. Environmental Standards for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:

   a. ~~Transport, storage, and cleaning~~ Cleaning and storing of soiled linens and clothing;

   b. Housekeeping procedures that ensure a clean environment; and

   c. Isolation of a patient who may spread an infection;

2. The premises and equipment are:

   a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and

   b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury or illness;

3. A pest control program is implemented and documented;

4. Equipment used at the hospice inpatient facility is:

   a. Maintained in working order;

   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in the hospice inpatient facility's policies and procedures; and

   c. Used according to the manufacturer's recommendations;

4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;

5. Garbage and refuse are:

   a. Stored in covered containers lined with plastic bags, and

   b. Removed from the premises at least once a week;

6. Soiled linen and clothing are:

   a. Collected in a manner to minimize or prevent contamination;

   b. Bagged at the site of use; and

   c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;

7. Heating and cooling systems maintain the hospice inpatient facility at a temperature

between 70° F and 84° F at all times;

8. Common areas:
   a. Are lighted to assure the safety of patients, and
   b. Have lighting sufficient to allow personnel members to monitor patient activity;
9. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
10. Oxygen containers are secured in an upright position;
11. Poisonous or toxic materials stored ~~in~~ by the hospice inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
12. Except for medical supplies needed by a patient, combustible or flammable liquids and hazardous materials are stored ~~outside the~~ by the hospice inpatient facility in the original labeled containers or safety containers in a ~~storage area that is~~ locked area ~~and~~ inaccessible to patients;
13. If pets or animals are allowed in the hospice inpatient facility, pets or animals are:
   a. Controlled to prevent endangering the patients and to maintain sanitation; and
   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 that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
   a. The water source is tested at least once every 12 months for total coliform bacteria and fecal ~~coli form~~ coliform or *E. coli* bacteria;
   b. ~~and~~ If necessary, corrective action is taken to ensure the water is safe to drink, and
   ~~b.~~c. Documentation of testing is retained for ~~two years~~ at least 12 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 all applicable state laws and rules.

B. An administrator of a hospice inpatient facility shall ensure that a patient is allowed to use and display personal belongings.

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

A. An administrator shall ensure that a hospice inpatient facility complies with applicable

requirements for Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412.

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

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

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

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

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

1. For every six patients, a toilet room that contains:
    a. At least one working toilet that flushes and has a seat;

b. At least one working sink with running water;

c. Soap for hand washing;

d. Paper towels or a mechanical air hand dryer;

e. Grab bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect;

f. A mirror;

g. Lighting;

h. Space for a personnel member to assist a patient;

i. A bell, intercom, or other mechanical means for a patient to alert a personnel member; and

j. An operable window to the outside of the hospice inpatient facility or other means of ventilation;

2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip-resistant surface, located in a toilet room or in a separate bathing room;

3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;

4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;

5. A room other than a sleeping area that can be used for social activities;

6. Sleeping accommodations for family members;

7. A designated toilet room, other than a patient toilet room, for personnel and visitors that:

a. Provides privacy; and

b. Contains:

i. A working sink with running water,

ii. A working toilet that flushes and has a seat,

iii. Toilet tissue,

iv. Soap for hand washing,

v. Paper towels or a mechanical air hand dryer,

vi. Lighting, and

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

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

9. Space designated for administrative responsibilities that is separate from sleeping areas,

toilet rooms, bathing rooms, and drug storage areas.

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

R9-10-701. Definitions

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

1. "Emergency safety response" means physically holding a resident to manage the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.
2. ~~"Resident" means a patient admitted to a behavioral health residential facility:~~
   a. ~~With the expectation that the patient will be present in the behavioral health residential facility for more than 24 hours; or~~
   b. ~~For respite services.~~
3. ~~"Resident's representative" means:~~
   a. ~~The resident's legal guardian;~~
   b. ~~If the resident is under 18 years of age and not an emancipated minor, the resident's parent;~~
   c. ~~If the resident is 18 years of age or older or an emancipated minor, an individual acting on behalf of the resident with the written consent of the resident or the resident's legal guardian; or~~
   d. ~~A surrogate as defined in A.R.S. § 36-3201.~~
4. ~~"Treatment plan" means a description of the specific services that a behavioral health residential facility plans to provide to a resident.~~

R9-10-702. Supplemental Application Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for an initial license as a behavioral health residential facility shall include on the application:

1. ~~For the licensed capacity for a behavioral health residential facility~~ Whether the applicant is requesting authorization to provide:
   a. ~~The requested licensed capacity for providing behavioral~~ Behavioral health services to individuals under 18 years of age, including the licensed capacity requested; ~~and~~

b. ~~The requested licensed capacity for providing behavioral~~ Behavioral health ~~residential~~ services to individuals 18 years of age and older, including the licensed capacity requested; or

c. Respite services;

2. ~~For the licensed capacity for~~ Whether the applicant is requesting authorization to provide an outdoor behavioral health care program, including:

a. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 12 to 17 years of age, and

b. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 18 to 24 years of age;

3. Whether the applicant is requesting authorization to provide:

a. Residential services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently, or

b. Personal care services;

4. For a behavioral health residential facility ~~providing~~ requesting authorization to provide respite services, the requested number of individuals the behavioral health residential facility plans to admit for respite services who do not stay overnight in the behavioral health residential facility; and

5. For an outdoor behavioral health care program, a copy of the outdoor behavioral health care program's current accreditation report.

B. In addition to the renewal license application requirements in A.R.S. § 36-422 and R9-10-107, an administrator of an outdoor behavioral health care program shall submit with a renewal application, a copy of the outdoor behavioral health care program's current accreditation report.

R9-10-703. Administration

A. A governing authority shall:

1. Consist of one or more individuals ~~accountable~~ responsible for the organization, operation, and administration of a behavioral health residential facility;

2. Establish, in writing:

a. A behavioral health residential facility's scope of services, and

b. Qualifications for an administrator;

3. Designate, in writing, an administrator~~, in writing,~~ who has the qualifications established in subsection (A)(2)(b);

4. Adopt a quality management program according to R9-10-704;

5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator~~, in writing,~~ who has the qualifications established in subsection (A)(2)(b), if the administrator is:
    a. ~~Not expected~~ Expected not to be present on ~~a~~ the behavioral health residential facility's premises for more than 30 calendar days, or
    b. Not present on ~~a~~ the behavioral health residential facility's premises for more than 30 calendar days; and
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 administrator and identify the name and qualifications of the new administrator.

B. An administrator:
1. Is directly accountable to the governing authority of a behavioral health residential facility for the daily operation of ~~a~~ the behavioral health residential facility and all services provided by or at the behavioral health residential facility;
2. Has the authority and responsibility to manage the behavioral health residential facility; and
3. Except as provided in subsection ~~(A)(7)~~ (A)(6), designates, in writing, an individual who is present on the behavioral health residential facility's premises and ~~is available and~~ accountable for the ~~services provided by the~~ behavioral health residential facility when the administrator is not present on the behavioral health residential facility's premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
    a. ~~Include~~ Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    c. Include how a personnel member may submit a complaint relating to services provided to a resident;
    d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    ~~d.~~e. Cover cardiopulmonary resuscitation training including:

i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual'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 individual has received cardiopulmonary resuscitation training;

f. Cover first aid training;

~~e.~~g. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;

~~f. Cover first aid training~~;

~~g.~~h. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;

~~h.~~i. Cover specific steps ~~and deadlines~~ for:

i. A resident to file a complaint; and

ii. The behavioral health residential facility to respond to ~~and resolve~~ a resident complaint; ~~and~~

~~iii. The behavioral health residential facility to obtain documentation of fingerprint clearance, if applicable;~~

j. Cover health care directives;

~~i.~~k. Cover medical records, including electronic medical records;

~~j.~~l. Cover a quality management program, including incident ~~report~~ reports and supporting documentation;

~~k.~~m. Cover contracted services; and

~~l.~~n. Cover when an individual may visit a resident in a behavioral health residential facility;

2. Policies and procedures for behavioral health ~~residential facility~~ services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:

a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge ~~plan~~ planning, and discharge;

b. ~~Cover resident outings~~ Cover the provision of behavioral health services and physical health services;

c. Include when general consent and informed consent are required;

d. Cover emergency safety responses;

~~d.~~e. ~~Cover the provision of behavioral health services and physical health services~~ Cover a resident's personal funds account;

~~e.~~f. Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;

g. Cover prescribing a controlled substance to minimize substance abuse by a resident;

~~f.~~h. Cover respite services;

~~g.~~i. Cover services provided by an outdoor behavioral health care program, if applicable;

~~h.~~j. Cover infection control;

~~i.~~k. Cover resident time out;

l. Cover resident outings;

~~j.~~m. Cover environmental services that affect resident care;

~~k.~~n. Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;

~~l.~~o. If animals are used as part of a therapeutic program, cover:

i. Inoculation/vaccination requirements, and

ii. Methods to minimize risks to resident's health and safety;

~~m.~~n. Cover the process for receiving a fee from a resident and refunding a fee to a resident;

~~n.~~o Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;

~~o.~~p Cover the security of a resident's possessions that are allowed on the premises;

~~p.~~q Cover smoking and the use of tobacco products on the premises; and

~~q.~~r Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;

3. Policies and procedures are reviewed at least once every ~~two~~ three years and updated as needed;

4. Policies and procedures are available to personnel members, employees, volunteers, and students; and

5. Unless otherwise stated:

   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and

   b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health residential facility.

D. If an applicant requests or a behavioral health residential facility has a licensed capacity of 10 or more residents, an administrator shall designate a clinical director who:

1. Provides direction for the behavioral health services provided by or at the behavioral health residential facility~~,~~; ~~and~~

2. Is a behavioral health professional~~.~~; and

3. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1) and (2).

E. Except for respite services, an administrator shall ensure that medical services, nursing services, health-related services, or ancillary services provided by a behavioral health residential facility are only provided to a resident who is expected to be present in the behavioral health residential facility for more than 24 hours.

F. An administrator shall provide written notification to the Department of a resident's:

1. ~~If a~~ Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and

2. ~~Within~~ Self-injury, within two working days after ~~a~~ the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.

G. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a behavioral health residential facility's employee or personnel member, an administrator shall ~~immediately~~ report the alleged or suspected abuse, neglect, or exploitation of the resident as follows~~.~~:

1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or

2. For a resident under 18 years of age, according to A.R.S. § 13-3620~~;~~.

H. If ~~abuse, neglect, or exploitation of a resident is alleged or suspected to have~~ an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while ~~the~~ a resident is receiving services from a behavioral health residential facility's employee or personnel member, ~~an~~ the administrator shall:

1. If applicable, ~~Take~~ take immediate action to stop the ~~alleged or~~ suspected abuse, neglect, or exploitation;
2. ~~Immediately report~~ Report the ~~alleged or~~ suspected abuse, neglect, or exploitation of the resident:
   a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
   b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
   a. ~~the~~ The suspected abuse, neglect or exploitation;
   b. Any action ~~in~~ taken according to subsection (H)(1); and
   c. ~~the~~ The report in subsection (H)(2);
4. ~~and maintain~~ Maintain the documentation in subsection (H)(3) for at least 12 months after the date of the report in subsection (H)(2);
~~4.~~5. ~~Investigate~~ Initiate an investigation of the ~~alleged or~~ suspected abuse, neglect, or exploitation and ~~develop a written report of the investigation~~ document the following information within ~~48 hours~~ five working days after the report required in (H)(2) that includes:
   a. ~~Dates~~ The dates, times, and description of the ~~alleged or~~ suspected abuse, neglect, or exploitation;
   b. ~~Description~~ A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
   c. ~~Names~~ The names of witnesses to the ~~alleged or~~ suspected abuse, neglect, or exploitation; and
   d. ~~Actions~~ The actions taken by the administrator to prevent the ~~alleged or~~ suspected abuse, neglect, or exploitation from occurring in the future; and
~~5. Submit a copy of the investigation summary of the written report required in subsection (H)(4) to the Department within 10 working days after submitting the report in subsection (H)(2); and~~

6. Maintain a copy of the ~~investigation report~~ documented information required in subsection ~~(H)(4)~~ (H)(5) and any other information obtained during the investigation for at least 12 months after the date ~~of~~ the investigation ~~report~~ was initiated.

I. An administrator shall:

1. Establish and document requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
2. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
3. If children under the age of 12, who are not admitted to a behavioral health residential facility, are residing at the behavioral health residential facility and being cared for by employees or personnel members, ensure that:
   a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the ~~age~~ ages of children being cared for, and
   b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained, based on the age of the youngest child in the group;
4. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
5. Establish and document the criteria for determining when a resident's absence is unauthorized, including ~~whether the~~ criteria for a resident who:
   a. ~~was~~ Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3~~,~~;
   b. ~~is~~ Is absent against medical advice~~,~~; or
   c. ~~is~~ Is under the age of 18;
6. If a resident's absence is unauthorized as determined according to the criteria in subsection (I)(5), ~~submit a written report~~ within an hour ~~of the determination to~~ after determining that the resident's absence is unauthorized, notify:
   a. For a resident who is ~~less than~~ under 18 years of age, the resident's parent or legal guardian; and
   b. For a resident who is under a court's jurisdiction, the appropriate court;
7. Maintain a written log of unauthorized absences for ~~2 years~~ at least 12 months after the date of a resident's absence that includes the:
   a. ~~The name~~ Name of a resident absent without authorization;

b. Name of the ~~person~~ individual to whom the report required in subsection (I)(6) was submitted; and

c. Date of the report; ~~and~~

8. Document the notification in subsection (I)(6) and the written log required in subsection (I)(7); and

~~8.~~9. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.

J. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:

~~1. The resident rights listed in R9-10-711,~~

~~2.~~1. The behavioral health residential facility's current license,

~~3.~~2. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and

~~4.~~3. The calendar days and times when a resident may accept visitors or make telephone calls.

K. An administrator shall ensure that:

1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;

2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;

3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and

4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.

~~L. An administrator shall:~~

~~1.~~L. If ~~the~~ an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator shall:

~~a.~~1. Notify the resident's representative or ~~contacts~~ contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and

~~b.~~2. Maintain documentation of the notification required in subsection (L)(1)(a) in the resident's medical record for at least 12 months after the date of the notification~~; and~~.

~~2. If a resident refuses medical services or nursing services:~~

~~a. Notify the resident's primary care provider or other medical practitioner, and~~

~~b. Maintain documentation of the notification required in subsection (L)(2)(a) in the resident's medical record for at least 12 months after the date of notification.~~

M. If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:

1. Policies and procedure are established, developed, and implemented for:
   a. Using resident's funds in a personal funds account,
   b. Protecting resident's funds in a personal funds account,
   c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
   d. Processing each deposit into and withdrawal from a personal funds account, and
   e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
2. The personal funds account is only initiated after receiving a written request that:
   a. Is provided:
      i. Voluntarily by the resident,
      ii. By the resident's representative, or
      iii. By a court of competent jurisdiction;
   b. May be withdrawn at any time; and
   c. Is maintained in the resident's record.

R9-10-704. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to residents;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:

a. An identification of each concern about the delivery of services related to resident care, and

b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-705. Contracted Services

An administrator shall ensure that:

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

R9-10-706. Personnel

A. An administrator shall ensure that:

1. A personnel member is:
   a. ~~at~~ At least 21 years old, or
   b. Licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old~~,~~;
3. A student is at least 18 years old~~,~~; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

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

ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures; and
3. ~~The behavioral health residential facility has personnel members~~ Sufficient personnel members are present on a behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
   a. Provide the ~~behavioral health services, physical health services, and ancillary~~ services in the behavioral health residential facility's scope of services;
   b. Meet the needs of a resident; and
   c. Ensure the health and safety of a resident.

C. ~~For a behavioral health paraprofessional and a behavioral health technician, an~~ An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in ~~R9-10-114~~ R9-10-115.

D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.

~~D.~~E. An administrator shall ensure that:

1. A ~~written~~ plan ~~is developed and implemented~~ to provide orientation, specific to the duties of ~~the~~ a personnel member, an employee, a volunteer, or a student, is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services ~~related to resident care~~;
3. An individual's orientation is documented, to include:
   a. The individual's name,

b. The date of the orientation, and

c. The subject or topics covered in the orientation;

4. A written plan is developed and implemented to provide ~~personnel member~~ in-service education specific to the duties of ~~the~~ a personnel member; and

5. A personnel member's in-service education is documented, to include:

a. The personnel member's name,

b. The date of the training, and

c. The subject or topics covered in the training.

~~E.~~F. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with ~~a resident~~ residents, provides evidence of freedom from infectious tuberculosis ~~as specified in R9-10-112.~~:

1. On or before the date the individual begins providing services at or on behalf of the behavioral health residential facility, and

2. As specified in R9-10-113.

~~F.~~G. An administrator shall ensure that a personnel record is maintained for each personnel member ~~or~~ employee, volunteer, or student ~~record is maintained for each~~ that ~~contains~~ includes:

1. The individual's name, date of birth, ~~home address,~~ and contact telephone number;

2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

3. Documentation of:

a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;

b. The individual's education and experience applicable to the individual's job duties;

c. The individual's completed orientation and in-service education as required by policies and procedures;

d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;

e. If the behavioral health residential facility ~~provides~~ is authorized to provide services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;

f. If the individual is a behavioral health technician, clinical oversight required in ~~R9-10-114~~ R9-10-115;

g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(d);

h. First aid training, if required for the individual according to this Article or policies and procedures; and

i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection ~~(E)~~ (F).

~~G.~~H. An administrator shall ensure that personnel records are ~~maintained~~:

1. Maintained:

~~1.~~a. Throughout an individual's period of providing services in or for the behavioral health residential facility; and

~~2.~~b. For at least ~~two years~~ 24 months after the last date the individual provided services in or for the behavioral health residential facility~~.~~; and

2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

~~H.~~I An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training ~~certification~~ specific to the populations served by the behavioral health residential facility:

1. At least one personnel member who is present at the behavioral health residential facility during hours of operation of the behavioral health residential facility, and
2. Each personnel member participating in an outing.

~~I.~~J. An administrator shall ensure that:

1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
2. In addition to the personnel member in subsection ~~(I)(1)~~(J)(1), at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
3. ~~The behavioral health residential facility has sufficient personnel members to provide general resident supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each resident;~~
4. There is a daily staffing schedule that:

a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;

b. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and

c. Is maintained for at least 12 months after the last date on the documentation; ~~and~~

~~d. Is provided to the Department for review within two hours of the Department's request;~~

5. A behavioral health professional is present at the behavioral health residential facility or on-call;

6. A registered nurse is present at the behavioral health residential facility or on-call; and

7. If a resident requires services that the behavioral health residential facility is ~~not licensed or able~~ not authorized or not able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

R9-10-707. Admission; Assessment

A. An administrator shall ensure that:

1. A resident is admitted based upon the resident's presenting behavioral health issue and treatment needs and the behavioral health residential facility's scope of services;

2. A behavioral health professional, authorized by policies and procedures to accept a resident for admission, is available;

3. General consent is obtained from:

a. An adult resident or the resident's representative before or at the time of admission, or

b. A resident's representative, if the resident is not an adult;

4. The general consent obtained in subsection (A)(3) is documented in the resident's medical record;

5. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within seven calendar days after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within seven calendar days after admission;

6. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note ~~into~~ or ~~a~~ the nurse enters a progress note in the resident's medical record ~~at the time of admission~~ within seven calendar days after admission;

7. If a behavioral health assessment is conducted by a:

a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the resident; or

b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident;

~~7.~~8. Except as provided in subsection ~~(~~A)~~(~~8~~)~~(A)(9), ~~an~~ a behavioral health assessment for a resident is completed before treatment for the resident is initiated;

~~8.~~9. If ~~an~~ a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains ~~an~~ a behavioral health assessment that was completed within 12 months before the date of the resident's current admission:

a. The resident's assessment information is reviewed and updated if additional information that affects the resident's assessment is identified, and

b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;

~~9.~~10. ~~An~~ A behavioral health assessment:

a. Documents a resident's:

i. Presenting issue;

ii. Substance abuse history;

iii. Co-occurring disorder;

~~iv. Medical condition and history;~~

~~v.~~iv. Legal history, including:

(1) Custody,

(2) Guardianship, and

(3) Pending litigation;

~~vi.~~v. Criminal justice record;

~~vii.~~vi Family history;

~~viii.~~vii. Behavioral health treatment history;

~~ix.~~viii. Symptoms reported by the resident; and

~~x.~~ix. Referrals needed by the resident, if any;

b. Includes:

i. Recommendations for further assessment or examination of the resident's needs,

ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and

iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and

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

~~10.~~11. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition~~.~~; and

12. Except as provided in subsection (E)(1)(d), a resident provides evidence of freedom from infectious tuberculosis:

a. Before or within seven calendar days after the resident's admission, and

b. As specified in R9-10-113.

B. An administrator shall ensure that:

1. A request for participation in a resident's behavioral health assessment is made to the resident or the resident's representative,

2. An opportunity for participation in the resident's behavioral health assessment is provided to the resident or the resident's representative, and

3. ~~Documentation of the~~ The request in subsection (B)(1) and the opportunity in subsection (B)(2) ~~is~~ are documented in the resident's medical record.

C. An administrator shall ensure that a resident's behavioral health assessment information is documented in the medical record within 48 hours after completing the behavioral health assessment.

~~D. An administrator shall ensure that:~~

~~1. A resident's assessment information is reviewed and updated when additional information that affects the resident's assessment is identified, and~~

~~2. A resident's assessment information is completed and documented in the resident's medical record within 48 hours after completing the resident's assessment.~~

D. If information in subsection (A)(10) is obtained about a resident after the resident's behavioral health assessment is completed, an interval note, including the information, is documented in the resident's medical record within 48 hours after the information is obtained.

E. If a behavioral health residential facility ~~provides~~ is authorized to provide respite services, an administrator shall ensure that:

1. Upon admission of a resident for respite services:
   a. A medical history and physical examination of the resident:
      i. Is performed; or
      ii. Dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
   b. A treatment plan that meets the requirements in R9-10-708:
      i. Is developed; or
      ii. Dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility; ~~and~~
   c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record; and
   d. If the resident is not expected to be present in the behavioral health residential facility for more than seven days, the resident is not required to comply with the requirements in subsection (A)(12);
2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident, including residents who do not stay overnight; and
3. In addition to the requirements in R9-10-722(B)(3), toilets and hand washing sinks are available to residents, including residents who do not stay overnight, as follows:
   a. There is at least one working toilet that flushes and has a seat, and one sink with running water for every 10 residents;
   b. There are at least two working toilets that flush and have seats, and two sinks with running water if there are 11 to 25 residents; and
   c. There is at least one additional working toilet that flushes and has a seat, and one additional sink with running water for each additional 20 residents.

R9-10-708. Treatment Plan

A. An administrator shall ensure that a treatment plan is developed and implemented for each resident that ~~is~~:

1. ~~Based~~ Is based on the medical history and physical examination or nursing assessment required in R9-10-707(A)(5) or (E)(1) and the behavioral health assessment required in R9-10-707(A)(8) or(9) and on-going changes to the behavioral health assessment of the resident;
2. ~~Completed~~ Is completed:
    a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
    b. Before the resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;
3. ~~Documented~~ Is documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;
4. Includes:
    a. The resident's presenting issue;
    b. The physical health services or behavioral health services to be provided to the resident;
    c. The signature of the resident or the resident's representative, and date signed, or documentation of the refusal to sign;
    d. The date when the resident's treatment plan will be reviewed;
    e. If a discharge date has been determined, the treatment needed after discharge; and
    f. The signature of the personnel member who developed the treatment plan and the date signed;
5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and
6. Is reviewed and updated on an on-going basis:
    a. According to the review date specified in the treatment plan,
    b. When a treatment goal is accomplished or changed,
    c. When additional information that affects the resident's behavioral health assessment is identified, and

d. When a resident has a significant change in condition or experiences an event that affects treatment.

B. An administrator shall ensure that:

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

R9-10-709. Discharge

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

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

B. An administrator shall ensure that:

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

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

~~1. When the resident's treatment goals are achieved, as documented in the resident's treatment plan; or~~

~~2.~~ ~~When~~ when the resident's treatment needs are not consistent with the services that the behavioral health residential facility is authorized ~~or~~ and able to provide.

D. An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a resident is discharged unless the resident leaves the

behavioral health residential facility against a medical practitioner's or behavioral health professional's advice.

E. An administrator shall ensure that, at the time of discharge, a resident receives a referral for treatment or ancillary services that the resident may need after discharge, if applicable.

F. If a resident is discharged to any location other than a health care institution, an administrator shall ensure that:

1. Discharge instructions are documented, and
2. The resident or the resident's representative is provided with a copy of the discharge instructions.

G. An administrator shall ensure that a discharge summary for a resident:

1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
2. Includes:
   a. The following information ~~completed~~ authenticated by a medical practitioner or ~~a~~ behavioral health professional:
      i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
      ii. A summary of the treatment provided to the resident;
      iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the behavioral health residential facility at the time of the resident's discharge; and
   b. A description of the disposition of the resident's possessions, funds, or medications brought to the behavioral health residential facility by the resident.

H. An administrator shall ensure that a resident who is dependent upon a prescribed medication is offered ~~detoxification services, opioid treatment, or~~ a written referral to detoxification services or opioid treatment~~,~~ before the resident is discharged from the behavioral health residential facility if a medical practitioner for the behavioral health residential facility will not be prescribing the medication for the resident at or after discharge.

R9-10-710. Transport; Transfer

A. Except ~~for a transport of a patient due to an emergency~~ as provided in subsection (B), an administrator shall ensure that:

1. A personnel member coordinates the transport and the services provided to the resident;

2. According to policies and procedures:
    a. An evaluation of the resident is conducted before and after the transport,
    b. ~~Medical records are~~ Information from the resident's medical record is provided to a receiving health care institution, ~~and~~
    c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
    a. Communication with an individual at a receiving health care institution;
    b. The date and time of the transport;
    c. The mode of transportation; and
    d. If applicable, the name of the personnel member accompanying the resident during a transport.

B. Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a resident by the resident or the resident's representative,
3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
4. A transport to another licensed health care institution in an emergency.

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

R9-10-711. Resident Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident 's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
3. Policies and procedures include:
    a. How and when a resident or the resident's representative is informed of the resident rights in subsection (E), and
    b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A resident is treated with dignity, respect, and consideration;
2. A resident is not subjected to:
    a. Abuse;
    b. Neglect;
    c. Exploitation;
    d. Coercion;
    e. Manipulation;
    f. Sexual abuse;
    g. Sexual assault;
    h. Seclusion;
    i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;
    j. Retaliation for submitting a complaint to the Department or another entity;
    k. Misappropriation of personal and private property by ~~a~~ the behavioral health residential facility's personnel members, employees, volunteers, or students;
    l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident or the resident 's representative; or
    m. Treatment that involves the denial of:
        i. Food,
        ii. The opportunity to sleep, or;
        iii. The opportunity to use the toilet;
3. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, is allowed to:

a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;

b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and

c. Unless restricted by a court order, send and receive uncensored and unopened mail; and

4. 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~~ for treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5~~,~~ or A.R.S. 8-341.01; is necessary to save the resident's life or physical health~~,~~; or is provided according to A.R.S. § 36-512;

c. Except in an emergency, is informed of proposed treatment alternatives ~~to the treatment~~, associated risks, and possible complications;

d. Is informed of the following:

i. The behavioral health residential facility's policy on health care directives, and

ii. The resident complaint process; and

e. Except as otherwise permitted by law, provides written consent to the release of information in the resident's:

i. Medical ~~records~~ record, ~~and~~ or

ii. Financial records.

C. For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:

1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,

2. Inform the resident or resident's representative of the reason why the activity is being restricted, and

3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.

D. For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsection (C)(1) through (3).

E. A resident has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
    a. Supports and respects the resident's individuality, choices, strengths, and abilities;
    b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or the resident's representative's general consent, or as permitted in this Chapter; and
    c. Is provided in the least restrictive environment that meets the resident's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes;
    b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
    c. For video recordings used for security purposes that are maintained only on a temporary basis;
4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is ~~unable~~ not able to exercise a specific right or category of rights;
5. To review, upon written request, the resident's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;

9. To receive a referral to another health care institution if the behavioral health residential facility is ~~unable~~ not authorized or not able to provide physical health services or behavioral health services ~~for~~ needed by the resident;

10. To participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;

11. To participate or refuse to participate in research or experimental treatment; and

12. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-712. Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;

2. An entry in a resident's medical record is:

   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;

   b. Dated, legible, and authenticated; and

   c. Not changed to make the initial entry illegible;

3. An order is:

   a. Dated when the order is entered in the resident's medical record and includes the time of the order;

   b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and

   c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;

4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or ~~the~~ electronic ~~code~~ signature;

5. A resident's medical record is available to ~~personnel members, medical practitioners, and behavioral health professionals~~ an individual:

   a. ~~authorized by~~ Authorized according to policies and procedures to access the resident's medical record;

   ~~6.~~b. ~~Information in a resident's medical record is disclosed to an individual not authorized under subsection (A)(5) only~~ If the individual is not authorized

according to policies and procedures, with the written consent of ~~a~~ the resident or the resident's representative~~,~~; or

c. ~~as~~ As permitted by law;

~~7.~~6. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and

~~8.~~7. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health residential facility maintains ~~a resident's~~ residents' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and

2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

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

1. Resident information that includes:

a. The resident's name;

b. The resident's address;

c. The resident's date of birth; and

~~d. The name and contact information of the resident's representative, if applicable; and~~

~~e.~~d. Any known allergies, including medication allergies;

2. The name of the admitting medical practitioner or behavioral health professional;

3. An admitting diagnosis or presenting behavioral health issues;

4. The date of admission and, if applicable, date of discharge;

5. If applicable, the name and contact information of the resident's representative and:

a. If the resident is 18 years of age or older or an emancipated minor, the document signed by the resident consenting for the resident's representative to act on the resident's behalf; or

b. If the resident's representative:

i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or

ii. Is a legal guardian, a copy of the court order establishing guardianship;

~~4.~~6. ~~Documentation of~~ If applicable, documented general consent~~,~~ and ~~if applicable~~ informed consent~~,~~ for treatment by the resident or the resident's representative ~~except in an emergency~~;

~~5.~~7. Documentation of medical history and results of a physical examination;

~~6.~~8. A copy of resident's health care directive, if applicable;

~~7.~~9. Orders;

~~8.~~10. Assessment;

~~9.~~11. Treatment plans;

~~10.~~12. Interval ~~note~~ notes;

~~11.~~13. Progress notes;

~~12.~~14. Documentation of behavioral health services and physical health services provided to the resident;

15. If applicable, documentation of the use of an emergency safety response;

16. If applicable, documentation of time out required in R9-10-714(6);

17. Except as allowed in R9-10-707(E)(1)(d), documentation of freedom from infectious tuberculosis required in R9-10-707(A)(12);

~~13.~~18. ~~Disposition~~ The disposition of the resident after discharge;

~~14.~~19. ~~Discharge~~ The discharge plan;

~~15.~~20. ~~A~~ The discharge summary, if applicable;

~~16.~~21. If applicable:

a. Laboratory reports,

b. Radiologic reports,

c. Diagnostic reports, and

d. Consultation reports; and

~~17.~~22. Documentation of ~~a~~ medication administered to the resident that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. For a medication administered for pain, when ~~initially~~ administered initially or on a PRN basis:

i. An assessment of the resident's pain before administering the medication, and

ii. The effect of the medication administered;

d. For a psychotropic medication, when ~~initially~~ administered initially or on a PRN basis:

i. An assessment of the resident's behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The identification, signature, and professional designation of the individual administering or ~~observing~~ providing assistance in the self-administration of the medication; and

f. Any adverse reaction a resident has to the medication.

R9-10-713. Transportation; Resident Outings

A. An administrator of a behavioral health residential facility that uses a vehicle owned or leased by the behavioral health residential facility to provide transportation to a resident shall ensure that:

1. ~~A~~ The vehicle ~~owned or leased by a behavioral health residential facility to transport a resident~~:

a. Is safe and in good repair,

b. Contains a first aid kit,

c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and

d. Contains a working heating and air conditioning system;

2. Documentation of current vehicle insurance ~~for a vehicle owned or leased by the behavioral health residential facility~~ and a record of maintenance performed or a repair of the vehicle is maintained;

3. A driver of ~~a~~ the vehicle:

a. Is 21 years of age or older;

b. Has a valid driver license;

~~c. Does not wear headphones or operate any hand-held wireless communication devices or hand-held electronic entertainment devices while operating the vehicle;~~

~~d.~~c. ~~Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;~~ Operates the vehicle in a manner that does not endanger a resident in the vehicle;

~~e.~~d. Does not leave in the vehicle an unattended:

i. Child,

ii. Resident who may be a threat to the health or safety of the resident or another individual, or

iii. Resident who is incapable of independent exit from the vehicle; and

~~f.~~e. Ensures the safe and hazard-free loading and unloading of residents; and

4. Transportation safety is maintained as follows:

a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and

b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.

B. An administrator shall ensure that:

1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing;

2. At least two personnel members are present on an outing;

3. In addition to the personnel members required in subsection (B)(2), a sufficient number of personnel members are present to ensure each resident's health and safety on the outing;

4. Documentation is developed before an outing that includes:

a. The name of each resident participating in the outing;

b. A description of the outing;

c. The date of the outing;

d. The anticipated departure and return times;

e. The name, address, and, if available, telephone number of the outing destination; and

f. If applicable, the license plate number of each vehicle used to transport a resident;

5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and

6. Emergency information for each resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to ~~transport the resident on~~ provide transportation for the outing and includes:

a. The resident's name;

b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;

c. The resident's allergies; and

d. The name and telephone number of ~~the~~ a designated individual, to notify ~~at the behavioral health residential facility~~ in case of ~~medical~~ an emergency ~~or other emergency~~, who is present on the behavioral health residential facility's premises.

R9-10-714. Resident Time Out

An administrator shall ensure that a time out:

1. Is provided to a resident who ~~voluntary~~ voluntarily decides to go in a time out;
2. Takes place in an area that is unlocked, lighted, quiet, and private;
3. Is time-limited and does not exceed the amount of time as determined by the resident;
4. Does not result in a resident missing a meal if the resident is in time out at mealtime;
5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time out; and
6. Is documented in the resident's medical record, to include:
   a. The date of the time out,
   b. The reason for the time out,
   c. The duration of the time out, and
   d. The action planned and taken by the administrator to prevent the use of time out in the future.

R9-10-715. Physical Health Services

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

1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5); ~~and~~
2. Residents receive personal care services according to the requirements in ~~R9-10-813(A), (C), (D), and (E).~~ R9-10-814(A), (C), (D), and (E); and
3. A resident is not admitted to the behavioral health residential facility who has a stage 3 or stage 4 pressure sore.

R9-10-716. Behavioral Health Services

A. An administrator shall ensure that:

1. If a behavioral health residential facility is licensed to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently, a resident admitted to the behavioral health residential facility with

limited ability to function independently, in addition to behavioral health services and personnel care services as indicated in the resident's treatment plan, receives continuous protective oversight;

2. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident's ability to function independently, in addition to receiving behavioral health services, and, if indicated in the resident's treatment plan, personal care services, is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while caring for the resident's health, safety, or personal hygiene or performing homemaking functions;

3. Behavioral health services are provided to meet the needs of a resident and are consistent with a behavioral health residential facility's scope of services;

4. Behavioral health services:

   a. Listed in the behavioral health residential facility's scope of services are provided on the premises; and

   b. When provided in a setting or activity with more than one resident participating, ~~are provided to residents having similar~~ before a resident participates, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, of the residents participating are reviewed, to ensure that the:

      i. Health and safety of each resident is protected, and

      ii. Treatment needs of each resident participating are being met; and

5. A resident does not:

   a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or

   b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.

B. An administrator shall ensure that counseling is:

1. Offered as described in the behavioral health residential facility's scope of services,

2. Provided according to the frequency and number of hours identified in the resident's treatment plan, and

3. Provided by a behavioral health professional or a behavioral health technician.

C. An administrator shall ensure that:

1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and

2. Each counseling session is documented in a resident's medical record to include:

a. The date of the counseling session;

b. The amount of time spent in the counseling session;

c. Whether the counseling was individual counseling, family counseling, or group counseling;

d. The treatment goals addressed in the counseling session; and

e. The signature of the personnel member who provided the counseling and the date signed.

D. An administrator of a behavioral health residential facility ~~that provides~~ <u>authorized to provide</u> behavioral health residential services to individuals under 18 years of age:

1. May continue to provide behavioral health services to a resident who is 18 years of age <u>or older</u>:

a. If the resident:

i. Was admitted to the behavioral health residential facility before the resident's 18th birthday;

ii. Is not 21 years of age or older; and

iii. Is:

(1) Attending classes or completing coursework to obtain a high school or a high school equivalency diploma, or

(2) Participating in a job training program; or

b. Through the last calendar day of the month of the resident's 18th birthday; and

2. Shall ensure that:

a. A resident does not receive the following from other residents at the behavioral health residential facility:

i. Threats,

ii. Ridicule,

iii. Verbal harassment,

iv. Punishment, or

v. Abuse;

b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the ~~resident~~ residents receiving services at the behavioral health residential facility;

c. A resident older than three years of age does not sleep in a crib;

d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and

e. A resident's educational needs are met, including providing or arranging for transportation:

i. By establishing and providing an educational component, approved in writing by the Arizona Department of Education; or

ii. As arranged and documented by the administrator through the local school district.

E. An administrator shall ensure that:

1. ~~an~~ An emergency safety response is:

~~1.~~a. Only used:

~~a.~~i. By a personnel member trained to use an emergency safety response,

~~b.~~ii. For the management of a resident's violent or self-destructive behavior, and

~~c.~~iii. When less restrictive interventions have been determined to be ineffective; and

~~2.~~b. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated; ~~and~~

~~3.~~2. ~~Documented as follows:~~

~~a.~~ Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:

~~i.~~a. The date and time the emergency safety response was used;

~~ii.~~b. The name of each personnel member who used an emergency safety response;

~~iii.~~c. The specific emergency safety response used;

~~iv.~~d. ~~Personnel~~ the personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and

~~v.~~e. Any injury that resulted from the emergency safety response;

~~b.~~3. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical director reviews the information in subsection ~~(E)(3)(a)~~ (E)(2); and

~~c.~~4. After the review required in subsection ~~(E)(3)(b)~~ (E)(3), the following information is entered into the resident's medical record:

~~i.~~a. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,

~~ii.~~b. A determination of whether the resident is appropriately placed at the behavioral health residential facility, and

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

F. An administrator shall ensure that:

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

3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

R9-10-717. Outdoor Behavioral Health Care Programs

A. An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:

1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
2. Continuous protective oversight is provided to a resident;
3. Transportation is provided to a resident from the behavioral health residential facility's ~~administration~~ administrative office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behavioral health care program is provided to the behavioral health residential facility's ~~administration~~ administrative office for the outdoor behavioral health care program; and
4. Communication is available between the outdoor behavioral health care program personnel and:
    a. A behavioral health professional,
    b. A registered nurse,
    c. An emergency medical response team, and
    d. The behavioral health residential facility's ~~administration~~ administrative office for the outdoor behavioral health care program.

B. An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:

1. Food is prepared:
    a. Using methods that conserve nutritional value, flavor, and appearance; and
    b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
2. A food menu is prepared based on the number of calendar days scheduled for the behavioral health care program;
3. Meals and snacks provided by the behavioral health care program are served according to menus;

4. Meals and snacks for each day are planned using the applicable ~~meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm~~ guidelines in http://www.health.gov/dietaryguidelines/2010.asp;
5. A resident is provided:
    a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
    b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
    c. The option to have a daily evening snack or other snack; and
    d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
6. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan;
7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
8. Food is protected from potential contamination; and
9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food's packaging, wrapping, or container or the positioning of the food in the ice or water.

C. An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:
1. The location and, if applicable, equipment~~, if applicable,~~ used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
3. Garbage and refuse are:
    a. Stored in plastic bags in covered containers, and
    b. Removed from the location used by the outdoor behavioral health care program at least once a week;
4. Common areas:
    a. Are lighted when in use to assure the safety of residents, and
    b. Have sufficient lighting to allow personnel members to monitor resident activity;

5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
6. Soiled clothing is stored in closed containers away from food storage, medications, and eating ~~area~~ areas;
7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
9. If a ~~non-municipal~~ water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    a. The water source is tested at least once every 12 months for total coliform bacteria and fecal ~~coli form~~ coliform or *E. coli* bacteria and corrective action is taken to ensure the water is safe to drink, and
    b. Documentation of testing is retained for ~~two years~~ 12 months after the date of the test; and
10. Smoking or the use of tobacco products may be permitted away from the residents.

R9-10-718. Medication Services

A. ~~If a behavioral health residential facility provides medication administration or assistance in the self-administration of medication, an~~ An administrator shall ensure that policies and procedures for medication services:
    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~~ reaction to a medication, or
            iii. A medication overdose;

c. Procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner to ensure the medication regimen ~~and~~ meets the resident's needs;

d. Procedures for documenting, as applicable, medication ~~services~~ administration and assistance in the self-administration of medication;

e. A process for monitoring a resident who self-administers medication;

~~e.~~f. Procedures for assisting a resident in obtaining medication; and

~~f.~~g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and

2. Specify a process for review through the quality management program of:

a. A medication administration error, and

b. An adverse reaction to a medication.

B. If a behavioral health residential facility provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:

a. Are reviewed and approved by a medical practitioner;

b. Specify the individuals who may:

i. Order medication, and

ii. Administer medication;

c. Ensure that medication is administered to a resident only as prescribed; and

d. ~~A~~ Cover the documentation of a resident's refusal to take prescribed medication ~~is documented~~ in the resident's medical record;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

3. A medication administered to a resident:

a. Is administered in compliance with an order, and

b. Is documented in the resident's medical record~~;~~.

~~4. If pain medication is administered to a resident, documentation in the resident's medical record includes:~~

~~a. An identification of the resident's pain before administering the pain medication, and~~

~~b. The effect of the pain medication administered; and~~

~~5. If a psychotropic medication is administered to a resident, documentation in the resident's medical record includes:~~

~~a. An identification of the resident's behavior before administering the psychotropic medication, and~~

~~b. The effect of the psychotropic medication administered.~~

C. If behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:

1. A resident's medication is stored by the behavioral health residential facility;
2. The following assistance is provided to a resident:
    a. A reminder when it is time to take the medication;
    b. Opening the medication container for the resident;
    c. Observing the resident while the resident removes the medication from the container;
    d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
        i. The resident taking the medication is the individual stated on the medication container label,
        ii. The <u>resident is taking the</u> dosage of the medication ~~is the same as~~ stated on the medication container label <u>or according to an order from a medical practitioner dated later than the date on the medication container label</u>, and
        iii. The ~~medication is being taken by the~~ resident <u>is taking the medication</u> at the time stated on the medication container label <u>or according to an order from a medical practitioner dated later than the date on the medication container label</u>; 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 <u>assistance in</u> the self-administration of medication:
    a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and
    b. Includes:
        i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,

ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and

iii. ~~Process~~ The process for notifying the appropriate entities when an emergency medical intervention is needed;

5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and

6. Assistance ~~with~~ in the self-administration of medication provided to a resident:

a. Is in compliance with an order, and

b. Is documented in the resident's medical record.

D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;

2. A current toxicology reference guide is available for use by personnel members; and

3. If pharmaceutical services are provided on the premises:

a. A committee, composed of at least ~~on~~ one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:

i. Develop a drug formulary;

ii. Update the drug formulary at least once every 12 months;

iii. Develop medication usage and medication substitution policies and procedures; and

iv. Specify which medication and medication classifications are required to be ~~automatically~~ stopped automatically after a specific time period unless the ordering medical ~~staff member~~ practitioner specifically orders otherwise;

b. The pharmaceutical services are provided under the direction of a pharmacist;

c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and

d. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a behavioral health residential facility, an administrator shall ensure that~~:~~

~~1.~~ ~~There is a~~ medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage ~~that includes a lockable door~~;

~~2. If medication is stored in a separate room or closet, a locked cabinet is used for medication storage;~~

~~3.~~2. Medication is stored according to the instructions on the medication container; and

~~4.~~3. Policies and procedures are established, documented, and implemented for:

a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;

b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;

c. A medication recall and notification of residents who received recalled medication; and

d. Storing, inventorying, and dispensing controlled substances.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health residential facility's clinical director.

R9-10-719. Food Services

A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. For a behavioral health residential facility that has a licensed capacity of more than 10 residents:

a. The behavioral health residential facility ~~is licensed~~ obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and

b. A copy of the behavioral health residential facility's food establishment license or permit is maintained;

2. If a behavioral health residential facility contracts with food establishment, as ~~defined~~ established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;

3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;

4. A registered dietitian is employed full-time, part-time, or as a consultant; and

5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.

B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:

1. Food is prepared:

a. Using methods that conserve nutritional value, flavor, and appearance; and

b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;

2. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served each day,
   c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last ~~calendar~~ day included in the food menu;
3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable ~~meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm~~ guidelines in http://www.health.gov/dietaryguidelines/2010.asp;
5. A resident is provided:
   a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
   b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
   c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
   d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      i. The resident agrees; and
      ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.

C. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
    a. Foods requiring refrigeration are maintained at 41° F or below; and
    b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
        i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
        ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
        iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
        iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
        v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
        ~~iv.~~vi. Leftovers are reheated to a temperature of at least 165° F;
4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

R9-10-720. Emergency and Safety Standards

A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: ~~National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a)~~ National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, and a sprinkler system installed according to the National Fire Protection Association 13 ~~standards~~ Standard for

the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that are in working order; or

2. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.

B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

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

~~1.~~5. An evacuation drill for employees and residents on the premises is conducted at least once every ~~three~~ six months on each shift;

~~2.~~6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
   a. The date and time of the evacuation drill;
   b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;
   c. Names of employees participating in the evacuation drill;

d. An identification of residents needing assistance for evacuation;

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

f. Recommendations for improvement, if applicable; and

~~3. A written evacuation plan is developed and maintained in a location accessible to personnel members and other employees;~~

~~4.~~7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility~~;~~. ~~and~~

~~5. A written disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:~~

~~a. When, how, and where residents will be relocated;~~

~~b. How each resident's medical record will be available to personnel providing services to the resident during a disaster;~~

~~c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and~~

~~d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility's relocation site during a disaster.~~

C. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-721. Environmental Standards

A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. The premises and equipment are:
   a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
   b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
   c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
2. A pest control program is implemented and documented;

3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment used at the behavioral health residential facility is:
   a. Maintained in working order;
   ~~a.~~b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   ~~b.~~c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
   a. Stored in covered containers lined with plastic bags, and
   b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
   a. Are lighted to assure the safety of residents, and
   b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the behavioral health residential facility used by residents;
11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
12. Soiled linen and soiled clothing stored by the behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
15. Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored in the original labeled containers or safety containers in a ~~storage~~ locked area ~~outside the behavioral health residential facility or in an attached garage that is locked and~~ inaccessible to residents;

16. ~~Pets~~ If pets or animals are allowed in the behavioral health residential facility, 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:~~ For a dog or cat, vaccinated against rabies;
        ~~i. A dog is vaccinated against rabies; and~~
        ~~ii. A cat is vaccinated against rabies~~;
17. If a ~~non-municipal~~ water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria ~~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 at least ~~24 months~~ 12 months after the date of the test; and
18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:
1. Smoking ~~or the use of~~ tobacco products is not permitted within a behavioral health residential facility; and
2. Smoking ~~and the use of~~ tobacco products may be permitted on the premises outside a behavioral health residential facility if:
    a. Signs designating smoking areas are conspicuously posted, and
    b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:
1. On each day that a resident uses the swimming pool, an employee:
    a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
        i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
        ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
        iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and

b. Records the results of the water quality tests in a log that includes each testing date and test result;

2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;

3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);

4. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in ~~R9-10-703(C)(1)(d)~~ R9-10-703(C)(1)(e), is present in the pool area when a resident is in the pool area; and

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

R9-10-722. Physical Plant Standards

A. Except for a behavioral health outdoor program, an administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services in the behavioral health residential facility's scope of services, and

2. An individual accepted as a resident by the behavioral health residential facility.

B. An administrator shall ensure that:

1. A behavioral health residential facility has a:

a. Room that provides privacy for a resident to receive treatment or visitors; and

b. Common area and a dining area that~~:~~

~~i. Are not converted, partitioned, or otherwise used as a sleeping area; and~~

~~ii. Contain~~ contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;

2. ~~A~~ At least one bathroom is ~~available~~ accessible from a common area and ~~for use by visitors during the behavioral health residential facility's hours of operation that~~:

a. May be used by residents and visitors;

~~a.~~b. Provides privacy when in use; and

~~b.~~c. Contains the following:

i. ~~A~~ At least one working sink with running water,

ii. ~~A~~ At least one working toilet that flushes and has a seat,

iii. Toilet tissue for each toilet,

iv. Soap ~~for hand washing~~ 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;

3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one working toilet that flushes and has a seat, and one sink with running water;

4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;

5. A resident bathroom provides privacy when in use and contains:

   a. A shatter-proof mirror, unless the resident's treatment plan ~~requires~~ allows for otherwise;

   b. A window that opens or another means of ventilation; and

   c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;

6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;

7. Each resident is provided a sleeping area that is in a bedroom ~~for sleeping~~; and

8. A resident bedroom complies with the following:

   a. Is not used as a common area;

   b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;

   c. Contains a door that opens into a hallway, common area, or outdoors;

   d. Is constructed and furnished to provide unimpeded access to the door;

   e. Has window or door covers that provide resident privacy;

   f. Has floor to ceiling walls;

   g. Is a:

      i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or

      ii. Shared bedroom that:

         (1) Is shared by no more than eight residents;

         (2) Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and

         (3) Provides at least three feet of floor space between beds or bunk beds;

h. Contains for each resident occupying the bedroom:

i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and

ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;

i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;

j. Has sufficient lighting for a resident occupying the bedroom to read; and

k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.

C. A behavioral health residential facility that was licensed as a Level 4 transitional agency before October 1, 2013 may continue to use a shared bedroom that provides at least 40 square feet of floor space, not including a closet, for each individual occupying the shared bedroom. If there is a modification to the shared bedroom, the behavioral health residential facility shall comply with the requirement in subsection (B)(8)(g).

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

1. The swimming pool is equipped with the following:

a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:

i. A removable strainer,

ii. Two swimming pool inlets located on opposite sides of the swimming pool, and

iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and

b. An operational vacuum cleaning system;

2. The swimming pool is enclosed by a wall or fence that:

a. Is at least five feet in height as measured on the exterior of the wall or fence;

b. Has no vertical openings greater ~~that~~ than four inches across;

c. Has no horizontal openings, except as described in subsection (D)(2)(e);

d. Is not chain-link;

e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and

f. Has a self-closing, self-latching gate that:

i. Opens away from the swimming pool,

ii. Has a latch located at least ~~five feet~~ 54 inches from the ground, and

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

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

E. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(2) is covered and locked when not in use.

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:

1. "Accept" or "acceptance" means:
   a. An individual begins living in and receiving assisted living services from an assisted living facility; or
   b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
2. "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.
3. "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.
4. ~~"Behavioral care" means assistance with a resident's psychosocial interactions to manage the resident's behavior that can be performed by an individual without professional skills and may include direction provided by a behavioral health professional and medication ordered by a medical practitioner or behavioral health professional.~~
5.4. "Caregiver" means an individual 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.
6.5. "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.
7.6. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.

~~8.~~7. "Primary care provider" means a physician, a physician's assistant, or registered nurse practitioner who directs a resident's medical services.

~~9.~~8. "Residency agreement" means a document signed by a resident or the resident's representative and a manager, detailing the terms of residency.

~~10. "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.~~

~~11.~~9. "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.

~~12.~~10. "Termination of residency" or "terminate residency" means a resident is no longer living in and receiving assisted living services from an assisted living facility.

R9-10-802. Supplemental Application Requirements

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

1. ~~Indicate on the application which~~ Which of the following levels of assisted living services the applicant is requesting authorization to provide:
   a. Supervisory care services,
   b. Personal care services, or
   c. Directed care services; and
2. ~~Include on the application whether~~ Whether the applicant is requesting authorization to provide:
   a. Adult day health care services, or
   b. Behavioral health services other than behavioral care.

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, in writing, an assisted living facility's scope of services;
3. Designate, in writing, a manager who:
   a. Is 21 years of age or older; and
   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. Adopt a quality management program that complies with R9-10-804;

5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

~~5.~~6. Designate, in writing, an acting manager who ~~meets the requirements~~ who has the qualifications established in subsection (A)(3), ~~when~~ if the manager is:

a. Expected ~~to~~ not to be present on ~~an~~ the assisted living facility's premises for more than 30 calendar days, or

b. ~~Is not~~ Not present on ~~an~~ the assisted living facility's premises for more than 30 calendar days;

~~6.~~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~~ identify the name and qualifications of the new manager;

~~7.~~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; and

~~8.~~9. Ensure compliance with A.R.S. § 36-411.

B. A manager:

1. Is directly accountable to the governing authority of an assisted living facility for the daily operation of the assisted living facility and all services provided by or at the assisted living facility;

2. Has the authority and responsibility to manage ~~an~~ the assisted living facility;

3. ~~Designates~~ Except as provided in subsection (A)(6), designates, in writing, a caregiver who is:

a. At least 21 years of age, and

b. Present ~~On an~~ on the assisted living ~~facility~~ facility's premises and ~~available and~~ accountable for the assisted living facility ~~services provided by the assisted living facility~~ when the manager is not present on the assisted living facility premises.

C. A manager shall ensure that policies and procedures are:

1. Established, documented, and implemented to protect the health and safety of a resident that:

a. ~~Include~~ Cover job descriptions, duties, and qualifications, including required skills and knowledge, education, and experience for employees and volunteers;

b. Cover orientation and in-service education for employees and volunteers;

c. Include how an employee may submit a complaint related to resident care;

d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;

~~d.~~e. Except as provided in subsection (M), ~~Cover~~ 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;

f. Cover first aid training;

g. Cover how a caregiver will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;

~~f.~~h. Cover staffing and recordkeeping;

~~g.~~i. Cover resident acceptance, resident rights, and termination of residency;

~~h.~~j. 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;

~~i.~~k. Cover the provision of respite services or adult day health services, if applicable;

~~j.~~l. Cover resident medical records, including electronic medical records;

~~k.~~m. Cover personal funds accounts, if applicable;

~~l.~~n. Cover specific steps ~~and deadlines~~ for:

i. A resident to file a complaint; and

ii. The assisted living facility to respond to a resident's complaint; ~~and~~

~~iii. The assisted living facility to obtain documentation of fingerprint clearance, if applicable;~~

~~m.~~o. Cover health care directives;

~~n.~~p. Cover assistance in the self-administration of medication, and medication administration;

~~o.~~q. Cover food services;

~~p.~~r. Cover ~~contract~~ contracted services;

~~q.~~s. Cover equipment inspection and maintenance, if applicable;

~~r.~~t. Cover infection control; and

~~s.~~u. Cover a quality management program, including incident report and supporting documentation;

2. Available to employees and volunteers of the assisted living facility; and

3. Reviewed at least once every ~~two~~ three years and updated as needed.

D. A manager shall ensure that the following are conspicuously posted:

1. A list of resident rights~~,~~;

2. The assisted living facility's license~~,~~;

3. Current phone numbers of:

a. ~~The Arizona Department of Health Services' Office of Assisted Living Licensing~~ The unit in the Department responsible for licensing and monitoring the assisted living facility,

b. Adult Protective Services in the Department of Economic Security,

c. The ~~Department of Economic Security~~ State Long-Term Care Ombudsman, and

d. The Arizona Center for Disability Law~~,~~; and

~~e. The Governor's Office for Americans with Disabilities, and~~

4. The location at which a copy of the most recent Department inspection report and any plan of correction resulting from the Department inspection may be viewed.

E. A manager shall ensure that, 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. If a requirement in this Article states that a manager shall ensure an action or condition or sign a document:

1. A governing authority or licensee may ensure the action or condition or sign the document and retain the responsibility to ensure compliance with the requirement in this Article;
2. The manager may delegate ensuring the action or condition or signing the document to another individual, but the manager retains the responsibility to ensure compliance with the requirement in the Article; and
3. If the manager delegates ensuring an action or condition or signing a document, the delegation is documented and the documentation includes the name of the individual to whom the action, condition, or signing is delegated and the effective date of the delegation.

G. A manager shall:
1. Not act as a resident's representative and not allow an employee or a family member of an employee to act as a resident's representative ~~of~~ for 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~~ is authorized in writing by a resident or the 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 the resident's representative at least once every three months;
3. Notify ~~a~~ the resident's representative, family member, public fiduciary, or ~~a~~ trust officer if the manager determines that ~~the~~ a resident is incapable of handling financial affairs; and
4. Except when a resident's need for assisted living services ~~change~~ changes, as documented in the resident's service plan, ensure that a resident receives at least 30 calendar days written notice before any increase in a fee or charge.

H. A manager shall permit the Department to interview an employee, a volunteer, or a resident as part of a compliance survey or a complaint investigation.

I. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not on the premises and not receiving services from

an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall ~~immediately~~ report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.

J. If ~~abuse, neglect, or exploitation of a resident is alleged or suspected to have~~ a manager has a reasonable basis, according to A.R.S. § 46-454 , to believe abuse, neglect or exploitation has occurred on the premises or while ~~the~~ a resident is receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall:

1. ~~Take~~ If applicable, take immediate action to stop the ~~alleged or~~ suspected abuse, neglect, or exploitation;
2. ~~Immediately report~~ Report the ~~alleged or~~ suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454;
3. Document:
   a. ~~the~~ The suspected abuse, neglect or exploitation;
   b. Any action ~~in~~ taken according to subsection (J)(1); and
   c. ~~the~~ The report in subsection (J)(2);
4. ~~and maintain~~ Maintain the documentation in subsection (J)(3) for at least 12 months after the date of the report in subsection(J)(2);
5. ~~4.~~ ~~Investigate~~ Initiate an investigation of the ~~alleged or~~ suspected abuse, neglect, or exploitation ~~and develop a written report of the investigation~~ and document the following information within five working days after the report required in subsection (J)(2) that includes:
   a. ~~Dates,~~ The dates, times, and description of the ~~alleged or~~ suspected abuse, neglect, or exploitation;
   b. A description of any injury to the resident related to the suspected abuse or neglect 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; and
6. ~~5. Submit a copy of the investigation report required in subsection (J)(4) to the Department within 10 working days after submitting the report in subsection (J)(2); and~~

6. Maintain a copy of the ~~investigation report~~ documented information required in subsection ~~(J)(4)~~ (J)(5) for at least 12 months after the date ~~of~~ the investigation ~~report~~ was initiated.

K. A manager shall provide written notification to the Department of a resident's:

1. ~~If a~~ Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. ~~Within~~ Self-injury, within two working days after ~~a~~ the resident inflicts a self-injury that requires immediate intervention by an emergency services provider.

L. If a resident is receiving services from a home health agency or hospice service agency, a manager shall ensure that:

1. The resident's medical record contains:
   a. The name, address, and contact individual, including contact information, of the home health agency or hospice service agency;
   b. Any information provided by the home health agency or hospice service agency; and
   c. A copy of resident follow-up instructions provided to the resident by the home health agency or hospice service agency; and
2. Any care instructions for a resident provided to the assisted living facility by the home health agency or hospice service agency are:
   a. Within the assisted living facility's scope of services,
   b. Communicated to a caregiver, and
   c. Documented in the resident's service plan.

M. A manager of an assisted living home may establish, in policies and procedures, requirements that a caregiver obtains and provides documentation of cardiopulmonary resuscitation training specific to adults, which includes a demonstration of the caregiver's ability to perform cardiopulmonary resuscitation from one of the following organizations:

1. American Red Cross,
2. American Heart Association, or
3. National Safety Council.

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;

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 at least 12 months after the date the report is submitted to the governing authority.

R9-10-805. Contracted Services

A manager shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and

2. ~~A documented list~~ Documentation 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~~ Provides documentation of:

i. ~~completion~~ Completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers;

ii. For supervisory care services, employment as a manager or caregiver of a supervisory care home before November 1, 1998;

iii. For supervisory care services or personal care services, employment as a manager or caregiver of a supportive residential living center before November 1, 1998; or

iv. For supervisory care services, personal care services, or directed services, one of the following:

(1) A nursing care institution administrator's license issued by the Board of Examiners;

(2) A nurse's license issued to the individual under A.R.S. Title 32, Chapter 15;

(3) Documentation of employment as a manager or caregiver of an unclassified residential care institution before November 1.1998; or

(4) Documentation of sponsorship of or employment as a caregiver in an adult foster care home before November, 1998;

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. The qualifications, skills, and knowledge required for a caregiver or assistant caregiver:

a. Are based on:

i. The type of assisted living services, behavioral health services, or behavioral care expected to be provided by the caregiver or assistant caregiver according to the established job description~~,~~; and

ii. The acuity of the residents receiving assisted living services, behavioral health services, or behavioral care expected provided by the caregiver or assistant caregiver according to the established job description; and

b. Include:

i. The specific skills and knowledge necessary for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description;

ii. The type and duration of education that may allow the caregiver or assistant caregiver to ~~acquire~~ have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description; and

iii. The type and duration of experience that may allow the caregiver or assistant caregiver to ~~acquire~~ have acquired the specific skills and

knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services or behavioral care listed in the established job description;

4. A caregiver's or assistant caregiver's skills and knowledge are verified and documented:
   a. Before the caregiver or assistant caregiver provides physical health services or behavioral health services, and
   b. According to policies and procedures;
5. An assisted living facility has a manager, caregivers, and assistant caregivers with the qualifications, experience, skills, and knowledge necessary to:
   a. Provide the assisted living services, behavioral health services, behavioral care, and ancillary services in the assisted living facility's scope of services;
   b. Meet the needs of a resident; and
   c. Ensure the health and safety of a resident;
6. At least one manager or caregiver is present and awake at ~~the~~ an assisted living ~~facility~~ center when a resident is on the premises;
7. A manager, a caregiver, and an assistant caregiver, or an employee or a volunteer who has or is expected to have ~~or scheduled to have~~ more than ~~8~~ eight hours per week of direct interaction ~~per week~~ with residents, provides evidence of freedom from infectious tuberculosis:
   a. On or before the date the individual begins providing services at or on behalf of the assisted living facility, and
   b. ~~as~~ As specified in ~~R9-10-112~~ R9-10-113;
8. 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
9. Before providing ~~personal care services or directed care services~~ assisted living services to a resident, a manager or caregiver provides current documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults.

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 the fingerprinting requirements in A.R.S. § 36-411, 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~~ R9-10-113; ~~and~~

2. Documentation of compliance with the requirements in subsection (B)(1)(a) and evidence of freedom from infectious tuberculosis, if required under subsection (B)(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~~.~~; and

3. At least the manager or a caregiver is present at an assisted living home when a resident is present in the assisted living home and:

a. Except for nighttime hours, the manager or caregiver is awake; and

b. If the manager or caregiver is not awake during nighttime hours:

i. The manager or caregiver can hear and respond to a resident needing assistance; and

ii. If the assisted living home is authorized to provide directed care services, policies and procedures are developed, documented, and implemented to establish a process for checking on a resident receiving directed care services during nighttime hours to ensure the resident's health and safety.

C. A manager shall ensure that a personnel record for each employee or volunteer:

1. Includes:

a. The individual's name, date of birth, and contact telephone number;

b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

c. Documentation of:

i. The individual's qualifications, including skills, and knowledge applicable to the individual's job duties;

ii. The individual's education and experience applicable to the individual's job duties;

iii. The individual's completed orientation and in-service education required by policies and procedures;

iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or in policies and procedures;

~~iv.~~v. If the individual is a behavioral health technician, clinical oversight required in ~~R9-10-114~~ R9-10-115;

~~v.~~vi. Evidence of freedom from infectious tuberculosis, if ~~infectious tuberculosis screening for the individual is required in this~~ required for the individual according to subsection (A)(7);

~~vi.~~vii. Cardiopulmonary resuscitation training, if required for the individual in this Article or policies and procedures;

~~vii.~~viii First aid training, if required for the individual in this Article or policies and procedures; and

~~viii.~~ix. Documentation of 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~~ the individual's period of providing services in or for the assisted living facility; and

b. For at least ~~two years~~ 24 months after the last date the ~~employee or volunteer~~ individual provided services in or for the assisted living facility~~.~~; and

3. For a manager, a caregiver, or an assistant caregiver who has not provided physical health services or behavioral health services at or for the assisted living facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

R9-10-807. Residency and Residency Agreements

A. ~~A~~ Except as provided in R9-10-808(B)(2), a manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis:

1. Before or within seven calendar days after the resident's date of occupancy, and

2. ~~as~~ As specified in ~~R9-10-112~~ R9-10-113.

B. A manager shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that is dated within 90 calendar days before the individual is accepted by an assisted living facility and:

1. If an individual is requesting or is expected to receive supervisory care services, personal care services, or directed care services:

a. Includes whether the individual requires:

i. Continuous medical services,

ii. Continuous or intermittent nursing services, or

iii. Restraints; and

b. Is dated and signed by a:

i. Physician,

ii. Registered nurse practitioner,

iii. Registered nurse, or

iv. Physician assistant; and

2. If an individual is requesting or is expected to receive behavioral health services, other than behavioral care, in addition to supervisory care services, personal care services, or directed care services from an assisted living facility:

a. Includes whether the individual requires continuous behavioral health services, and

b. Is signed and dated by a behavioral health professional.

C. A manager shall not accept or retain an individual if:

1. The individual requires continuous:

a. Medical services;

b. Nursing services, unless the assisted living facility complies with A.R.S. § 36-401(C); or

c. Behavioral health services;

2. The assisted living services needed by the individual are not within the assisted living facility's scope of services;

3. The assisted living facility does not have the ability to provide the assisted living services needed by the individual; or

4. The individual requires restraints, including the use of bedrails.

D. 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 and dates a written~~ there is a documented residency agreement with the assisted living facility that includes:

1. The individual's name;

~~1.~~2. Terms of occupancy, including:

a. Date of occupancy or expected date of occupancy;

~~a.~~b. Resident responsibilities, and

~~b.~~c. Responsibilities of the assisted living facility;

~~2.~~3. A list of the services to be provided by the assisted living facility to the resident;

~~3.~~4. A list of the services available from the assisted living facility at an additional fee or charge;

5. For an assisted living home, whether the manager or a caregiver is awake during nighttime hours;

~~4.~~6. The policy for refunding fees, charges, or deposits;

~~5.~~7. The policy and procedure for a resident to terminate residency, including terminating residency because services were not provided to the resident according to the resident's service plan;

~~6.~~8. The policy and procedure for an assisted living facility to terminate residency;

~~7.~~9. The complaint process; and

~~8.~~10. The manager's signature and date signed.

E. Before or within five days after a resident's acceptance by an assisted living facility, a manager shall obtain on the documented agreement, required in subsection (D), the signature of one of the following individuals:

1. The resident,

2. The resident's representative,

3. The resident's legal guardian, or

4. Another individual who has been designated by the individual under A.R.S. § 36-3221 to make health care decisions on the individual's behalf.

~~E.~~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 (D),
   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 (D) in the resident's record.

~~F.~~G. A manager may terminate residency of a resident as follows:

1. Without notice, if the resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in an assisted living facility;
2. With a 14 calendar day written notice of termination of residency:
   a. ~~Nonpayment~~ For nonpayment of fees, charges, or deposit; or
   b. Under any of the conditions in subsection (C); or
3. With a 30 calendar day written notice of termination of residency, for any other reason.

~~G.~~H. A manager shall ensure that a written notice of termination of residency includes:

1. The date of notice;
2. The reason for termination;
3. The policy for refunding fees, charges, or deposits;
4. The deposition of a resident's fees, charges, and deposits; and

5. Contact information for the ~~Department of Economic Security~~ State Long-Term Care Ombudsman.

~~H.~~I. A manager shall provide the following to a resident when the manager provides a written notice of termination of residency:

1. A copy of the resident's current service plan; and
2. Documentation of the resident's freedom from infectious tuberculosis.

~~I.~~J. 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 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.

R9-10-808. Service Plans

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 calendar 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, and
   c. Any individual requested by the resident or the resident's representative;
3. Includes the following:
   a. A ~~summary~~ description of the resident's medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments;
   b. The level of service the resident is expected to receive;
   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 or medical practitioner;
   e. For a resident who requires behavioral care:
      i. Any of the following that ~~are~~ is necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior:
         (1) The psychosocial interactions or behaviors for which the resident requires assistance~~;~~,

(2) Psychotropic medications ordered for the resident~~;~~.

(3) Planned strategies and actions for changing the resident's psychosocial interactions or behaviors~~;~~, and

(4) Goals for changes in the resident's psychosocial interactions or behaviors; and

ii. Review by a medical practitioner or behavioral health professional; and

~~f. If applicable, a determination by a medical practitioner that evacuation from the assisted living facility during a drill would cause harm to the resident; and~~

~~g.~~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;

4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through ~~(g)~~ (f):

a. No later than 14 calendar 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;

c. If a review is required in subsection (A)(3)(d), the nurse who reviewed the service plan; and

d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.

B. For a resident receiving respite care services, a manager shall ensure that:

1. ~~a~~ A written service plan is:

~~1.~~a. Based on a determination of the resident's current needs and:

~~a.~~i. Is completed no later than three working days after the resident's date of acceptance; or

~~b.~~ii. 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)~~ (f) within three working days after the resident's date of acceptance; and

~~2.~~b. 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)~~ (f) within three working days after the significant change occurs; and

2. If the resident is not expected to be present in the assisted living facility for more than seven days, the resident is not required to comply with the requirements in R9-10-807(A).

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 has the documented skills and knowledge to 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. Encourages a resident to participate in activities planned according to subsection (E); and
   g. Documents the services provided in the resident's medical record; and
2. A volunteer or an assistant caregiver who is 16 or 17 years of age does not provide:
   a. Assistance to a resident for:
      i. Bathing,
      ii. Toileting,
      iii. Moving the resident's body from one surface to another surface, or
      iv. Self-administration of medication;
   b. Medication administration, or
   c. Nursing services.

D. A manager of an assisted living facility that ~~provides~~ is authorized to provide adult day health services shall ensure that the adult day health care services are provided as specified in R9-10-1112.

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.

F. If a resident is not receiving assistance with the resident's psychosocial interactions under the direction of a behavioral health professional or any other behavioral health services at an assisted living facility, the resident is not considered to be receiving behavioral care or behavioral health services from the assisted living facility if the resident:

1. Is prescribed a psychotropic medication, or
2. Is receiving directed care services and has a primary diagnosis of:
   a. Dementia,
   b. Alzheimer's disease-related dementia, or
   c. Traumatic brain injury.

R9-10-809. Transport; Transfer

A. Except ~~for a transport of a resident due to an emergency~~ as provided in subsection (B), a manager shall ensure that:

1. A caregiver or employee coordinates the transport and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before and after the transport, and
   b. ~~Medical records are~~ Information from the resident's medical record is provided to a receiving health care institution, and
   ~~c. A caregiver explains risks and benefits of the transport to the resident or the~~

~~resident's representative; and~~

3. Documentation ~~in the resident's medical record~~ includes:

a. ~~Communication~~ If applicable, any communication with an individual at a receiving health care institution;

b. The date and time of the transport;

~~c. The mode of transportation;~~ and

~~d.~~c. If applicable, the name of the caregiver accompanying the resident during a transport.

B. Subsection (A) does not apply to:

1. Transportation to a location other than a licensed health care institution,

2. Transportation provided for a resident by the resident or the resident's representative,

3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or

4. A transport to another licensed health care institution in an emergency.

~~B.~~C. Except for a transfer of a resident due to an emergency, a manager shall ensure that:

1. A caregiver coordinates the transfer and the services provided to the resident;

2. According to policies and procedures:

a. An evaluation of the resident is conducted before the transfer~~,~~;

b. ~~Medical records~~ Information from the resident's medical record, including orders that are in effect at the time of the transfer ~~are~~ is provided to a receiving health care institution~~,~~; and

c. A caregiver explains risks and benefits of the transfer to the resident or the resident's representative; and

3. Documentation in the resident's medical record includes:

a. Communication with an individual at a receiving health care institution;

b. The date and time of the transfer;

c. The mode of transportation; and

d. If applicable, the name of the caregiver accompanying the resident during a transfer.

R9-10-810. Resident Rights

A. A manager shall ensure that, 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).

B. A manager shall ensure that:

1. A resident is treated with dignity, respect, and consideration;
2. A resident is not subjected to:
    a. Abuse;
    b. Neglect;
    c. Exploitation;
    d. Coercion;
    e. Manipulation;
    f. Sexual abuse;
    g. Sexual assault;
    h. Seclusion;
    i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;
    j. Retaliation for submitting a complaint to the Department or another entity; or
    k. Misappropriation of personal and private property by ~~an~~ the assisted living facility's manager, caregivers, assistant caregivers, employees, or volunteers; and
3. A resident or the resident's representative:
    a. Is informed of the following:
        i. The policy on health care directives, and
        ii. The resident complaint process;
    b. Consents to photographs of the resident before ~~a~~ the resident is photographed, except that a resident may be photographed when admitted to an assisted living facility for identification and administrative purposes;
    c. Except as otherwise permitted by law, provides written consent ~~to~~ before the release of information in the resident's:
        i. Medical ~~records~~ record, ~~and~~ or
        ii. Financial records;
    d. 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;
    e. 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
    f. 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 calendar days before the change is implemented, unless the change in rates or charges results from a change in services; and

iii. A change in services at least 30 calendar days before the change is implemented, unless the resident's service plan changes.

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, or diagnosis;
2. To receive assisted living services that support and respect the resident's individuality, choices, strengths, and abilities;
3. To receive privacy in:
   a. Care for personal needs;
   b. Correspondence, communications, and visitation; and
   c. 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 medical record;
7. To receive a referral to another health care institution if the assisted living facility is ~~unable~~ not authorized or not able to provide physical health services or behavioral health services for the resident;
8. To choose to access services from a health care provider, health care institution, or pharmacy other than the assisted living facility where the resident is residing and receiving services or a health care provider, health care institution, or pharmacy recommended by the assisted living facility;
9. To participate or have the resident's representative participate in the development of, or decisions concerning, the resident's service plan; and
10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-811. Medical Records

A. A manager 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~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or ~~the~~ electronic ~~code~~ signature;

4. A resident's medical record is available to ~~individuals~~ an individual:

a. ~~authorized by~~ Authorized according to policies and procedures ~~or state law~~ to access the resident's medical record;

~~5.~~b. ~~Information in a resident's medical record is disclosed to an individual not authorized under subsection (A)(4) only~~ If the individual is not authorized according to policies and procedures, with the written consent of ~~a~~ the resident or the resident's representative; or

c. ~~as~~ As permitted by law; and

~~6.~~5. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If an assisted living facility maintains ~~a resident's~~ residents' medical ~~record~~ records electronically, a manager 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. A manager shall ensure that a resident's medical record contains:

1. Resident information that includes:

a. The resident's name~~;~~, and

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. If applicable, the name and contact information of the resident's representative and:

a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or

b. If the resident's representative:

i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or

ii. Is a legal guardian, a copy of the court order establishing guardianship;

~~3.~~4. ~~Date of the resident's acceptance by the assisted living facility~~ The date of acceptance and, if applicable, date of termination of residency;

~~4.~~5. Documentation of the resident's needs required in R9-10-807(B);

~~5.~~6. Documentation of general consent and informed consent, if applicable;

~~6.~~7. ~~Documentation~~ Except as allowed in R9-10-808(B)(2), documentation of freedom from infectious tuberculosis as required in R9-10-807(A);

~~7.~~8. A copy of resident's health care directive, if applicable;

~~8.~~9. ~~Resident's~~ The resident's signed residency agreement and any amendments;

~~9.~~10. Resident's service plan and updates;

~~10.~~11. Documentation of assisted living services provided to the resident;

~~11.~~12. A medication order from a medical practitioner for each medication that is administered to the resident or for which the resident receives assistance in the self-administration of the medication;

~~12.~~13. Documentation of ~~a~~ medication administered to the resident or for which the resident received assistance in the self-administration of the medication that includes:

a. The date and time of administration or assistance;

b. The name, strength, dosage, and route of administration;

c. The name and signature of the individual administering or providing assistance in the self-administration of the medication; and

d. An unexpected reaction ~~a~~ the resident has to the medication;

~~13.~~14. Documentation of the resident's refusal of a medication, if applicable;

15. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;

16. If applicable, documentation of a determination by a medical practitioner that evacuation from the assisted living facility during an evacuation drill would cause harm to the resident;

~~14.~~17. Documentation of notification of the resident of the availability of vaccination for influenza and pneumonia, according to A.R.S. § 36-406(1)(d);

~~15.~~18. Documentation of the resident's orientation to exits from the assisted living facility required in R9-10-818(B);

~~16.~~19. If a resident is receiving behavioral health services other than behavioral care, documentation of the determination in R9-10-813(3);

~~17.~~20. If a resident is receiving behavioral care, documentation of the determination in R9-10-812(3);

~~18.~~21. If applicable, documentation that evacuation from the assisted living facility during a drill may cause physical harm to the resident;

~~19.~~22. If applicable, for a resident who is unable to direct self-care, the information required in R9-10-815(F);

~~20.~~23. Documentation of any significant 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;

~~21.~~24. Documentation of the notification required in R9-10-803(G) if the resident is incapable of handling financial affairs; and

~~22.~~25. If the resident no longer resides and receives assisted living services from the assisted living facility~~,~~:

a. ~~a~~ A written notice of termination of residency; or

b. If the resident terminated residency, the date the resident terminated residency.

R9-10-812. Behavioral Care

A manager shall ensure that for a resident who requests or receives behavioral care from the assisted living facility, a behavioral health professional or medical practitioner:

1. Evaluates the resident:
   a. Within 30 calendar days before acceptance of the resident or before the resident begins receiving behavioral care, and
   b. At least once every six months throughout the duration of the resident's need for behavioral care~~,~~;
2. Reviews the assisted living facility's scope of services~~,~~; and

3. Signs and dates a determination stating that the resident's need for behavioral care 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.

R9-10-813. Behavioral Health Services

If an assisted living facility ~~provides~~ is authorized to provide behavioral health services other than behavioral care, a manager shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when general consent and informed consent ~~is~~ are required and by whom general consent and 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,~~ R9-10-115; and
      ii. For an assessment, in R9-10-1011(B); and
3. For a resident who requests or receives behavioral health services from the assisted living facility, a behavioral health professional:
   a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for behavioral health services~~,~~;
   b. Reviews the assisted living facility's scope of services~~,~~; and
   c. 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.

R9-10-814. Personal Care Services

A. A manager of an assisted living facility ~~licensed~~ authorized to provide personal care services shall not accept or retain a resident who:
   1. Is unable to direct self-care;
   2. Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance; or
   3. 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~~ authorized 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 calendar 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; and
    c. The resident's service plan ~~is revised to include~~ includes the resident's increased need for personal care services.

C. A manager of an assisted living facility ~~licensed~~ authorized 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. A manager of an assisted living facility ~~licensed~~ authorized to provide personal care services may accept or retain a resident who:

1. Is receiving nursing services from a home health agency or a hospice service agency; or
2. ~~requires~~ Requires intermittent nursing services if:
    a. ~~the~~ The resident's condition for which nursing services are required is a result of a short-term illness or injury, and
    b. The requirements of subsection (B)(2) are met.

E. A manager shall ensure that a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available and accessible in a bedroom or residential unit being used by a resident receiving personal care services.

F. In addition to the requirements in R9-10-808(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; and
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~~
5.4. If applicable, the determination in subsection (B)(2)(b).

G. 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 another medical practitioner for the non-prescription medication.

R9-10-815. Directed Care Services

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

B. A manager of an assisted living facility ~~licensed~~ authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):
1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or
2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.

C. In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:
1. The requirements in R9-10-814(F)(1) through ~~(4)~~ (3);
2. If applicable, the determination in R9-10-814(B)(2)(b);
3. Cognitive stimulation and activities to maximize functioning;
4. Strategies to ensure a resident's personal safety;
5. Encouragement to eat meals and snacks; ~~and~~
6. Documentation:
   a. Of the resident's weight; or
   b. From a medical practitioner stating that weighing the resident is contraindicated; and
6.7. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan.

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

E. A manager shall ensure that:

1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or

2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.

~~F. 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 resident's medical 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~~

~~2. Any instructions for the resident's care are:~~

~~a. Communicated to a caregiver, and~~

~~b. Documented in the resident's service plan.~~

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

1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;

2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:

a. Provides access to an outside area that:

i. Allows the resident to be at least 30 feet away from the facility, and

ii. Controls or alerts employees of the egress of a resident from the facility;

b. Provides access to an outside area:

i. From which a resident may exit to a location at least 30 feet away from the facility, and

ii. Controls or alerts employees of the egress of a resident from the facility; or

c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-1-412; and

3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.

R9-10-816. Medication Services

A. ~~If an assisted living facility provides medication administration or assistance in the self-administration of medication, a~~ A manager shall ensure that:

1. Policies and procedures for medication services include:

a. Procedures for preventing, responding to, and reporting a medication error;

b. Procedures for responding to and reporting an unexpected reaction to a medication;

c. Procedures to ensure that a resident's medication regimen and method of administration is reviewed by a medical practitioner ~~and~~ to ensure the medication regimen meets the resident's needs;

d. Procedures for:

i. ~~documenting~~ Documenting, as applicable, medication administration and assistance in the self-administration of medication; and

ii. Monitoring a resident who self-administers medication;

e. Procedures for assisting a resident in procuring medication; and

f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and

2. If a verbal order for a resident's medication is received from a medical practitioner by the assisted living facility:

a. The manager or a caregiver takes the verbal order from the medical practitioner~~;~~,

b. The verbal order is documented in the resident's medical record~~;~~, and

c. A written order verifying the verbal order is obtained from the medical practitioner within 14 days after receiving the verbal order.

B. If an assisted living facility provides medication administration, a manager shall ensure that:

1. Medication is stored by the assisted living facility;

~~1.~~2. Policies and procedures for medication administration:

a. Are reviewed and approved by a medical practitioner, registered nurse, or pharmacist;

b. ~~Includes~~ Include a process for ~~identifying~~ documenting an individual, ~~designated~~ authorized, according to the definition of "administer" in A.R.S. § 32-1901, by a ~~physician~~ medical practitioner to administer medication under the direction of the ~~physician~~ medical practitioner;

c. Ensure that medication is administered to a resident only as prescribed; and

d. ~~Ensure that~~ Cover the documentation of a resident's refusal to take prescribed medication ~~is documented~~ in the resident's medical record; and

~~2.~~3. A medication administered to a resident:

a. Is administered by an individual under direction of a ~~physician~~ medical practitioner,

b. Is administered in compliance with a medication 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, a manager 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 or medication organizer for the resident;

c. Observing the resident while the resident removes the medication from the container or medication organizer;

d. ~~Verifying~~ Except when a resident uses a medication organizer, 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 ~~or if a medication organizer is used, on the medical practitioner's order~~,

ii. The resident is taking the dosage of the medication ~~is the same as~~ stated on the medication container label or ~~if a medication organizer is used, on the medical practitioner's order~~ according to an order from a medical practitioner dated later than the date on the medication container label, and

iii. The ~~medication is being taken by the~~ resident is taking the medication at the time stated on the medication container label or ~~if a medication organizer is used, on the medical practitioner's order~~ according to an order from a medical practitioner dated later than the date on the medication container label; ~~or~~

e. For a resident is using a medication organizer, verifying that the resident is taking the medication in the medication organizer according to the schedule specified on the medical practitioner's order; or

~~e.~~f. 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~~ nurse; and

4. Assistance ~~with~~ in 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. A manager shall ensure that:

1. A current drug reference guide is available for use by personnel members, and

2. A current toxicology reference guide is available for use by personnel members.

~~D.~~E. A manager shall ensure that a resident's medication organizer is only filled by:

1. The resident;

2. The resident's representative;

3. A family member of the resident;

4. A personnel member of a home health agency or hospice service agency; or

5. ~~the~~ The manager~~,~~ or a caregiver~~, or an assistant caregiver does not fill a resident's medication organizer unless the manager, caregiver, or assistant~~ who has been designated and is under the direction of a ~~physician~~ medical practitioner, according to subsection ~~(B)(2)(a)~~ (B)(2)(b)~~;~~.

~~E.~~F. When medication is stored by an assisted living facility, a manager shall ensure that:

~~1.~~ ~~There is a~~ medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage ~~that includes a lockable door~~;

~~2. If medication is stored in a room or closet, there is a locked cabinet that is used for medication storage;~~

~~3.~~2. Medication is stored according to the instructions on the medication container; and

~~4.~~3. Policies and procedures are established, documented, and implemented for:

a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;

b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;

c. A medication recall and notification of residents who received recalled medication; and

d. Storing, inventorying, and dispensing controlled substances.

~~F.~~G. A manager shall ensure that a caregiver immediately reports a medication error or a resident's unexpected reaction to a medication to the medical practitioner who ordered the medication or, if the medical practitioner who ordered the medication is not available, another medical practitioner.

~~G.~~H. If medication is stored by a resident in the resident's bedroom or residential unit, a manager shall ensure that:

1. The medication is stored according to the resident's service plan; or

2. If the medication is not being stored according to the resident's service plan, ~~update~~ the resident's service plan is updated to include how the medication is being stored by the resident.

R9-10-817. 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 calendar day before the first meal on the food menu is served,

d. Includes ~~a~~ any food substitution no later than the morning of the day of meal service ~~that includes the~~ with a food substitution, and

e. Is maintained for at least 60 calendar 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~~ established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license or permit 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 and snacks for each day are planned using the applicable ~~meal planning guides~~ guidelines in ~~http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;~~ http://www.health.gov/dietaryguidelines/2010.asp;

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 medical practitioner's order; and

8. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the provision 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~~ another 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 used by an assisted living facility to store food or medication 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~~ has a license or permit 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 or permit is maintained.

R9-10-818. Emergency and Safety Standards

A. A manager shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to caregivers and assistant caregivers, and, if necessary, implemented that includes:

a. When, how, and where residents will be relocated;

b. How a resident's medical record will be available to ~~caregivers and assistant caregivers~~ individuals providing services to the resident during a disaster;

c. A plan to ensure ~~a~~ each resident's medication will be available to administer to the resident during a disaster; and

d. A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility's relocation site during a disaster;

2. The disaster plan required in subsection (A)(1) is reviewed ~~and the review is documented~~ at least once every 12 months;

3. Documentation of the disaster plan review required in subsection (A)(2) ~~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;

~~3. Documentation of a disaster plan review required in subsection (A)(2), is maintained for at least 12 months after the date of the disaster plan review;~~

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

~~4.~~6. 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~~ Includes all individuals on the premises except for:

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

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

~~c. Is documented;~~

~~5. In addition to the evacuation drill in subsection (A)(4), an evacuation drill for employees is conducted on each shift at least once every three months and documented;~~

~~6.~~7. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:

a. The date and time of the evacuation drill;

~~b. Whether the evacuation drill was for employees only or for both employees and residents;~~

~~c.~~b. The amount of time taken for employees and~~, if applicable,~~ residents to evacuate the assisted living facility;

~~d.~~c. If applicable:

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

ii. An identification of residents who were not evacuated;

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

~~f.~~e. Recommendations for improvement, if applicable; and

~~7.~~8. An evacuation path is conspicuously posted ~~on~~ in each hallway of each floor of the assisted living facility.

B. A manager shall ensure that:

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

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

D. When a resident has an accident, emergency, or injury that results in the resident needing medical services, a manager shall ensure that a caregiver or an assistant caregiver:
1. Immediately notifies the resident's emergency contact and primary care provider; and
2. Documents the following:
   a. The date and time of the accident, emergency, or injury;
   b. A description of the accident, emergency, or injury;
   c. The names of individuals who observed the accident, emergency, or injury;
   d. The actions taken by the caregiver or assistant caregiver;
   e. The individuals notified by the caregiver or assistant caregiver; and
   f. Any action taken to prevent the accident, emergency, or injury from occurring in the future.

E. A manager of an assisted living center shall ensure that:
1. Unless the assisted living center has documentation of having received an exception from the Department before ~~the effective date of these rules~~ October 1, 2013, in the areas of the assisted living center providing personal care services or directed care services:
   a. A fire alarm system is installed according to the National Fire Protection Association 72: ~~National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a)~~ National Fire Alarm and Signaling Code, 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~~ Standard for the Installation of Sprinkler Systems, 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~~ licensing and according to the time-frame established by the local fire department or the State Fire Marshal;

4. Any repairs or corrections stated on the fire inspection report are made; and

5. Documentation of a current fire inspection is maintained.

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

1. A fire extinguisher that is labeled as rated at least 2A-10-BC by the Underwriters Laboratories is mounted and maintained in the assisted living home;

2. A disposable fire extinguisher is replaced when its indicator reaches the red zone;

3. A rechargeable fire extinguisher:

a. Is serviced at least once every 12 months, and

b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher;

4. Except as provided in subsection (G):

a. A smoke detector is:

~~a.~~i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;

~~b.~~ii. Either battery operated or, if hard-wired into the electrical system of the assisted living home, has a back-up battery;

~~c.~~iii. In working order; and

~~d.~~iv. Tested at least once a month; and

~~5.~~b. Documentation of the test required in subsection ~~(F)(4)(d)~~ (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test;

~~6.~~5. An appliance, light, or other device with a frayed or spliced electrical cord is not used at the assisted living home; and

~~7.~~6. An electrical cord, including an extension cord, is not run under a rug or carpeting, over a nail, or from one room to another at the assisted living home.

G. A manager of an assisted living home may use a fire alarm system and a sprinkler system to ensure the safety of residents if the fire alarm system and sprinkler system:

1. Are installed and in working order, and

2. Meet the requirements in subsection (E)(1).

R9-10-819. Environmental Standards

A. A manager shall ensure that:

1. The premises and equipment used at the assisted living facility 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 implemented and documented;
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~~ a resident;
5. Common areas:
    a. Are lighted to ensure 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 95º F and 120º F in areas of an assisted living facility used by residents;
7. The supply of hot and cold water is sufficient to meet the personal 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 are 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~~ locked area ~~that is locked and~~ inaccessible to residents;
13. Equipment used at the assisted living facility is:
    a. Maintained in working order;

b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and

c. Used according to the manufacturer's recommendations;

~~13.~~14. ~~Pets~~ If pets or animals are allowed in the assisted living facility, 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:~~ For a dog or cat, vaccinated against rabies;

~~i. A dog is vaccinated against rabies; and~~

~~ii. A cat is vaccinated against rabies~~;

~~14.~~15. If a ~~non-municipal~~ water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:

a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria ~~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 at least ~~two years~~ 12 months after the date of the test; and

~~15.~~16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.

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).

R9-10-820. Physical Plant Standards

A. A manager shall ensure that an assisted living center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.

B. A manager shall ensure that:

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

C. A manager shall ensure that:

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

D. A manager shall ensure that:

1. Each resident is provided with a sleeping area in a residential unit or a bedroom;
2. For an assisted living home, a resident's sleeping area is on the ground floor of the assisted living home unless:
    a. The resident is able to direct self-care;
    b. The resident is ambulatory without assistance; and
    c. There are at least two unobstructed, usable exits to the outside from the sleeping area that the resident is capable of using;
3. Except as provided in subsection (E), no more than two individuals reside in a residential unit or bedroom;
4. A resident's sleeping area:
    a. Is not used as a common area;
    b. Is not used as a passageway to a common area, another sleeping area, or common bathroom unless the resident's sleeping area~~;~~:
        i. Was used as a passageway to a common area, another sleeping area, or common bathroom before October 1, 2013; and
        ii. Written consent is obtained from the resident or the resident's representative;
    c. Is constructed and furnished to provide unimpeded access to the door;

d. Has floor-to-ceiling walls with at least one door;

e. Has access to natural light through a window or a glass door to the outside; and

f. Has a ~~means of direct egress to the outside through a~~ window or door that ~~the resident is capable of using~~ can be used for direct egress to outside the building;

5. If a resident's sleeping area is in a bedroom, the bedroom has:

a. For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom;

b. For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom; and

c. A door that opens into a hallway, common area, or outdoors;

6. If a resident's sleeping area is in a residential unit, the residential unit has:

a. Except as provided in subsection (E)(2), at least 220 square feet of floor space, not including a closet or bathroom, for one individual residing in the residential unit and an additional 100 square feet of floor space, not including a closet or bathroom, for each additional individual residing in the residential unit;

b. An individually keyed entry door;

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

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

ii. A working sink with running water;

iii. A working bathtub or shower;

iv. Lighting;

v. A mirror;

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

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

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

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

e. A kitchen area equipped with:

i. A working sink and refrigerator,

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

iii. Space for food preparation, and

iv. Storage for utensils and supplies; and

f. If not furnished by a resident:

i. An armchair, and

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

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

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

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

c. Sufficient light for reading;

d. Storage space for clothing;

e. Individual storage space for personal effects; and

f. Adjustable window covers that provide resident privacy.

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

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

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

3. The manager has documentation that the assisted living facility has been operating since before ~~October 2~~ November 1, 1998 with more than two individuals living in the residential unit or bedroom.

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

1. Unless the assisted living facility has documentation of having received an exception from the Department before ~~the effective date of these rules~~ October 1, 2013, the swimming pool is enclosed by a wall or fence that:

a. Is at least five feet in height as measured on the exterior of the wall or fence;

b. Has no vertical openings greater that four inches across;

c. Has no horizontal openings, except as described in subsection (F)(1)(e);

d. Is not chain-link;

e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and

f. Has a self-closing, self-latching gate that:

i. Opens away from the swimming pool,

ii. Has a latch located at least ~~five feet~~ 54 inches from the ground, and

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

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

3. Pool safety requirements are conspicuously posted in the swimming pool area.

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

ARTICLE 9. OUTPATIENT SURGICAL CENTERS

R9-10-901. Definitions

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

1. "Inpatient care" means postsurgical services provided in a hospital.
2. "Outpatient surgical services" means anesthesia and surgical services provided to a patient in an outpatient surgical center.
3. "Surgical suite" means an area of an outpatient surgical center that includes one or more operating rooms and one or more recovery rooms.

R9-10-902. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of an outpatient surgical center;
2. Establish, in writing:
   a. An outpatient surgical center's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator~~, in writing,~~ who has the qualifications established in subsection (A)(2)(b);
4. Grant, deny, suspend, or revoke clinical privileges of a physician and other members of the medical staff and delineate, in writing, the clinical privileges of each medical staff member, according to the medical staff by-laws;
5. Adopt a quality management plan according to R9-10-903;
6. Review and evaluate the effectiveness of the quality management plan at least once every 12 months;
7. Designate in writing, an acting administrator~~, in writing,~~ who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present on an outpatient surgical center's premises for more than 30 calendar days, or

b. Not present on an outpatient surgical center's premises for more than 30 calendar days; and

8. Except ~~if subsection~~ as provided in (A)(7) ~~applies~~, notify the Department according to A.R.S. § 36-425(I)~~, if~~ when there is a change ~~of~~ in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority of an outpatient surgical center for the daily operation of ~~an~~ the outpatient treatment center and for all services provided by or at the outpatient surgical center;

2. Has the authority and responsibility to manage the outpatient surgical center; and

3. Except as provided in subsection ~~(A)(8),~~ (A)(7), ~~shall designate,~~ designates, in writing, an individual who is present on an outpatient surgical center's premises and ~~is available and~~ accountable for ~~services~~ the outpatient surgical center when the administrator is not present on the outpatient surgical center's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:

a. ~~Include~~ Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;

b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;

c. Include how a personnel member may submit a complaint relating to patient care;

d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;

~~d.~~e. Include a method to identify a patient to ensure that the patient receives services as ordered;

~~e.~~f. Cover patient rights, including assisting a patient who does not speak English ~~ro~~ or who has a disability to become aware of patient rights;

~~f.~~g. Cover specific steps ~~and deadlines~~ for:

i. A patient to file a complaint; and

ii. The outpatient surgical center to respond to ~~and resolve~~ a patient complaint;

~~g.~~h. Cover health care directives;

~~h.~~i. Cover medical records, including electronic medical records;

~~i.~~j. Cover a quality management program, including incident ~~report~~ reports and supporting documentation; and

~~j.~~k. Cover contracted services;

2. Policies and procedures for ~~medical~~ physical health services and nursing services provided by ~~a~~ an outpatient surgical center are established, documented, and implemented to protect the health and safety of a patient that:

a. Cover patient screening, admission, ~~transport,~~ transfer, and discharge;

b. Cover the provision of medical services, nursing services, and health-related services in the outpatient surgical center's scope of services;

c. Include when general consent and informed consent are required;

d. Cover dispensing, administering, and disposing of ~~medical~~ medications;

e. Cover prescribing a controlled substance to minimize substance abuse by a patient;

f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;

~~e.~~g. Cover infection control; and

~~f.~~h. Cover environmental services that affect patient care;

3. ~~Ensure that policies~~ Policies and procedures are:

a. Available to personnel members, employees, volunteers, and students of the outpatient surgical center~~,~~; and

b. Reviewed at least once every ~~two~~ three years and updated as needed;

4. ~~Ensure that a~~ A pharmacy maintained by the outpatient surgical center is licensed according to A.R.S. Title 32, Chapter 18;

5. ~~Ensure that pathology~~ Pathology services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Act of 1967;

6. If the outpatient surgical center meets the definition of "abortion clinic" in A.R.S. § 36-449.01, ~~ensure that~~ abortions and related services are provided in compliance with the requirements in Article 15; and

7. Unless otherwise stated:

a. Documentation required by this Article is provided to the Department within two hours after a Department request; and

b. When documentation or information is required by this Chapter to be submitted

on behalf of an outpatient surgical center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient surgical center.

R9-10-903. Quality Management

An administrator shall ensure that:

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

R9-10-904. Contracted Services

An administrator shall ensure that:

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

R9-10-905. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the

established job description, and

ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and

b. Include:

i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,

ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

a. Before the personnel member provides physical health services or behavioral health services, and

b. According to policies and procedures;

3. ~~Personnel~~ Sufficient personnel members are present on an outpatient surgical center's premises with the qualifications, skills, and knowledge necessary to:

a. Provide the services in the outpatient surgical center's scope of services,

b. Meet the needs of a patient, and

c. Ensure the health and safety of a patient;

4. ~~A personnel member before the~~ A personnel member, or an employee, a volunteer, or a student who has or is expected to have mre than eight hours ~~provides services to a patient and an employee or a volunteer who has or is expected to have more than 8 weeks~~ of direct interaction per week with ~~a patient~~ patients, provides evidence of freedom from infectious tuberculosis: ~~as specified in R9-10-112;~~

1. On or before the date the individual begins providing services at or on behalf of the outpatient surgical center, and

2. As specified in R9-10-113;

5. A plan to provide orientation, specific to the duties of ~~personnel members, employees,~~

~~volunteers, and students~~ a personnel member, an employee, a volunteer, or a student is developed, documented, and implemented;

6. A personnel member completes orientation before providing physical health services or behavioral health services ~~or physical health services~~;

7. An individual's orientation is documented, to include:

   a. The individual's name,

   b. The date of the orientation, and

   c. The subject or topics covered in the orientation;

8. A plan to provide in-service education specific to the job duties of a personnel member is developed, documented, and implemented; and

9. A personnel member's in-service education is documented, to include:

   a. The personnel member's name,

   b. The date of the training, and

   c. The subject or topics covered in the in-service education.

B. An administrator shall ensure that a personnel member:

1. Is 18 years of age or older~~,~~; and

2. Is certified in cardiopulmonary resuscitation within the first month of employment or volunteer service, and maintains current certification in cardiopulmonary resuscitation.

C. An administrator shall ensure that a personnel record for ~~an~~ each personnel member, employee, volunteer, or ~~intern~~ student includes:

~~1.~~ ~~Includes:~~

~~a.~~1. The individual's name, date of birth, ~~home address,~~ and contact telephone number;

~~b.~~2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

~~c.~~3. Documentation of:

   ~~i.~~a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;

   ~~ii.~~b. The individual's education and experience applicable to the individual's job duties;

   ~~iii.~~c. The individual's completed orientation and in-service education as required by policies and procedures;

   ~~iv.~~d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;

   ~~v.~~e. If the individual is a behavioral health technician, clinical oversight required in

~~R9-10-114~~ R9-10-115;

~~vi.~~f. Cardiopulmonary resuscitation training, if required for the individual according to ~~R9-10-905(B)~~ subsection (B); and

~~vii.~~g. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(4)~~; and~~.

D. An administrator shall ensure that personnel records are:

~~2.~~1. ~~Is maintained~~ Maintained:

a. Throughout the individual's period of providing services in or for the outpatient surgical center~~;~~, and

b. For at least ~~two years~~ 24 months after the last date the individual provided services in or for the outpatient surgical center~~.~~; and

2. For a personnel member who has not provided physical health services or behavioral health services at or for the outpatient surgical center during the previous 12 months, provided to the Department within 72 hours after the Department's request.

R9-10-906. Medical Staff

~~A.~~ A governing authority shall ensure that:

1. The medical staff ~~shall~~ approve bylaws for the conduct of medical staff activities according to medical staff bylaws and governing authority requirements~~.~~;

~~B.~~2. The medical staff physicians ~~shall~~ conduct medical peer review according to A.R.S. Title 36, Chapter 4, Article 5 and ~~shall~~ submit recommendations to the governing authority for approval~~.~~; and

~~C.~~3. The medical staff ~~shall~~ establish written policies and procedures that define the extent of emergency treatment to be performed in the outpatient surgical center.

R9-10-907. Admission

A. A medical staff member shall only admit patients to the outpatient surgical center who:

1. Do not require planned inpatient care, and
2. Are discharged from the outpatient surgical center within 24 hours.

B. Within 30 calendar days before a patient is admitted to an outpatient surgical center, a medical staff member shall complete a medical history and physical examination of the patient.

C. The individual who is responsible for performing a patient’s surgical procedure shall document the preoperative diagnosis and the surgical procedure to be performed in the patient’s medical record.

D. An administrator shall ensure that the following documents are in a patient's medical record before the patient’s surgery:

1. A medical history and the physical examination required in subsection (B),
2. A preoperative diagnosis and the results of any laboratory tests or diagnostic procedures relative to the surgery and the condition of the patient,
3. Evidence of informed consent by the patient or patient's representative for the surgical procedure and care of the patient,
4. Health care directives, and
5. Physician orders.

R9-10-908. Transfer

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

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

R9-10-909. Patient Rights

A. An administrator shall ensure that:
   1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
   2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
   3. ~~There are policies~~ Policies and procedures ~~that~~ include:
      a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
      b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;

2. A patient is not subjected to:

   a. Abuse;

   b. Neglect;

   c. Exploitation;

   d. Coercion;

   e. Manipulation;

   f. Sexual abuse;

   g. Sexual assault;

   h. Seclusion;

   i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;

   j. Retaliation for submitting a complaint to the Department or another entity; or

   k. Misappropriation of personal and private property by ~~an~~ the outpatient surgical center's medical staff, personnel members, employees, volunteers, or students; and

3. A patient or the patient's representative:

   a. Except in an emergency, either consents to or refuses treatment;

   b. May refuse or withdraw consent ~~to~~ for treatment before treatment is initiated;

   c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and the associated risks and possible complications of the proposed psychotropic medication or surgical procedure;

   d. Is informed of the following:

      i. Policies and procedures on health care directives, and

      ii. The patient complaint process;

   e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient surgical center for identification and administrative purposes; and

   f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:

      i. Medical ~~records~~ record, ~~and~~ or

      ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;

2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient surgical center is ~~unable~~ not authorized or not able to provide physical health services ~~for~~ needed by the patient;
6. To participate, or have the patient's representative participate, in the development of or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, a patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-910. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for a patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by an individual authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the patient's medical record and includes the time of the order;
   b. Authenticated by a medical staff member according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical staff member issuing the order;
4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or ~~the~~ electronic ~~code~~ signature;
5. A patient's medical record is available to ~~personnel members or medical staff authorized~~

~~by policies and procedures;~~ an individual:

a. Authorized according to policies and procedures to access the patient's medical record;

~~6.~~b. ~~Information in a patient's medical record is disclosed to an individual not authorized under subsection (5) only~~ If the individual is not authorized according to policies and procedures, with the written consent of ~~a~~ the patient or the patient's representative ~~or as permitted by law~~; ~~and~~ or

c. As permitted by law; and

~~7.~~6. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If an outpatient surgical center maintains ~~patient's~~ patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and

2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

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

1. Patient information that includes:

a. The patient's name;

b. The patient's address;

c. The patient's date of birth; and

~~d. The name and contact information of the patient's representative, if applicable; and~~

~~e.~~d. Any known allergies, including medication allergies;

2. ~~Admitting~~ The admitting medical practitioner;

3. An admitting diagnosis;

4. Documentation of general consent and informed consent for treatment by the patient or the patient's representative, except in an emergency;

5. If applicable, the name and contact information of the patient's representative and:

a. If the patient's representative is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or

b. If the patient's representative:

i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-

3282, a copy of the health care power of attorney or mental health care power of attorney; or

ii. Is a legal guardian, a copy of the court order establishing guardianship;

6. The date of admission and, if applicable, date of discharge;

~~5.~~7. Documentation of medical history and results of a physical examination;

~~6.~~8. A copy of patient's health care directive, if applicable;

~~7.~~9. Orders;

~~8.~~10. Progress notes;

11. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;

~~9.~~12. Documentation of outpatient surgical center services provided to the patient;

~~10.~~13. A discharge summary, if applicable;

~~11.~~14. ~~Written acknowledgment~~ Documentation of receipt of written discharge instructions by the patient or patient's representative;

~~12.~~15. If applicable:

a. Laboratory reports~~;~~,

b. Radiologic report~~;~~, and

c. Diagnostic reports;

~~d.~~16. ~~Anesthesia~~ The anesthesia report, required in R9-10-911(C)(2); ~~and~~

~~e.~~17. ~~Operative~~ The operative report of the surgical procedure, required in R9-10-911(C)(1); and

~~13.~~18. Documentation of a medication administered to the patient that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. For a medication administered for pain:

i. An assessment of the patient's pain before administering the medication, and

ii. The effect of the medication administered;

d. For a psychotropic medication:

i. An assessment of the patient's behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and

f. Any adverse reaction a patient has to the medication.

~~D. An administrator shall ensure that information in a medical record is released only after receiving the patient's or patient representative's written consent, or as otherwise required or permitted by law.~~

R9-10-911. Surgical Services

A. An administrator shall ensure that:

1. A current listing of surgical procedures offered by an outpatient surgical center is maintained ~~at the outpatient surgical center~~ on the outpatient surgical center's premises, and
2. A chronological register of surgical procedures performed in the outpatient surgical center is maintained for at least ~~two years~~ 24 months after the date of the last entry.

B. An administrator shall ensure that a roster of medical staff members who have clinical privileges at the outpatient surgical center is available to the medical staff, specifying the privileges and limitations of each medical staff member on the roster.

C. An administrator shall ensure that the individual responsible for:

1. Performing a surgical procedure completes an operative report of the surgical procedure and any necessary discharge instructions according to medical staff by-laws and policies and procedures, and
2. Administering anesthesia during a surgical procedure completes an anesthesia report and any necessary discharge instructions according to medical staff by-laws and policies and procedures.

D. An administrator shall ensure that a physician remains on the outpatient surgical center's premises until all patients are discharged from the recovery room.

R9-10-912. Nursing Services

An administrator shall appoint a registered nurse as the director of nursing who:

1. Is responsible for the management of the outpatient surgical center's nursing services;
2. Ensures that policies and procedures are established, documented, and implemented for nursing services provided in the outpatient surgical center;
3. Ensures that the outpatient surgical center is staffed with sufficient nursing personnel, based on the number of patients, the ~~patient's~~ health care needs of the patients, and the outpatient surgical center's scope of services;
4. Participates in quality management activities;
5. Designates a registered nurse, in writing, to manage an outpatient surgical center's nursing services when the director of nursing is not present on the outpatient surgical

center's premises;

6. Ensures that a nurse who is not directly assisting the surgeon is responsible for the functioning of an operating room while a surgical procedure is being performed in the operating room;
7. Ensures that a registered nurse is present in the:
   a. Recovery room when a patient is present in the recovery room, and
   b. Outpatient surgical center until all patients are discharged; and
8. Ensures that a nurse documents in a patient's medical record that the patient or the patient's representative has received written discharge instructions.

R9-10-913. Behavioral Health Services

If an outpatient surgical center ~~provides~~ is authorized to provide behavioral health services, an administrator 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,~~ R9-10-115; and
      ii. For an assessment, in R9-10-1011(B).

R9-10-914. Medication Services

A. An administrator shall ensure that ~~an outpatient surgical center has~~ policies and procedures for medication ~~administration that~~ services:

1. Include:
   a. A process for providing information to a patient about medication prescribed for the patient including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse reactions that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse ~~response~~ reaction to a medication, or

iii. A medication overdose; and

c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen ~~and~~ meets the patient's needs; and

2. Specify a process for review through the quality management program of:

a. A medication administration error, and

b. An adverse reaction to a medication.

B. An administrator shall ensure that:

1. Policies and procedures for medication administration:

a. Are reviewed and approved by a medical practitioner;

b. Specify the individuals who may:

i. Order medication, and

ii. Administer medication;

c. Ensure that medication is administered to a patient only as prescribed; and

d. ~~A~~ Cover the documentation of a patient's refusal to take prescribed medication ~~is documented~~ in the patient's medical record;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

3. A medication administered to a patient:

a. Is administered in compliance with an order, and

b. Is documented in the patient's medical record~~; and~~.

~~4. If pain medication is administered to a patient, documentation in the patient's medical record includes:~~

~~a. An identification of the patient's pain before administering the medication, and~~

~~b. The effect of the pain medication administered.~~

C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;

2. A current toxicology reference guide is available for use by personnel members; and

3. If pharmaceutical services are provided on the premises:

a. A committee, composed of at least ~~on~~ one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:

i. Develop a drug formulary,

ii. Update the drug formulary at least once every 12 months,

iii. Develop medication usage and medication substitution policies and

procedures, and

iv. Specify which medication and medication classifications are required to be ~~automatically~~ stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;

b. The pharmaceutical services are provided under the direction of a pharmacist;

c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and

d. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at an outpatient surgical center, an administrator shall ensure that~~:~~

~~1.~~ ~~There is a~~ medication is stored in a separate locked room, ~~or~~ closet, or ~~a~~ self-contained unit ~~is~~ used only for medication storage ~~that includes a lockable door~~;

~~2. If a separate room or closet is used for storing medication, a locked cabinet is used for medication storage;~~

~~3.~~2. Medication is stored according to the instructions on the medication container; and

~~4.~~3. 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 patients who received recalled medication; and

d. Storing, inventorying, and dispensing controlled substances.

E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient surgical center's director of nursing.

R9-10-915. Infection Control

~~A.~~ An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:

a. A method to identify and document infections occurring at the outpatient surgical center;

b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient surgical center;

c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient surgical center; and

d. Documenting infection control activities including:

i. The collection and analysis of infection control data,

ii. The actions taken related to infections and communicable diseases, and

iii. Reports of communicable diseases to the governing authority and state and county health departments;

2. Infection control documentation is maintained for at least ~~two years~~ 12 months after the date of the documentation;

3. Policies and procedures are established, documented, and implemented that cover:

a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;

b. Handling and disposal of biohazardous medical waste;

c. Sterilization, disinfection, distribution, and storage of medical equipment and supplies;

d. ~~Use of~~ Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;

e. Training ~~of~~ personnel members, employees, and volunteers in infection control practices; and

f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;

4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;

5. Soiled linen and clothing are:

a. Collected in a manner to minimize or prevent contamination,

b. Bagged at the site of use, and

c. Maintained separate from clean linen and clothing; and

6. A personnel member, employee, or volunteer washes hands or ~~use~~ uses a hand disinfection product after patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

~~B. An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.~~

R9-10-916. Emergency and Safety Standards

A. An administrator shall ensure that policies and procedures for providing medical emergency

treatment to a patient are established, documented, and implemented and include:

1. A list of the medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the outpatient surgical center;
2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
3. A requirement that a cart or a container is available for medical emergency treatment that contains medications, supplies, and equipment specified in policies and procedures;
4. A method to verify and document that the contents of the cart or container are available for medical emergency treatment; and
5. A method for ensuring a patient may be ~~transported~~ transferred to a hospital or other health care institution to receive treatment for a medical emergency that the outpatient surgical center is not ~~able or~~ authorized or not able to provide.

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

C. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to medical staff and employees, and, if necessary, implemented that includes:
   a. Procedures to be followed in the event of a fire or threat to patient safety;
   b. Assigned personnel responsibilities;
   c. Instructions for the evacuation~~, transport,~~ or transfer of patients;
   d. Maintenance of patient medical records; and
   e. A plan to provide any other services related to patient care to meet the patients' needs;
2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, medical staff member, or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
~~4.~~5. An evacuation drill for employees is conducted at least once every ~~three~~ six months for

employees on the premises;

~~5.~~6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:

a. The date and time of the evacuation drill;

b. The amount of time taken for employees to evacuate the outpatient surgical center;

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

d. Recommendations for improvement, if applicable; and

~~6.~~7. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient surgical center and every room where patients may be present.

D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.

E. An administrator shall:

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

2. Make any repairs or corrections stated on the fire inspection report, and

3. Maintain documentation of a current fire inspection.

R9-10-917. Environmental Standards

A. An administrator shall ensure that:

1. An outpatient surgical center's premises and equipment are:

a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and

b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;

2. A pest control program is implemented and documented;

3. Equipment used at the outpatient surgical center to provide care to a patient is:

a. Maintained in working order;

b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and

c. Used according to the manufacturer's recommendations;

4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;

5. Garbage and refuse are:

a. Stored in covered containers lined with plastic bags, and

b. Removed from the premises at least once a week;

6. Heating and cooling systems maintain the outpatient treatment center at a temperature between 70° F and 84° F at all times;

7. Common areas:

a. Are lighted to assure the safety of patients, and

b. Have lighting sufficient to allow personnel members to monitor patient activity; and

8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article.

B. An administrator shall ensure that an outpatient surgical center has a functional emergency power source.

R9-10-918. Physical Plant Standards

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

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

1. The services stated in the outpatient surgical center's scope of services, and

2. An individual accepted as a patient by the outpatient surgical center.

C. An administrator shall ensure that:

1. There are two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered;

2. One additional recovery bed is available for each additional operating room; and

3. Recovery beds are located in a space that provides for a minimum of 70 square feet per bed, allowing three feet or more between beds and between the sides of a bed and the wall.

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

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

1. Oxygen and the means of administration;

2. Mechanical ventilator assistance equipment including airways, manual breathing bag, and suction apparatus;

3. Cardiac monitor;

4. Defibrillator; and

5. Cardiopulmonary resuscitation drugs as determined by the policies and procedures.

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

R9-10-1001. Definitions

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

1. "Emergency room services" means medical services provided to a patient in an emergency.

R9-10-1002. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. §§ 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for an initial license shall ~~submit a supplemental application form~~ submit, in a format provided by the Department ~~that contains~~:

1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
2. A request to provide one or more of the following services:
    a. Behavioral health services and, if applicable;
        i. Behavioral health observation/stabilization services,
        ii. Behavioral health services to individuals under 18 years of age,
        iii. Court-ordered evaluation,
        iv. Court-ordered treatment,
        v. Crisis services,
        vi. Opioid treatment services,
        vii. Pre-petition screening,
        viii. Respite services,
        ix. DUI education,
        x. DUI screening,
        xi. DUI treatment, or
        xii. Misdemeanor domestic violence offender treatment;
    b. Diagnostic imaging services;
    c. Clinical laboratory services;
    d. Dialysis services;
    e. Emergency room services;
    f. Pain management services;

g. Physical health services;

h. Rehabilitation services;

i. Sleep disorder services;

j. Urgent care services provided in a freestanding urgent care center setting; or

k. Counseling ~~facility~~ and, if applicable:

i. DUI education,

ii. DUI screening,

iii. DUI treatment, or

iv. Misdemeanor domestic violence offender treatment.

R9-10-1003. Administration

A. If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.

B. A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;

2. Establish, in writing:

a. An outpatient treatment center's scope of services, and

b. Qualifications for an administrator;

3. Designate, in writing, an administrator~~, in writing,~~ who has the qualifications established in subsection (B)(2)(b);

4. Adopt a quality management program according to R9-10-1004;

5. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;

6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:

a. Expected not to be present on an outpatient treatment center's premises for more than 30 calendar days, or

b. ~~Is not~~ Not present on an outpatient treatment center's premises for more than 30 calendar days; and

7. Except as provided in subsection (B)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.

C. An administrator:

1. Is directly accountable to the governing authority for the daily operation of the outpatient treatment center and all services provided by or at the outpatient treatment center;
2. Has the authority and responsibility to manage the outpatient treatment center; and
3. Except as provided in subsection ~~(B)(7)~~ (B)(6), designates, in writing, an individual who is ~~available~~ present on the outpatient treatment center's premises and accountable for the ~~operation of the~~ outpatient treatment center when the administrator is not available.

D. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    a. ~~Include~~ Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    c. Include how a personnel member may submit a complaint relating to services provided to a patient;
    d. Cover the requirements in Title 36, Chapter 4, Article 11;
    ~~d.~~e. Cover cardiopulmonary resuscitation training including:
        i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual'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 an individual has received cardiopulmonary resuscitation training;
    ~~e.~~f. Cover first aid training;
    ~~f.~~g. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
    ~~g.~~h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
    ~~h.~~i. Cover health care directives;
    ~~i.~~j. Cover medical records, including electronic medical records;

~~j.~~k. Cover quality management, including incident report and supporting documentation; and

~~k.~~l. Cover contracted services;

2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that:

a. Cover patient screening, admission, assessment, transport, transfer, discharge plan, and discharge;

b. Cover the provision of medical services, nursing services, health-related services, and ancillary services;

c. Include when general consent and informed consent are required;

d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;

e. Cover prescribing a controlled substance to minimize substance abuse by a patient;

~~e.~~f. Cover infection control;

~~f.~~g. Cover telemedicine, if applicable;

~~g.~~h. Cover environmental services that affect patient care;

~~h.~~i. Cover specific steps ~~and deadlines~~ for:

i. A patient to file a complaint~~;~~, and

ii. An outpatient treatment center to respond to a complaint; ~~and~~

~~iii. If applicable, an outpatient treatment center to obtain documentation of an employee's or volunteer's fingerprint clearance card required in A.R.S. § 36-425.03;~~

~~i.~~j. Cover smoking ~~and the use of~~ tobacco products on an outpatient treatment center's premises; and

~~j.~~k. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;

3. Outpatient treatment center policies and procedures are:

a. Reviewed at least once every ~~two~~ three years and updated as needed, and

b. Available to personnel members and employees;

4. Unless otherwise stated:

a. Documentation required by this Article is provided to the Department within two

hours after a Department request; and

b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.

5. The following are conspicuously posted:

a. The current license for the outpatient treatment center issued by the Department;

b. The name, address, and telephone number of the Department;

c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;

d. One of the following:

i. A schedule of rates according to A.R.S. § 36-436.01(C), or

ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;

e. A list of patient rights;

f. A map for evacuating the facility; and

g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and

6. Patient follow-up instructions are:

a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice; and

b. Documented in the patient's record.

E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center's employee or personnel member, an administrator shall ~~immediately~~ report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:

1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or

2. For a patient under 18 years of age, according to A.R.S. § 13-3620.

F. If ~~abuse, neglect, or exploitation of a patient is alleged or suspected to have~~ an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while ~~the~~ a patient is receiving services from an outpatient treatment center's employee or personnel member, an administrator shall:

1. ~~Take~~ If applicable, take immediate action to stop the ~~alleged or~~ suspected abuse, neglect, or exploitation;
2. ~~Immediately report~~ Report the ~~alleged or~~ suspected abuse, neglect, or exploitation of the patient as follows:
    a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
    a. ~~the~~ The suspected abuse, neglect, or exploitation;
    b. Any action ~~in~~ taken according to subsection (F)(1); and
    c. ~~the~~ The report in subsection (F)(2);
4. ~~and maintain~~ Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
~~4.~~5. ~~Investigate~~ Initiate an investigation of the suspected ~~or alleged~~ abuse, neglect, or exploitation ~~and develop a written report of the investigation~~ and document the following information within ~~48 hours~~ five working days after the report required in subsection (F)(2) that includes:
    a. ~~Dates,~~ The dates, times, and description of the ~~alleged or~~ suspected abuse, neglect, or exploitation;
    b. ~~Description~~ A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    c. ~~Names~~ The names of witnesses to the ~~alleged or~~ suspected abuse, neglect, or exploitation; and
    d. ~~Actions~~ The actions taken by the administrator to prevent the ~~alleged or~~ suspected abuse, neglect, or exploitation from occurring in the future; and
~~5. Submit a copy of the investigation report required in subsection (F)(4) to the Department within 10 working days after submitting the report in subsection (F)(2); and~~
6. Maintain a copy of the ~~investigation report~~ documented information required in subsection ~~(F)~~(4) (F)(5) and any other information obtained during the investigation for at least 12 months after the date ~~of~~ the ~~report~~ investigation was initiated.

R9-10-1004. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:

a. A method to identify, document, and evaluate incidents;

b. A method to collect data to evaluate services provided to patients;

c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;

d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and

e. The frequency of submitting a documented report required in subsection (2) to the governing authority;

2. A documented report is submitted to the governing authority that includes:

a. An identification of each concern about the delivery of services related to patient care; and

b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-1005. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and

2. ~~A documented list~~ Documentation of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-1006. Personnel

An administrator shall ensure that:

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

a. Are based on:

i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and

ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and

b. Include:

i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health

services listed in the established job description,

ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures;
3. ~~Personnel~~ Sufficient personnel members are present on an outpatient treatment center's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the outpatient treatment center's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient;
4. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
5. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
6. A personnel member completes orientation before providing medical services, nursing services, or health-related services to a patient;
7. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
8. A plan is developed, documented, and implemented to provide in-service education specific to the duties of the personnel member;
9. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the in-service education, and
   c. The subject or topics covered in the in-service education;

10. Compliance with the requirements for behavioral health technicians and behavioral health paraprofessionals in ~~R9-10-114~~ R9-10-115;
11. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
    a. The individual's name, date of birth, ~~home address,~~ and contact telephone number;
    b. The individual's starting date of employment or volunteer service, and if applicable, the ending date;
    c. Documentation of:
        i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
        ii. The individual's education and experience applicable to the individual's job duties;
        iii. The individual's completed orientation and in-service education as required by policies and procedures;
        iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
        v. If the individual is a behavioral health technician, clinical oversight required in ~~R9-10-114~~ R9-10-115;
        vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable; and
        vii. Cardiopulmonary resuscitation training, if the individual is required to have cardiopulmonary resuscitation training according to this Article or policies and procedures; and
12. The record in subsection (A)(11) is:
    a. Maintained while an individual provides services for or at the outpatient treatment center and for at least ~~two years~~ 24 months after the last date the employee or volunteer provided services for or at the outpatient treatment center; and
    b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the ~~time of the~~ Department's request.

R9-10-1007. Transport; Transfer

A. Except ~~for a transport of a patient due to an emergency~~ as provided in subsection (B), an

administrator shall ensure that:

1. A personnel member coordinates the transport and the services provided to the patient;
2. According to policies and procedures:
    a. An evaluation of the patient is conducted before and after the transport,
    b. ~~Medical records are~~ Information from the patient's medical record is provided to a receiving health care institution, ~~and~~
    c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
    d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution;
3. Documentation in the patient's medical record includes:
    a. Communication or lack of communication with an individual at a receiving health care institution;
    b. The date and time of the transport;
    c. The mode of transportation; and
    d. If applicable, the name of the personnel member accompanying the patient during a transport.

B. Subsection (A) does not apply to:

1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a patient by the patient or the patient's representative,
3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
4. A transport to another licensed health care institution in an emergency.

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

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

b. The date and time of the transfer;

c. The mode of transportation; and

d. If applicable, ~~a~~ the name of the personnel member accompanying the patient during a transfer.

R9-10-1008. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;

2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and

3. ~~There are policies and procedures~~ Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:

a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and

b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;

2. A patient as not subjected to:

a. Abuse;

b. Neglect;

c. Exploitation;

d. Coercion;

e. Manipulation;

f. Sexual abuse;

g. Sexual assault;

h. ~~Seclusion~~ Except as allowed in R9-10-1012(B), restraint or seclusion;

~~i. Restraint, if not necessary to prevent imminent harm to self or others;~~

~~j.~~i. Retaliation for submitting a complaint to the Department or another entity; or

~~k.~~j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and

3. A patient or the patient's representative:

a. Except in an emergency, either consents to or refuses treatment;

b. May refuse or withdraw consent ~~to~~ for treatment before treatment is initiated;

c. Except in an emergency, is informed of alternatives to a proposed psychotropic

medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;

d. Is informed of the following:

i. The outpatient treatment center's policy on health care directives, and

ii. The patient complaint process;

e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and

f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:

i. Medical ~~records~~ record, ~~and~~ or

ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient treatment center is ~~unable~~ not authorized or not able to provide physical health services or behavioral health services ~~for~~ needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-1009. Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:

a. Recorded only by a personnel member authorized by policies and procedures to

make the entry;

b. Dated, legible, and authenticated; and

c. Not changed to make the initial entry illegible;

3. An order is:

a. Dated when the order is entered in the patient's medical record and includes the time of the order;

b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and

c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;

4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or ~~the~~ electronic ~~code~~ signature;

5. ~~A patient's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;~~A patient's medical record is available to an individual:

a. Authorized according to policies and procedures to access the patient's medical record;

b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or

c. As permitted by law;

~~6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law;~~

~~7.~~6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and

~~8.~~7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If an outpatient treatment center maintains ~~patient's~~ patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and

2. The date and time of an entry in a ~~patient's~~ medical record is recorded by the computer's internal clock.

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

1. Patient information that includes:
   a. Except as specified in A.A.C. R9-6-1005, the patient's name and address;
   b. The patient's date of birth; and
   ~~c. The name and contact information of the patient's representative, if applicable; and~~
   ~~d.~~c. Any known allergies, including medication allergies;
2. A diagnosis or reason for outpatient treatment center services;
3. Documentation of general consent~~,~~ and, if applicable, informed consent~~,~~ for treatment by the patient or the patient's representative, except in an emergency;
4. If applicable, the name and contact information of the patient's representative and:
   a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
   b. If the patient's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
~~4.~~5. Documentation of medical history and, if applicable, results of a physical examination;
~~5.~~6. Orders;
~~6.~~7. Assessment;
~~7.~~8. Treatment plans;
~~8.~~9. Interval notes;
~~9.~~10. Progress notes;
~~10.~~11. Documentation of outpatient treatment center services provided to the patient;
~~11.~~12. ~~Name~~ The name of each individual providing treatment or a diagnostic procedure;
~~12.~~13. Disposition of the patient upon discharge;
~~13.~~14. Documentation of the patient's follow-up instructions provided to the patient;
~~14.~~15. A discharge summary;
~~15.~~16. If applicable:
   a. Laboratory reports,
   b. Radiologic reports,

c. Sleep disorder reports,

d. Diagnostic reports, and

~~e. Documentation of restraint or seclusion, and~~

~~f.~~e. Consultation reports; ~~and~~

17. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual, other than actions taken while providing behavioral health observation/stabilization services; and

~~16.~~18. Documentation of a medication administered to the patient that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. For a medication administered for pain:

i. An assessment of the patient's pain before administering the medication, and

ii. The effect of the medication administered;

d. For a psychotropic medication:

i. An assessment of the patient's behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;

f. Any adverse reaction a patient has to the medication; and

g. ~~Prepacked~~ For prepacked or sample medication provided to the patient for self-administration, ~~including~~ the name, strength, dosage, amount, route of administration, and expiration date.

R9-10-1010. Medication Services

A. If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:

1. Include:

a. A process for providing information to a patient about medication prescribed for the patient including:

i. The prescribed medication's anticipated results,

ii. The prescribed medication's potential adverse reactions,

iii. The prescribed medication's potential side effects, and

iv. Potential adverse reactions that could result from not taking the medication as prescribed;

b. Procedures for preventing, responding to, and reporting:

i. A medication error,

ii. An adverse ~~response~~ reaction to a medication, or

iii. A medication overdose;

c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;

d. Procedures for documenting medication ~~services~~ administration and assistance in the self-administration of medication;

e. Procedures for assisting a patient 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 outpatient treatment center provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:

a. Are reviewed and approved by a medical practitioner;

b. Specify the individuals who may:

i. Order medication, and

ii. Administer medication;

c. Ensure that medication is administered to a patient only as prescribed; and

d. ~~A~~ Cover the documentation of a patient's refusal to take prescribed medication ~~is documented~~ in the patient's medical record;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

3. A medication administered to a patient is:

a. Administered in compliance with an order, and

b. Documented in the patient's medical record~~; and~~.

~~4. If pain medication is administered to a patient, documentation in the patient's medical record includes:~~

~~a. An identification of the patient's pain before administering the medication, and~~

~~b.~~ ~~The effect of the pain medication administered.~~

C. If an outpatient treatment center provides assistance in the self-administration of medication, an administrator shall ensure that:

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

6. Assistance ~~with~~ in the self-administration of medication provided to a patient is
    a. In compliance with an order, and
    b. Documented in the patient's medical record.

D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members;
3. If pharmaceutical services are provided:
    a. The pharmaceutical services are provided under the direction of a pharmacist;
    b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    c. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at an outpatient treatment center, an administrator shall ensure that:
1. ~~There is a~~ Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage ~~that includes a lockable door~~;
~~2. If medication is stored in a room or closet, there is a locked cabinet that is used for medication storage;~~
~~3.~~2. Medication is stored according to the instructions on the medication container; and
~~4.~~3. 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 patients who received recalled medication; and
    d. Storing, inventorying, and dispensing controlled substances.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient treatment center's clinical director.

R9-10-1011. Behavioral Health Services

A. An administrator of an outpatient treatment center that provides behavioral health services shall ensure that:
1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
2. The behavioral health services provided by or at the outpatient treatment center:

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~~ R9-10-115, and

ii. For an assessment, in R9-10-1011(B);

3. A personnel member who provides behavioral health service is:

a. At least 21 years of age; or

b. At least 18 years of age and is licensed as a:

i. Nurse according to A.R.S. Title 32, Chapter 15;

ii Physician assistant according to A.R.S. Title 32, Chapter 25; or

iii. Behavioral health professional; and

4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner, an employee, or a volunteer ~~applies for or has a~~ complies with the fingerprint clearance card ~~as required~~ requirements in A.R.S. § 36-425.03.

B. An administrator of an outpatient treatment center that provides behavioral health services shall ensure that:

1. Except as provided in subsection (B)(2), ~~an~~ a behavioral health assessment for a patient is completed before treatment for the patient is initiated;

2. If ~~an~~ a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:

a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and

b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;

3. If ~~an~~ a behavioral health assessment is conducted by a:

a. Behavioral health technician or a registered nurse, within 72 hours a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the patient; or

b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the behavioral health services needed by the patient;

4. ~~An~~ A behavioral health assessment:

a. Documents a patient's:

i. Presenting issue;

ii. Substance abuse history;

iii. Co-occurring disorder;

iv. Medical condition and history;

v. Legal history, including:

(1) Custody,

(2) Guardianship, and

(3) Pending litigation;

vi. Criminal justice record;

vii. Family history;

viii. Behavioral health treatment history; and

ix. Symptoms reported by the patient and referrals needed by the patient, if any;

b. Includes:

i. Recommendations for further assessment or examination of the patient's needs;

ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient; and

iii. The signature and date signed of the personnel member conducting the behavioral health assessment;

c. Is documented in patient's medical record;

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

6. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;

7. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;

8. Documentation of the request in subsection (B)(6) and the opportunity in subsection (B)(7) is in the patient's medical record;

9. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;

~~10. A patient's assessment information is reviewed and updated when additional information that affects the patient's assessment is identified;~~

~~11. A review and update of a patient's assessment information is documented in the medical record within 48 hours after the review is completed;~~

10. If information in subsection (B)(4)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;

~~12.~~11. Counseling is:

a. Offered as described in the outpatient treatment center's scope of services,

b. Provided according to the frequency and number of hours identified in the patient's assessment, and

c. Provided by a behavioral health professional or a behavioral health technician;

~~13.~~12. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue;

~~14.~~13. Each counseling session is documented in the patient's medical record to include:

a. The date of the counseling session;

b. The amount of time spent in the counseling session;

c. Whether the counseling was individual counseling, family counseling, or group counseling;

d. The treatment goals addressed in the counseling session; and

e. The signature of the personnel member who provided the counseling and the date signed;

~~15.~~14. Respite services are not provided in a personnel member's home; and

~~16.~~15. Respite services are provided:

a. In a patient's residence; or

b. Up to 10 continuous hours in a 24 hour time period while the individual who is

receiving the respite services is:

i. Supervised by a personnel member,

ii. Awake,

iii. Provided food,

iv. Allowed to rest,

v. Provided an opportunity to use the toilet and meet the individual's hygiene needs, and

vi. Participating in activities in the community but is not in a licensed health care institution or child care facility.

C. An administrator of an outpatient treatment center authorized to provide behavioral health services that is:

1. ~~Requests approval~~ Authorized to provide any of the following to individuals required to attend by a referring court shall comply with the requirements for the specific service in 9 A.A.C. 20:

a. DUI screening,

b. DUI education,

c. DUI treatment, or

d. Misdemeanor domestic violence offender treatment; and

2. ~~Is approved~~ Approved to provide any of the services in subsection (C)(1) may have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

R9-10-1012. Behavioral Health Observation/Stabilization Services

A. An administrator of an outpatient treatment center that ~~provides~~ is authorized to provide behavioral health observation/stabilization services shall ensure that:

1. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;

2. Behavioral health observation/stabilization services are provided in a designated area that:

a. Is used exclusively for behavioral health observation/stabilization services; and

b. Has the space for a patient to receive privacy in treatment and care for personal needs;

c. For every 15 observation chairs or less, has one bathroom that contains:

i. A working sink with running water,

ii. A working toilet that flushes and has a seat,

iii. Toilet tissue,

iv. Soap for hand washing,

v. Paper towels or a mechanical air hand dryer,

vi. Lighting, and

vii. A means of ventilation;

3. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age:

a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:

i. Meets the requirements in subsection (B)(2), and

ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;

b. A registered nurse is present in the separate designated area; and

c. A patient under 18 years of age does not share any space, participate in any activity or treatment, or have verbal or visual interaction with a patient 18 years of age or older;

4. A medical practitioner is available;

5. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;

6. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;

7. A nurse monitors each individual at the intervals determined according to subsection (A)(12) and documents the monitoring in the individual's medical record;

8. An individual who arrives at the designated area for behavioral health observation/stabilization services in the outpatient treatment center is screened within 30 minutes after entering the designated area to determine whether the individual is in need of immediate physical health services;

9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:

a. Able to provide according to the outpatient treatment center’s scope of services, the individual is examined by a medical practitioner within 30 minutes after being screened; or

b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;

10. If a screening indicates that an individual needs behavioral health observation/stabilization services and the outpatient treatment center has the capabilities to provide the behavioral health observation/stabilization services, the individual is admitted to the designated area for behavioral health observation/stabilization services and may remain in the designated area and receive observation/stabilization services for up to 23 hours and 59 minutes;
11. Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
    a. If the behavioral health observation/stabilization services are provided in health care institution that also provided inpatient services and is capable of meeting the individual's needs, admitted to the health care institution as an inpatient;
    b. Transferred to another health care institution capable of meeting the individual's needs;
    c. Provided a referral to another entity capable of meeting the individual's needs; or
    d. Discharged and provided patient follow-up instructions;
12. When an individual is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the individual includes the interval for monitoring the individual based on the individual's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the individual;
13. If an individual is not being admitted as an inpatient to a health care institution, before discharging the individual from a designated area for behavioral health observation/stabilization services, a personnel member:
    a. Identifies the specific needs of the individual after discharge necessary to assist the individual to function independently;
    b. Identifies any resources including family members, community social services, peer support services, and Regional Behavioral Health Agency staff that may be available to assist the individual; and
    c. Documents the information in subsection (A)(18)(a) and the resources in subsection (A)(18)(b) in the individual's medical record;
14. When an individual is discharged from a designated area for behavioral health observation/stabilization services a personnel member:
    a. Provides the individual with discharge information that includes:

i. The identified specific needs of the individual after discharge, and

ii. Resources that may be available for the individual;

b. Contacts any resources identified as required in subsection (A)(18)(b);

15. Except as provided in subsection (A)(16), an individual is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the individual's discharge from designated area in the outpatient treatment center that provides behavioral health observation/stabilization services; and

16. An individual may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the individual's discharge if:

a. It is at least one hour since the time of the individual's discharge;

b. A law enforcement officer or the individual's case manager accompanies the individual to the outpatient treatment center;

c. Based on a screening of the individual, it is determined that re-admission for behavioral health observation/stabilization is necessary for the individual; and

d. The name of the law enforcement officer or the individual's case manager and the reasons for the determination in subsection (A)(16)(c) are documented in the individual's medical record.

17. An individual admitted for behavioral health observation/stabilization services is provided:

a. An observation chair, or

b. A separate piece of equipment for the individual to use to sit or recline that:

i. Is at least 12 inches from the floor, and

ii. Has sufficient space around the piece of equipment to allow a personnel member to provide behavioral health services and physical health services including emergency services to the individual;

18. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety which may include:

a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;

b. Establishing a method to notify the individual when there is an observation chair available;

c. Referring or providing transportation to the individual to another health care

institution;

d. Assisting the individual to contact the individual's support system; and

e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;

19. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;

20. The log required in subsection (A)(19) is maintained for one year after the date of documentation in the log;

21. An observation chair or, as provided in subsection (A)(17)(b), a piece of equipment used by a patient to sit or recline, is visible to a personnel member;

22. Except as provided in subsection (A)(23), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;

23. A patient admitted to receive behavioral health observation/stabilization services may use the bathroom and not be visible to a personnel member, if the personnel member:

a. Determines that the patient is capable of using the bathroom unsupervised,

b. Is aware of the patient’s location; and

c. Is able to intervene in the patient’s actions to ensure the patient’s health and safety; and

24. An observation chair:

a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services, including emergency services, to a patient in the observation chair; and

b. Effective on July 1, 2015, has at least three feet of clear floor space:

i. On at least two sides of the observation chair, and

ii. Between the observation chair and any other observation chair.

B. An administrator of an outpatient treatment center that ~~provides~~ is authorized to provide behavioral health observation/stabilization services shall:

1. Have a room used for seclusion that complies requirements for seclusion rooms in R9-10-316, and

2. ~~comply~~ Comply with the requirements for restraint and seclusion in R9-10-316.

C. An administrator of an outpatient treatment center that ~~provides~~ is authorized to provide behavioral health observation/stabilization services shall ensure that:

1. There are policies and procedures established, documented, and implemented to protect the health and safety of a patient that:
    a. Cover the process for:
        i. Evaluating a patient previously admitted to the designated area to determine whether the patient is ready for admission to an inpatient setting or discharge including when to implement the process; and
        ii. Contacting other health care institutions that provide behavioral health observation/stabilization services to determine if the individual could be admitted for behavioral health observation/stabilization services in another health care institution including when to implement the process; and
        iii. Ensuring that sufficient personnel members, space, and equipment is available to provide behavioral health observation/stabilization services to patients admitted to receive behavioral health observation/stabilization services; and
    b. Establish a maximum capacity of the number of individuals for which the outpatient treatment center is capable of providing behavioral health observation/stabilization services;
2. The outpatient treatment center does not:
    a. Exceed the maximum capacity established by the outpatient treatment center in subsection (C)(1)(b); or
    b. Admit an individual if the outpatient treatment center does not have personnel members, space, and equipment available to provide behavioral health observation/stabilization services to the individual; and
3. Effective on July 1, 2015:
    a. If an admission of an individual causes the outpatient treatment center to exceed the outpatient treatment center's licensed occupancy, the individual is only admitted for behavioral health observation/stabilization services in an emergency for the individual after:
        (1) A behavioral health professional reviews the individual's screening and determines the admission is an emergency; and
        (2) Documents the determination in the individual's medical record; and
    b. The outpatient treatment center's quality management program's plan required in R9-10-1004(1), includes a method to identify and document each occurrence of

exceeding licensed occupancy, and to evaluate the occurrences of exceeding licensed occupancy, including the actions taken for resolving occurrences of exceeding licensed occupancy.

R9-10-1013. Court-ordered Evaluation

An administrator of an outpatient treatment center that ~~provides~~ is authorized to provide court-ordered evaluation shall comply with the requirements for court-ordered evaluation in A.R.S. § 36-425.03.

R9-10-1014. Court-ordered Treatment

An administrator of an outpatient treatment center that ~~provides~~ is authorized to provide court-ordered treatment shall comply with the requirements for court-ordered treatment in A.R.S. Title 36, Chapter 5, Article 4.

R9-10-1015. Clinical Laboratory Services

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

1. If clinical laboratory services are provided on the premises or at another location, the clinical laboratory services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and
2. A clinical laboratory test result is documented in a patient's medical record including:
   a. The name of the clinical laboratory test;
   b. The patient's name;
   c. The date of the clinical laboratory test;
   d. The results of the clinical laboratory test; and
   e. If applicable, any adverse reaction related to or as a result of the clinical laboratory test.

R9-10-1016. Crisis Services

A. An administrator of an outpatient treatment center that is authorized to provide crisis services shall comply with the requirements for behavioral health services in R9-10-1011.

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

1. Crisis services are available during clinical hours of operation;
2. ~~The following individuals~~ A behavioral health technician, qualified to provide crisis services according to the outpatient treatment center's policies and procedures, ~~are~~ is present in the outpatient treatment center during clinical hours of operation~~:~~; and

~~a. A behavioral health technician, and~~

~~b. A registered nurse; and~~

3. The following individuals qualified to provide crisis services according to policies and procedures are available during clinical hours of operation:
   a. A behavioral health professional, ~~and~~
   b. A medical practitioner, and
   c. A registered nurse.

R9-10-1017. Diagnostic Imaging Services

An administrator of an outpatient treatment center that ~~provides~~ is authorized to provide diagnostic imaging services shall:

1. Designate an individual to provide direction for diagnostic imaging services who is a:
   a. Radiologic technologist certified under A.R.S. Title 32, Chapter 28, Article 2 who has at least 12 months experience in an outpatient treatment center;
   b. Physician; or
   c. Radiologist; and
2. Ensure that:
   a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 12 A.A.C. 1;
   b. A copy of a certificate documenting compliance with subsection (2)(a) is provided to the Department for review upon the Department's request;
   c. Diagnostic imaging services are provided to a patient according to an order that includes:
      i. The patient's name,
      ii. The name of the ordering individual,
      iii. The diagnostic imaging procedure ordered, and
      iv. The reason for the diagnostic imaging procedure;
   d. A physician or radiologist interprets the diagnostic image; and
   e. A diagnostic imaging patient report is completed that includes:
      i. The patient's name,
      ii. The date of the procedure, and
      iii. A physician's or radiologist's interpretation of the diagnostic image.

R9-10-1018. Dialysis Services

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

1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.

2. “Chief clinical officer” means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.

~~3. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane.~~

~~4. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.~~

~~5.~~3. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.

~~6.~~4. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.

~~7.~~5. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.

~~8.~~6. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.

~~9.~~7. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.

~~10.~~8. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.

~~11.~~9. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.

~~12.~~10. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.

11. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the “practice of social work” as defined in A.R.S. § 32-3251.

~~13.~~12. "Stable" means a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.

~~14.~~13. "Transplant surgeon" means a physician who:

a. Is board eligible or board certified in general surgery or urology by a professional

credentialing board, and

b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.

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

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

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

1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Long-term care plans and patient care plans,
   b. Assigning a patient an identification number,
   c. Personnel members' response to a patient adverse reaction during dialysis, and
   d. Personnel members' response to an equipment malfunction during dialysis;
2. A personnel member complies with the requirements in A.R.S. § 36-423 and ~~R9-10-113~~ R9-10-114 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
   i Before providing dialysis services, and
   ii. At least once every ~~two years~~ 12 months after the initial date of employment or volunteer services;
4. A personnel member wears a name badge that displays the individual’s first name, job title, and professional license or certification; and
5. A minimum of one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.

D. An administrator of an outpatient treatment center ~~providing~~ that is authorized to provide dialysis

services shall ensure that:

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

E. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that for a patient receiving dialysis services:

1. The dialysis services provided to the patient meet the needs of the patient;
2. A physician:
    a. Performs a medical history and physical examination on the patient within 30

days before admission or within 48 hours after admission, and

b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;

3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 days after the date of the medical history and physical examination:

a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or

b. Performs a medical history and physical examination that includes information specific to nephrology;

4. The patient's nephrologist or the nephrologist's designee:

a. Performs a medical history and physical examination on the patient at least once every 12 months from the date of the patient's admission to the outpatient treatment center, and

b. Documents monthly notes related to the patient's progress in the patient's medical record;

5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:

a. Reviews with the patient the results of any diagnostic tests performed on the patient;

b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;

c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the ~~person~~ individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;

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

e. Documents in the patient's medical record:

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

ii Monthly notes related to the patient's progress;

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

7. The patient:

   a. Is under the care of a nephrologist;

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

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

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

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

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

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

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

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

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

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

      i. External surface of the dialyzer is clean;

      ii. Dialyzer label is intact and legible;

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

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

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

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

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

the dialyzer includes:

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

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

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

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

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

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

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

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

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

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

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

b. The signature of the nephrologist.

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

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

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

b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;

2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;

3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;

4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;

5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);

6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:

    a. Reviewed to ensure that the patient is receiving continuity of care, and

    b. Placed in the patient's medical record; and

7. If a patient uses self-dialysis and self-administers medication:

    a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;

    b. The patient and the patient's caregiver are informed of any potential:

        i. Side effects of the medication; and

        ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and

    c. The patient or the patient's caregiver is:

        i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;

        ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;

        iii. Provided with instructions for the administration of the medication including the specific route and technique the patient or the patient's caregiver has been taught to use;

        iv. Able to read and understand the medication;

        v. Taught and able to self-monitor the patient's blood pressure; and

        vi. Informed how to store the medication according to the manufacturer's instructions.

G. An administrator of an outpatient treatment center ~~providing~~ that is authorized to provide dialysis services shall ensure that a social worker is employed by ~~with~~ the outpatient treatment center to meet the needs of a patient receiving dialysis services including:

1. Conducting an initial psychosocial evaluation of the patient within 30 days after the patient's admission to the outpatient treatment center;

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

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

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

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

1. Is developed by a team that includes at least:
    a. The chief clinical officer of the outpatient treatment center;
    b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;
    c. A transplant surgeon or the transplant surgeon's designee;
    d. A registered nurse responsible for nursing services provided to the patient;

e. A social worker;

f. A registered dietitian; and

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

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

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

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

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

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

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

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

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

a. The patient's nephrologist;

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

c. A social worker;

d. A registered dietitian; and

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

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

3. Identifies treatment and treatment goals;

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

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

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

7. Is implemented;

8. Is evaluated by:

a. The registered nurse responsible for the dialysis services provided to the patient,

b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs, and

c. The social worker providing services to the patient related to the patient's psychosocial needs;

9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and

10. Is reviewed and updated according to the needs of the patient:

a. At least every six months for a patient whose medical condition is stable, and

b. At least every 30 days for a patient whose medical condition is not stable.

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

1. An annual medical history;

2. An annual physical examination;

3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;

4. If applicable, documentation of:

a. The equipment inspection and testing required in subsection (E)(9), and

b. The self-dialysis required in subsection (F)(2); and

5. If applicable, documentation of the patient's discharge.

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

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

2. The signature of the nephrologist.

M. If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reuse of Hemodialyzers, ANSI/AAMI RD47:2002 & RD47:2002/A1:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.

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

~~O. An administrator of an outpatient treatment center providing~~ that is authorized to provide ~~dialysis services shall ensure that the premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date an application for approval of the architectural plans and specifications was submitted to the Department.~~

R9-10-1019. Emergency Room Services

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

1. Emergency room services are:
   a. Available on the premises:
      i. At all times, and
      ii. To stabilize an individual's emergency medical condition;
   b. Provided:
      i. In a designated area, and
      ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;
4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in R9-1-412;
5. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that specify requirements for the use of a seclusion room;
~~5.~~6. A physician is present in an area designated for emergency room services;
~~6.~~7. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
~~7.~~8. The outpatient treatment center has a documented transfer agreement with a general hospital;
~~8.~~9. Emergency room services are provided to an individual, including a woman in active

labor, requesting medical services in an emergency;

~~9.~~10. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection ~~(7)~~ (8);

~~10.~~12. There is a chronological log of emergency room services provided to a patient that includes:

a. The patient's name;

b. The date, time, and mode of arrival; and

c. The disposition of the patient including discharge or transfer; and

~~11.~~13. The chronological log required in subsection ~~(10)~~ (11) is maintained:

a. In the designated area for emergency room services for a minimum of 12 months after the date the emergency room services were provided; and

b. By the outpatient treatment center for a total of 2 years after the date the emergency room services were provided.

R9-10-1020. Opioid Treatment Services

~~A. In addition to the definitions in R9-10-101 and R9-10-1001, the following definitions apply in this Section unless otherwise specified:~~

~~1. "Opioid treatment services" means medical services, nursing services, health-related services, and ancillary services provided to a patient receiving an opioid agonist treatment medication for opiate addiction.~~

~~2. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opiate addiction.~~

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

1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment,

2. Maintain a current Substance Abuse and Mental Health Services Administration certificate for the outpatient treatment center on the premises, and

3. Ensure that the administrator appointed as required in R9-10-1003(B)(C) is named on the Substance Abuse and Mental Health Services Administration certificate as the individual responsible for the opioid treatment services provided by or at the outpatient treatment center.

~~C.~~B. An administrator of an outpatient treatment center ~~providing~~ that is authorized to provide opioid treatment services shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    a. Include the criteria for receiving opioid treatment services and address:
        i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 days and providing medical and health-related services to the patient, and
        ii. Detoxification treatment that occurs over a continuous period of more than 30 days;
    b. Include the criteria and procedures for discontinuing opioid treatment services;
    c. Address the needs of specific groups of patients, such as patients who:
        i. Are pregnant;
        ii. Are children;
        iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
        iv. Have a mental disorder;
        v. Abuse alcohol or other drugs; or
        vi. Are incarcerated or detained;
    d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;
    e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;
    f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
    g. Include relapse prevention procedures;
    h. Include for laboratory testing:
        i. Criteria for the assessment of a patient's opioid agonist blood levels,
        ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
        iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;

i. Include procedures for the response of personnel members to a patient adverse reaction during opioid treatment; and

j. Include criteria for dispensing one or more doses of an opioid agonist treatment medication to a patient for use off the premises and address:

i. Who may ~~authorized~~ authorize dispensing,

ii. Restrictions on dispensing, and

iii. Information to be provided to a patient or the patient's representative before dispensing;

2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;

3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:

a. Receives consultation with or a referral for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and

b. Is not admitted for opioid treatment services:

i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug; and

ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and

4. In addition to the requirements in R9-10-1009(C), a medical record for each patient contains:

a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and

b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.

~~D.~~C. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that for a patient receiving opioid treatment services:

1. The opioid treatment services provided to the patient meet the needs of the patient;

2. A physician or a medical practitioner under the direction of a physician:

a. Performs a medical history and physical examination on the patient within 30 days before admission or within 48 hours after admission, and

b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;

3. Before receiving opioid treatment, the patient is informed of the following:
    a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;
    b. The goal and benefits of opioid treatment;
    c. The signs and symptoms of overdose and when to seek emergency assistance;
    d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
    e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
    f. Confidentiality requirements;
    g. Drug screening and urinalysis procedures;
    h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
    i. Testing and treatment available for HIV and other communicable diseases; and
    j. Grievance procedures;
4. Documentation of the provision of the information specified in subsection ~~(D)(3)~~ (C)(3) is included in the patient's medical record;
5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;
6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treatment center's policy and procedure for discontinuing opioid treatment services required in subsection ~~(C)(1)(b)~~ (B)(1)(b);
7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection ~~(C)(1)(i)~~ (B)(1)(i);
8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
    a. Include information that may reduce the risk of relapse; and
    b. May include a referral for counseling, support groups, or medication for depression or sleep disorders; and
9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment services provided to the patient documents the patient's discharge in the patient's medical record within 30 days after the patient's discharge and includes:

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

b. The signature of the medical practitioner.

F. An administrator of an outpatient treatment center ~~providing~~ that is authorized to provide opioid treatment services shall ensure that an assessment for each patient receiving opioid treatment services:

1. Includes, in addition to the information in R9-10-1010(B):
   a. An assessment of the patient's need for opioid treatment services,
   b. An assessment of the patient's medical conditions that may be affected by opioid treatment,
   c. An assessment of other medications being taken by the patient and conditions that may be affected by opioid treatment, and
   d. A plan to prevent relapse;
2. Identifies the treatment to be provided to the patient and treatment goals; and
3. Specifies whether the patient may receive an opioid agonist treatment medication for use off the premises and, if so, the number of doses that may be dispensed.

R9-10-1021. Pain Management Services

An administrator of an outpatient treatment center that ~~provides~~ is authorized to provide pain management services shall ensure that:

1. Pain management services are provided under the direction of a physician;
2. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise;
3. If a controlled substance is used to provide pain management services:
   a. A medical practitioner discusses the risks and benefits of using a controlled substance with a patient; and
   b. The following information is included in a patient's medical record:
      i. The patient's history or alcohol and substance abuse,
      ii. Documentation of the discussion in subsection (3)(a),
      iii. The nature and intensity of the patient's pain, and
      iv. The objectives used to determine whether the patient is being successfully treated; and
4. If an injection or a nerve block is used to provide pain management services:
   a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;

b. An injection or nerve block is administered by a physician or a nurse anesthetist; and

c. The following information is included in a patient's medical record:

i. The evaluation of the patient required in subsection (4)(a),

ii. A record of the administration of the injection or nerve block, and

iii. Any resuscitation measures taken.

R9-10-1022. Physical Health Services

An administrator of an outpatient treatment center that ~~provides~~ is authorized to provide physical health services shall ensure that:

1. Medical services provided at or by the outpatient treatment center are provided under the direction of a physician or a registered nurse practitioner,
2. Nursing services provided at or by the outpatient treatment center are provided under the direction of a registered nurse, and
3. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise.

R9-10-1023. Pre-petition Screening

An administrator of an outpatient treatment center that ~~provides~~ is authorized to provide pre-petition screening shall comply with the requirements for pre-petition screening in A.R.S. Title 36, Chapter 5, Article ~~5~~ 4.

R9-10-1024. Rehabilitation Services

An administrator shall ensure that if an outpatient treatment center ~~provides~~ is authorized to provide:

1. Occupational therapy services, an individual licensed under A.R.S. Title 32, Chapter 34 provides direction for the occupational therapy services provided at or by the outpatient treatment center;
2. Physical therapy services, an individual licensed under A.R.S. Title 32, Chapter 19 provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, an individual licensed under A.R.S. Title 36, Chapter 17, Article 4 provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

R9-10-1025. Respite Services

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

1. Respite services are not provided in a personnel member's residence unless the personnel

member residence is licensed as a behavioral health ~~supportive~~ respite home;

2. Respite services are provided:
   a. In a patient's residence; or
   b. Up to 10 continuous hours in a 24 hour time period, in the community; and
3. If respite services are provided in the community, a patient's needs for food, water, rest, and personal hygiene are met.

R9-10-1026. Sleep Disorder Services

An administrator of an outpatient treatment center that ~~provides~~ is authorized to provide sleep disorder services shall ensure that:

1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;
2. ~~A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT) or accepted by the BRPT to sit for the BRPT certification examination~~ At least one of the following is present on the premise of the outpatient treatment center~~;~~:
   a. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT),
   b. A polysomnographic technician accepted by the BRPT to sit for the BRPT certification examination, or
   c. A respiratory therapist;
3. There is at least one patient testing room having a minimum of 140 square feet and no dimension less than 10 feet;
4. There is a bathroom available for use by a patient that contains:
   a. A working sink with running water,
   b. A working toilet that flushes and has a seat,
   c. Toilet tissue,
   d. Soap for hand washing,
   e. Paper towels or a mechanical air hand dryer,
   f. Lighting, and
   g. A means of ventilation;
5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise; and
6. Equipment for the delivery of continuous positive airway pressure and bi-level positive airway pressure, including remote control of the airway pressure, is available on the

premises of the outpatient treatment center.

R9-10-1027. Urgent Care Services Provided in a Freestanding Urgent Care Setting

An administrator of an outpatient treatment center ~~providing~~ that is authorized to provide urgent care services in a freestanding urgent care setting~~,~~ shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D)(1), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover basic life support training and pediatric basic life support training including:
   a. Method and content of training,
   b. Qualifications of individuals providing the training, and
   c. Documentation that verifies a medical practitioner has received the training;
2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing services, and health-related services included in the outpatient treatment center's scope of services;
3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to A.R.S. § 36-432;
4. If a patient's death occurs at the outpatient treatment center, a written report is submitted to the Department as required in A.R.S. § 36-445.04;
5. A medical practitioner completes basic life support training and pediatric basic life support training:
   a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
   b. At least once every ~~two years~~ 12 months after the initial date of employment;
6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
   a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center; and
   b. At least once every ~~two years~~ 12 months after the initial date of employment or volunteer service; and
7. In addition to the requirements in R9-10-1006(A)(9), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

R9-10-1028. Infection Control

~~A.~~ An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
    a. A method to identify and document infections occurring at the outpatient treatment center;
    b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient treatment center;
    c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient treatment center; and
    d. Documentation of infection control activities including:
        i. The collection and analysis of infection control data;
        ii. The actions taken related to infections and communicable diseases; and
        iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least ~~two years~~ 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    ~~a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;~~
    ~~b.~~a. If applicable:
        i. Handling and disposal of biohazardous medical waste;
        ii. Isolation of a patient;
        iii. Sterilization and disinfection of medical equipment and supplies;
        iv. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; and
        v. Collection, storage, and cleaning of soiled linens and clothing;
    ~~c.~~b. Cleaning an individual's hands when the individual's hands are visibly soiled;
    ~~d.~~c. Training of personnel members, employees, and volunteers in infection control practices; and
    ~~e.~~d. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and

5. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.

~~B. An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.~~

R9-10-1029. Emergency and Safety Standards

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

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

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

C. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
   a. Procedures for protecting the health and safety of patients and other individuals on the premises;
   b. Assigned responsibilities for each personnel member, employee, or volunteer;
   c. Instructions for the evacuation of patients and other individuals on the premises; and
   d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;
2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
3. An evacuation drill is conducted on each shift at least once every 12 months;
4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:

a. The date and time of the evacuation drill or disaster plan review;

b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;

c. A critique of the evacuation drill or disaster plan review; and

d. If applicable, recommendations for improvement;

5. Documentation required in subsection (C)(4) is maintained for 12 months after the date of the evacuation drill or disaster plan review; and

6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.

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

1. Both of the following that are tested and serviced at least once every 12 months:

a. A fire alarm system installed according to the National Fire Protection Association 72: ~~National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a)~~ National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and

b. A sprinkler system installed according to the National Fire Protection Association 13 ~~standards~~ Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or

2. The following:

a. A smoke detector installed in each hallway of the outpatient treatment center that is:

i. Maintained in an operable condition;

ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and

iii. Tested monthly; and

b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:

i. Is available at the outpatient treatment center;

ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;

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

iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

E. An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.

F. An administrator shall ensure that:

1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
2. ~~A~~ Except as provided in subsection (G), a corridor in the outpatient treatment center is at least 44 inches wide;
3. Corridors and exits are kept clear of any obstructions;
4. A patient can exit through any exit during hours of operation;
5. An extension cord is not used instead of permanent electrical wiring;
6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
8. Oxygen and medical gas containers:
   a. Are maintained in a secured, upright position; and
   b. Are stored in a room with a door:
      i. In a building with sprinklers, at least five feet from any combustible materials; or
      ii. In a building without sprinklers, at least 20 feet from any combustible materials.

G. If an outpatient treatment center licensed before October 1, 2013 has a corridor less than 44 inches wide, an administrator shall ensure that:

1. The corridor is wide enough to allow for:
   a. Unobstructed movement of patients within the outpatient treatment center, and
   b. The safe evacuation of patients from the outpatient treatment center; and
2. The corridor is used only as a passageway.

~~G.~~H. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards

A. An administrator shall ensure that:

1. An outpatient treatment center's premises are:
    a. Sufficient to provide the outpatient treatment center's scope of services;
    b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
    c. Free from a condition or situation that may cause an individual to suffer physical injury;
2. Except as provided in subsection (B), if an outpatient treatment center collects urine or stool specimens from a patient, the outpatient treatment center has at least one bathroom <u>on the premises</u> that:
    a. Contains:
        i. A working sink with running water,
        ii. A working toilet that flushes and has a seat,
        iii. Toilet tissue,
        iv. Soap for hand washing,
        v. Paper towels or a mechanical air hand dryer,
        vi. Lighting, and
        vii. A means of ventilation; and
    b. ~~Except as provided in subsection (B), is~~ <u>Is</u> for the exclusive use of the outpatient treatment center;
3. A pest control program is implemented and documented;
4. A tobacco smoke-free environment is maintained on the premises;
5. A refrigerator used to store a medication is:
    a. Maintained in working order, and
    b. Only used to store medications;
6. Equipment at the outpatient treatment center is:
    a. Sufficient to provide the outpatient treatment center's scope of service;
    b. Maintained in working condition;
    c. Used according to the manufacturer's recommendations; and
    d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
7. Documentation of an equipment test, calibration, and repair is maintained for 12 months after the date of testing, calibration, or repair.

~~B. An outpatient treatment center licensed before October 1, 2013, may have a bathroom that is not for the exclusive use of the outpatient treatment center if an administrator ensures that policies and procedures are established, documented, and implemented to protect the health and safety of individuals using the bathroom.~~

B. An outpatient treatment center may have a bathroom used for the collection of a patient's urine or stool that is not for the exclusive use of the outpatient treatment center if:

1. The bathroom is located in the same contiguous building as the outpatient treatment center's premises,
2. The bathroom is of a sufficient size to support the outpatient treatment center's scope of services, and
3. There is a documented agreement between the licensee and the owner of the building stating that the bathroom complies with the requirements in this Section and allowing the Department access to the bathroom to verify compliance.

C. If an outpatient treatment center has a bathroom that is not for the exclusive use of the outpatient treatment center as allowed in subsection (B), an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to:
   a. Protect the health and safety of an individual using the bathroom, and
   b. Ensure that the bathroom is cleaned and sanitized to prevent, minimize, and control illness and infection;
2. Documented instructions are provided to a patient that cover:
   a. Infection control measures when a patient uses the bathroom, and
   b. The safe return of a urine or stool specimen to the outpatient treatment center;
3. The bathroom complies with the requirements in subsection (A)(2)(a); and
4. The bathroom is free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury.

ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES

R9-10-1101. Definitions

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

1. "Care plan" means a written program of action for a participant's care based upon an assessment of the participant's physical, nutritional, psychosocial, economic, and environmental strengths and needs and implemented according to established short- and long-term goals.

~~2. "Participant" means a patient enrolled in an adult day health care facility.~~

~~3. "Participant's representative" means a participant's legal guardian, an individual acting on behalf of a participant with written consent of the participant, or a surrogate as defined in A.R.S. § 36-3201.~~

R9-10-1102 Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for an initial license as an adult day health care facility shall include on the application the number of participants for whom the applicant is requesting authorization to provide adult day health services.

~~R9-10-1102.~~R9-10-1103. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of an adult day health care facility;
2. Establish, in writing:
   a. An adult day health care facility's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to ~~R9-10-1103~~ R9-10-1104;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate ~~an acting administrator~~, in writing, an acting administrator, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present on an adult day health care facility's premises for more than 30 calendar days, or
   b. Not present on an adult day health care facility's premises for more than 30 calendar days; and
7. Except as provided in (A)(6), notify the Department according to A.R.S. § 36-425(I), ~~if~~ when there is a change ~~of~~ in an administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is 21 years of age or older;
2. Is directly accountable to the governing authority of an adult day health care facility for the daily operation of the adult day health care facility and all services provided by or at the adult day health care facility;

3. Has the authority and responsibility to manage the adult day health care facility; and

4. Except as provided in subsection ~~(A)(7)~~ (A)(6), designates, in writing, an individual who is 21 years of age or older and ~~available~~ present on the adult day health care facility's premises and accountable for ~~services provided by an~~ the adult day health care facility when the administrator is not present on the adult day health care facility premises and participants are present on the adult day health care facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:

a. ~~Include~~ Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;

b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;

c. Cover certification in cardiopulmonary resuscitation and first aid training;

d. Include how a personnel member may submit a complaint relating to services provided to a participant;

e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;

~~e.~~f. Include a method to identify a participant to ensure that the participant receives the appropriate services;

~~f.~~g. Cover participant rights, including assisting a participant who does not speak English or who has a disability to become aware of participant rights;

~~g.~~h. Cover specific steps ~~and deadlines~~ for:

i. A participant to file a complaint, and

ii. The adult day health care facility to respond to ~~and resolve~~ a participant complaint;

~~h.~~i. Cover medical records, including electronic medical records; and

~~i.~~j. Cover a quality management program, including incident reports and supporting documentation;

2. Policies and procedures for services provided by an adult day health care facility are established, documented, and implemented to protect the health and safety of a participant that:

a. Cover screening, enrollment, and discharge;

b. Cover the provision of the services in the adult day health care facility's scope of

services;

c. Cover dispensing, administering, and disposing of medications, including provisions for inventory control and preventing diversion of controlled substances;

d. Cover how personnel members will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;

~~d.~~e. Cover food services;

~~e.~~f. Cover environmental services;

~~f.~~g. Cover infection control;

~~g.~~h. Cover contracted services;

~~h.~~i. Cover emergency treatment provided at the adult day health care facility; and

~~i.~~j. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;

3. Policies and procedures are:
   a. Available to personnel members, employees, volunteers, and students, and
   b. Reviewed at least once every ~~two~~ three years and updated as needed; and
4. Unless otherwise stated:
   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of an adult day health care facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the adult day health care facility.

D. An administrator shall:
1. Maintain, and make available to individuals upon request, a schedule of rates and charges;
2. Ensure that a monthly calendar of planned activities is:
   a. Posted before the beginning of a month, and
   b. Maintained on the ~~premise~~ premises for at least 90 calendar days after the end of the month;
3. Ensure that materials, supplies, and equipment are provided for the planned activities; and
4. Assist in the formation of a participants' council according to ~~R9-10-1111~~ R9-10-1112.

~~R9-10-1103~~.R9-10-1104. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to participants;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant 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 participant care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to participant 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 participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

~~R9-10-1104.~~R9-10-1105. Contracted Services

An administrator shall ensure that:

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

~~R9-10-1105.~~R9-10-1106. Personnel

A. An administrator shall ensure that:

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

b. Include:

i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,

ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

a. Before the personnel member provides physical health services or behavioral health services, and

b. According to policies and procedures;

3. ~~Personnel~~ Sufficient personnel members are present on an adult day health care facility's premises ~~with~~ when participants are present and have the qualifications, skills, and knowledge necessary to:

a. Provide the services in the adult day health care facility's scope of services,

b. Meet the needs of a participant, and

c. Ensure the health and safety of a participant; and

4. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a ~~patient~~ participant for more than ~~8~~ eight hours a week, provides evidence of freedom from infectious tuberculosis:

a. On or before the date the individual begins providing services at or on behalf of the adult day health care facility, and

b. ~~as~~ As specified in ~~R9-10-112~~ R9-10-113.

B. An administrator shall ensure that a personnel member:

1. Is 18 years of age or older, and

2. Is not a participant of the adult day health care facility.

C. An administrator shall ensure that a personnel record for ~~a~~ each personnel member, employee, volunteer, or student:

1. Includes:

a. The individual's name, date of birth, ~~home address,~~ and contact telephone number;

b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

c. Documentation of:

i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;

ii. The individual's education and experience applicable to the individual's job duties;

iii. The individual's completed orientation and in-service education as required by policies and procedures;

iv. The individual's license ~~of~~ or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;

v. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;

vi. First aid training, if required for the individual according to this Article and policies and procedures; and

vii. Evidence of freedom from infectious tuberculosis, if required for the individual according to this Article or policies and procedures; ~~and~~

2. Is maintained ~~by the adult day health care facility~~:

a. Throughout the individual's period of providing services in or for the adult day health care facility, and

b. ~~for~~ For at least ~~two years~~ 24 months after the last date the ~~employee or volunteer~~ individual provided service in or for ~~worked in~~ the adult day health care facility~~,~~; and

3. For a personnel member who has not provided physical health services or behavioral health services at or for the adult day health care facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.

D. An administrator shall ensure that:

1. At least two personnel members are present on the premises whenever two or more participants are in the adult day health care facility;

2. At least one personnel member with cardiopulmonary resuscitation and first-aid certification is on the premises at all times;

3. A registered nurse manages the nursing services and provides direction for health-related

services provided by the adult day health care facility; and

4. A nurse is on the premises daily to:

a. Administer medications and treatments, and

b. Monitor a participant's health status.

~~R9-10-1106.~~R9-10-1107. Enrollment

A. An administrator shall ensure that a participant provides evidence of freedom from infectious tuberculosis:

1. Before or within seven calendar days after the participant's enrollment, and

2. ~~as~~ As specified in ~~R9-10-112~~ R9-10-113.

B. Before or at the time of enrollment, an administrator shall ensure that a participant or the participant's representative signs a written agreement with the adult day health care facility that includes:

1. The participant's name and date of birth,

2. Enrollment requirements,

3. A list of the customary services that the adult day health care facility provides,

4. A list of services that are available at an additional cost,

5. A list of fees and charges,

6. Procedures for termination of the agreement,

~~7. A copy of participant rights,~~

~~8.~~7. The requirements of the adult day health care facility,

~~9.~~8. The names and telephone numbers of individuals designated by the participant to be notified in the event of an emergency, and

~~10.~~9. A copy of the adult day health care facility's procedure on health care directives.

C. An administrator shall give a copy of the agreement in subsection (B) to the participant or the participant's representative and keep the original in the participant's medical record.

D. An administrator shall ensure that a participant has a signed written medical assessment that:

1. Was completed by the participant's medical practitioner within 60 calendar days before enrollment; and

2. Includes:

a. Information that addresses the participant's:

i. Physical health;

ii. Cognitive awareness of self, location, and time; and

iii. Deficits in cognitive awareness;

b. Physical, mental, and emotional problems experienced by the participant;

c. A schedule of the participant’s medications;

d. A list of treatments the participant is receiving;

e. The participant’s special dietary needs; and

f. The participant’s known allergies.

E. At the time of enrollment, an administrator shall ensure that the participant or participant's representative:

1. Documents whether the participant may sign in and out of the adult day health care facility; and

2. Provides the following:

a. The name and telephone number of the:

i. Participant’s representative;

ii. Family member to be contacted in an emergency;

iii. Participant’s medical practitioner; and

iv. Adult who provides the participant with supervision and assistance in the preparation of meals, housework, and personal grooming, if applicable; and

b. If applicable, a copy of the participant’s health care directive.

F. An administrator shall ensure that a comprehensive ~~written~~ assessment of the participant:

1. Is completed by a registered nurse before the participant's tenth visit or within 30 calendar days after enrollment, whichever comes first;

2. ~~Addresses~~ Documents the participant's:

a. Physical health,

b. Mental and emotional status, and

c. Social history; and

3. Includes:

a. Medical practitioner orders,

b. Adult day health care services recommended for the participant’s care plan, and

c. The signature of the registered nurse conducting the comprehensive assessment and date signed.

~~R9-10-1107.~~R9-10-1108. Care Plan

An administrator shall ensure that a care plan for a participant:

1. Is developed within seven calendar days after the completion of the participant’s comprehensive assessment;

2. Has input from:

a. The participant or participant's representative,

b. The registered nurse who performed the comprehensive assessment, and

c. Personnel who have provided services to the participant;

3. Is based on the participant's comprehensive assessment;

4. Includes:

a. A summary of the participant's medical or health problems, including physical, mental, and emotional disabilities or impairments;

b. Adult day health services to be provided;

c. Goals and objectives of care that are time-limited and measurable;

d. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers; and

e. Discharge instructions according to ~~R9-10-1108(B)~~ R9-10-1109(B); and

5. Is reviewed and updated at least once every six months and whenever there is a significant change in the participant's condition.

~~R9-10-1108.~~R9-10-1109. Discharge

A. An administrator may discharge a participant from an adult day health care facility by terminating the agreement in ~~R9-10-1106(B)~~ R9-10-1107(B):

1. After giving the participant or participant's representative ~~a five-day~~ five working days written notice; and

2. For any of the following reasons:

a. Evidence of repeated failure to comply with the requirements of the adult day health care facility,

b. Documented proof of failure to pay,

c. Behavior that is dangerous to self or that interferes with the physical or psychological well-being of other participants, or

d. The participant requires services not in the adult day health care facility's scope of services.

B. An administrator shall ensure that discharge instructions for a participant are:

1. Developed that:

a. Identify any specific needs of the participant after discharge,

b. Are completed before discharge occurs,

c. Include a description of the level of care that may meet the participant's assessed and anticipated needs after discharge, and

d. Are documented in the participant's medical record within 48 hours after the

discharge instructions are completed; and

2. Provided to the participant or the participant's representative before the discharge occurs.

~~R9-10-1109.~~R9-10-1110. Participant Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
2. At the time of ~~admission~~ enrollment, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
3. ~~There are policies~~ Policies and procedures ~~that~~ include:
   a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
   b. Where participant rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A participant is treated with dignity, respect, and consideration;
2. A participant is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Seclusion;
   i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;
   j. Retaliation for submitting a complaint to the Department or another entity; or
   k. Misappropriation of personal and private property by ~~an~~ the adult day health care facility's personnel members, employees, volunteers, or students; and
3. A participant or the participant's representative:
   a. Except in an emergency, either consents to or refuses treatment;
   b. May refuse or withdraw consent ~~to~~ for treatment before treatment is initiated;
   c. Except in an emergency, is informed of proposed alternatives to the treatment, associated risks, and possible complications;
   d. Is informed of the following:

i. The policy on health care directives,

ii. The participant complaint process,

iii. Rates and charges for ~~the~~ participating at the adult day health care facility, and

iv. The process for contacting the local office of Adult Protective Services;

e. Consents to photographs of the participant before a participant is photographed, except that a participant may be photographed when enrolled at an adult day health care facility for identification and administrative purposes; and

f. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:

i. Medical record, or

ii. Financial records.

C. A participant has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the participant's individuality, choices, strengths, and abilities;
3. To communicate, associate, and meet privately with individuals of the participant's choice;
4. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the adult day health care facility;
5. To arrive and depart from the adult day health care facility, consistent with the participant's care plan and personal safety;
6. To receive privacy in treatment and care for personal needs;
7. To review, upon written request, the participant's own records;
8. To receive a referral to another health care institution if the adult day health care facility is ~~unable~~ not authorized or not able to provide ~~adult day health services for~~ physical health services or behavioral health services needed by the participant;
9. To participate or have the participant's representative participate in the development of~~,~~ a care plan or decisions concerning~~,~~ treatment;
10. To participate or refuse to participate in research or experimental treatment; and
11. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights.

~~R9-10-1110.~~R9-10-1111. Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for a participant according to A.R.S. Title 12, Chapter 13, Article 7.1;

2. An entry in a participant's medical record is:

   a. Recorded only by an individual authorized by policies and procedures to make the entry;

   b. Dated, legible, and authenticated; and

   c. Not changed to make the initial entry illegible;

~~3.~~ ~~An order is:~~

   ~~a.~~ ~~Dated when the order is entered in the participant's medical record and includes the time of the order;~~

   ~~b.~~ ~~Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and~~

   ~~c.~~ ~~If the order is a verbal order, authenticated by t~~he medical practitioner or ~~behavioral health professional issuing the order~~;

~~4.~~3. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~cod~~e signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or electronic ~~cod~~e signature;

~~5.~~4. A participant's medical record is available to ~~personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;~~ an individual:

   a. Authorized according to policies and procedures to access the participant's medical record;

   ~~6.~~b. ~~Information in a participant's medical record is disclosed to an individual not authorized under subsection (A)(5) only~~ If the individual is not authorized according to policies and procedures, with the written consent of ~~a~~ the participant or the participant's representative; or

   c. ~~as~~ As ~~permitted by law~~; and

~~7.~~ 5. A participant's medical record is protected from loss, damage, or unauthorized use.

B. If an adult day health care facility maintains participant'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 participant's medical record is recorded by the computer's internal clock.

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

1. Participant information that includes:
   a. The participant's name;
   b. The participant's address;
   c. The participant's date of birth; and
   ~~d. The name and contact information of the participant's representative, if applicable; and~~
   ~~e.~~d. Any known allergies including medication allergies;
2. The name of the participant's medical practitioner or other individuals involved in the care of the participant;
3. An enrollment agreement and date of the participant's first visit;
4. If applicable, ~~Documentation of~~ documented general consent and~~, if applicable,~~ informed consent ~~for treatment~~ by the participant or the participant's representative ~~except in an emergency~~;
5. If applicable, the name and contact information of the participant's representative and:
   a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
   b. If the participant's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;

~~5.~~6. Documentation of medical history;

~~6.~~7. A copy of the participant's health care ~~directives~~ directive, if applicable;

~~7.~~8. Orders;

~~8.~~9. The medical assessment required in ~~R9-10-1106(D)~~ R9-10-1107(D);

~~9.~~10. A care plan;

~~10.~~11. The comprehensive assessment required in ~~R9-10-1106(F)~~ R9-10-1107(F);

~~11.~~12. Progress notes;

13. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;

~~12.~~14. Documentation of adult day health services provided to the participant;

~~13.~~15. ~~Disposition~~ The disposition of the participant upon discharge;

~~14.~~16. ~~Discharge~~ The discharge date, if applicable;

~~15.~~17. Documentation of a medication administered to the participant that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. The identification and signature of the individual administering, providing assistance in the self-administration of medication, or observing the participant's self-administration of the medication;

d. If ~~applicable, the documentation required in R9-10-1112(E)(4)(a) and (b)~~ medication for pain is administered on a PRN basis to a participant:

i. An identification of the participant's pain before administering the medication, and

ii. The effect of the medication administered; and

e. Any adverse reaction a participant has to the medication;

~~17.~~18. ~~Documentation~~ If applicable, documentation of:

a. A significant change in the participant's condition,

b. An injury or accident that occurred at the adult day health care facility and required medical services, and

c. Notification provided to the participant's medical practitioner ~~and~~ or the participant's representative of the significant change in subsection ~~(C)(17)(a)~~ (C)(18)(a) or the injury or accident in subsection ~~(C)(17)(b)~~ (C)(18)(b);

~~18.~~19. Documentation of whether the participant may sign in or out of the adult day health care facility;

~~19.~~20. Documentation of freedom from infectious tuberculosis required in ~~R9-10-1106(A)~~ R9-10-1107(A); and

~~20.~~21. Names and telephone numbers of individuals to be notified in the event of an emergency.

~~R9-10-1111.~~R9-10-1112. Participant's Council

A. A participants' council:

1. Is composed of participants, who are willing to serve on the council and take part in scheduled meetings;

2. May develop guidelines that govern the council's activities;

3. May meet quarterly;

4. ~~and~~ May record minutes of the meetings; and

~~4.~~5. May provide written input on planned activities and policies of the adult day health care

facility.

B. A participants' council may invite personnel or the administrator to attend their meetings.

C. An administrator shall act as a liaison between the participants' council and personnel members, employees, and volunteers.

~~R9-10-1112.~~R9-10-1113. Adult Day Health Services

A. An administrator shall ensure that a personnel member provides supervision for a participant, except during periods of the day when the participant signs out or is signed out according to policies and procedures.

B. An administrator shall ensure that a personnel member provides assistance with activities of daily living and supervision of personal hygiene according to the participant's care plan and policies and procedures.

C. An administrator shall ensure that a personnel member provides a participant with planned therapeutic individual and group activities:

1. According to the:
    a. Participant's care plan,
    b. Policies and procedures, and
    c. Monthly calendar of planned activities required in ~~R9-10-1102(D)(2)~~ R9-10-1103(D)(2); and
2. That include:
    a. Physical activities,
    b. Group discussion,
    c. Techniques a participant may use to maintain or improve the participant's independence in performing activities of daily living,
    d. Assessment of deficits in cognitive awareness and reinforcement of remaining cognitive awareness,
    e. Activities of daily living,
    f. Participants' council meetings, and
    g. Leisure time.

D. An administrator shall ensure that a nurse monitors the health status of a participant according to the participant's care plan and policies and procedures by:

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 medical record; and

3. Reporting any changes to the participant's representative or medical practitioner.

E. If an adult day health care facility administers medication or provides assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication administration or assistance in the self-administration of medication:

1. Include:

a. A process for providing information to a participant about medication prescribed for the participant 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; and

~~c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner and meets the participant's needs; and~~

~~d.~~c. Procedures for documenting medication services and assistance in the self-administration of medication; 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.

F. An administrator shall ensure that:

1. Policies and procedures for medication administration:

a. Are reviewed and approved by a pharmacist, medical practitioner, or registered nurse; and

~~b. Specify the individuals who may:~~

~~i. Order medication, and~~

ii. Administer medication;

~~c.~~b. Ensure that medication is administered to a participant only as prescribed;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

3. A medication administered to a participant:

a. Is administered in compliance with an order, and

b. Is documented in the participant's medical record~~; and~~.

~~4. If pain medication is administered to a participant, documentation in the participant's medical record includes:~~

~~a. An identification of the participant's pain before administering the medication, and~~

~~b. The effect of the pain medication administered.~~

G. If an adult day health care facility provides assistance in the self-administration of medication, an administrator shall ensure that:

1. A participant's medication is stored by the adult day health care facility;

2. The following assistance is provided to a participant:

a. A reminder when it is time to take the medication;

b. Opening the medication container for the participant;

c. Observing the participant while the participant removes the medication from the container;

d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:

i. The participant taking the medication is the individual stated on the medication container label,

ii. The participant is taking the dosage of the medication ~~is the same as~~ stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and

iii. The ~~medication is being taken by the~~ participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or

e. Observing the participant while the participant takes the medication;

3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a pharmacist, medical practitioner, or registered nurse;

4. Training for a personnel member, other than a medical practitioner or a registered nurse, in assistance in the self-administration of medication:

a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and

b. Includes:

i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,

ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and

iii. ~~Process~~ The 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 (G)(4) before the personnel member provides assistance in the self-administration of medication; and

6. Assistance ~~with~~ in the self-administration of medication provided to a participant:

a. Is in compliance with an order, and

b. Is documented in the participant's medical record.

H. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members, and

2. A current toxicology reference guide is available for use by personnel members.

I. When medication is stored at an adult day health care facility, an administrator shall ensure that:

1. ~~There is a~~ Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage ~~that includes a lockable door~~;

~~2. If medication is stored in a separate room or closet, a locked cabinet or container is used for medication storage;~~

~~3.~~2. Medication is stored according to the instructions on the medication container; and

~~4.~~3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant for:

a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication; and

b. Storing, inventorying, and dispensing controlled substances.

J. A medication error or a participant's refusal to take a medication is:

1. Reported to the participant's representative within 12 hours, and

2. Documented in the participant's medical record within 24 hours~~; and~~.

K. An adverse ~~event~~ reaction is:

1. Reported to the participant's representative and medical practitioner within 12 hours, and

2. Documented in the participant's medical record within 24 hours.

L. An administrator shall:

1. ~~Immediate~~ Immediately notify a participant's representative and medical practitioner of an injury that may require medical services;
2. Report an injury to Adult Protective Services according to A.R.S. § 46-454, when applicable;
3. Prepare a written report on the day of occurrence or when any injury of unknown origin is detected that includes the:
    a. Name of the participant;
    b. Type of injury;
    c. Names of witnesses, if applicable; and
    d. Action taken;
4. Investigate the injury within 24 hours and documenting any corrective action in the report; and
5. Retain the report for ~~one year~~ at least 12 months after the date of the injury.

M. For a participant whose care plan includes counseling on an individual or group basis, an administrator shall ensure that:
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 policies and procedures; or
2. 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 policies and procedures.

~~R9-10-1113.~~R9-10-1114. Food Services

A. An administrator shall:
1. Designate a food service supervisor who is responsible for food service in an adult day health care facility; and
2. If an adult day health care facility provides a therapeutic diet to participants, ensure that:
    a. The therapeutic diet is prescribed in writing by:
        i. The participant's medical practitioner, or
        ii. A registered dietitian; and
    b. A current therapeutic diet reference manual is available to the food service supervisor.

B. A food service supervisor 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 calendar day before the first meal on the food menu will be served,

d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and

e. Is maintained for at least 60 calendar days after the last day included in the food menu;

2. Meals and snacks provided by the adult day health care facility are served according to posted menus;

3. Meals and snacks for each day are planned using the applicable ~~meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm~~ guidelines in http://www.health.gov/dietaryguidelines/2010.asp;

4. A participant is provided a diet that meets the participant's nutritional needs as specified in the participant's comprehensive assessment, under ~~R9-10-1106(F)~~ R9-10-1107(F), or the participant's care plan;

5. Water is available and accessible to participants at all times, unless otherwise stated by the participant's medical practitioner; and

6. A participant requiring assistance to eat is provided with assistance that recognizes the participant'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 participant.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;

2. Food is protected from potential contamination;

3. Food is prepared:

a. Using methods that conserve nutritional value, flavor, and appearance; and

b. In a form to meet the needs of a participant, 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;

b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:

i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;

ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;

iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;

iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;

v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and

~~iv.~~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, 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. An administrator shall ensure that:

1. ~~An~~ If an adult day health care facility is licensed to provide adult day health services to more than 15 participants, the adult day health care facility:

a. ~~Is licensed~~ Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and

b. Maintains a copy of the adult day health care facility's food establishment license or permit;

2. If the adult day health care facility contracts with a food establishment, as ~~defined~~ established 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 license or permit under 9 A.A.C. 8, Article 1 is maintained by the adult day health care facility; and

3. The adult day health care facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant.

~~R9-10-1114.~~R9-10-1115. Emergency and Safety Standards

A. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and employees, and, if necessary, implemented that includes:

a. Procedures for protecting the health and safety of participants and other

individuals on the premises;

b. Assigned ~~personnel~~ responsibilities for each personnel member and employee;

c. Instructions for the evacuation of participants, including:

i. When, how, and where participants will be relocated; and

ii. A plan for notifying the emergency contact for each participant;

d. A plan to ensure each participant's medications will be available to administer to the participant during a disaster; and

e. A plan for providing water, food, and needed services to participants present in the adult day health care facility or the adult day health care facility's relocation site during a disaster;

2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months; ~~and~~

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 personnel member, employee, or volunteer participating in the disaster plan review;

c. A critique of the disaster plan review; and

d. If applicable, recommendations for improvement~~.~~; and

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

B. An administrator shall ensure that:

1. A participant receives orientation to the exits from the adult day health care facility and the route to be used when evacuating participants within two visits after the participant's enrollment, and

2. A participant's orientation is documented in the participant's medical record.

C. An administrator shall ensure that:

1. An evacuation drill for employees and participants is conducted at least once every six months;

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

a. The date and time of the evacuation drill;

b. The amount of time taken for all employees and participants to evacuate ~~the adult day health care facility~~ to a designated area;

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

e. Recommendations for improvement, if applicable; and

3. An evacuation path is conspicuously posted on each hallway of each floor of the adult day health care facility.

~~R9-10-1115.~~R9-10-1116. Environmental Standards

A. An administrator shall ensure that:

1. The adult day health care facility's premises are:
   a. Cleaned and disinfected according to policies and procedures to prevent, minimize, and control illness and infection, and
   b. Free from a condition or situation that may cause a participant or an individual to suffer physical injury;
2. A pest control program is implemented and documented;
3. Windows and doors opening to the outside are screened if they are kept open at any time for ventilation or other purposes;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Equipment used at the adult day health care facility is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
7. Garbage and refuse are:
   a. Stored in covered containers lined with plastic bags, and
   b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the adult day health care facility at a temperature between 70° F and 84° F;
9. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
10. Soiled linen and soiled clothing stored by the adult day health care facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;

11. Oxygen containers are secured in an upright position;

12. Poisonous or toxic materials stored by the adult day health care facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;

13. Combustible or flammable liquids and hazardous materials stored by the adult day health care facility are stored in the original labeled containers or safety containers in a ~~storage area that is~~ locked area ~~and~~ inaccessible to participants; and

14. Pets or animals are:

a. Controlled to prevent endangering the participants and to maintain sanitation;

b. Not allowed in treatment, food storage, food preparation, or dining areas;

c. Licensed consistent with local ordinances; and

d. ~~Vaccinated as follows:~~ For a dog or cat, vaccinated against rabies.

~~i. A dog is vaccinated against rabies and leptospirosis, and~~

~~ii. A cat is vaccinated against rabies; and~~

~~15.~~B. If a swimming pool is located on the premises, an administrator shall ensure that:

1. On a day that a participant 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;

3. A swimming pool is not used by a participant if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a);

~~a.~~4. At least one personnel member with cardiopulmonary resuscitation training, required in ~~R9-10-1105(D)~~ R9-10-1106(D), is present in the pool area when a participant is in the pool area~~,~~; and

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

are in the pool area.

~~R9-10-1116.~~R9-10-1117. Physical Plant Standards

A. An administrator shall ensure that an adult day health care facility complies with the ~~applicable~~ physical plant health and safety codes and standards applicable to existing educational occupancies in the Life Safety Code, incorporated by reference in A.A.C. ~~R9-1-412~~ R9-1-412(A)(2)(b), in effect on the date the adult day health care facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.

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

1. The services stated in the adult day health care facility's scope of services, and
2. An individual accepted as a participant by the adult day health care facility.

C. An administrator shall ensure that an adult day health care facility has at least 40 square feet of indoor activity space for each participant excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for use by individuals who are not participants.

D. An administrator shall ensure that an outside activity space is provided and available that:

1. Is on the premises,
2. Has a hard-surfaced section for wheelchairs,
3. Has an available shaded area, and
4. Has a means of egress without entering the adult day health care facility;

E. An administrator shall ensure that:

1. There is at least one working ~~flushable~~ toilet that flushes and has a seat and one sink with running water for each ten participants;
2. A bathroom for use by participants provides privacy when in use and contains in a location accessible to participants:
    a. A mirror;
    b. Toilet paper for each toilet;
    c. Soap accessible from each sink;
    d. Paper towels in a dispenser or an air hand dryer; and
    e. Grab bars for the toilet and other assistive devices, if required, to provide for participant safety;
3. A bathroom has a window that opens or another means of ventilation;
4. If a bathing facility is provided:
    a. The bathing facility provides privacy when in use,
    b. Shower enclosures have nonporous surfaces,
    c. Showers and tubs have grab bars for participant safety, and

d. Tub and shower floors have slip-resistant surfaces;

5. Dining areas are furnished with dining tables and chairs and large enough to accommodate participants;

6. There is a wall or other means of physical separation between dining facilities and food preparation areas;

7. If the adult day health care facility serves food, areas are designated for food preparation, storage, and handling and are not used as a passageway by participants; and

8. All flooring is slip-resistant.

F. If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:

1. The swimming pool is equipped with the following:

a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:

i. A removable strainer,

ii. Two swimming pool inlets located on opposite sides of the swimming pool, and

iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and

b. An operational vacuum cleaning system;

2. The swimming pool is enclosed by a wall or fence that:

a. Is at least five feet in height as measured on the exterior of the wall or fence;

b. Has no vertical openings greater that four inches across;

c. Has no horizontal openings, except as described in subsection (C)(2)(e);

d. Is not chain-link;

e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and

f. Has a self-closing, self-latching gate that:

i. Opens away from the swimming pool,

ii. Has a latch located at least ~~five feet~~ 54 inches from the ground; and

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

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

4. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area.

ARTICLE 12. HOME HEALTH AGENCIES

R9-10-1201. Definitions

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

1. "Branch office" means a location other than a home health agency's main administrative office that:
   a. Operates under the license of the home health agency, and
   b. Is under the control of the home health agency's administrator.
2. "Home health services director" means an individual who provides direction for the home health services provided by or through a home health agency.
3. "Medical social services" means activities that assist a patient to cope with concerns about the patient's illness or injury, and may include helping to find resources to address the patient's concerns.

R9-10-1202. Supplemental 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 a home health agency shall:

1. Include on the application:
   a. The name and address of each proposed branch office, if applicable; and
   b. The geographic region to be served by:
      i. The proposed home health ~~agency~~ agency's administrative office, and
      ii. Each proposed branch office; and
2. 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. The applicant, if the applicant is an individual; or
   b. Each individual with a 10% or greater ownership of the business organization, if the applicant is a business organization.

R9-10-1203. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of the home health agency;
2. ~~Designate~~ Establish, in writing:
   a. A home health agency's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in

subsection (A)(2)(b);

4. Adopt a ~~qualify~~ quality management program according to R9-10-1204;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present in a home health agency's administrative office for more than 30 calendar days, or
   b. Not present in a home health agency's administrative office 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 administrator and ~~provide~~ identify the name and qualifications of the new administrator;
8. Appoint, according to A.R.S. § 36-151(5)(b), an advisory group that consists of four or more members that include:
   a. A physician;
   b. A registered nurse who has at least one year of experience as a registered nurse providing home health services; and
   c. Two or more individuals who represent a medical, nursing, or health-related profession; and
9. Ensure that the advisory group appointed according to subsection (A)(8):
   a. Meets at least once every 12 months,
   b. Documents meetings, and
   c. Assists in establishing and evaluating policies and procedures for the home health agency.

B. An administrator:

1. Is directly accountable to the governing authority of a home health agency for all services provided by the home health agency;
2. Has the authority and responsibility to manage the home health agency;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present at the home health agency's administrative office ~~and available~~ and accountable for services provided by the home health agency when the ~~administrative~~ administrator is not present at the home health agency's administrative ~~offices~~ office; and
4. Ensures compliance with A.R.S. § 36-411.

C. An administrator shall:

1. Ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. ~~Include~~ Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, and volunteers;
   b. Cover orientation and in-service education for personnel members, employees, and volunteers;
   c. Cover how a personnel member may submit a complaint relating to patient care;
   d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   ~~d.~~e. Include a method to identify a patient to ensure the patient receives the appropriate services;
   ~~e.~~f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
   ~~f.~~g. Cover specific steps ~~and deadlines~~ for:
      i. A patient to file a complaint; and
      ii. The home health agency to respond to ~~and resolve~~ a patient complaint; ~~and~~
      ~~iii. The home health agency to obtain documentation of fingerprint clearance, if applicable~~;
   ~~g.~~h. Cover health care directives;
   ~~h.~~i. Cover medical records, including electronic medical records;
   ~~i.~~j. Cover a quality management program, including incident ~~report~~ reports and supporting documentation;
   ~~j.~~k. Cover contracted services; and
   ~~k.~~l. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
2. Ensure that policies and procedures for services provided by a home health agency are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover patient admission, discharge ~~instructions~~ planning, and discharge;
   b. Cover the provision of home health services and, if applicable, supportive services;
   c. Include when general consent and informed consent are required;

d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;

~~d.~~e. Cover medication procurement, if applicable, and administration; and

~~e.~~f. Cover infection control;

3. Ensure that policies and procedures are:
   a. Available to personnel members, employees, and volunteers, and
   b. Reviewed at least once every ~~two~~ three years and updated as needed;
4. Ensure that records of advisory group meetings are maintained for at least ~~two years~~ 24 months after the date of the meeting;
5. Designate, in writing, a home health services director who is:
   a. A physician with at least ~~two years~~ 24 months of experience working for or with a home health agency, or
   b. A registered nurse with at least three years of nursing experience, including at least ~~two years~~ 24 months of experience as a registered nurse providing home health services;
6. Ensure that:
   a. Speech therapy or speech-language pathology services are provided by a speech-language pathologist ~~licensed according to A.R.S. Title 36, Chapter 17, Article 4~~ or speech-language pathologist assistant licensed according to A.R.S. § 36-1940.04;
   b. Nutritional services are provided by a registered dietitian;
   c. Occupational therapy services are provided by an occupational therapist or occupational therapy assistant ~~licensed according to A.R.S. Title 32, Chapter 34~~;
   d. Physical therapy services are provided by a physical therapist ~~licensed according to A.R.S. Title 32, Chapter 19,~~ or a physical therapist assistant ~~certified according to A.R.S. Title 32, Chapter 19~~;
   e. Respiratory care services are provided by a respiratory therapist, ~~or~~ respiratory therapy technician licensed according to A.R.S. Title 32, Chapter 35, or ~~by a~~ registered nurse;
   f. Pharmacy services are provided by a pharmacist ~~licensed according to A.R.S. Title 32, Chapter 18~~; and
   g. Medical social services are provided:
      i. ~~For medical social services under the practice of social work as defined in A.R.S. § 32-3251, by a clinical social worker, licensed according to~~

~~A.R.S. § 32-3293, or by a licensed baccalaureate social worker according to A.R.S. § 32-3291; and 3291~~ By a personnel member qualified according to policies and procedures that coordinates medical social service; and

ii. ~~For other medical social services, by an individual with a master's or higher degree in social work who has at least one year of social work experience in a health care setting or by a licensed baccalaureate social worker, according to A.R.S. § 32-3291~~ For medical social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, by a personnel member licensed under A.R.S. Title 32, Chapter 33, Article 5;

7. Ensure that the services specified in subsection (B)(6) are provided to a patient only under an order by the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
8. Unless otherwise stated, ensure that:
   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of a home health agency, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the home health agency.

R9-10-1204. Quality Management

An administrator shall ensure that:

1. A plan for a quality management program for the home health agency is established, documented, and implemented that includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate the provision of services, including oversight of personnel members;
   c. A method to evaluate the data collected to identify a concern about the provision of services;
   d. A method to make changes or take action as a result of the identification of a concern about the provision of services;
   e. A method to determine whether actions taken improved the provision of services; and
   f. The frequency of submitting the documented report required in subsection ~~(3)~~ (2)

to the governing authority;

2. A documented report is submitted to the governing authority that includes:
   a. Each identified concern ~~in subsection (1)(c)~~ about the delivery of services related to patient care, and
   b. Any change made or action taken ~~in subsection (1)(d)~~ as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report in subsection (2) and the supporting documentation ~~is~~ for the report are~~:~~
   ~~a.~~ ~~Maintained~~ maintained for at least 12 months ~~from~~ after the date the report is submitted to the governing authority~~, and~~
   ~~b. Provided to the Department within two hours after the Department's request~~.

R9-10-1205. Contracted Services

An administrator shall ensure that:

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

R9-10-1206. Personnel

A. An administrator shall ensure that:
   1. The qualifications, skills, and knowledge required for each type of personnel member:
      a. Are based on:
         i. The type of services expected to be provided by the personnel member according to the established job description, and
         ii. The acuity of the patients receiving services from the personnel member according to the established job description; and
      b. Include:
         i. The specific skills and knowledge necessary for the personnel member to provide the expected services listed in the established job description,
         ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description, and
         iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the

established job description;

2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services ~~or behavioral health services~~, and
   b. According to policies and procedures;
3. ~~Personnel~~ Sufficient personnel members are available ~~have~~ with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the home health agency's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient; and
4. A personnel member, or an employee, ~~or~~ a volunteer, or a student who has or is expected to have direct interaction with a patient ~~for more than 8 hours a week~~, provides evidence of freedom from infectious tuberculosis ~~as specified in R9-10-112.~~:
   a. On or before the date the individual begins providing services at or on behalf of the home health agency, and
   b. As specified in R9-10-113.

B. An administrator shall ensure that a personnel record for ~~a~~ each personnel member, employee, or volunteer:

1. Includes:
   a. The individual's name, date of birth, ~~home address~~, and contact telephone number;
   b. The individual's starting date of employment or volunteer service, and if applicable, ending date; and
   c. Documentation of:
      i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
      ii. The individual's education and experience applicable to the individual's job duties;
      iii. The individual's completed orientation and in-service education as required by policies and procedures;
      iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
      v. The individual's compliance with the requirements in A.R.S. § 36-411;
      vi. Cardiopulmonary resuscitation training, if required for the individual

according to this Article and policies and procedures;

vii. First aid training, if required for the individual according to this Article and policies and procedures; and

viii. Evidence of freedom from infectious tuberculosis, if ~~the individual is~~ required ~~to have~~ according to subsection (A)(4); ~~and~~

2. Is maintained:

a. Throughout the individual's period of providing services in or for the home health agency; and

b. For at least ~~two years~~ 24 months after the last date the individual provided services in or for the home health agency~~.~~; and

3. For a personnel member who has not provided services for the home health agency during the previous 12 months, provided to the Department within 72 hours after the Department's request.

R9-10-1207. Care Plan

A. An administrator shall ensure that a care plan is developed for each patient:

1. Based on an assessment of the patient as required in R9-10-1210(D)(1) or (F)(2)(e)(i);

2. With participation from:

a. The patient's physician, registered nurse practitioner, or podiatrist, as applicable; and

b. A registered nurse; and

3. That includes:

a. The patient's diagnosis;

b. Surgery dates relevant to home health services, if applicable;

c. The patient's cognitive awareness of self, location, and time;

d. Functional abilities and limitations;

e. Goals for functional rehabilitation, if applicable;

f. The type, duration, and frequency of each service to be provided;

g. Treatments the patient is receiving from a source other than the home health agency;

h. Medications and herbal supplements reported by the patient or the patient's representative as being used by the patient, and the dose, route of administration, and schedule for administration of each medication or herbal supplement;

i. Any known drug allergies;

j. Nutritional requirements and preferences;

k. Specific measures to improve the patient's safety and protect the patient against injury; and

l. A discharge plan for the patient including, if applicable, a plan for assessing the accomplishment of treatment or therapy goals for the patient.

B. An administrator shall ensure that:

1. Home health services are provided to a patient by the home health agency according to the patient's care plan;

2. The patient's care plan is reviewed and updated:

a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;

b. If the patient's physician, registered nurse practitioner, or podiatrist, as applicable, orders a change in the care plan; and

c. At least every 60 calendar days; and

3. The patient's physician, registered nurse practitioner, or podiatrist, as applicable, authenticates the care plan with a signature within 30 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

R9-10-1208. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted ~~on the premises~~ at the home health agency's administrative office;

2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and

3. ~~There are policies~~ Policies and procedures ~~that~~ include:

a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and

b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;

2. A patient is not subjected to:

a. Abuse;

b. Neglect;

c. Exploitation;

d. Coercion;

e. Manipulation;

f. Sexual abuse;

g. Sexual assault;

h. Seclusion;

i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;

j. Retaliation for submitting a complaint to the Department or another entity; or

k. Misappropriation of personal and private property by a home health agency's personnel members, employees, or volunteers; and

3. A patient or the patient's representative:

a. Except in an emergency, either consents to or refuses treatment;

b. May refuse or withdraw consent ~~to~~ for treatment before treatment is initiated;

c. Except in an emergency, is informed of proposed alternatives to a psychotropic medication and the associated risks and possible complications of a psychotropic medication;

d. Is informed of the following:

i. The home health agency's policy on health care directives;

ii. The patient complaint process;

iii Home health services provided by or through the home health agency; and

iv. The rates and charges for services before the services are initiated and before a change in rates, charges, or services;

e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to a home health agency for identification and administrative purposes; and

f. Except as otherwise permitted by law, provides written consent to the release of the patient's:

i. Medical ~~records~~ record, ~~and~~ or

ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;

2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;

3. To receive privacy in treatment and care for personal needs;

4. To review, upon written request, the patient's own medical record according to A.R.S. §§

12-2293, 12-2294, and 12-2294.01;

5. To receive a referral to another health care institution if the home health agency is ~~unable~~ not authorized or not able to provide physical health services ~~or behavioral health services for~~ needed by the patient;
6. To participate or have the patient's representative participate in the development of a care plan or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-1209. Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by an individual authorized by a policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the patient's medical record and includes the time of the order;
   b. Authenticated by a ~~medical practitioner~~ physician, registered nurse practitioner, ~~behavioral health professional,~~ or podiatrist according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the ~~medical practitioner~~ physician, registered nurse practitioner, ~~behavioral health professional,~~ or podiatrist issuing the order;
4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or ~~the~~ electronic ~~code~~ signature;
5. A patient's medical record is available to personnel members, ~~medical practitioners, behavioral health professionals,~~ physicians, registered nurse practitioners, or ~~podiatrist~~ podiatrists authorized by policies and procedures to access the patient's medical record;

6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law; and

7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a home health agency maintains ~~patient's~~ patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and

2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

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

1. Patient information that includes:

a. The patient's name;

b. The patient's address and telephone number;

c. The patient's date of birth; and

~~d. The name and contact information of the patient's representative, if applicable; and~~

~~e.~~d. Any known allergies, including medication allergies;

2. The date the patient began receiving services from the home health agency and, if applicable, the date the patient stopped receiving services from the home health agency;

3. The name and telephone of the patient's ~~medical practitioner~~ physician or registered nurse practitioner;

4. The name and telephone number of patient's podiatrist, if applicable;

5. Documentation of general consent and, if applicable, informed consent;

6. Documentation of medical history and current diagnoses;

7. A copy of patient's health care directive, if applicable;

8. The name and contact information of the patient's representative, if applicable, and, if the patient's representative:

a. Is a legal guardian, a copy of the court order establishing guardianship; or

b. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;

~~8.~~9. Orders;

~~9.~~10. Assessments;

~~10.~~11. Care plan;

~~11.~~12. Progress notes~~:~~;

13. If applicable, documentation of any actions taken to control the patient's sudden, intense or out-of-control behavior to prevent harm to the patient or another individual;

~~12.~~14. Documentation of meetings with the patient to assess the home health services and supportive services provided to the patient;

~~13.~~15. ~~Disposition~~ The disposition of the patient upon discharge;

~~14.~~16. ~~Discharge~~ The discharge plan;

~~15.~~17. Discharge instructions and discharge summary, if applicable;

~~16.~~18. If applicable:

a. Laboratory reports,

b. Radiologic reports,

c. Diagnostic reports, and

d. Consultation reports;

~~17.~~19. Documentation of a medication administered to the patient that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. For a medication administered for pain:

i. An assessment of the patient's pain before administering the medication, and

ii. The effect of the medication administered;

d. For a psychotropic medication:

i. An assessment of the patient's behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and

f. Any adverse reaction a patient has to the medication;

~~18.~~20. Documentation of tasks assigned to a home health aide or other personnel member;

~~19.~~21. Documentation of coordination of patient care;

~~20.~~22. Copies of patient summary reports sent to the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and

~~21.~~23. Documentation of contacts with the patient's physician, registered nurse practitioner, or podiatrist, as applicable, by a personnel member or the patient.

R9-10-1210. Home Health Services

A. An administrator shall ensure that an individual admitted to the home health agency has an order from a physician, registered nurse practitioner, or podiatrist for home health services.

B. An administrator shall ensure that the home health services director provides direction for home health services provided by or through the home health agency.

C. A home health services director shall ensure that nursing services are provided by a registered nurse or practical nurse, according to policies and procedures.

D. A home health services director shall ensure that a registered nurse:

1. Unless a patient's physician or registered nurse practitioner orders only speech therapy, occupational therapy, or physical therapy for the patient, within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an initial assessment of the patient to determine:
    a. The needs of the patient;
    b. Resources available to address the patient's needs;
    c. The patient's home and family environment;
    d. Goals for patient care;
    e. Medications used by the patient, including non-compliance, drug interactions, side effects, and contraindications; and
    f. Medical supplies or equipment needed by the patient;
2. Reviews a patient's health care directives at the time of the initial assessment;
3. Implements a patient's care plan, developed as specified in ~~R9-10-1208~~ R9-10-1207;
4. Coordinates patient care with other individuals providing home health services or other services to the patient;
5. Immediately informs the patient's physician or registered nurse practitioner of a change in a patient's condition that requires medical services; and
6. At least every 60 calendar days until a patient is discharged:
    a. Reassesses the patient based on the patient's care plan, needs, and medical condition; and
    b. Summarizes the patient's condition and needs for the patient's physician, registered nurse practitioner, or podiatrist, as applicable.

E. A home health services director shall ensure that:

1. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact; and
2. Verbal orders from a patient's physician, registered nurse practitioner, or podiatrist, as applicable, are:

a. Except as specified in subsection (F)(2)(d), received by a registered nurse and documented by the registered nurse in the patient's medical record; and

b. Authenticated by the patient's physician, registered nurse practitioner, or podiatrist, as applicable, with a signature, within 30 calendar days.

F. A home health services director shall ensure that:

1. A registered nurse:

a. Except as specified in subsection (F)(2)(b)(i) and (ii):

i. Assigns tasks in writing to a home health aide who is providing home health services to a patient; and

ii. Verifies the competency of the home health aide in performing assigned tasks;

b. Except as specified in subsection (F)(2)(b)(iii), provides direction for the home health aide services provided to a patient; and

c. Except as specified in subsection (F)(2)(e)(ii), meets with a patient who is receiving home health aide services to assess the home health services provided by the home health aide:

i. Every two weeks when the patient is also receiving nursing services or therapy services, and

ii. Every 60 calendar days when the patient is only receiving home health aide services;

2. When a patient's physician or registered nurse practitioner orders speech therapy, occupational therapy, or physical therapy for the patient, an individual specified in ~~R9-10-1203(B)(6)(a), (c), or (d)~~ R9-10-1203(C)(6)(a), (c), or (d), as applicable:

a. Provides the applicable therapy service to the patient according to the patient's care plan;

b. If a home health aide is assigned to assist the patient in performing activities related to the therapy service:

i. Assigns tasks in writing to the home health aide who is assisting the patient;

ii. Verifies the competency of the home health aide in performing assigned tasks; and

iii. Provides direction to the home health aide in performing the assigned tasks related to the therapy service;

c. Coordinates the provision of the therapy service to the patient with the registered

nurse providing direction for other home health services for the patient;

d. Documents in the patient's medical record any orders by the patient's physician or registered nurse practitioner received concerning the therapy service; and

e. If the only home health services ordered for the patient are speech therapy, occupational therapy, or physical therapy:

i. Within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an initial assessment of the patient as specified in subsections (D)(1)(a) through(f); and

ii. Meets with a patient who is receiving home health services from a home health aide every two weeks to assess the home health services provided by the home health aide; and

3. A home health aide:

a. Is only assigned to provide services the home health aide can competently perform; and

b. Only performs tasks assigned to the home health aide in writing by a registered nurse or as specified in subsection (F)(2)(b)(i).

R9-10-1211. Supportive Services

A. A governing authority may include supportive services, including personal care services, in the scope of services for a home health agency.

B. An administrator:

1. May allow:

a. Supportive services to be provided to a patient without an order from a physician, registered nurse practitioner, or podiatrist; and

b. A personnel member who is not a home health aide to perform personal care services; and

2. Shall ensure that:

a. Supportive services are provided to a patient according to policies and procedures;

b. A registered nurse:

i. Assesses a patient's need for supportive services,

ii. Assigns specific tasks in writing to a home health aide providing supportive services other than personal care services,

iii. Assigns specific tasks in writing to a personnel member providing

personal care services,

iv. Provides direction for supportive services, and

v. Includes supportive services in the reassessment of a patient required in R9-10-1210(D)(6); and

c. Supportive services are documented in a patient's medical record.

ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY

R9-10-1302. Administration

A. The governing authority for a behavioral health specialized transitional facility:

1. Is the superintendent of the state hospital; and
2. Shall:
   a. Establish, in writing:
      i. A behavioral health specialized transitional facility's scope of services, and
      ii. Qualifications for an administrator;
   b. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(a)(ii);
   c. Adopt a quality management program according to R9-10-1303;
   d. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
   e. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(a)(ii), if the administrator is:
      i. Expected not to be present on the behavioral health specialized transitional facility's premises for more than 30 calendar days, or
      ii. Not present on the behavioral health specialized transitional facility's premises for more than 30 calendar days; and
   f. Except as provided in subsection (A)(2)(e), notify the Department according to A.R.S. § 36-425(I) when there is a change in the ~~administration~~ administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the superintendent of the state hospital for the daily operation of the behavioral health specialized transitional facility and for ~~the behavioral health services and physical health~~ all services provided by or at the behavioral health specialized transitional facility;

2. Has the authority and responsibility to manage the behavioral health specialized transitional facility; and

3. Except as provided in subsection ~~(A)(2)(f)~~ (A)(2)(e), ~~shall designate~~ designates, in writing, an individual who is ~~available~~ present on the behavioral health specialized transitional facility's premises and accountable for ~~services~~ the behavioral health specialized transitional facility when the administrator is not present on the behavioral health specialized transitional facility's premises.

C. An administrator shall ensure that:

1. ~~Ensure that policies~~ Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:

a. ~~Include~~ Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;

b. Cover orientation and in-service education for personnel members, employees, volunteers, and ~~interns~~ students;

c. Cover patient admission, assessment, treatment plan, transfer, discharge planning, discharge, and recordkeeping;

d. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;

e. Cover the requirements in A.R.S. §§ 36-3708, 36-3709, and 36-3714;

f. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the patient has the apparent intent and ability to carry out the threat;

g. Cover when informed consent is required and how informed consent is obtained;

h. Cover the criteria and process for conducting research using patients or ~~patient~~ patients' medical records;

i. Include the establishment of, disbursing from, and recordkeeping for a patient personal funds account;

j. Include a method of patient identification to ensure a patient receives the services ordered for the patient;

k. Cover contracted services;

l. Cover health care directives;

m. Cover medical records, including electronic medical records;

~~m.~~n. Cover medication procurement, storage, inventory monitoring and control, and disposal;

~~n.~~o. Cover infection control;

~~o.~~p. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;

~~p.~~q. Cover environmental services that affect patient care;

~~q.~~r. Cover reporting suspected or alleged abuse, neglect, exploitation, or other criminal activity;

~~r.~~s. Cover quality management, including incident reports and supporting documentation;

~~s.~~t. Cover emergency treatment and disaster plan;

~~t.~~u. Cover ~~restraint and seclusion~~ how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;

~~u.~~v. Include security of the facility, patients and their possessions, personnel members, and visitors at the behavioral health specialized transitional facility;

~~v.~~w. Include preventing unauthorized patient absences;

~~w.~~x. Cover transportation of patients, including the criteria for using a locking mechanism to restrict a patient's movement during transport;

~~x.~~y. Cover ~~the receipt of and process for resolving complaints~~ specific steps for:

i. A patient to file a complaint, and

ii. The behavioral health specialized transitional facility to respond to a patient's complaint;

~~y.~~z. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities; and

~~z.~~aa. Include equipment inspection and maintenance;

2. ~~Ensure that policies~~ Policies and procedures are available to each personnel member;

3. ~~Ensure that:~~

~~a.~~ Laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967, ~~and~~

~~b.~~4. Food services are provided as specified in ~~R9-10-114~~ R9-10-1314;

~~4.~~5. ~~Ensure that the~~ The following individuals have ~~immediate~~ access to a patient:

a. The patient's representative,

b. An individual assigned by a court of law to provide services to the patient, and

c. An attorney hired by the patient or patient's family;

~~5.~~6. ~~Ensure that labor~~ Labor performed by a patient for the behavioral health specialized transitional facility is consistent with A.R.S. § 36-510 and applicable state and federal law; and

~~6.~~7. ~~Ensure that the~~ The following information is posted in an area easily viewed by a patient or an individual entering or leaving the behavioral health specialized transitional facility:

a. Patient rights,

b. Telephone number for the Department and the Office of Human Rights,

c. Location of inspection reports,

d. Complaint procedures, and

e. Visitation hours and procedures;

~~7.~~D. ~~Notify the Department in writing~~ An administrator shall

1. Provide written notification to the Department of a patient's:

a. Death, ~~If a~~ if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death ~~in the behavioral health specialized transitional facility~~;

b. Self-injury, ~~Within~~ within two working days after ~~a~~ the patient inflicts a self-injury ~~in the behavioral health specialized transitional facility~~ that requires immediate intervention by an emergency medical service provider; and

c. Absence, ~~Within~~ within one working day after an unauthorized patient absence from the behavioral health specialized transitional facility is discovered; and

~~8.~~2. Maintain the documentation required in subsection ~~(C)(7)~~ (D)(1) for at least 12 months after the date of the notification; and

~~9.~~3. Ensure that sufficient personnel are present at the behavioral health specialized transitional facility at all times to maintain safe and secure conditions~~;~~.

~~10.~~E. ~~Ensure that~~ If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving services, the administrator shall:

~~a.~~1. ~~Suspected or alleged abuse, neglect, exploitation, or other criminal activity that occurs on the premises of the behavioral health specialized transitional facility is reported to the law~~

~~enforcement agency having jurisdiction~~ If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;

~~b.~~2. ~~If abuse, neglect, or exploitation of a patient is alleged or suspected, immediate action is taken to stop the alleged or suspected abuse, neglect, or exploitation;~~ Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;

3. Document suspected abuse, neglect, or exploitation of the patient; any action taken according to subsection (E)(1); and the report in subsection (E)(2);

4. Maintain the documentation required in subsections (E)(1) and (E)(2) for at least 12 months after the date of the report;

~~d.~~5. Initiate an investigation of the ~~Suspected~~ suspected ~~or alleged~~ abuse, neglect, or exploitation ~~is investigated~~ and document the following ~~written report of the investigation is developed~~ within ~~5 calendar~~ five working days after the report required in subsection ~~(C)(10)(c)~~ (E)(2) ~~that includes~~:

~~i.~~a. ~~Dates~~The dates, times, and description of the ~~alleged or~~ suspected abuse, neglect, or exploitation;

~~ii.~~b. ~~Description~~A description of any injury to the patient related to the abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;

~~iii.~~c. ~~Names~~The names of witnesses to the ~~alleged or~~ suspected abuse, neglect, or exploitation; and

~~iv.~~d. ~~Actions~~The actions taken by the administrator to prevent the ~~alleged or~~ suspected abuse, neglect, or exploitation from occurring in the future; and

~~d. A copy of the investigation report required in subsection (C)(10)(c) is submitted to the Department within 10 calendar days after the report in subsection (C)(10)(a);~~

~~e.~~6. ~~Documentation of a~~ Maintain a copy of the documented information ~~repor~~t required in subsection ~~(C)(10)(c)~~ (C)(10)(e) and any other information obtained during the investigation ~~is maintained~~ for at least 12 months after the date ~~of~~ the ~~report~~ investigation was initiated;

F. An administrator shall:

~~11.~~1. Unless otherwise stated, ensure that:

a. Documentation required by this Article is provided to the Department within two hours after a Department request; and

b. When documentation or information is required by this Chapter to be submitted

on behalf of a behavioral health specialized transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health specialized transitional facility;

~~12.~~2. Appoint a medical director, to direct the medical and nursing services provided by or at the behavioral health specialized transitional facility, who:

a. Is a medical staff member, and

b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and

~~13.~~3. Appoint a clinical director, to provide direction for the behavioral health services provided by or at the behavioral health specialized transitional facility, who:

a. Is a psychiatrist or a psychologist;

b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and

c. May, if qualified, also serve as the medical director.

D. A medical director:

1. Is responsible for the medical services, nursing services, and physical health-related services provided to patients consistent with the patients behavioral treatment plan; and

2. Shall ensure that policies and procedures are established, documented, and implemented that cover:

a. Restraint ~~or seclusion~~, according to R9-10-224;

b. The process for patient assessments including the identification of and criteria for the on-going monitoring of a patient's physical health conditions;

c. Dispensing and administration of medications, including the process and criteria for determining whether a patient is capable of and eligible to self-administer medication;

d. The process by which emergency medical treatment will be provided to a patient; and

e. The requirements for completion of medication records and recording of adverse events.

E. A clinical director:

1. Is responsible for the behavioral health services provided to patients;

2. Shall ensure that policies and procedures are established, documented, and implemented that cover:

a. Assessing the competency and proficiency of a behavioral health personnel member for each type of service the personnel member provides and each type of patient to which the personnel member is assigned;

b. Providing:

i. Supervision to behavioral health paraprofessionals, according to ~~R9-10-114(1)~~ R9-10-115(1); and

ii. Clinical oversight to behavioral health technicians, according to ~~R9-10-114(2)~~ R9-10-115(2);

c. The qualifications for personnel members who provide clinical oversight;

d. The process for ~~resident~~ patient assessments including the identification of and criteria for the on-going monitoring of a patient's behavioral health issues;

e. The process for developing and implementing a patient's treatment plan;

f. The frequency of and process for reviewing and modifying a patient's treatment plan, based on the ongoing monitoring of the patient's response to treatment; and

g. The process for determining whether a patient is eligible for discharge or conditional release to a less restrictive alternative;

3. Shall ensure that patient services are provided by personnel competent and proficient in providing the services; and

4. Shall ensure that clinical oversight of personnel members is provided according to the policies and procedures.

R9-10-1303. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:

a. A method to identify, document, and evaluate incidents;

b. A method to collect data to evaluate services provided to patients;

c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;

d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and

e. The frequency of submitting a documented report required in subsection (2) to the governing authority;

2. A documented report is submitted to the governing authority that includes:

a. An identification of each concern about the delivery of services related to patient

care, and

b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-1304. Contracted Services

An administrator shall ensure that:

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

R9-10-1305. Personnel Requirements and Records

A. An administrator shall ensure that a personnel member:

1. Is at least 21 years of age;
2. Either:
   a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
   b. Submits to the administrator a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02 within seven working days after becoming a personnel member.

B. An administrator shall ensure that each personnel member submits to the administrator a copy of the individual's valid fingerprint clearance card:

1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
2. Each time the fingerprint clearance card is issued or renewed.

C. If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:

1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
2. Make a record of this determination, including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.

D. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
    a. Are based on:
        i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
        ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
    b. Include:
        i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
        ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
        iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
    a. Before the personnel member provides physical health services or behavioral health services, and
    b. According to policies and procedures; and
3. Personnel members are present on a behavioral health specialized transitional facility's premises with the qualifications, skills, and knowledge necessary to:
    a. Provide the services in the behavioral health specialized transitional facility's scope of services,
    b. Meet the needs of a patient, and
    c. Ensure the health and safety of a patient.

E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in ~~R9-10-114~~ R9-10-115.

F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is

expected to have direct interaction with a patient for more than ~~8~~ eight hours a week, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing service at or on behalf of the behavioral health specialized transition facility, and
2. ~~as~~ As specified in ~~R9-10-112~~ R9-10-113.

G. An administrator shall ensure that a ~~personnel~~ record ~~is maintained for every~~ for a personnel member, employee, ~~and any~~ volunteer, or student ~~providing physical health services or behavioral health services to a patient that contains~~ is maintained that includes:

1. The individual's name, date of birth, ~~home address,~~ and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, ending date;
3. A copy of the individual's fingerprint clearance card; and
4. Documentation of:
   a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the individual's job duties;
   c. The individual's orientation and in-service education as required by policies and procedures;
   d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   e. If the individual is a behavioral health technician, clinical oversight required in ~~R9-10-114~~ R9-10-115;
   f. Cardiopulmonary resuscitation training, if required for the individual according to this Article or policies and procedures;
   g. First aid training, if required for the individual according to this Article or policies and procedures; and
   h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).

H. An administrator shall ensure that personnel records are maintained:

1. Throughout an individual's period of providing services in or for the behavioral health specialized transitional facility; and
2. For at least ~~two years~~ 24 months after the last date the individual provided services in or for the behavioral health specialized transitional facility.

I. An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, employees, volunteers, and students is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented and implemented; and
5. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the training, and
   c. The subject or topics covered in the training.

R9-10-1306. Admission Requirements

A. An administrator shall ensure that before a patient is admitted to the behavioral health specialized transitional facility that a court of competent jurisdiction has ordered the patient to be:

1. Detained under A.R.S. § 36-3705(B) or § 36-3713(B); or
2. Committed under A.R.S. § 36-3707.

B. An administrator shall ensure that, at the time a patient is admitted to the behavioral health specialized transitional facility:

1. The administrator receives a copy of the court order for the patient to be detained at or committed to the behavioral health specialized transitional facility,
2. The patient's possessions are taken to the bedroom to which the patient has been assigned, and
3. The patient is provided with a written list and verbal explanation of the patient's rights and responsibilities.

C. Within seven days after a patient is admitted to the behavioral health specialized transitional facility, a medical director shall ensure that:

1. A medical history is taken from and a physical examination performed on the patient;
2. Except as specified in subsection (C)(3), a patient provides evidence of freedom from infectious tuberculosis as required in ~~R9-10-112~~ R9-10-113;
3. A patient is not required to be retested for tuberculosis or provide another written

statement by a physician, physician assistant, or registered nurse practitioner as specified in ~~R9-10-112(1)~~ R9-10-113(1) if:

a. Fewer than 12 months have passed since the patient was tested for tuberculosis or since the date of the written statement, and

b. The documentation of freedom from infectious tuberculosis required in subsection (C)(2) accompanies the patient at the time of the patient's admission to the behavioral health specialized transitional facility; and

4. An assessment for the patient is completed:

a. According to the behavioral health specialized transitional facility's policies and procedures;

b. That includes the patient's:

i. Legal history, including criminal justice record;

ii. Behavioral health treatment history;

iii. Medical conditions and history; and

iv. Symptoms reported by the patient and referrals needed by the patient, if any; and

c. That includes:

i. Recommendations for further assessment or examination of the patient's needs,

ii. The physical health services or ancillary services that will be provided to the patient until the patient's treatment plan is completed; and

iii. The signature of the personnel member conducting the assessment and the date signed.

R9-10-1308. ~~Transport~~ Transportation

An administrator shall ensure that:

1. A vehicle owned or leased by a behavioral health specialized transition facility used to provide transportation of a patient:

a. Is safe and in good repair,

b. Contains a locked first aid kit ~~that holds first-aid supplies in a quantity sufficient to meet the needs of the transported patients~~,

c. Contains a working heating and air conditioning system, and

d. ~~When used to provide transportation to a patient, contains~~ Contains drinking water sufficient to meet the needs of each patient present in the vehicle;

2. Documentation of current vehicle insurance for a vehicle owned or leased by the

behavioral health residential facility is maintained;

~~2.~~3. A driver of a vehicle used to provide transportation to a patient:

a. Is 21 years of age or older;

b. Has a valid driver license;

c. ~~Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;~~ Operates the vehicle in a manner that does not endanger a patient in the vehicle;

d. Does not leave a patient in the vehicle unattended; and

e. Ensures the safe and hazard-free loading and unloading of patients; and

~~3.~~4. Transportation safety is maintained as follows:

a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and

b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

R9-10-1309. Patient Rights

An administrator shall ensure that:

1. A patient:

a. Has privacy in treatment and personal care needs;

b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:

i. Restricted by court order; or

ii. Contraindicated on the basis of clinical judgment, as documented in the patient's medical record;

b. Is given the opportunity to seek, speak to, and be assisted by legal counsel:

i. Whom the court assigns to the patient, or

ii. Whom the patient obtains at the patient's own expense; and

c. Is ~~free from~~: not subjected to:

i. ~~The intentional infliction of physical, mental, or emotional harm when not medically indicated~~ Abuse;

ii. ~~Exploitation~~ Neglect;

iii. Exploitation;

iv. Coercion;

v. Manipulation;

~~iii.~~vi. Seclusion~~, when not medically indicated~~;

~~iv.~~vii. Restraint, ~~when not medically indicated unless necessary to prevent harm to self or others and the reason for restraint is documented in the patient's medical record~~ if not necessary to prevent imminent harm to self or others;

~~v.~~viii. Sexual abuse according to A.R.S. § 13-1404; and

~~vi.~~ix. Sexual assault according to A.R.S. § 13-1406; and

2. A patient or the patient's representative:

a. Is provided with the opportunity to participate in the development of the patient's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;

b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;

c. Is allowed to control the patient's finances and have access to the patient's personal funds account according to the behavioral health specialized transitional facility's policies and procedures specified in R9-10-1302(C)(1)(i);

d. Has an opportunity to review the ~~patient~~ medical record for the patient according to the behavioral health specialized transitional facility's policies and procedures; and

e. Receives information about the behavioral health specialized transitional facility's policies and procedures for:

i. ~~Health care~~ Advanced directives;

ii. Filing complaints, including the telephone number of an individual at the behavioral health specialized transitional facility to contact about a complaint and the Department's telephone number; and

iii. Petitioning a court for a patient's discharge or conditional release to a less restrictive alternative.

R9-10-1310. Behavioral Health Services

A. A clinical director shall ensure that:

1. A treatment plan is developed and implemented for the patient:

a. According to the behavioral health specialized transitional facility's policies and procedures;

b. Based on the assessment conducted under R9-10-1306(C)(4) and on-going changes to the assessment of the patient's behavioral health issues, mental

disorders, and physical health conditions, as applicable; and

c. Including:

i. The physical health services, behavioral health services, ~~or~~ and ancillary services to be provided to the patient until completion of the treatment plan;

ii. The type, frequency, and duration of counseling or other treatment ordered for the patient;

iii. The name of each individual who ordered medication, counseling, or other treatment for the patient;

iv. The signature of the patient or the patient's representative and dated signed, or documentation of the refusal to sign;

v. The date when the patient's treatment plan will be reviewed;

vi. If a discharge date has been determined, the treatment needed after discharge; and

vii. The signature of the personnel member who developed the treatment plan and the date signed; and

2. A patient's treatment plans reviewed and updated:

a. According to the review date specified in the treatment plan,

b. When a treatment goal is accomplished or changes,

c. When additional information that affects the patient's assessment is identified, and

d. When a patient has a significant change in condition or experiences an event that affects treatment.

B. A clinical director shall ensure that treatment is:

1. Offered to a patient according to the patient's treatment plan;

2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the treatment from the patient; and

3. Documented in the patient's medical record as specified in R9-10-1312.

C. The clinical director shall ensure that restraint ~~or seclusion~~ is used, performed, and documented according the behavioral health specialized transitional facility's policies and procedures.

D. A clinical director shall ensure that:

1. A patient receives the annual examination required by A.R.S. § 36-3708, and

2. A report of the patient's annual examination is prepared according to the behavioral health specialized transitional facility's policies and procedures.

R9-10-1311. ~~Ancillary~~ Physical Health Services

A. A medical director shall ensure that:

1. A patient's physical health is assessed during the physical examination specified in R9-10-1306(C)(1), and
2. Any physical health conditions identified through the assessment are addressed in the patient's treatment plan.

B. A medical director shall ensure that on-going assessment or treatment of a patient's physical health condition is:

1. Offered to a patient according to the patient's treatment plan;
2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the assessment or treatment from the patient; and
3. Documented in the patient's medical record as specified in R9-10-1312.

C. An administrator shall ensure that, if a patient requires assessment or treatment not available at the behavioral health specialized transitional facility, the patient is provided with transportation to the location where assessment or treatment may be provided to the patient.

R9-10-1312. ~~Patient~~ Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
    a. Recorded only by an individual authorized by facility policies and procedures to make the entry;
    b. Dated, legible, and authenticated; and
    c. Not changed to make the initial entry illegible;
3. An order is:
    a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    b. Authenticated by a medical practitioner or behavioral health professional according to facility policies and procedures; and
    c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or the

electronic ~~code~~ signature;

5. A patient's medical record is available to ~~personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;~~ an individual:
   a. Authorized according to policies and procedures to access the patient's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
   c. As permitted by law;
6. A patient's medical record is available to the patient or patient's representative upon request at a time agreed upon by the patient or patient's representative and the administrator; and
7. ~~Information in a patient's medical record is disclosed to an individual not authorized under subsection (5) only with the written consent of a patient or the patient's representative or as permitted by law; and~~
8.7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health specialized transitional facility maintains patient'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 patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:
   1. A copy of the court order requiring the patient to be detained at or committed to the behavioral health specialized transitional facility;
   2. The date the patient was detained at or committed to the behavioral health specialized transitional facility;
   3. Patient information that includes:
      a. The patient's name;
      b. The patient's address;
      c. The patient's date of birth; and
      d. ~~The name and contact information of the patient's representative, if applicable; and~~
      e.d. Any known allergies including medication allergies;
   4. Documentation of the patient's freedom from infectious tuberculosis as required in R9-10-1306(C)(2);

5. Documentation of general consent~~,~~ and, if applicable, informed consent~~,~~ for treatment by the patient or the patient's representative, except in an emergency;

6. The name and contact information of the patient's representative, if applicable, and, if the patient's representative:

   a. Is a legal guardian, a copy of the court order establishing guardianship; or

   b. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;

~~6.~~7. Documentation of medical history and physical examination of the patient;

~~7.~~8. A copy of patient's health care directives, if applicable;

~~8.~~9. Orders;

~~9.~~10. The patient's assessment including updates;

~~10.~~11. The patient's treatment plan including updates;

~~11.~~12. Progress notes;

~~12.~~13. Documentation of transportation provided to the patient;

~~13.~~14. Documentation of behavioral health services and physical health services provided to the patient;

~~14.~~15. Documentation of patient's annual examination and report required by ~~A.R.S. § 36-3714~~ A.R.S. § 36-3708;

~~15.~~16. Documentation of the annual written notice of the patient of the patient's right to petition for:

   a. Conditional release to a less restrictive alternative as required by A.R.S. § 36-3709, or

   b. Discharged as required by A.R.S. § 36-3714;

~~16.~~17. A copy of ~~the patient's~~ any petition for discharge or conditional release to a less restrictive alternative filed by the patient and provided to the behavioral health specialized transitional facility and the outcome of the petition;

~~17.~~18. Documentation of the patient's, if applicable;

   a. Conditional release to a less restrictive alternative; or

   b. Discharge, including the disposition of the patient upon discharge;

~~18.~~19. If a patient has been discharged, a ~~Discharge~~ discharge summary~~, if applicable~~ that includes:

   a. A summary of the treatment provided to the patient;

   b. The patient's progress in meeting treatment goals, including treatment goals that

were and were not achieved;

c. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge from the behavioral health specialized transitional facility;

d. A description of the disposition of the patient's possessions, funds, or medications; and

e. The date the patient was discharged from the behavioral health specialized transitional facility.

~~19.~~20. If applicable:

a. Laboratory reports,

b. Radiologic reports,

c. Diagnostic reports,

d. Documentation of seclusion or restraint,

~~d.~~e. Patient follow-up instructions, and

~~e.~~f. Consultation reports; and

~~20.~~21. Documentation of a medication administered to the patient that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c For a medication administered for pain:

i. An assessment of the patient's pain before administering the medication, and

ii. The effect of the medication administered;

d. For a psychotropic medication:

i. An assessment of the patient's behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The identification, signature of the individual administering or observing the self-administration of the medication;

f. Any adverse reaction a patient has to the medication; and

g. If applicable, a patient's refusal to take medication ordered for the patient.

R9-10-1313. Medication Services

A. ~~If a behavioral health specialized transitional facility provides medication administration or assistance in the self-administration of medication, an~~ An administrator shall ensure that policies and procedures for medication services:

1. Include:
    a. A process for providing information to a patient about medication prescribed for the patient including:
        i. The prescribed medication's anticipated results,
        ii. The prescribed medication's potential adverse reactions,
        iii. The prescribed medication's potential side effects, and
        iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    b. Procedures for preventing, responding to, and reporting:
        i. A medication error,
        ii. An adverse response to a medication, or
        iii. A medication overdose;
    ~~e. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;~~
    ~~f.~~c. Procedures for documenting medication services and assistance in the self-administration of medication;
    ~~g. Procedures for assisting a patient in obtaining medication;~~ and
    ~~h.~~d. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
    a. A medication administration error, and
    b. An adverse reaction to a medication;

B. ~~If a behavioral health specialized transitional facility provides medication administration, a~~ A medical director shall ensure that:
1. Policies and procedures for medication administration:
    a. Are reviewed and approved by a medical practitioner;
    b. Specify the individuals who may:
        i. Order medication, and
        ii. Administer medication; and
    c. Ensure that medication is administered to a patient only as prescribed;
2. A patient's refusal to take prescribed medication is documented in the patient's medical record;
3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;

4. A medication administered to a patient:
    a. Is administered in compliance with an order, and
    b. Is documented in the patient's medical record; and
5. If pain medication is administered to a patient on a PRN basis, documentation in the patient's medical record includes:
    a. An identification of the patient's pain before administering the medication, and
    b. The effect of the pain medication administered.

C. If a behavioral health specialized transitional facility provides assistance in the self-administration of medication, a medical director shall ensure that:
1. A patient's medication is stored by the a behavioral health specialized transitional facility;
2. The following assistance is provided to a patient:
    a. A reminder when it is time to take the medication;
    b. Opening the medication container for the patient;
    c. Observing the patient while the patient removes the medication from the container;
    d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
        i. The patient 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 patient at the time stated on the medication container label; or
    e. Observing the patient while the patient 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; and

6. Assistance with the self-administration of medication provided to a patient:

a. Is in compliance with an order, and

b. Is documented in the patient's medical record.

D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;

2. A current toxicology reference guide is available for use by personnel members; and

3. If pharmaceutical services are provided:

a. The pharmaceutical services are provided under the direction of a pharmacist;

b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and

c. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at behavioral health specialized transitional facility, an administrator shall ensure that:

1. ~~There is~~ Medication is stored in a separate locked room, closet, or self-contained unit only used for medication ~~storage that includes a lockable door~~;

~~2. If medication is stored in a separate room or closet, a locked cabinet is used to store the medication;~~

~~3.~~2. Medication is stored according to the instructions on the medication container; and

~~4.~~3. 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 patients who received recalled medication;

d. Storing, inventorying, and dispensing controlled substances; and

e. Documenting the maintenance of a medication requiring refrigeration.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health specialized transitional facility's medical director.

R9-10-1314. Food Services

A. An administrator shall ensure that:

1. The behavioral health specialized transitional facility ~~is licensed~~ has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the behavioral health specialized transitional facility's food establishment license is maintained;
3. If a behavioral health specialized transitional facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health specialized transitional facility:
    a. A copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health specialized transitional facility; and
    b. The behavioral health specialized transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.

B. A registered dietitian or director of food services 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 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the behavioral health specialized transitional facility are served according to posted menus;
3. 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~~ guidelines in http://www.health.gov/dietaryguidelines/2010.asp;

4. A patient is provided:
    a. A diet that meets the patient's nutritional needs as specified in the patient's assessment plan;
    b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
    c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
    d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
        i. A patient group agrees; and
        ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
6. Water is available and accessible to a patient at all times, unless otherwise specified in the patient's treatment plan.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:
    a. Using methods that conserve nutritional value, flavor, and appearance; and
    b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
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.

R9-10-1315. Emergency and Safety Standards

A. A medical director shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:

1. The medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the behavioral health specialized transitional facility;

2. A system to ensure all medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;

3. A requirement that a cart or ~~a~~ container is available for medical emergency treatment that contains all of the medication, supplies, and equipment specified in the behavioral health specialized transitional facility's policies and procedures;

4. A method to verify and document that the contents of the cart or container in subsection (A)(3) are available for medical emergency treatment; and

5. A method for ensuring a patient may be transported to a hospital or other health care institution to receive treatment for a medical emergency that the behavioral health specialized transitional facility is not able or not authorized to provide.

B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the behavioral health specialized transitional facility according to the behavioral health specialized transitional facility's policies and procedures.

C. An administrator shall ensure that the behavioral health specialized transitional facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72:

~~National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a)~~ National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 ~~standards~~ Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or

2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

D. An administrator shall ensure that:

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

b. The amount of time taken for all employees and patients to evacuate the behavioral health specialized transitional facility;

c. If applicable, an identification of patients needing assistance for evacuation;

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

e. Recommendations for improvement, if applicable; and

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

E. An administrator shall:

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

2. Make any repairs or corrections stated on the fire inspection report, and

3. Maintain documentation of a current fire inspection.

R9-10-1316. Environmental Standards

A. An administrator 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 patient or other individual to suffer physical injury;

2. A pest control program is implemented and documented;

3. Biohazardous medical wastes are identified, stored, and disposed of according to 18 A.A.C. 13, Article 14;

4. Equipment used at the behavioral health specialized transitional facility is:

a. Maintained in working order;

b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and

c. Used according to the manufacturer's recommendations;

5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;

6. Garbage and refuse are:

a. Stored in covered containers, and

b. Removed from the premises at least once a week;

7. Heating and cooling systems maintain the behavioral health specialized transitional

facility at a temperature between 70° F and 84° F;

8. Common areas:
    a. Are lighted to assure the safety of patients, and
    b. Have lighting sufficient to allow personnel members to monitor patient activity;
9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health specialized transitional facility used by patients;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
11. Soiled linen and soiled clothing stored by the behavioral health specialized transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas; and
12. Pets and animals, except for service animals, are prohibited on the premises.

B. An administrator shall ensure that smoking or tobacco products are not permitted within or on the premises of the facility.

C. An administrator shall ensure that:
1. Poisonous or toxic materials stored by the behavioral health specialized transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
2. Combustible or flammable liquids and hazardous materials stored by a behavioral health specialized transitional facility are stored in the original labeled containers or safety containers in an area ~~outside the behavioral health specialized transitional facility that is locked and~~ inaccessible to patients; and
3. Poisonous, toxic, combustible, or flammable medical supplies in use for a patient are stored in a locked area according to the behavioral health specialized transitional facility's policies and procedures.

D. An administrator shall ensure that:
1. A patient's bedroom is provided with:
    a. An individual storage space, such as a dresser or chest;
    b. A bed that:
        i. Consists of at least a mattress and frame, and
        ii. Is at least 36 inches wide and 72 inches long; and
    c. A pillow and linens that include:
        i. A mattress pad;
        ii. A top sheet and a bottom sheet are large enough to tuck under the

mattress;

iii. A pillow case;

iv. A waterproof mattress cover, if needed; and

v. A blanket or bedspread sufficient to ensure the patient's warmth;

2. Clean linens and bath towels are provided to a patient as needed and at least once every seven days; and

3. A patient's clothing may be cleaned according to policies and procedures.

R9-10-1317. Physical Plant Standards

A. An administrator shall ensure that a behavioral health specialized transitional facility complies with the applicable physical plant health and safety codes and standards for secure residential facilities, incorporated by reference in A.A.C. R9-1-412, in effect on the date the behavioral health specialized transitional facility submitted architectural plans and specifications to the Department for approval according to R9-10-104.

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

1. The services stated in the behavioral health specialized transitional facility's scope of services; and

2. An individual accepted as a patient by the behavioral health specialized transitional facility.

C. An administrator shall ensure that:

1. A behavioral health specialized transitional facility has:

a. An area in which a patient may meet with a visitor,

b. Areas where patients may receive individual treatment,

c. Areas where patients may receive group counseling or other group treatment,

d. An area for community dining; and

e. Sufficient space in one or more common areas for individual and group activities.

D. An administrator shall ensure that the behavioral health specialized transitional facility has:

1. A bathroom adjacent to a common area for use by patients and visitors that:

a. Provides privacy to the user, and

b. Contains:

i. A working sink with running water,

ii. A working toilet that flushes and has a seat,

iii. Toilet tissue dispenser,

iv. Dispensed soap for hand washing,

v. Single use paper towels or a mechanical air hand dryer,

vi. Lighting, and

vii. A means of ventilation;

2. An indoor common area that is not used as a sleeping area and that has:
   a. A working telephone that allows a patient to make a private telephone call;
   b. A distortion-free mirror;
   c. A current calendar and an accurate clock;
   d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of patients; and
   e. A working television and access to a radio;
3. A dining room or dining area that:
   a. Is lighted and ventilated,
   b. Contains tables and seats, and
   c. Is not used as a sleeping area;
4. An outdoor area that:
   a. Is accessible to patients,
   b. Has sufficient space to accommodate the social and recreational needs of patients, and
   c. Has shaded and unshaded areas;
5. For every ~~six~~ ten patients, at least one working toilet that flushes and has a seat and dispensed toilet tissue;
6. For every ~~eight~~ 12 patients, at least one sink with running water, dispensed soap for hand washing, and single use paper towels or a mechanical air hand dryer;
7. For every ~~eight~~ 12 patients, at least one working bathtub or shower with a slip resistant surface; and
8. For each patient, a private bedroom that:
   a. Contains at least 60 square feet of floor space, not including the closet;
   b. Has walls from floor to ceiling;
   c. Has a door that opens into a hallway or common area;
   d. Is constructed and furnished to provide unimpeded access to the door;
   e. Is not used as a passageway to another bedroom or a bathroom, unless the bathroom is for the exclusive use of a the patient occupying the bedroom; and
   f. Has sufficient lighting for a patient to read.

ARTICLE 14. BEHAVIORAL HEALTH SUBSTANCE ABUSE TRANSITIONAL FACILITIES

R9-10-1401. Definitions

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

1. "Emergency medical care technician" has the same meaning as in A.R.S. § 36-2201.
2. ~~"Participant" means a patient admitted to a substance abuse transitional facility.~~
3. ~~"Participant's representative" means:~~
   a. ~~A participant's legal guardian;~~
   b. ~~If a participant is under 18 years of age and not an emancipated minor, the participant's parent;~~
   c. ~~If a participant is 18 years of age or older or an emancipated minor, an individual acting on behalf of the participant with the written consent of the participant or the participant's legal guardian; or~~
   d. ~~A surrogate as defined in A.R.S. § 36-3201.~~

~~**R9-10-1402. Supplemental Application Requirements**~~

~~In addition to the requirements in 9 A.A.C. 10, Article 1, an administrator shall submit a request with an initial application for the licensed capacity for providing behavioral health services to:~~

1. ~~Individuals under 18 years of age, and~~
2. ~~Individuals 18 years of age and older.~~

~~R9-10-1403.~~R9-10-1402. Administration

A. A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of a substance abuse transitional facility;
2. Establish, in writing:
   a. A substance abuse transitional facility's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who meets the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to ~~R9-10-1404~~ R9-10-1403;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator~~, in writing,~~ who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present on a substance abuse transitional facility's premises

for more than 30 calendar days, or

b. Not present on a substance abuse transitional facility's premises for more than 30 calendar days; and

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 administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority for the daily operation of the substance abuse transitional facility and all services provided by or at the substance abuse transitional facility;

2. Has the authority and responsibility to manage the substance abuse transitional facility; and

3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on a substance abuse transitional facility's premises and accountable for the ~~services provided at or by the~~ substance abuse transitional facility when the administrator is not present on the substance abuse transitional facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:

a. ~~Include~~ Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;

b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;

c. Include how a personnel member may submit a complaint relating to services provided to a participant;

d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;

~~d.~~e. Cover cardiopulmonary resuscitation training, including:

i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual'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~~ individual has received cardiopulmonary resuscitation training;

~~e.~~f. Include a method to identify a participant to ensure the participant receives physical health services and behavioral health services as ordered;

~~f.~~g. Cover first aid training;

~~g.~~h. Cover participant rights, including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;

i. Cover specific steps for:

i. A participant to file a complaint, and

ii. The substance abuse transitional facility to respond to a participant's complaint;

~~h.~~j. Cover medical records, including electronic medical records;

~~i.~~k. Cover quality management, including incident ~~report~~ reports and supporting documentation;

~~j.~~l. Cover contracted services; and

~~k.~~m. Cover when ~~individuals~~ an individual may visit ~~participants~~ a participant in the substance abuse transitional facility;

2. Policies and procedures for services are established, documented, and implemented to protect the health and safety of a participant that:

a. Cover participant screening, admission, assessment, ~~treatment plan, transport,~~ transfer, discharge plan, and discharge;

b. Include when general consent and informed consent are required;

c. Cover the provision of behavioral health services and physical health services;

d. Cover administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;

e. Cover infection control;

~~e.~~f. Cover environmental services that affect participant care;

~~f. Cover specific steps and deadlines for:~~

~~i. A participant to file a complaint,~~

~~ii. The facility to respond to and resolve a participant complaint, and~~

~~iii. The facility to obtain documentation of fingerprint clearance, if~~

~~applicable;~~

g. Cover the process for receiving a fee from and refunding a fee to ~~an adult~~ a participant or the participant's representative;

h. Cover the security of a participant's possessions that are allowed on the premises;

i. Cover ~~the~~ smoking ~~and use of~~ tobacco products on the premises;

j. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual; and

k. Cover how often periodic monitoring occurs based on a participant's condition;

3. Policies and procedures are reviewed at least once every ~~two~~ three years and updated as needed;

4. Policies and procedures are available to employees; and

5. Unless otherwise stated:

a. Documentation required by this Article is provided to the Department within two hours after a Department request; and

b. When documentation or information is required by this Chapter to be submitted on behalf of a substance abuse transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the substance abuse transitional facility.

D. An administrator shall provide written notification to the Department of a participant's:

1. ~~If a~~ Death, if the participant's death is required to be reported according to A.R.S. § 11-593, within one working day after the participant's death; and

2. ~~Within~~ Self-injury, within two working days after ~~a~~ the participant inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

E. If abuse, neglect, or exploitation of a participant is alleged or suspected to have occurred before the participant was admitted or while the participant is not on the premises and not receiving services from a substance abuse transitional facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the participant ~~as follows:~~

~~1. For a participant 18 years of age or older,~~ according to A.R.S. § 46-454~~; or~~

~~2. For a participant under 18 years of age, according to A.R.S. § 13-3620~~.

F. If ~~abuse, neglect, or exploitation of a participant is alleged or suspected to have~~ an administrator has a reasonable basis, according to A.R.S. § 46-454, as applicable, to believe that abuse, neglect, or exploitation has occurred on the premises or while ~~the~~ a participant is receiving services from a substance abuse transitional facility's employee or personnel member, ~~an~~ the administrator shall:

1. ~~Take~~ If applicable, take immediate action to stop the ~~alleged or~~ suspected abuse, neglect, or exploitation;
2. ~~Immediately report the alleged or~~ Report the suspected abuse, neglect, or exploitation of the participant~~:~~
   a. ~~For a participant 18 years of age or older,~~ according to A.R.S. § 46-454; ~~or~~
   b. ~~For a participant 18 years of age, according to A.R.S. § 13-3620;~~
3. Document:
   a. ~~the~~ The suspected abuse, neglect, or exploitation;
   b. Any action ~~in~~ taken according to subsection (F)(1); and
   c. ~~the~~ The report in subsection (F)(2);
4. ~~and maintain~~ Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
~~4.~~5. ~~Investigate~~ Initiate an investigation of the ~~alleged or~~ suspected abuse, neglect, or exploitation ~~and develop a written report of the investigation~~ and document the following information within ~~48 hours~~ five working days after the report required in subsection (F)(2) that includes:
   a. ~~Dates~~ The dates, times, and description of the ~~alleged or~~ suspected abuse, neglect, or exploitation;
   b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the ~~alleged or~~ suspected abuse, neglect, or exploitation; and
   d. The actions taken by the administrator to prevent the ~~alleged or~~ suspected abuse, neglect, or exploitation from occurring in the future; and
~~5.~~ ~~Submit a copy of the investigation report required in subsection (F)(4) to the Department within 10 working days after submitting the report in subsection (F)(2); and~~
6. Maintain a copy of the ~~investigation report~~ documented information required in subsection ~~(F)(4)~~ (F)(5) and any other information obtained during the investigation for at least 12 months after the date ~~of~~ the investigation ~~report~~ was initiated.

G. An administrator shall establish, document, and implement a process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services.

H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee,

participant, or a participant's representative:

1. The participant rights listed in ~~R9-10-1410~~ R9-10-1409,
2. The facility's current license,
3. The location at which inspection reports are available for review or can be made available for review, and
4. The days and times ~~where~~ when a participant may accept visitors and make telephone calls.

~~R9-10-1404.~~R9-10-1403. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to participants;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant 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 participant care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to participant 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 participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

~~R9-10-1405.~~R9-10-1404. Contracted Services

An administrator shall ensure that:

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

~~R9-10-1406.~~R9-10-1405. Personnel

A. An administrator shall ensure that:

1. A personnel member is:
   a. ~~at~~ At least 21 years old, or
   b. Licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old~~,~~;
3. ~~An~~ A student is at least 18 years old~~,~~; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services and physical health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides ~~physical health services or~~ behavioral health services or physical health services, and
   b. According to policies and procedures;
3. An emergency medical care technician complies with the requirements in 9 A.A.C. 25 for certification and medical direction;

4. A substance abuse transitional facility has sufficient personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
    a. Provide the behavioral health services and physical health services in the substance abuse transitional facility's scope of services,
    b. Meet the needs of a participant, and
    c. Ensure the health and safety of a participant;
5. A written plan is developed and implemented to provide orientation specific to the duties of ~~the~~ a personnel member;
6. A personnel member's orientation is documented, to include:
    a. The personnel member's name,
    b. The date of the orientation, and
    c. The subject or topics covered in the orientation;
7. In addition to the training required in subsections (B)(1) and (B)(5), a written plan is developed and implemented to provide a personnel member with in-service education specific to the duties of the personnel member;
8. A personnel member receives training in ~~crisis intervention described in subsection (B)(9)~~ how to respond to a participant's sudden, intense, or out-of- control behavior to prevent harm to the participant or another individual:
    a. Before providing services related to participant care, and
    b. At least once every ~~twelve~~ 12 months after the date ~~of~~ the personnel member ~~began~~ begins providing services related to participant care; and
~~9. Training in crisis intervention includes, at a minimum:~~
    ~~a. Methods to identify personnel member and participant behaviors, events, and environmental factors that may cause the need for an emergency safety response;~~
    ~~b. Nonphysical intervention, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods, that may be used in response to a crisis to minimize or eliminate the need for using an emergency safety response; and~~
    ~~c. Safe techniques for using an emergency safety response, including the recognition and appropriate responses to signs of a participant's physical distress while an emergency safety response is used with the participant;~~
~~10. The materials used to provide training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for 12 months after each personnel member who received training using the materials no longer~~

~~provides services at the facility; and~~

~~11.~~9. An individual's in-service education and, if applicable, training in ~~crisis intervention~~ how to respond to a participant's sudden, intense, or out-of- control behavior is documented, to include:

a. The personnel member's name,

b. The date of the training, and

c. The subject or topics covered in the training.

C. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor receives direct supervision as defined in A.A.C. R4-6-101.

D. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than ~~8~~ eight hours in a week, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the substance abuse transitional facility, and

2. ~~as~~ As specified in ~~R9-10-112~~ R9-10-113.

E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in ~~R9-10-114~~ R9-10-115.

F. An administrator shall ensure that a personnel record is maintained for a personnel member, employee, volunteer, or student that contains:

1. The individual's name, date of birth, ~~home address,~~ and contact telephone number;

2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

3. Documentation of:

a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;

b. The individual's education and experience applicable to the individual's job duties;

c. The individual's completed orientation and in-service education as required by policies and procedures;

d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;

e. The individual's completion of the ~~crisis intervention~~ training ~~as~~ required ~~by~~

~~(B)(9)~~ in subsection (B)(8), if applicable;

~~f.~~ ~~If the substance abuse transitional facility provides serves to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;~~

~~g.~~f. If the individual is a behavioral health technician, clinical oversight required in ~~R9-10-114~~ R9-10-115;

~~h.~~g. Cardiopulmonary resuscitation training, if required for the individual according to subsection (H) or policies and procedures;

~~i.~~h. First aid training, if required for the individual according to subsection (H) or policies and procedures; and

~~j.~~i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D).

G. An administrator shall ensure that personnel records are ~~maintained~~:

1. Maintained:

a. Throughout an individual's period of providing services at or for a substance abuse transitional facility, and

~~2.~~b. For at least ~~two years~~ 24 months after the last date the individual ~~provides~~ provided services at or for a substance abuse transitional facility~~.~~; and

2. For a personnel member who has not provided physical health services or behavioral health services at or for the substance abuse transitional facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

H. An administrator shall ensure at least one personnel member who is present at the substance abuse transitional facility during hours of facility operation ~~have~~ has first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the facility.

I. An administrator shall ensure that:

1. At least one personnel member is present and awake at a substance abuse transitional facility at all times when a participant is on the premises;

2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the substance abuse transitional facility if needed;

3. A substance abuse transitional facility has sufficient personnel members to provide general participant supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each participant;

4. There is a daily staffing schedule that:
    a. Indicates the date, scheduled work hours, and name of each individual assigned to work, including on-call individuals;
    b. Includes documentation of the employees who work each day and the hours worked by each employee; and
    c. Is maintained for at least 12 months after the last date on the documentation;
5. A behavioral health professional is present on the substance abuse transitional facility's premises or on-call; and
6. A registered nurse is present on the substance abuse transitional facility's premises or on-call.

~~R9-10-1407.~~R9-10-1406. Admission; Assessment

An administrator shall ensure that:

1. A participant is admitted based upon the participant's presenting behavioral health issue and treatment needs and the substance abuse transitional facility's ability and authority to provide ~~physical health services or~~ behavioral health services or physical health services consistent with the participant's needs;
2. General consent is obtained from ~~an:~~
    ~~a.~~ ~~An adult~~ a participant or the participant's representative before or at the time of admission~~, or~~
    ~~b. A participant's representative, if the participant is not an adult~~;
3. The general consent obtained in subsection (2) is documented in the participant's medical record;
4. An assessment of a participant is completed or updated by an emergency medical care technician or ~~by~~ a registered nurse;
5. If an assessment is completed or updated by an emergency medical care technician, a registered nurse reviews the assessment within 24 hours after the completion of the assessment to ensure that the assessment identifies the behavioral health services and physical health services needed by the participant;
6. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the substance abuse transitional facility or the substance abuse transitional facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
    a. The participant's assessment information is reviewed and updated if additional

information that affects the participant's assessment is identified, and

b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed;

7. An assessment:

a. Documents a participant's:

i. Presenting issue;

ii. Substance abuse history;

iii. Co-occurring disorder;

iv. Medical condition and history;

~~v. Legal history, including:~~

~~(1) Custody,~~

~~(2) Guardianship, and~~

~~(3) Pending litigation;~~

~~vi. Criminal justice record;~~

~~vii. Family history;~~

~~viii.~~v. Behavioral health treatment history;

~~ix.~~vi. Symptoms reported by the participant; and

~~x.~~vii. Referrals needed by the participant, if any;

b. Includes:

i. Recommendations for further assessment or examination of the participant's needs,

ii. The behavioral health services and physical health services that will be provided to the participant, and

iii. The signature and date signed of the personnel member conducting the assessment; and

c. Is documented in participant's medical record;

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

9. If a participant requires behavioral health services that the substance abuse transitional facility is not ~~licensed~~ authorized or not able to provide, a personnel member arranges for the participant to be provided transportation to transfer to another health care institution where the behavioral health services can be provided;

10. A request for participation in a participant's assessment is made to the participant or the participant's representative;
11. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative;
12. Documentation of the request in subsection (10) and the opportunity in subsection (11) is in the participant's medical record; and
13. A participant's assessment information is:
    a. Documented in the medical record within 48 hours after completing the assessment, and
    b. Reviewed and updated when additional information that affects the participant's assessment is identified.

~~R9-10-1408.~~R9-10-1407. Discharge

A. An administrator shall ensure that:
1. If a participant is not being transferred to another health care institution, before discharging the participant from a substance abuse transitional facility, a personnel member:
    a. Identifies the specific needs of the participant after discharge necessary to assist the participant to address the participant's substance abuse issues;
    b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the participant; and
    c. Documents the information in subsection (A)(1)(a) and the resources in subsection (A)(1)(b) in the participant's medical record; and
2. When an individual is discharged, a personnel member:
    a. Provides the participant with discharge information that includes:
        i. The identified specific needs of the participant after discharge, and
        ii. Resources that may be available for the participant; and
    b. Contacts any resources identified as required in subsection (A)(1)(b).

B. An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is discharged unless the participant leaves the facility against a medical practitioner's advice.

C. An administrator shall ensure that, at the time of discharge, a participant receives a referral for behavioral health services that the participant may need after discharge, if applicable.

D. An administrator shall ensure that a discharge summary:

1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
2. Includes the following information completed by an individual authorized by policies and procedures:
    a. The participant's presenting issue and other ~~physical health and~~ behavioral health and physical health issues identified in the participant's assessment;
    b. A summary of the behavioral health services and physical health services provided to the participant;
    c. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
    d. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.

~~F.~~E. An administrator shall ensure that a participant who is dependent upon a prescribed medication is offered ~~detoxification services, opioid treatment, or~~ a written referral to detoxification services or opioid treatment before the participant is discharged.

~~R9-10-1409.~~R9-10-1408. Transfer

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

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

~~R9-10-1410.~~R9-10-1409. Participant Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
3. ~~There are policies and procedures~~ Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:
    a. How and when a participant or the participant's representative is informed of participant rights in subsection ~~(B)~~ (C), and
    b. Where participant rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A participant is treated with dignity, respect, and consideration;
2. A participant is not subjected to:
    a. Abuse;
    b. Neglect;
    c. Exploitation;
    d. Coercion;
    e. Manipulation;
    f. Sexual abuse;
    g. Sexual assault;
    h. Seclusion;
    i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;
    j. Retaliation for submitting a complaint to the Department or another entity;
    k. Misappropriation of personal and private property by ~~a~~ the substance abuse transitional facility's personnel members, employees, volunteers, or students; or
    l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative; and
3. A participant or the participant's representative:
    a. Except in an emergency, either consents to or refuses treatment;
    b. May refuse or withdraw consent ~~to~~ for treatment before treatment is initiated;
    c. Except in an emergency, is informed of ~~proposed treatment alternatives to the treatment~~ alternatives to a proposed psychotropic medication, associated risks, and possible complications;

d. Is informed of the participant complaint process; and

e. Except as otherwise permitted by law, provides written consent to the release of the participant's:

i. Medical ~~records~~ record, ~~and~~ or

ii. Financial records.

C. A participant has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;

2. To receive treatment that:

a. Supports and respects the participant's individuality, choices, strengths, and abilities;

b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or the participant's representative's general consent, or as permitted in this Chapter; and

c. Is provided in the least restrictive environment that meets the participant's treatment needs;

3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without ~~general~~ consent, except:

a. A participant may be photographed when admitted to a substance abuse transitional facility for identification and administrative purposes;

b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or

c. For video recordings used for security purposes that are maintained only on a temporary basis;

4. To review, upon written request, the participant's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;

5. To receive a referral to another health care institution if ~~a~~ the substance abuse transitional facility is ~~unable~~ not authorized or not able to provide ~~physical health services or~~ behavioral health services or physical health services ~~for~~ needed by the participant;

6. To participate or have the participant's representative participate in the development of~~,~~ or decisions concerning treatment;

7. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights;

8. To be provided locked storage space for the participant's belongings while the

participant receives services; and

9. To be informed of the requirements necessary for the participant's discharge.

~~R9-10-1411.~~R9-10-1410. Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for each participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a participant's medical record is:
   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the participant's medical record and includes the time of the order;
   b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or ~~the~~ electronic ~~code~~ signature;
5. A participant's medical record is available to ~~individuals~~ an individual:
   a. ~~authorized by~~ Authorized according to policies and procedures to access the participant's medical record;
   ~~6.~~b. ~~Information in a participant's medical record is disclosed to an individual not authorized under subsection (A)(5) only~~ If the individual is not authorized according to policies and procedures, with the written consent of ~~a~~ the participant or the patient's representative, or
   c. ~~as~~ As permitted by law; and

~~7.~~6. A participant's medical record is protected from loss, damage, or unauthorized use.

B. If a substance abuse transitional agency maintains ~~participant's~~ participants' 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 ~~participant's~~ medical record is recorded by the computer's internal clock.

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

1. Participant information that includes:

a. The participant's name;

b. The participant's address;

c. The participant's date of birth; and

~~d. The name and contact information of the participant's representative, if applicable; and~~

~~e.~~d. Any known allergies including medication allergies;

2. A participant's presenting behavioral health issue;

3. Documentation of general consent~~,~~ and, if applicable, informed consent~~,~~ for treatment by the participant or the participant's representative, except in an emergency;

4. If applicable, the name and contact information of the participant's representative and:

a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or

b. If the participant's representative:

i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or

ii. Is a legal guardian, a copy of the court order establishing guardianship;

~~4.~~5. Documentation of medical history and results of a physical examination;

6. The date of admission and, if applicable, date of discharge;

~~5.~~7. Orders;

~~6.~~8. Assessment;

~~7.~~9. Progress notes;

~~8.~~10. Documentation of substance abuse transitional agency services provided to the participant;

11. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;

~~9.~~12. ~~Disposition~~ The disposition of the participant upon discharge;

~~10.~~13 ~~Discharge~~ The discharge plan;

~~11.~~14 A discharge summary, if applicable; and

~~12.~~15. Documentation of a medication administered to a ~~participate~~ participant 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~~ evaluation of the participant's pain before administering the medication, and

ii. The effect of the medication administered;

d. For a psychotropic medication:

i. An ~~assessment~~ evaluation of the participant's behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The signature of the individual administering ~~or observing the self-administration of~~ the medication; and

f. Any adverse reaction a participant has to the medication.

~~R9-10-1412.~~R9-10-1411. Behavioral Health Services

A. An administrator shall ensure that counseling is:

1. Offered as described in the substance abuse transitional facility's scope of services,

2. Provided according to the frequency and number of hours identified in the participant's ~~treatment plan~~ assessment, and

3. Provided by a behavioral health professional.

B. An administrator shall ensure that:

1. A behavioral health professional providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and

2. Each counseling session is documented in a participant's medical record to include:

a. The date of the counseling session;

b. The amount of time spent in the counseling session;

c. Whether the counseling was individual counseling, family counseling, or group counseling;

d. The treatment goals addressed in the counseling session; and

e. The signature of the personnel member who provided the counseling and the date signed.

~~C. An administrator of a facility that provides behavioral health services to individuals under 18~~

years of age shall ensure that:

1. A participant does not receive the following from other participants at the facility:
    a. Threats,
    b. Ridicule,
    c. Verbal harassment,
    d. Punishment, or
    e. Abuse; and
2. The interior of the facility has furnishings and decorations appropriate to the ages of the participant receiving services at the facility.

D. An administrator shall ensure that an emergency safety response is:

1. Only used:
    a. By a personnel member trained to use an emergency safety response,
    b. For the management of a participant's violent or self-destructive behavior, and
    c. When less restrictive interventions have been determined to be ineffective;
2. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated; and
3. Documented as follows:
    a. Within 24 hours after an emergency safety response is used for a participant, the following information is entered into the participant medical record:
        i. The date and time the emergency safety response was used;
        ii. The name of each personnel member who used an emergency safety response;
        iii. The specific emergency safety response used;
        iv. Personnel member or participant behavior, event, or environmental factor that caused the need for the emergency safety response; and
        v. Any injury that resulted from the emergency safety response;
    b. Within 10 working days after an emergency safety response is used for a participant, the administrator or clinical director reviews the information in subsection (D)(3)(a); and
    c. After the review required in subsection (D)(3)(b), the following information is entered into the participant's medical record:
        i. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the participant;
        ii. A determination of whether the participant is appropriately placed at the

~~facility; and~~

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

~~E. An administrator shall ensure that a personnel member whose job description includes the ability to use an emergency safety response completes training in crisis intervention:~~

~~1. Before providing behavioral health services, and~~

~~2. At least once every 12 months after the date the personnel member completed the initial training.~~

~~R9-10-1413.~~R9-10-1412. Medication Services

A. If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:

1. Include:
   a. A process for providing information to a participant about medication prescribed for the participant 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~~ reaction to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner ~~and~~ to ensure the medication regimen meets the participant's needs;
   d. Procedures for documenting medication ~~services~~ administration and assistance in the self-administration of medication;
   e. Procedures for assisting a participant in obtaining medication; and
   f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and

b. An adverse reaction to a medication~~;~~.

B. If a substance abuse transitional facility provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:
   a. Are reviewed and approved by a medical practitioner;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a participant only as prescribed;
   d. ~~A~~ Cover the documentation of a participant's refusal to take prescribed medication ~~is documented~~ in the participant's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a participant:
   a. Is administered in compliance with an order, and
   b. Is documented in the participant's medical record. ~~and~~

~~4. If pain medication is administered to a participant, documentation in the participant's medical record includes:~~

~~a. An identification of the participant's pain before administering the medication, and~~

~~b. The effect of the pain medication administered.~~

C. If a substance abuse transitional facility provides assistance in the self-administration of medication, an administrator shall ensure that:

1. A participant's medication is stored by the substance abuse transitional facility;
2. The following assistance is provided to a participant:
   a. A reminder when it is time to take the medication;
   b. Opening the medication container for the participant;
   c. Observing the participant while the participant removes the medication from the container;
   d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
      i. The participant taking the medication is the individual stated on the medication container label,

ii. The participant is taking the dosage of the medication ~~is the same as~~ stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and

iii. The ~~medication is being taken by the~~ participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or

e. Observing the participant while the participant 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 assistance 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~~ The process for notifying the appropriate entities when an emergency medical intervention is needed;

5. A personnel member, other than a medical practitioner or ~~a~~ registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and

6. Assistance ~~with~~ in the self-administration of medication provided to a participant:

a. Is in compliance with an order, and

b. Is documented in the participant's medical record.

D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members, and

2. A current toxicology reference guide is available for use by personnel members.

E. When medication is stored at the substance abuse transitional facility, an administrator shall ensure that:

1. ~~There is~~ Medication is stored in a separate locked room, closet, or self-contained unit

used only for medication storage ~~that includes a lockable door~~;

2. ~~If medication is stored in separate room or closet, a locked cabinet is used for medication storage;~~

~~3.~~ Medication is stored according to the instructions of the medication container; and

~~4.~~3. 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 participants who received recalled medication;

d. Storing, inventorying, and dispensing controlled substances; and

e. Documenting the maintenance of a medication requiring refrigeration.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a participant's adverse reaction to a medication to the medical practitioner who ordered the medication and~~, if applicable, the facility's clinical director~~ the registered nurse required in R9-10-1405(I)(6).

~~R9-10-1414.~~R9-10-1413. Food Services

A. An administrator shall ensure that:

1. If a substance abuse transitional facility has a licensed capacity of more than 10 participants~~,~~:

a. ~~food~~ Food services are provided in compliance with 9 A.A.C. 8, Article 1; and

~~2.~~b. A copy of the substance abuse transitional facility's food establishment license or permit required ~~in~~ according to subsection (A)(1) is maintained ~~provided to the Department for review upon the Department's request~~;

~~3.~~2. If a substance abuse transitional facility contracts with a food establishment, as ~~defined~~ established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility~~,~~:

a. ~~a~~ A copy of the contracted food establishment's license or permit is~~: Maintained on the facility's premises~~ maintained by the substance abuse transitional facility~~,~~; and

b. ~~Provided to the Department for review upon the Department's request~~ The substance abuse transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant;

~~4.~~3. A registered dietitian is employed full-time, part-time, or as a consultant; and

~~5.~~4. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the participants.

B. A registered dietitian or director of food services shall ensure that:

1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a participant such as cut, chopped, ground, pureed, or thickened;
2. A food menu is:
   a. ~~prepared~~ Prepared at least one week in advance,
   b. ~~and conspicuously~~ Conspicuously posted, and
   c. Maintained for at least 60 calendar days after the last day inclided in the food menu;
3. 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;
4. Meals and snacks provided by the substance abuse transitional facility are served according to posted menus;
5. Meals and snacks for each day are planned using the applicable ~~meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm incorporated~~ guidelines in http://www.health.gov/dietaryguidelines/2010.asp;
6. A participant is provided:
   a. A diet that meets the participant's nutritional needs as specified in the participant's assessment ~~or treatment plan~~;
   b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(6)(d);
   c. The option to have a daily evening snack identified in subsection (B)(6)(d)(ii) or other snack; and
   d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      i. The participant agrees; and
      ii. The participant is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
7. A participant requiring assistance to eat is provided with assistance that recognizes the

participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and

8. Water is available and accessible to participants at all times, unless otherwise stated in a participant's ~~treatment plan~~ assessment.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
   a. Foods requiring refrigeration are maintained at 41° F or below; and
   b. ~~Cooked to the following temperatures~~ 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 any food containing ground beef are cooked to heat all parts of the food to at least ~~160°~~ 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 ~~160°~~ 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 ~~145° F for 15 seconds~~ 155° F; ~~and~~
      v. If the facility serves a population that is not a highly susceptible population, rare roast beef ~~can~~ may be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak ~~can~~ may be served cooked on both top and bottom to a surface temperature of at least 145° F; and
      ~~c.~~vi. Leftovers are reheated to a temperature of at least 165° F;
4. A refrigerator contains a thermometer, ~~located~~ accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

~~R9-10-1415.~~R9-10-1414. Emergency and Safety Standards

A. An administrator shall ensure that:

1. ~~A fire~~ An evacuation drill for employees and participants on the premises is conducted at least once every ~~three~~ six months on each shift;

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

   a. The date and time of the drill;

   b. The amount of time taken for all employees and participants to evacuate the substance abuse transitional facility;

   c. Any problems encountered in conducting the drill; and

   d. Recommendations for improvement, if applicable;

~~3. Records of employee and participant fire drills are maintained on the premises for 12 months after the date of the drill and include the date and time of the drill, names of employees participating in the drill, and identification of participants needing assistance for evacuation;~~

~~4. A written evacuation plan is developed and maintained on the premises;~~

~~5.~~3. An evacuation path is conspicuously posted on each hallway of each floor of the facility; ~~and~~

~~6.~~4. A ~~written~~ disaster ~~preparedness~~ plan is developed, documented, ~~and~~ maintained ~~on the premises~~ in a location accessible to personnel members, and, if necessary, implemented that includes:

   a. When, how, and where participants will be relocated;

   b. How ~~each~~ a participant's medical record will be available to ~~personnel~~ individuals providing services to the participant during a disaster;

   c. A plan to ensure ~~each~~ a participant's medication will be available to administer to the participant during a disaster; and

   d. A plan for obtaining food and water for individuals present in the substance abuse transitional facility or the substance abuse transitional facility's relocation site during a disaster~~.~~;

5. The disaster plan required in subsection (A)(4) is reviewed at least once every 12 months;

6. Documentation of a disaster plan review required in subsection (A)(5) 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; and

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

B. An administrator shall ensure that:

1. A fire inspection is conducted by a local fire department or the State Fire Marshal before initial licensing and according to the time-frame established by the local fire department or the State Fire Marshal,
2. Any repairs or corrections stated on the fire inspection report are made, and
3. Documentation of a current fire inspection is maintained.

~~R9-10-1416.~~R9-10-1415. Environmental Standards

A. An administrator shall ensure that:

1. The premises and equipment are sufficient to accommodate the activities, treatment, and ancillary services stated in the substance abuse transitional facility's scope of services;
2. The ~~facility~~ premises and equipment are:
   a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment,
   b. Clean, and
   c. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
3. A pest control program is implemented and documented;
4. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to A.A.C. Title 18, Chapter 13, Article 14 and ~~facility~~ policies and procedures;
5. Equipment used at the facility is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in ~~facility~~ policies and procedures; and
   c. Used according to the manufacturer's recommendations;
6. Documentation of equipment testing, calibration, and repair is maintained for ~~one year~~ at least 12 months after the date of the testing, calibration, or repair;
7. Garbage and refuse are:
   a. Stored in plastic bags in covered containers, and
   b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the facility at a temperature between ~~68°~~ 70° F ~~to~~ and ~~85°~~ 84° F at all times;

9. A space heater is not used;

10. Common areas:

    a. ~~are~~ Are lighted to assure the safety of participants, and

    b. Have lighting sufficient to allow personnel members to monitor participant activity;

11. Hot water temperatures are maintained between 95° F and 120° F in the areas of ~~a~~ the substance abuse transitional facility used by participants;

12. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;

13. Soiled linen and soiled clothing stored by the substance abuse transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;

14. Oxygen containers are secured in an upright position;

15. Poisonous or toxic materials stored by the substance abuse transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;

16. Combustible or flammable liquids and hazardous materials stored by the substance abuse transitional facility are stored in the original labeled containers or safety containers in a locked ~~storage~~ area ~~that is locked and~~ inaccessible to participants;

17. If a ~~non-municipal~~ water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:

    a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coli form or *E. coli* bacteria;

    b. ~~and~~ If necessary, corrective action is taken to ensure the water is safe to drink~~.~~; and

    ~~b.~~c. Documentation of testing is retained for ~~two years~~ at least 12 months after the date of the test; and

18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:

1. Smoking or the use of tobacco products ~~are~~ is not permitted within a substance abuse transitional facility; and

2. Smoking ~~or~~ tobacco products may be permitted on the premises outside a substance abuse transitional facility if:

a. Signs designating smoking areas are conspicuously posted, and

b. Smoking is prohibited in areas where combustible materials are stored or in use.

~~C. An administrator shall ensure that:~~

~~1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and~~

~~2. A facility has:~~

~~a. A room that provides privacy for a participant to receive treatment or visitors; and~~

~~b. A common area and a dining area that:~~

~~i. Are not converted, partitioned, or otherwise used as a sleeping area; and~~

~~ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.~~

~~D. An administrator shall ensure that:~~

~~1. For every six participants, there is at least one working toilet that flushes and one sink with running water;~~

~~2. For every eight participants, there is at least one working bathtub or shower;~~

~~3. A participant bathroom provides privacy when in use and contains:~~

~~a. A shatter-proof mirror;~~

~~b. A window that opens or another means of ventilation; and~~

~~c. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;~~

~~4. Each participant is provided a bedroom for sleeping; and~~

~~5. A participant bedroom complies with the following:~~

~~a. Is not used as a common area;~~

~~b. Contains a door that opens into a hallway, common area, or outdoors;~~

~~c. In addition to the door in subsection (D)(5)(b) contains another means of egress;~~

~~d. Is constructed and furnished to provide unimpeded access to the door;~~

~~e. Has window or door covers that provide participant privacy;~~

~~f. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;~~

~~g. Has floor to ceiling walls:~~

~~h. Is a:~~

~~i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or~~

~~ii. Shared bedroom that:~~

~~(1) Is shared by no more than eight participants;~~

~~(2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and~~

~~(3) Provides at least three feet of floor space between beds or bunk beds;~~

~~i. Contains for each participant occupying the bedroom:~~

~~i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and~~

~~ii. Individual storage space for personnel effects and clothing such as a dresser or chest; and~~

~~j. Has sufficient lighting for participant occupying the bedroom to read.~~

~~R9-10-1417.~~R9-10-1416. Physical Plant Standards

A. An administrator shall ensure that a substance abuse transitional facility has:

1. ~~Has a~~ A fire alarm system installed according to the National Fire Protection Association 72: ~~National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a)~~ National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 ~~standards~~ Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
2. ~~Has an~~ An alternative method to ensure participant safety that is documented and approved by the local jurisdiction.

~~B. An administrator shall obtain a fire inspection of the facility conducted according to the time-frame established by the local fire department or the State Fire Marshal and make any repairs or corrections stated on the inspection report.~~

~~C. An administrator shall maintain a current fire inspection report on the premises.~~

B. An administrator shall ensure that:

1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and
2. A substance abuse transitional facility has:
   a. A room that provides privacy for a participant to receive treatment or visitors;

and

b. A common area and a dining area that:

i. Are not converted, partitioned, or otherwise used as a sleeping area; and

ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.

C. An administrator shall ensure that:

1. For every six participants, there is at least one working toilet that flushes and one sink with running water;

2. For every eight participants, there is at least one working bathtub or shower;

3. A participant bathroom provides privacy when in use and contains:

a. A shatter-proof mirror;

b. Toilet tissue for each toilet;

c. Soap accessible from each sink;

d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one participant;

e. A window that opens or another means of ventilation; and

f. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;

4. Each participant is provided a bedroom for sleeping; and

5. A participant bedroom complies with the following:

a. Is not used as a common area;

b. Except as provided in subsection (D):

i. Contains a door that opens into a hallway, common area, or outdoors; and

ii. In addition to the door in subsection (C)(5)(b)(i), contains another means of egress;

c. Is constructed and furnished to provide unimpeded access to the door;

d. Has window or door covers that provide participant privacy;

e. Except as provided in subsection (D), is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;

f. Has floor to ceiling walls:

g. Is a:

i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or

ii. Shared bedroom that, except as provided in subsection (D):

(1) Is shared by no more than eight participants;

(2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and

(3) Provides at least three feet of floor space between beds or bunk beds;

h. Except as provided in subsection (D), contains for each participant occupying the bedroom:

i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and

ii. Individual storage space for personnel effects and clothing such as a dresser or chest; and

i. Has sufficient lighting for participant occupying the bedroom to read.

D. An administrator of a substance abuse transitional facility that uses a building that was licensed as a rural substance abuse transitional center before October 1, 2013 shall ensure that:

1. A bedroom has a door that allows egress from the bedroom,

2. A shared bedroom contains enough space to allow each participant occupying the bedroom to freely move about the bedroom,

3. A bed is of a sufficient size to accommodate a participant using the bed and provide space for all parts of the participant's body on the bed's mattress, and

4. A participant is provided storage space on a substance abuse transitional facility's premises that is accessible to the participant.

R9-10-1417. Renumbered

ARTICLE 16. BEHAVIORAL HEALTH RESPITE HOMES

R9-10-1601. Definitions

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

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual receives services from a provider in a behavioral health respite home.

2. "Provider" means an individual who lives in a behavioral health respite home and ensures that a recipient receives the behavioral health services and ancillary services in the recipient's treatment plan.

3. "Recipient" means an individual referred by a collaborating health care institution to and accepted by a behavioral health respite home.

4. "Release" means a documented termination of services by a provider to a recipient that is authorized by a collaborating health care institution.

5. "Sibling" means one of two or more individuals having one or both parents in common.

R9-10-1602. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department, the following information for the behavioral health respite home's collaborating health care institution:

1. Name,

2. Address,

3. Class or subclass,

4. License number, and

5. Name and contact information for an individual assigned by the collaborating health care institution to monitor the behavioral health respite home.

~~**R9-10-1602.**~~**R9-10-1603. Administration**

~~A. A provider:~~

~~1. Is at least 21 years of age;~~

~~2. Resides in the behavioral health supportive home;~~

~~3. Is the governing authority of the behavioral health supportive home;~~

~~4. Has a written agreement with a collaborating health care institution;~~

~~5. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of residents;~~

~~6. Has the skills and knowledge established by the collaborating health care institution in R9-10-117;~~

~~7. Has documentation of completion of training in assistance in the self-administration of medication in R9-10-117;~~

~~8. Has documentation of evidence of freedom from infectious tuberculosis as specified in R9-10-112; and~~

~~9. Shall ensure that:~~

~~a. Except as provided in R9-10-1608(A), there are only three residents admitted to a behavioral health supportive home; and~~

~~b. Documentation required by this Article is provided to the Department within two hours after a Department request.~~

~~B. There may be up to two providers for a behavioral health supportive home. If there are two providers, the Department shall issue the behavioral health supportive home license to both providers.~~

A. A governing authority of a behavioral health respite home:

1. Consists of no more than two providers, who live in the behavioral health respite home;
2. Has the authority and responsibility to manage the behavioral health respite home;
3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the behavioral health respite home and the collaborating health care institution, consistent with the requirements in this Chapter;
4. Shall establish, in writing, the behavioral health respite home's scope of services, which are approved by the collaborating health care institution; and
5. Shall ensure that:
   a. No more than three recipients are accepted by the behavioral health respite home;
   b. A provider is on the premises whenever a recipient is present in the behavioral health respite home;
   c. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   d. When documentation or information is required by this Chapter to be submitted on behalf of the behavioral health respite home, the documentation or information is provided to the unit in the Department that is responsible for licensing the behavioral health respite home.

B. A provider:

1. Is at least 21 years of age;
2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of recipients;
3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
5. Has documentation of evidence of freedom from infectious tuberculosis:

a. On or before the date the provider begins providing services at or on behalf of the behavioral health respite home, and

b. As specified in R9-10-113.

C. A provider shall ensure that policies and procedures are:

1. Established, documented, and implemented to protect the health and safety of a recipient that cover:

a. Recordkeeping;

b. Recipient acceptance and release;

c. The release of a recipient under 18 years of age to an individual other than the recipient's parent or guardian;

d. Recipient rights;

e. The provision of respite care services, including coordinating the provision of behavioral health services;

f. Recipients' medical records, including electronic medical records;

g. Assistance in the self-administration of medication;

h. Infection control; and

i. How a provider will respond to a recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;

2. Approved, in writing, by the behavioral health respite home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and

3. Reviewed by the provider and the behavioral health respite home's collaborating health care institution at least once every three years and updated as needed.

~~C.~~D. A provider shall provide written notification to the Department and the collaborating health care institution of a recipient's:

1. ~~If a resident's~~ Death, if the recipient's death is required to be reported according to A.R.S. § 11-593, within one working day after the ~~resident's~~ recipient's death; and

2. ~~Within~~ Self-injury, within two working days after a ~~resident~~ recipient inflicts a self-injury ~~or has an accident~~ that requires immediate intervention by an emergency medical services provider.

~~D.~~E. If abuse, neglect, or exploitation of a ~~resident~~ recipient is alleged or suspected to have occurred before the ~~resident~~ recipient was ~~admitted~~ accepted or while the ~~resident~~ recipient is not ~~on the premises~~ at a behavioral health respite home and not receiving services from ~~a provider~~ the

behavioral health respite home, a provider shall ~~immediately~~ report the alleged or suspected abuse, neglect, or exploitation of the ~~resident~~ recipient as follows:

1. For a ~~resident~~ recipient 18 years of age or older, according to A.R.S. § 46-454; or
2. For a ~~resident~~ recipient under 18 years of age, according to A.R.S. § 13-3620.

~~E.~~F. If a provider has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation ~~of a resident is alleged or suspected to have~~ has occurred on the premises or while ~~the resident~~ a recipient is receiving behavioral health respite home services ~~from a provider~~, the provider shall:

1. If applicable, ~~Take~~ take immediate action to stop the ~~alleged or~~ suspected abuse, neglect, or exploitation;
2. ~~Immediately report~~ Report the ~~alleged or~~ suspected abuse, neglect, or exploitation of the ~~resident~~ recipient as follows:
    a. To the behavioral health respite home's collaborating health care institution; and
    ~~a.~~b. For a ~~resident~~:
        i. Recipient 18 years of age or older, according to A.R.S. § 46-454; ~~or~~ and
        ~~c.~~ii. ~~For a resident~~ Recipient under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
    a. ~~the~~ The suspected abuse, neglect, or exploitation;
    b. Any action ~~in~~ taken according to subsection ~~(E)(1)~~ (F)(1); and
    c. ~~the~~ The report in subsection ~~(E)(2)~~ (F)(2);
4. ~~and maintain~~ Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
~~4.~~5. ~~Investigate~~ Initiate an investigation of the ~~alleged or~~ suspected abuse, neglect, or exploitation ~~and develop a written report of the investigation~~ and document the following information within five working days after the report required in subsection ~~(E)(2)~~ (F)(2) that includes:
    a. ~~Dates~~ The dates, times, and description of the ~~alleged or~~ suspected abuse, neglect, or exploitation;
    b. ~~Description~~ A description of any injury to the ~~resident~~ recipient related to the suspected abuse or neglect and any change to the ~~resident's~~ recipient's physical, cognitive, functional, or emotional condition;
    c. ~~Names~~ The names of witnesses to the ~~alleged or~~ suspected abuse, neglect, or exploitation; and

d. ~~Actions~~ The action taken by the ~~administrator~~ provider to prevent the ~~alleged or~~ suspected abuse, neglect, or exploitation from occurring in the future; and

~~5. Submit a copy of the investigation report required in subsection (E)(4) to the Department within 10 working days after submitting the report in subsection (E)(2); and~~

6. Maintain a copy of the ~~investigation report~~ documented information required in subsection ~~(E)(4)~~ (F)(5) and any other information obtained during the investigation for at least 12 months after the date ~~of~~ the investigation ~~report~~ was initiated.

G. A provider shall ensure that a recipient under 18 years of age is only released to an individual who, according to policies and procedures:

1. Is designated by the recipient's parent or guardian to release the recipient, and
2. Presents documentation at the time of the recipient's release that verifies the individual's identity.

H. A provider shall maintain a record for each provider that includes:

1. The provider's:
   a. Name,
   b. Date of birth, and
   c. Contact telephone number; and
2. Documentation of:
   a. Verification of skills and knowledge completed by the behavioral health respite home's collaborating health care institution,
   b. Certification in cardiopulmonary resuscitation and first aid training,
   c. Completion of training in assistance in the self-administration of medication, provided by the behavioral health respite home's collaborating health care institution, and
   d. Evidence of freedom from infectious tuberculosis.

~~R9-10-1603.~~R9-10-1604. ~~Resident~~ Recipient Rights

A. A provider shall ensure that:

1. A ~~resident~~ recipient is treated with dignity, respect, and consideration;
2. A ~~resident~~ recipient is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;

f. Sexual abuse;

g. Sexual assault;

h. Seclusion;

i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;

j. Retaliation for submitting a complaint to the Department or another entity; or

k. Misappropriation of personal and private property by:

i. A behavioral health ~~supportive~~ respite home's provider, or

ii. An individual other than a ~~resident~~ recipient residing in the behavioral health ~~supportive~~ respite home; and

3. A ~~resident~~ recipient or the ~~resident's~~ recipient's representative:

a. Is informed of the ~~resident~~ recipient complaint process;

b. Consents to photographs of the ~~resident~~ recipient before ~~a resident~~ the recipient is photographed except that ~~a resident~~ the recipient may be photographed when accepted by a behavioral health ~~supportive~~ respite home for identification and administrative purposes; and

c. Except as otherwise permitted by law, provides written consent to the release of the ~~resident's:~~ recipient's medical record.

~~i. Medical records, and~~

~~ii. Financial records.~~

B. A ~~resident~~ recipient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;

2. To receive services that support and respect the ~~resident's~~ recipient's individuality, choices, strengths, and abilities;

3. To receive privacy in care for personal needs;

4. To review, upon written request, the ~~resident's~~ recipient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;

5. To receive a referral to another health care institution if the provider is ~~unable~~ not authorized or not able to provide physical health services or behavioral health services for the ~~resident~~ recipient; and

6. To receive assistance from a family member, recipient's representative, or other individual in understanding, protecting, or exercising the ~~resident's~~ recipient's rights.

~~R9-10-1604.~~R9-10-1605. Providing Services

A. A provider shall ensure that behavioral health services and ancillary services are provided to a ~~resident~~ recipient according to the ~~resident's assessment or~~ recipient's treatment plan obtained from ~~a~~ the behavioral health respite home's collaborating health care institution.

B. A provider shall submit to the behavioral health respite home's collaborating health care institution and, if applicable, the recipient's case manager:

1. ~~documentation~~ Documentation of any significant change in a ~~resident's~~ recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the ~~resident's~~ recipient's changing needs ~~to the resident's case manager and a collaborating health care institution.~~; and
2. Notification of a recipient's unexpected self-release.

~~R9-10-1605.~~R9-10-1606. Assistance in the Self-Administration of Medication

A. If a provider provides assistance in the self-administration of medication, the provider shall ensure that:

1. If a ~~resident~~ recipient is receiving assistance in the self-administration of medication, the ~~resident's~~ recipient's medication is stored by the provider;
2. The following assistance is provided to a ~~resident~~ recipient:
   a. A reminder when it is time to take the medication;
   b. Opening the medication container or medication organizer for the ~~resident~~ recipient;
   c. Observing the ~~resident~~ recipient while the ~~resident~~ recipient removes the medication from the medication container or medication organizer;
   d. Verifying that the medication is taken as ordered by the ~~resident's~~ recipient's medical practitioner by confirming that:
      i. The ~~resident~~ recipient 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~~ recipient at the time stated on the medication container label; or
   e. Observing the ~~resident~~ recipient while the ~~resident~~ recipient takes the medication; and
3. Assistance ~~with~~ in the self-administration of medication provided to a ~~resident~~ recipient is documented in the ~~resident's~~ recipient's medical record.

B. When medication is stored by a provider, the provider shall ensure that:

1. A locked cabinet, closet, or self-contained unit is used for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Medication, including expired medication, that is no longer being used is discarded.

C. A provider shall immediately report a medication error or a ~~resident's~~ recipient's adverse reaction to a medication to the ~~medical~~:

1. Medical practitioner who ordered the medication, or
2. Contact individual at the behavioral health respite home's collaborating health care institution.

~~R9-10-1606.~~R9-10-1607. ~~Resident~~ Recipient Records

A. A provider shall ensure that:

1. A medical record is established and maintained for each ~~resident~~ recipient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a ~~resident's~~ recipient's medical record is:
   a. Only recorded by the provider or an individual designated by the provider to record an entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. A recipient's medical record is available to an individual:
   a. Authorized by policies and procedures to access the recipient's medical record;
   ~~3.~~ b. ~~Information in a resident's medical record is disclosed to an individual only~~ If the individual is not authorized according to policies and procedures with the written consent of ~~a resident~~ the recipient or the ~~resident's~~ recipient's representative ~~or as permitted by law~~; ~~and~~ or
   c. As permitted by law; and
4. A ~~resident's~~ recipient's medical record is protected from loss, damage, or unauthorized use.

B. If a provider maintains ~~resident~~ recipients' medical records electronically, the provider shall ensure that~~:~~

~~1.~~ ~~Safeguards~~ 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. A provider shall ensure that a ~~resident's~~ recipient's medical record contains:

1. ~~Resident~~ Recipient information that includes:
   a. The ~~resident's~~ recipient's name~~;~~,

b. The ~~resident's~~ recipient's date of birth~~;, and~~

~~c. The name and contact information of the recipient's representative, if applicable;~~

c. Any known allergies, and

d. Medication information for the recipient;

2. The names, addresses, and telephone numbers of:

a. The ~~resident's~~ recipient's ~~primary care provider~~ medical practitioner;

b. The ~~resident's~~ recipient's case manager, if applicable;

c. The ~~resident's~~ behavioral health professional assigned to the recipient by the behavioral health respite home's collaborating health care institution; and

d. An individual to be contacted in the event of an emergency~~, significant change in the resident's condition, or termination of residency~~;

3. ~~Date~~ The date and time of the ~~resident's admission to the behavioral health supportive home~~ recipient's acceptance by the behavioral health respite home and, if applicable, the date and time of the recipient's release from the behavioral health respite home;

~~4. Documentation of freedom from infectious tuberculosis;~~

4. If applicable, the name and contact information of the recipient's representative and:

a. If the recipient is 18 years of age or older or an emancipated minor, the document signed by the recipient consenting for the recipient's representative to act on the recipient's behalf; or

b. If the recipient's representative:

i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or

ii. Is a legal guardian, a copy of the court order establishing guardianship;

5. A copy of the ~~resident's assessment or~~ recipient's treatment plan and any updates to the ~~resident's assessment or~~ recipient's treatment plan obtained from ~~a~~ the behavioral health respite home's collaborating health care institution;

6. ~~Documentation of a medication for which the recipient received assistance in the self-administration of the medication~~ For a recipient receiving assistance in the self-administration of medication, documentation that includes for each medication:

a. The date and time of assistance;

b. The name, strength, dosage, and route of administration;

c. The provider's signature or first and last initials; and

d. Any adverse reaction ~~a resident~~ the recipient has to the medication;

7. Documentation of the ~~resident's~~ the recipient's refusal of a medication, if applicable;

8. Documentation of any significant change in ~~a resident's~~ the recipient's behavior~~,~~ or physical, cognitive, or functional condition and the action taken by a provider to address the ~~resident's~~ recipient's changing needs; ~~and~~

9. If applicable, documentation of any actions taken to control the recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;

10. If applicable, documentation of a notification to the behavioral health respite home's collaborating health care institution of an unexpected self-release of the recipient; and

~~9.~~11. A written notice of ~~termination of residency~~ release from the behavioral health respite home, if applicable.

~~R9-10-1607.~~R9-10-1608. Food Services

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a ~~resident~~ recipient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a ~~resident~~ recipient as prescribed by the ~~resident's~~ recipient's physician or registered dietitian; and
5. Chemicals and detergents are not stored with food.

~~R9-10-1608.~~R9-10-1609. Emergency and Safety Standards

A provider shall ensure that:

1. ~~There is a~~ A first aid kit is available at a behavioral health ~~supportive~~ respite home sufficient to meet the needs of recipients;
2. If a firearm or ammunition for a firearm is stored at a behavioral health ~~supportive~~ respite home:
    a. The firearm is stored separate from the ammunition for the firearm; and
    b. The firearm and the ammunition for the firearm are:
        i. Stored in a locked closet, cabinet, or container; and
        ii. Inaccessible to a ~~resident~~ recipient;
3. A smoke detector is installed in:
    a. A bedroom used by a ~~resident~~ recipient,
    b. A hallway in a behavioral health ~~supportive~~ respite home, and
    c. A behavioral health ~~supportive~~ respite home's kitchen;

4. A smoke detector required in subsection (3):
   a. Is maintained in operable condition; and
   b. Is battery operated or, if hard-wired into the electrical system of a behavioral health ~~supportive~~ respite home, has a back-up battery;
5. A behavioral health ~~supportive~~ respite home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the behavioral health ~~supportive~~ respite home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
   a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
   b. Serviced at least every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is ~~conspicuously posted~~ maintained and available for use by the provider and any recipient in a behavioral health ~~supportive~~ respite home;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least ~~two years~~ 12 months after the date of the ~~fire~~ evacuation drill.

~~R9-10-1609.~~R9-10-1610. Environmental Standards

A. A provider shall ensure that a behavioral health ~~supportive~~ respite home:
1. Is in a building that:
   a. ~~Has a residential occupancy according to the local zoning jurisdiction~~ Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
   b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a ~~resident~~ recipient;
2. Has a living room accessible at all times to a ~~resident~~ recipient;
3. Has a dining area furnished for group meals that is accessible to the provider, ~~residents~~ recipients, and any other individuals present in the behavioral health ~~supportive~~ respite home;
~~4.~~ ~~Has:~~
   ~~a. At least one bathroom for each six individuals residing in the behavioral health respite home, including recipients; and~~
   ~~b. A bathroom with a working toilet that flushes and a sink with running water accessible for use by a recipient;~~

4. For each six individuals residing in the behavioral health respite home, including recipients, has at least one bathroom equipped with:
    a. A working toilet that flushes and has a seat; and
    b. A sink with running water accessible for use by a recipient;
5. Has equipment and supplies to maintain a ~~resident's~~ recipient's personal hygiene accessible to the ~~resident~~ recipient;
6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
7. ~~Has~~ Implements a pest control program ~~that is implemented and documented~~ to minimize the presence of insects and vermin at the behavioral health respite home.

B. A provider shall ensure that any pets or other animals allowed on the premises are:
1. ~~do not endanger the health or safety of a resident~~ Controlled to prevent endangering a recipient and to maintain sanitation;
2. Licensed consistent with local ordinances; and
3. For a dog or cat, vaccinated against rabies.

C. If a swimming pool is located on the premises, a provider shall ensure that:
1. The swimming pool is equipped with the following:
    a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
        i. A removable strainer,
        ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
        iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    b. An operational ~~vacuum~~ cleaning system;
2. The swimming pool is enclosed by a wall or fence that:
    a. Is at least five feet in height as measured on the exterior of the wall or fence;
    b. Has no vertical openings greater that four inches across;
    c. Has no horizontal openings, except as described in subsection (C)(2)(e);
    d. Is not chain-link;
    e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    f. Has a self-closing, self-latching gate that:
        i. Opens away from the swimming pool,
        ii. Has a latch located at least ~~five feet~~ 54 inches from the ground, and

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

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

D. A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.

~~R9-10-1610.~~R9-10-1611. Adult Behavioral Health ~~Therapeutic Home~~ Respite Services

~~A. If a provider plans to be absent from an adult behavioral health therapeutic home for 24 hours or more, the provider shall ensure that a resident is transferred to an appropriate placement until the provider returns to the adult behavioral health therapeutic home.~~

~~B.~~ A provider shall ensure that:

1. A bedroom for use by a ~~resident~~ recipient:
   a. Is separated from a hall, corridors, or other habitable room by floor to ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
   b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
   ~~b.~~c. Contains for each ~~resident~~ recipient using the bedroom:
      i. A separate, ~~adult-size~~ adult-sized, single bed or larger bed with a clean mattress in good repair;
      ii. Clean bedding appropriate for the season; and
      iii. ~~An individual dresser and closet for storage of personal possessions and clothing~~ Storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers; and
      ~~iv. A mirror for grooming; and~~
   ~~c.~~d. If used for:
      i. Single occupancy, contains at least 60 square feet of floor space; or
      ii. Double occupancy, contains at least 100 square feet of floor space;
2. A mirror is available to a recipient for grooming;
~~2.~~3. A ~~resident~~ recipient does not share a bedroom with an individual who is not a ~~resident~~ recipient;
~~3.~~4. No more than two ~~residents~~ recipients share a bedroom;
~~4.~~5. If two ~~residents~~ recipients share a bedroom, each ~~resident~~ recipient agrees, in writing, to share the bedroom; and

~~5.~~ ~~A resident is allowed to have the resident's own furniture in the resident's bedroom unless the resident's furniture would interfere with safety precautions, violate a building or fire code, or interfere with another resident's use of the bedroom; and~~

6. A recipient's bedroom is not used to store ~~anything other than the furniture and articles used by the resident and the resident's belongings~~ anything that may be a hazard to the recipient or another individual.

~~R9-10-1611.~~R9-10-1612. Children's Behavioral Health Respite ~~Home~~ Services

A. A provider may provide children's behavioral health respite services ~~in a children's behavioral health respite home~~ for up to ~~4 residents~~ four recipients if at least two of the ~~residents~~ recipients are siblings.

B. For a ~~children's~~ behavioral health respite home that provides children's behavioral health respite services, a provider shall:

1. Have a valid fingerprint clearance card according to A.R.S. § 36-425.03; and
2. Ensure that:
   a. If an adult other that a provider is present in the ~~children's~~ behavioral health respite home, the provider supervises the adult when and where a ~~resident~~ recipient is present;
   ~~b. If an individual may present a threat to a resident based on the individual's developmental levels, social skills, verbal skills, and personal history, the provider supervises the individual when and where a resident is present;~~
   ~~c.~~b. A ~~resident~~ recipient does not share a bedroom with:
      i. An individual that, based on the other individual's developmental levels, social skills, verbal skills, and personal history, may present a threat to the ~~resident~~ recipient ~~or with an adult~~; ~~and~~
      ii. Except as provided in subsection (C), an adult; or
      iii. Except as provided in subsection (B)(2)(c), an individual that is not the same gender;
   ~~d.~~c. A ~~resident~~ recipient may share a bedroom with an individual that is not the same gender if the individual is the ~~resident's~~ recipient's sibling;
   ~~e.~~d. A bedroom used by a ~~resident~~ recipient:
      i. If the bedroom is a private bedroom, ~~the bedroom~~ contains at least 60 square feet of floor space, not including the closet; or
      ii. If the bedroom is a shared bedroom~~, the bedroom~~:

(1) Contains at least 100 square feet of floor space, not including a closet, for two individual occupying the bedroom or contains at least 140 square feet of floor space, not including a closet, for three individuals occupying the bedroom;

(2) If there are ~~4~~ four siblings occupying the bedroom, contains at least 140 square feet of floor space, not including a closet~~, with sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door~~; ~~and~~

(3) Provides ~~at least three feet of floor~~ space between beds or bunk beds; and

(4) Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;

iii. For a recipient under three years of age, may contain a crib;

iv. ~~Contains~~ Except for a recipient under three years of age who has a crib, contains a bed for the recipient that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and clean linens; and

~~iv.~~v. Contains individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;

~~f.~~e. Clean linens for a bed include a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, ~~bedspread,~~ waterproof mattress covers as needed, and blankets to ensure warmth and comfort of a ~~resident~~ recipient;

~~g.~~f. A ~~resident~~ recipient older than three years of age does not sleep in a crib;

~~h.~~g. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to recipients in a quantity sufficient to meet each recipient's needs and are appropriate to each recipient's age and developmental level; and

~~i.~~h. The following are stored in a labeled container separate from food storage areas and inaccessible to a ~~resident~~ recipient:

i. Materials and chemicals labeled as a toxic substance, and

ii. Substances that have a child warning label and may be a hazard to a ~~resident~~ recipient.

C. If a recipient is younger than 2 years of age and sleeps in a crib, the recipient may sleep in a crib placed in a provider's bedroom.

ARTICLE 17. UNCLASSIFIED HEALTH CARE INSTITUTIONS

R9-10-1702. Administration

A. A governing authority for a health care institution not otherwise classified or subclassified in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10 shall:

1. Consist of one or more individuals ~~accountable~~ responsible for the organization, operation, and administration of the health care institution;
2. Establish, in writing:
   a. A health care institution's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator~~, in writing,~~ who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1703;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1703 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. ~~Not expected~~ Expected not to be present on a health care institution's premises for more than 30 calendar days, or
   b. Not present on a health care institution's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425 when there is a change in an administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority of a health care institution for the daily operation of ~~a~~ the health care institution and ~~the~~ all services provided by or at the health care institution;
2. Has the authority and responsibility to manage the health care institution; and
3. Except as provided in subsection ~~(A)(7)~~ (A)(6), designates, in writing, an individual who is present on the health care institution's premises and ~~is available and~~ accountable for ~~the services provided by~~ the health care institution when the administrator is not present on the health care institution's ~~facility's~~ premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. ~~Include~~ Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers and students;
   c. Include how a personnel member may submit a complaint relating to services provided to a patient;
   d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   ~~d.~~e. Cover cardiopulmonary resuscitation training, including:
      i. The method and content of cardiopulmonary resuscitation training,
      ii. The qualifications for an individual providing cardiopulmonary resuscitation training,
      iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
   ~~e.~~f. Include a method to identify a patient to ensure the patient receives services as ordered;
   ~~f.~~g. Cover first aid training;
   ~~g.~~h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
   ~~h.~~i. Cover specific steps ~~and deadlines~~ for:
      i. A patient to file a complaint; and
      ii. The health care institution to respond to and resolve a patient complaint; ~~and~~
      ~~iii. The health care institution to obtain documentation of fingerprint clearance, if applicable;~~
   ~~i.~~j. Cover medical records, including electronic medical records;
   ~~j.~~k. Cover a quality management program, including incident report and supporting documentation;
   ~~k.~~l. Cover contracted services;
   ~~l.~~m. Cover health care directives; and

~~m.~~n. Cover when an individual may visit a patient in a health care institution;

2. Policies and procedures for health care institution services are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, and discharge, if applicable;
   b. Cover patient outings, if applicable;
   c. Include when general consent and informed consent are required;
   d. Cover the provision of services listed in the health care institution's scope of services;
   e. Cover administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances, if applicable;
   f. Cover infection control;
   g. Cover telemedicine, if applicable;
   h. Cover environmental services that affect patient care;
   i. Cover smoking and the use of tobacco products on the health care institution's premises;
   j. Cover how the health care institution will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
   k. Cover how incidents are reported and investigated; and
   l. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
3. Policies and procedures are reviewed at least once every ~~two~~ three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
   a. Documentation required by this Article is provided to the Department within two hours after the Department's request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of a health care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the health care institution.

D. If applicable, an administrator shall designate a clinical director who:

1. Provides direction for behavioral health services provided at the health care institution, and
2. Is a behavioral health professional.

E. An administrator shall provide written notification to the Department of a patient's:
1. Death, ~~If a~~ if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
2. Self-injury, ~~Within~~ within two working days after a patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

F. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a health care institution's employee or personnel member, an administrator shall ~~immediately~~ report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
2. For a patient ~~under~~ less than 18 years of age, according to A.R.S. § 13-3620;

G. ~~If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred on the premises or while the patient is receiving services from a health care institution's employee or personnel member, an administrator~~ If an administrator has a reasonable basis, according to A.R.S. § 13-3620 and 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving unclassified healthcare services, the administrator shall:
1. If applicable, ~~Take~~take immediate action to stop the ~~alleged or~~ suspected abuse, neglect, or exploitation;
2. ~~Immediately report~~ Report the ~~alleged or~~ suspected abuse, neglect, or exploitation of the patient:
    a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    b. For a patient 18 years of age, according to A.R.S. § 13-3620;
3. Document:
    a. ~~the~~ The suspected abuse, neglect, or exploitation;
    b. Any action ~~in~~ taken according to subsection (G)(1);; and
    c. ~~the~~ The report in subsection (G)(2);
4. ~~and maintain~~ Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
~~4.~~5. ~~Investigate~~ Initiate an investigation of the ~~alleged or~~ suspected abuse, neglect, or exploitation ~~and develop a written report of the investigation~~ and document the following information within ~~48 hours~~ five working days after the report required in (G)(2) that

includes:

a. ~~Dates~~The dates, times, and description of the ~~alleged or~~ suspected abuse, neglect, or exploitation;

b. ~~Description~~ A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;

c. ~~Names~~ The names of witnesses to the ~~alleged or~~ suspected abuse, neglect, or exploitation; and

d. ~~Actions~~ The action taken by the administrator to prevent the ~~alleged or~~ suspected abuse, neglect, or exploitation from occurring in the future; and

~~5. Submit a copy of the investigation report required in subsection (G)(4) to the Department within 10 working days after submitting the report in subsection (G)(2); and~~

6. Maintain a copy of the ~~investigation report~~ documented information required in subsection ~~(G)(4)~~(G)(5) and any other information obtained during the investigation for at least 12 months after the date ~~of~~ the investigation ~~report~~ was initiated.

H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, patient, or a patient's representative:

~~1. The patient rights listed in R9-10-1707~~,

~~2.~~1. The health care institution's current license,

~~3.~~2. The evacuation plan listed in ~~R9-10-1712~~ R9-10-1711, and

~~4.~~3. The location at which inspection reports required in R9-10-1712(B) are available for review or can be made available for review.

R9-10-1703. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:

a. A method to identify, document, and evaluate incidents;

b. A method to collect data to evaluate services provided to patients;

c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;

d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and

e. The frequency of submitting a documented report required in subsection (2) to

the governing authority;

2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to patient care, and
   b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-1704. Contracted Services

An administrator shall ensure that:

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

R9-10-1705. Personnel

A. An administrator shall ensure that:
   1. A personnel member is:
      a. ~~at~~ At least 21 years old, or
      b. Licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
   2. An employee is at least 18 years old,
   3. A student is at least 18 years old, and
   4. A volunteer is at least 21 years old.

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

provide the expected physical health services and behavioral health services listed in the established job description,

ii. The type and duration of education that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to ~~acquire~~ have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures;
3. ~~Personnel~~ Sufficient personnel members are present on a health care institution's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the health care institution's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient.

C. An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, employee, volunteer, and student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
4. A ~~director of nursing develops, documents, and implements a~~ plan to provide in-service education specific to the duties of a personnel member;
5. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the training, and
   c. The subject or topics covered in the training; and

6. A work schedule of each personnel member is developed and maintained at the health care institution for at least 12 months after the date of the work schedule.

D. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

a. On or before the date the individual begins providing services at or on behalf of the unclassified healthcare institution, and

b. ~~as~~ As specified in ~~R9-10-112~~ R9-10-113.

E. An administrator shall ensure that a ~~personnel~~ record ~~is maintained for each~~ for a personnel member, employee, volunteer, ~~and~~ or student ~~that contains~~is maintained that includes:

1. The individual's name, date of birth, ~~home address,~~ and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the individual's job duties;
   c. The individual's completed orientation and in-service education as required by policies and procedures;
   d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   e. If the health care institution provides serves to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
   f. Cardiopulmonary resuscitation training, if required for the individual according to ~~R9-10-703(C)(1)(d)~~ R9-10-1702(C)(2)(l);
   g. First aid training, if required for the individual according to this Article or policies and procedures; and
   h. Evidence of freedom from infectious tuberculosis, if the individual is required to provide evidence of freedom according to subsection ~~(E)~~(D).

F. An administrator shall ensure that personnel records are ~~maintained~~:

1. Maintained:
   a. Throughout an individual's period of providing services in or for the health care institution; and

~~2.~~b. For at least ~~two years~~ 24 months after the last date the individual provided services in or for the health care institution~~.~~; and

2. For a personnel member who has not provided physical health services or behavioral health services at or for the health care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.

G. An administrator shall ensure that at least one personnel member who is present at the health care institution during the hours of the health care institution operation has first-aid training and cardiopulmonary resuscitation certification specific to the populations served by the health care institution.

R9-10-1706. Transport; Transfer

A. Except ~~for a transport of a patient due to an emergency~~ as provided in subsection (B), an administrator shall ensure that:

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

B. Subsection (A) does not apply to:

1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a patient by the patient or the patient's representative,
3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative; or
4. A transport to another licensed health care institution in an emergency.

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

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
   a. An evaluation of the patient is conducted before the transfer~~,~~;

b. ~~Medical records~~ Information in the patient's medical record, including orders that are in effect at the time of the transfer, ~~are~~ is provided to a receiving health care institution~~.~~; and

c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and

3. Documentation in the patient's medical record includes:

a. Communication with an individual at a receiving health care institution;

b. The date and time of the transfer;

c. The mode of transportation; and

d. If applicable, ~~a~~ the name of the personnel member accompanying the patient during a transfer.

R9-10-1707. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;

2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and

3. Policies and procedures include:

a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and

b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;

2. A patient is not subjected to:

a. Abuse;

b. Neglect;

c. Exploitation;

d. Coercion;

e. Manipulation;

f. Sexual abuse;

g. Sexual assault;

h. Seclusion;

i. Restraint~~, if not necessary to prevent imminent harm to self or others~~;

j. Retaliation for submitting a complaint to the Department or another entity; or

k. Misappropriation of personal and private property by ~~a~~ the unclassified health care institution's personnel members, employees, volunteers, or students; and

3. A patient or the patient's representative:

a. Is informed of the patient complaint process;

b. Consents to photographs of the patient before a patient is photographed except that a patient may be photographed when admitted to a health care institution for identification and administrative purposes; and

c. Except as otherwise permitted by law, provides written consent to the release of the patient's:

i. Medical ~~records~~ record; ~~and~~ or

ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;

2. To receive services that support and respect the patient's individuality, choices, strengths, and abilities;

3. To receive privacy in care for personal needs;

4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;

5. To receive a referral to another health care institution if the provider is ~~unable~~ not authorized or not able to provide physical health services or behavioral health services for the patient; and

6. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-1708. Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;

2. An entry in a patient's medical record is:

a. Recorded only by a personnel member authorized by policies and procedures to make the entry;

b. Dated, legible, and authenticated; and

c. Not changed to make the entry illegible;

3. An order is:

a. Dated when the order is entered in the patient's medical record and includes the time of the order;

b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and

c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;

4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature;

5. A patient's medical record is available to ~~personnel members, medical practitioners, and behavioral health professionals~~ an individual:

a. ~~authorized by~~ Authorized according to policies and procedures to access the patient's medical record;

~~6.~~b. ~~Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only~~ If the individual is not authorized according to policies and procedures, with the written consent of ~~a~~ the patient or the patient's representative; or

c. ~~as~~ As permitted by law;

~~7.~~6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and

~~8.~~7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a health care institution maintains a patient'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 patient's medical record is recorded by the computer's internal clock.

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

1. Patient information that includes:

a. The patient's name;

b. The patient's address;

c. The patient's date of birth; and

~~d. The name and contact information of the patient's representative, if applicable;~~

~~and~~

~~e.~~d. Any known allergies including medication allergies;

2. The name of the admitting medical practitioner or behavioral health professional;

3. The date of admission and if applicable, the date of discharge.

~~3.~~4. An admitting diagnosis;

5. If applicable, the name and contact information of the patient's representative and:

a. If the patient is 18 years of age or older or an emanicapted minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf, or

b. If the patient's representative;

i. Is a legal guardian, a copy of the court order establishing guardianship; or

ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;

~~4.~~6. If applicable, ~~Documentation of~~ documented general consent~~,~~ and ~~if applicable~~ informed consent~~, for treatment~~ by the patient or the patient's representative;

~~5.~~7. Documentation of medical history and results of a physical examination;

~~6.~~8. A copy of the patient's health care directive, if applicable;

~~7.~~9. Orders;

~~8.~~10. Assessment;

~~9.~~11. Treatment plans;

~~10.~~12. Interval note;

~~11.~~13. Progress notes;

~~12.~~14. Documentation of health care institution services provided to the patient;

~~13.~~15. Disposition of the patient after discharge;

16. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;

~~14.~~17. Discharge plan;

~~15.~~18. A discharge summary, if applicable;

~~16.~~19. If applicable:

a. Laboratory reports,

b. Radiologic reports,

c. Diagnostic reports, and

~~d. Documentation of restraint or seclusion, and~~

~~e.~~d. Consultation reports; and

~~17.~~20. Documentation of a medication administered to the patient that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. For a medication administered for pain when initially administered or PRN:

i. An assessment of the patient's pain before administering the medication, and

ii. The effect of the medication administered;

d. For a psychotropic medication when initially administered or PRN:

i. An assessment of the patient's behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and

f. Any adverse reaction a patient has to the medication.

R9-10-1709. Medication Services

A. ~~If a health care institution provides medication administration or assistance in the self-administration of medication,~~ ~~an~~ An administrator shall ensure that ~~policies and procedures~~:

1. Policies and procedures for medical services include ~~Include~~:

a. A process for providing information to a patient about medication prescribed for the patient including:

i. The prescribed medication's anticipated results,

ii. The prescribed medication's potential adverse reactions,

iii. The prescribed medication's potential side effects, and

iv. Potential adverse reactions that could result from not taking the medication as prescribed;

b. Procedures for preventing, responding to, and reporting~~:~~

~~i.~~ ~~A~~ a medication error~~,~~;

~~ii. An adverse response to a medication, or~~

~~iii. A medication overdose;~~

c. Procedures for responding to and reporting an unexpected reaction to a medication;

~~c.~~d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner and to ensure the medication regiment meets the patient's needs;

~~d.~~e. Procedures for:

i. ~~documenting~~ Documenting, as applicable, medication ~~services~~ administration and assistance in the self-administration of medication; and

ii. Monitoring a patient who self-administers medication;

~~e.~~f. Procedures for assisting a patient in obtaining medication; and

~~f.~~g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and

2. Specify a process for review through the quality management program of:

a. A medication administration error, and

b. An adverse reaction to a medication.

B. If a health care institution provides medication administration, an administrator shall ensure that:

1. Medication is stored by the health care institution;

~~1.~~2. Policies and procedures for medication administration:

a. Are reviewed and approved by a medical practitioner;

b. Specify the individuals who may:

i. Order medication, and

ii. Administer medication;

c. Ensure that medication is administered to a patient only as prescribed; and

d. ~~A~~ Cover the documentation of a patient's refusal to take prescribed medication is documented in the patient's medical record;

~~2.~~3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;

~~3.~~4. A medication administered to a patient:

a. Is administered in compliance with an order, and

b. Is documented in the patient's medical record;

~~4.~~5. If pain medication is administered to a patient, documentation in the patient's medical record includes:

a. An identification of the patient's pain before administering the pain medication, and

b. The effect of the pain medication administered; and

~~5.~~6. If a psychotropic medication is administered to a patient, documentation in the patient's medical record includes:

a. An identification of the patient's behavior before administering the psychotropic medication, and

b. The effect of the psychotropic medication administered.

C. If health care institution provides assistance in the self-administration of medication, an administrator shall ensure that:

1. A patient's medication is stored by the health care institution;

2. The following assistance is provided to a patient:

a. A reminder when it is time to take the medication;

b. Opening the medication container for the patient;

c. Observing the patient while the patient removes the medication from the container;

d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:

i. The patient 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 patient at the time stated on the medication container label; or

e. Observing the patient while the patient takes the medication;

3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;

4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:

a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and

b. Includes:

i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,

ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and

iii. Process for notifying the appropriate entities when an emergency

medical intervention is needed;

5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and

6. Assistance with the self-administration of medication provided to a patient:

a. Is in compliance with an order, and

b. Is documented in the patient's medical record.

D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;

2. A current toxicology reference guide is available for use by personnel members; and

3. If pharmaceutical services are provided on the premises:

a. A committee, composed of at least on physician, one pharmacist, and other personnel members as determined by policies and procedures is established to:

i. Develop a drug formulary,

ii. Update the drug formulary at least every 12 months,

iii. Develop medication usage and medication substitution policies and procedures, and

iv. Specify which medication and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical ~~staff member~~ practitioner specifically orders otherwise;

b. The pharmaceutical services are provided under the direction of a pharmacist;

c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and

d. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a health care institution, an administrator shall ensure that:

1. ~~There is a~~ Medication is stored in a separate locked room, ~~or~~ closet, or self-contained unit used only for medication storage ~~that includes a lockable door~~;

~~2. A locked cabinet or self-contained unit is used for medication storage;~~

~~3.~~2. Medication is stored according to the instructions on the medication container; and

~~4.~~3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:

a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;

b. Discarding or returning prepackaged and sample medication to the manufacturer

if the manufacturer requests the discard or return of the medication;

c. A medication recall and notification of patients who received recalled medication; and

d. Storing, inventorying, and dispensing controlled substances.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the health care institution's clinical director.

R9-10-1711. Emergency and Safety Standards

A. An administrator shall ensure:

1. There is a first aid kit available at a health care institution;
2. If a firearm or ammunition for a firearm are stored at a health care institution;
   a. The firearm is stored separate from the ammunition for the firearm;
   b. The firearm and the ammunition for the firearm are:
      i. Stored in a locked closet, cabinet, or container; and
      ii. Inaccessible to a patient;
3. If applicable, there is a smoke detector installed in:
   a. A bedroom used by a patient,
   b. A hallway in a health care institution, and
   c. A health care institution's kitchen;
4. A smoke detector required in subsection (A)(3):
   a. Is maintained in operable condition; and
   b. Is battery operated or, if hard-wired into the electrical system of a health care institution, has a back-up battery;
5. A health care institution has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and is available to a personnel member;
6. A portable fire extinguisher required in subsection (A)(5) is:
   a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
   b. Serviced at least every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is ~~conspicuously posted~~ maintained and available for use by the provider and any patient in a health care institution;
8. An evacuation drill is conducted at least once every ~~3~~ six months; and
9. A record of an evacuation drill required in subsection (A)(8) is maintained for at least

~~two years~~ 12 months after the date of the ~~fire~~ evacuation drill.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-1712. Physical Plant, Environmental Services, and Equipment Standards

A. If applicable, an administrator shall ensure that a health care institution:

1. Is in a building that:
   a. Has a ~~residential~~ certificate of occupancy ~~according to~~ from the local ~~zoning~~ jurisdiction; and
   b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize the health or safety of a patient;
2. Has a living room accessible at all times to a patient;
3. Has a dining area furnished for group meals that is accessible to the provider, patients, and any other individuals present in the health care institution;
4. Has:
   a. At least one bathroom for each six individuals residing in the health care institution, including patients; and
   b. A bathroom accessible for use by a patient that contains:
      i. A working sink with running water, and
      ii. A working toilet that flushes and has a seat; and
   ~~b. A bathroom with a working toilet that flushes and a sink with running water accessible for use by a patient; and~~
5. Has equipment and supplies to maintain a patient's personal hygiene that are accessible to the patient.

B. An administrator shall ensure that:

1. A health care institution's premises are:
   a. Sufficient to provide the health care institution's scope of services;
   b. Cleaned and disinfected according to the health care institution's policies and procedures to prevent, minimize, and control illness and infection;
   c. Clean and free from accumulations of dirt, garbage, and rubbish; and
   d. Free from a condition or situation that may cause an individual to suffer physical injury;

2. If a health care institution collects urine or stool specimens from a patient, the health care institution has at least one bathroom that:
    a. Contains:
        i. A working sink with running water,
        ii. A working toilet that flushes and has a seat,
        iii. Toilet tissue,
        iv. Soap for hand washing,
        v. Paper towels or a mechanical air hand dryer,
        vi. Lighting, and
        vii. A means of ventilation; and
    b. Is for the exclusive use of the health care institution;
3. A pest control program is implemented and documented;
4. If pets or animals are allowed in the recovery care center, pets or animals are:
    a. Controlled to prevent endangering the patients and to maintain sanitation;
    b. Licensed consistent with local ordinances; and
    c. For a dog or a cat, vaccinated against rabies:
~~4.~~5. A ~~tobacco~~ smoke-free environment is maintained on the premises;
~~5.~~6. A refrigerator used to store a medication is:
    a. Maintained in working order, and
    b. Only used to store medications;
~~6.~~7. Equipment at the health care institution is:
    a. Sufficient to provide the health care institution's scope of service;
    b. Maintained in working condition;
    c. Used according to the manufacturer's recommendations; and
    d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; ~~and~~
~~7.~~8. Documentation of an equipment test, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair~~.~~; and
9. Combustible or flammable liquids and hazardous materials stored by the health care institution are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to patients.

ARTICLE 18. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES

R9-10-1801. Definitions

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

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual begins to live in and receive services from a provider in an adult behavioral health therapeutic home.
2. "Backup provider" means an individual designated by a provider to be present in an adult behavioral health therapeutic home, when a provider is not present, who ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
3. "Provider" means an individual who lives in an adult behavioral health therapeutic home and ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
4. "Release" means a documented termination of services to a resident by a provider that is authorized by a collaborating health care institution.
5. "Resident" means an individual referred by a collaborating health care institution to and accepted by an adult behavioral health therapeutic home.

R9-10-1802. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department:

1. The name of the backup provider; and
2. For the adult behavioral health therapeutic home's collaborating health care institution:
    a. Name,
    b. Address,
    c. Class or subclass,
    d. License number, and
    e. Name and contact information for an individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home.

R9-10-1803. Administration

A. A governing authority of an adult behavioral health therapeutic home:

1. Consists of no more than two providers, who live in the adult behavioral health therapeutic home;
2. Has the authority and responsibility to manage the adult behavioral health therapeutic home;

3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the adult behavioral health therapeutic home and the collaborating health care institution, consistent with the requirements in this Chapter;
4. Shall establish, in writing, the adult behavioral health therapeutic home's scope of services, which are approved by the collaborating health care institution;
5. Shall designate a back-up provider to be present in the adult behavioral health therapeutic home and accountable for services provided by the adult behavioral health therapeutic home when the provider is not present at the adult behavioral health therapeutic home; and
6. Shall ensure that:
    a. No more than three residents are accepted by the adult behavioral health therapeutic home;
    b. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    c. When documentation or information is required by this Chapter to be submitted on behalf of the adult behavioral health therapeutic home, the documentation or information is provided to the unit in the Department that is responsible for licensing the adult behavioral health therapeutic home.

B. A provider or back-up provider:
1. Is at least 21 years of age;
2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of residents;
3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
5. Has documentation of evidence of freedom from infectious tuberculosis:
    a. On or before the date the provider or back-up provider begins providing services at or on behalf of the adult behavioral health therapeutic home, and
    b. As specified in R9-10-113.

C. A provider shall ensure that policies and procedures are:
1. Established, documented, and implemented to protect the health and safety of a resident that cover:
    a. Recordkeeping;

b. Resident acceptance and release;

c. Resident rights;

d. The provision of services, including coordinating the provision of behavioral health services;

e. Residents' medical records, including electronic medical records;

f. Assistance in the self-administration of medication;

g. Infection control; and

h. How a provider will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;

2. Approved, in writing, by an adult behavioral health therapeutic home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and

3. Reviewed by the provider and an adult behavioral health therapeutic home's collaborating health care institution at least once every three years and updated as needed.

D. A provider shall provide written notification to the Department and the adult behavioral health therapeutic home's collaborating health care institution of a resident's:

1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and

2. Self-injury, within two working days after a resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not at an adult behavioral health therapeutic home and not receiving services from the adult behavioral health therapeutic home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.

F. If a provider has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving adult behavioral health therapeutic services, the provider shall:

1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;

2. Immediately report the suspected abuse, neglect, or exploitation of the resident as follows:

a. To the adult behavioral health therapeutic home's collaborating health care institution; and

b. According to A.R.S. § 46-454;

3. Document:
    a. The suspected abuse, neglect, or exploitation;
    b. Any action taken according to subsection (F)(1); and
    c. The report in subsection (F)(2);
4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2) that includes:
    a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    d. The actions taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

G. A provider shall maintain a record for each provider and backup provider that includes:
1. For the provider and the backup provider:
    a. Name;
    b. Date of birth;
    c. Contact telephone number; and
    d. Documentation of:
        i. Verification of skills and knowledge, completed by the adult behavioral health therapeutic home’s collaborating health care institution;
        ii. Certification in cardiopulmonary resuscitation and first aid training;
        iii. Completion of training in assistance in the self-administration of medication, provided by the adult behavioral health therapeutic home’s collaborating health care institution;
        iv. If the provider or backup provider provides behavioral health services, clinical oversight as required in R9-10-1805(C); and
        v. Evidence of freedom from infectious tuberculosis; and

2. For the backup provider, home address.

R9-10-1804. Resident Rights

A. A provider shall ensure that:

1. A resident is treated with dignity, respect, and consideration;
2. A resident is not subjected to:
    a. Abuse;
    b. Neglect;
    c. Exploitation;
    d. Coercion;
    e. Manipulation;
    f. Sexual abuse;
    g. Sexual assault;
    h. Seclusion;
    i. Restraint;
    j. Retaliation for submitting a complaint to the Department or another entity; or
    k. Misappropriation of personal and private property by:
        i. An adult behavioral health therapeutic home's provider or backup provider, or
        ii. An individual other than a resident residing in the adult behavioral health therapeutic home; and
3. A resident or the resident's representative:
    a. Is informed of the resident complaint process;
    b. Consents to photographs of the resident before the resident is photographed except that the resident may be photographed when accepted by an adult behavioral health therapeutic home for identification and administrative purposes; and
    c. Except as otherwise permitted by law, provides written consent to the release of the resident's medical record.

B. 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, or diagnosis;
2. To receive services that support and respect the resident's individuality, choices, strengths, and abilities;
3. To receive privacy in care for personal needs;

4. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;

5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services for the resident; and

6. To receive assistance from a family member, resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-1805. Providing Services

A. A provider shall ensure that behavioral health services and ancillary services are provided to a resident according to the resident's treatment plan obtained from the adult behavioral health therapeutic home's collaborating health care institution.

B. A provider shall submit documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by the provider to address the resident's changing needs to the adult behavioral health therapeutic home's collaborating health care institution or, if applicable, the resident's case manager.

C. A provider who provides behavioral health services to a resident:

1. For the purpose of an exception to licensing in A.R.S. § 32-3271, is considered a behavioral health technician; and

2. Shall comply with the requirements for clinical oversight for a behavioral health technician in R9-10-115.

R9-10-1806. Assistance in the Self-Administration of Medication

A. If a provider provides assistance in the self-administration of medication, the provider shall ensure that:

1. If a resident is receiving assistance in the self-administration of medication, the resident's medication is stored by the provider;

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 or medication organizer for the resident;

c. Observing the resident while the resident removes the medication from the medication container or medication organizer;

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; and

3. Assistance with the self-administration of medication provided to a resident is documented in the resident's medical record.

B. When medication is stored by a provider, the provider shall ensure that:

1. A locked cabinet, closet, or self-contained unit is used for medication storage;

2. Medication is stored according to the instructions on the medication container; and

3. Medication, including expired medication, that is no longer being used is discarded.

C. A provider shall immediately report a medication error or a resident's adverse reaction to a medication to the:

1. Medical practitioner who ordered the medication, or

2. Contact individual at an adult behavioral health therapeutic home's collaborating health care institution.

R9-10-1807. Resident Records

A. A provider 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 the provider or individual designated by the provider to record an entry;

b. Dated, legible, and authenticated; and

c. Not changed to make the initial entry illegible;

3. A resident's medical record is available to an individual:

a. Authorized by policies and procedures to access the resident's medical record;

b. If the individual is not authorized according to policies and procedures with the written consent of the resident or the resident's representative; or

c. As permitted by law; and

4. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a provider maintains residents' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.

C. A provider 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. Any known allergies, and
    d. Medication information for the resident;
2. The names, addresses, and telephone numbers of:
    a. The resident's medical practitioner;
    b. The resident's case manager, if applicable;
    c. The behavioral health professional assigned to the resident by the adult behavioral health therapeutic home's collaborating health care institution; and
    d. An individual to be contacted in the event of an emergency;
3. The date of the resident's acceptance by the adult behavioral health therapeutic home and, if applicable, the date of the resident's release from the adult behavioral health therapeutic home;
4. If applicable, the name and contact information of the resident's representative and:
    a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    b. If the resident's representative:
        i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
        ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. A copy of the resident's treatment plan and any updates to the resident's treatment plan, obtained from the adult behavioral health therapeutic home's collaborating health care institution;
6. For a resident receiving assistance in the self-administration of medication, documentation that includes for each medication:
    a. The date and time of assistance;
    b. The name, strength, dosage, and route of administration;
    c. The provider's signature or first and last initials; and
    d. Any adverse reaction the resident has to the medication;
7. Documentation of the resident's refusal of a medication, if applicable;

8. Documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs;
9. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual; and
10. If applicable, a written notice of termination of residency.

R9-10-1808. Food Services

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a resident;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a resident as prescribed by the resident's physician or registered dietitian; and
5. Chemicals or detergents are not stored with food.

R9-10-1809. Emergency and Safety Standards

A provider shall ensure that:

1. A first aid kit is available at an adult behavioral health therapeutic home sufficient to meet the needs of residents;
2. If a firearm or ammunition for a firearm is stored at an adult behavioral health therapeutic home:
    a. The firearm is stored separate from the ammunition for the firearm; and
    b. The firearm and the ammunition for the firearm are:
        i. Stored in a locked closet, cabinet, or container; and
        ii. Inaccessible to a resident;
3. A smoke detector is installed in:
    a. A bedroom used by a resident,
    b. A hallway in an adult behavioral health therapeutic home, and
    c. An adult behavioral health therapeutic home's kitchen;
4. A smoke detector required in subsection (3):
    a. Is maintained in operable condition; and
    b. Is battery operated or, if hard-wired into the electrical system of an adult behavioral health therapeutic home, has a back-up battery;

5. An adult behavioral health therapeutic home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the adult behavioral health therapeutic home's kitchen;

6. A portable fire extinguisher required in subsection (5) is:

a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or

b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;

7. A written evacuation plan is maintained and available for use by the provider and any resident in an adult behavioral health therapeutic home;

8. An evacuation drill is conducted at least once every six months; and

9. A record of an evacuation drill required in subsection (8) is maintained for at least one year after the date of the evacuation drill.

R9-10-1810. Physical Plant, Environmental Services, and Equipment Standards

A. A provider shall ensure that an adult behavioral health therapeutic home:

1. Is in a building that:

a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and

b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a resident;

2. Has a living room accessible at all times to a resident;

3. Has a dining area furnished for group meals that is accessible to the provider, residents, and any other individuals present in the adult behavioral health therapeutic home;

4. For each six individuals residing in the adult behavioral health therapeutic home, including residents, has at least one bathroom equipped with:

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

b. A sink with running water accessible for use by a resident;

5. Has equipment and supplies to maintain a resident's personal hygiene that are accessible to the resident;

6. Is clean and free from accumulations of dirt, garbage, and rubbish; and

7. Implements a pest control program to minimize the presence of insects and vermin at the adult behavioral health therapeutic home.

B. A provider shall ensure that pets and animals are:

1. Controlled to prevent endangering the residents and to maintain sanitation;

2. Licensed consistent with local ordinances; and

3. For a dog or cat, vaccinated against rabies.

C. If a swimming pool is located on the premises, a provider shall ensure that:

1. The swimming pool is equipped with the following:

a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:

i. A removable strainer,

ii. Two swimming pool inlets located on opposite sides of the swimming pool, and

iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and

b. An operational cleaning system;

2. The swimming pool is enclosed by a wall or fence that:

a. Is at least five feet in height as measured on the exterior of the wall or fence;

b. Has no vertical openings greater that four inches across;

c. Has no horizontal openings, except as described in subsection (C)(2)(e);

d. Is not chain-link;

e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and

f. Has a self-closing, self-latching gate that:

i. Opens away from the swimming pool,

ii. Has a latch located at least 54 inches from the ground, and

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

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

D. A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.

E. A provider shall ensure that:

1. A bedroom for use by a resident:

a. Is separated from a hall, corridors, or other habitable room by floor-to-ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;

b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;

c. Contains for each resident using the bedroom:

i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;

ii. Clean bedding appropriate for the season; and

iii. An individual dresser and closet for storage of personal possessions and clothing; and

d. If used for:

i. Single occupancy, contains at least 60 square feet of floor space; or

ii. Double occupancy, contains at least 100 square feet of floor space; and

2. A mirror is available to a resident for grooming;

3. A resident does not share a bedroom with an individual who is not a resident;

4. No more than two residents share a bedroom;

5. If two residents share a bedroom, each resident agrees, in writing, to share the bedroom; and

6. A resident's bedroom is not used to store anything other than the furniture and articles used by the resident and the resident's belongings.