TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES -

HEALTH CARE INSTITUTION: LICENSING

ARTICLE 4. NURSING CARE INSTITUTIONS

- **R9-10-401.** Definitions
- **R9-10-402.** Supplemental Application Requirements
- **R9-10-403.** Administration
- **R9-10-404.** Quality Management
- **R9-10-405.** Contracted Services
- **R9-10-406.** Personnel and Staffing
- **R9-10-407.** 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.** Behavioral Health Services
- **R9-10-415.** Clinical Laboratory Services
- **R9-10-416.** Dialysis Services
- **R9-10-417.** Radiology Services and Diagnostic Imaging Services
- **R9-10-418.** Respiratory Services
- **R9-10-419.** Rehabilitation Services
- **R9-10-420.** Medication Services
- **R9-10-421.** Food Services
- **R9-10-422.** Physical Plant Standards
- **R9-10-423.** Environmental Services and Equipment Standards
- **R9-10-424.** Safety Standards
- **R9-10-425.** Infection Control
- **R9-10-426.** Quality Rating
- **R9-10-*****. Nutrition and Feeding Assistant Training Program

ARTICLE 4. NURSING CARE INSTITUTIONS

R9-10-401. Definitions

In addition to the definitions in A.R.S. § 36-401 and 9 A.A.C. 10, Article 1, the following definitions apply in this Article:

- "Abuse" has the meaning in A.R.S. § 46-451 and includes emotional abuse as defined in A.R.S. § 13-3623. (Article 1)
- 2. "Activities of daily living" means ambulating, bathing, dressing, grooming, toileting, eating, and getting in or out of a bed or a chair.(Article 1)
- 3. "Administrator" has the meaning in A.R.S. § 36-446.(Article 1)
- 4. <u>"Admission" or "admitted" means documented acceptance by a nursing care institution of</u> an individual as a resident of the nursing care institution.(Article 1)
- 5. "Adverse reaction" means an unexpected outcome that threatens the health and safety of a resident as a result of medical services or nursing services provided to the resident.(Article 1)
- 6. "Anniversary date" means the annual recurrence of the date of an event.
- 7. "Attending physician" means a physician designated by a resident or the resident's representative who is responsible for the coordination of medical services provided to the resident.(Article 1)
- 8. "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.(Article 1)
- 9. "Available" means:
 - a. For an individual, the ability to be contacted by any means possible such as by telephone or pager;
 - b. For equipment and supplies, physically retrievable at a nursing care institution; and
 - e. For a document, retrievable at a nursing care institution or accessible according to the time-frames in the applicable rules of this Article.(Article 1)

- 10. "Behavioral health services" has the meaning in A.A.C. R9-20-101.(Article 1)
- **11.** "Biohazardous medical waste" has the meaning in A.A.C. R18-13-1401.(Article 1)
- 12. "Biological" means a medicinal compound prepared from living organisms and their products such as serums, vaccines, antigens, and antitoxins.(Article 1)
- 13. "Business day" means Monday through Friday, 8:00 a.m. to 5:00 p.m.(Article 1)
- 14. "Care plan" means a documented guide for providing nursing services to a resident that includes measurable objectives and the methods for meeting the objectives based on the resident's comprehensive assessment.
- **15.** "Cognitive status" means a resident's level of awareness including perception, reasoning, judgment, intuition, and memory.
- 16. "Communicable disease" has the meaning in A.A.C. R9-6-101.(Article 1)
- 17. "Comprehensive assessment" means an analysis of a resident's need for nursing care institution services that is performed according to R9-10-906(B).
- 18. "Conspicuously posted" means placed within a nursing care institution at a location that is visible and accessible to residents and the public.(Article 1)
- 19. "Contracted services" means nursing care institution services provided according to a written agreement between a nursing care institution and the person providing the nursing care institution services.(Article 1)
- 20. "Controlled substance" has the meaning in A.R.S. § 36-2501.(Article 1)
- 21. "Corporal punishment" means physical action that causes suffering or pain, and serves as retribution.
- 22. "Current" means up to date and extending to the present time.(Article 1)
- 23. "Dignity" means the quality or condition of esteem or worth.
- 24. "Direct care" means medical services, nursing services, or medically-related social services provided to a resident.
- 25. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
- 26. "Disaster" means an unexpected adverse occurrence that affects the nursing care institution's ability to provide nursing care institution services.(Article 1)
- 27. "Discharge" means a nursing care institution's termination of nursing care institution services to a resident.(Article 1)
- 28. "Discipline" means any verbal or physical action taken by a personnel member or volunteer to punish or penalize a resident.

- 29. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.(Article 1)
- 30. "Drill" means a response to a planned, simulated event.(Article 1)
- 31. "Drug" has the meaning in A.R.S. § 32-1901.(Article 1)
- 32. "Electronic" has the meaning in A.R.S. § 44-7002.(Article 1)
- 33. "Electronic signature" has the meaning in A.R.S. § 44-7002.(Article 1)
- 34. "Emergency" means an immediate threat to the life or health of a resident.
- **35.** "Environmental services" means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
- 36. "Exploitation" has the meaning in A.R.S. § 46-451.(Article 1)
- 37. "Family" means an individual related to a resident by blood, marriage, or adoption or other individual designated by the resident.(Article 1)
- 38. "Food services" means the storage, preparation, and serving of food intended for consumption in a nursing care institution.(Article 1)
- 39. "Full time" means 40 hours or more every consecutive seven days.
- 40. "Health care directive" has the meaning in A.R.S. § 36-3201.(Article 1)
- "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.
- 42. "Hospital-based nursing care institution" means an area within or on a contiguous portion of a licensed hospital's premises, or not more than 250 yards from the licensed hospital premises, where nursing care institution services are provided in coordination with hospital services.
- 43. "Hospital services" has the meaning in R9-10-201.
- 44. <u>"Incident" means an unexpected occurrence that poses a threat to the health and safety of</u> residents.(Article 1)
- 45. "Injury" means trauma or damage to some part of the human body.(Article 1)
- 46. "In service education" means organized instruction or information related to nursing care institution services that is provided to a staff member.(Article 1)
- 47. "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.
- 48. "Medical director" means a physician who is responsible for the coordination of medical services provided to residents in a nursing care institution.

- 49. "Medically-related social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
- 50. "Medical history" means a part of a resident's medical records consisting of an account of the resident's health, including past and present illnesses, diseases, or medical conditions.
- 51. "Medical records" has the meaning in A.R.S. § 12-2291.(Article 1)
- 52. "Medication" has the same meaning as drug.(Article 1)
- 53. "Medication error" means:
 - a. The failure to administer an ordered medication;
 - b. The administration of a medication not ordered; or
 - c. A medication administered:
 - i. In an incorrect dosage,
 - ii. More than 60 minutes from the ordered time of administration unless ordered to do so, or
 - iii. By an incorrect route of administration.
- 54. "Medication error rate" means the percentage of medication errors, which is calculated by the number of medication errors divided by the opportunities for errors.(Article 1)
- 55. "Misappropriation of resident property" means the intentional use of a resident's belongings or money without the resident's consent.
- 56. "Monitor" means the ongoing observation of a resident's behavior or medical condition.(Article 1)
- 57. "Nurse" has the same meaning as registered nurse or practical nurse defined in A.R.S. §
 32-1601.(Article 1)
- 58. "Nursing care institution services" means medical services, nursing services, healthrelated services, medically-related social services, and environmental services provided to a resident.
- 59. "Nursing personnel" means an individual authorized under A.R.S. Title 32, Chapter 15, to provide nursing services.(Article 1)
- "Ombudsman" means a resident advocate who performs the duties described in A.R.S. §
 46-452.02.
- 61. "Opportunities for errors" means the time during a Department survey in which a Department representative:
 - a. Observes the number of medication doses administered to residents in a nursing care institution; and

- b. Ascertains the number of medication doses ordered but not administered.(Article
 1)
- 62. "Order" means an instruction to provide medical services or nursing services to a resident in a nursing care institution by:
 - a. A physician; or
 - An individual licensed under A.R.S. Title 32 or authorized by the nursing care
 institution within the scope of the individual's license(Article 1)-
- 63. "Orientation" means the initial instruction and information provided to an individual starting work or volunteer services in a nursing care institution.(Article 1)
- 64. "Person" has the meaning in A.R.S. § 1-215 and includes governmental agencies.(Article 1)
- 65. "Pharmacist" has the meaning in A.R.S. § 32-1901.(Article 1)
- 66. "Physician" means an individual licensed under A.R.S. Title 32, Chapters 13, 14, 17, or 29.(Article 1)
- 67. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25.(Article 1)
- 68. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness or disease.(Article 1)
- 69. "Qualified" means meeting the requirements specified in a nursing care institution's written job description for a job position.(Article 1)
- 70. "Quality management program" means ongoing activities designed and implemented by a nursing care institution to improve the delivery of nursing care institution services.(Article 1)
- 71. "Reasonable accommodation" means an adaptation of a resident's environment based on the resident's preferences, comprehensive assessment, and care plan, to assist the resident in achieving or maintaining independent functioning.
- 72. "Registered dietitian" means an individual approved to work as a dietitian by the
 American Dietetic Association's Commission on Dietetic Registration.(Article 1)
- 73. "Registered nurse" has the meaning in A.R.S. § 32-1601.(Article 1)
- 74. "Registered nurse practitioner" has the meaning in A.R.S. § 32-1601.(Article 1)
- 75. "Registry staff member" means an individual licensed or certified by a regulatory agency who receives compensation from a third party to work at a nursing care institution.(Article 1)
- 76. "Regular basis" means at recurring, fixed, or uniform intervals.(Article 1)

- 77. "Resident" means an admitted individual receiving nursing care institution services.
- 78. "Resident advocate" means an individual who acts on behalf of a resident regarding the resident's legal or personal issues.(Article 1)
- 79. "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.
- 80. "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.
- 81. "Restraint" means any chemical or physical method of restricting a resident's:
 - a. Freedom of movement,
 - b. Physical activity, or
 - c. Access to the resident's own body.(Article 1)
- 82. "Risk" means potential for an adverse outcome.(Article 1)
- 83. "Seclusion" means the involuntary solitary confinement of a resident, when not medically indicated, in a room or an area where the resident is prevented from leaving.
- 84. "Secured" means the use of a method, device, or structure that:
 - a. Prevents a resident from leaving an area of a nursing care institution's premises; or
 - b. Alerts a personnel member of a resident's departure from a nursing care institution.
- 85. "Semipublic swimming pool" has the meaning in A.A.C. R18-5-201.(Article 1)
- 86. "Significant change in condition" means an improvement or a deterioration in a resident's physical or mental condition that causes the resident's need for direct care to decrease or increase.(Article 1)
- 87. "Significant medication error" means the administration of a medication, or omission of a medication, that endangers the health or safety of a resident.
- 88. "Social worker" means an individual who is licensed pursuant to A.R.S. Title 32, Chapter
 33:
 - a. Has a baccalaureate degree in social work from a program accredited by the Council on Social Work Education;
 - Has a baccalaureate degree in a human services field such as sociology, special education, rehabilitation counseling, or psychology; or
 - c. Is certified under A.R.S. Title 32, Chapter 33.(Article 1)

- 89. "Staff member" means an individual who receives wages from a nursing care institution.(Article 1)
- 90. "Survey" means a license inspection of a nursing care institution by the Department.
- 91. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
- 92. "Tuberculosis control officer" has the meaning in A.R.S. § 36-711.
- 93. "Transfer" means relocating a resident from a nursing care institution to another health care institution.(Article 1)
- 94. "Unnecessary drug" means a medication is not required because:
 - a. There is no documented indication for its use;
 - b. The medication is excessive or duplicative;
 - c. The medication is administered before determining whether the resident requires it; or
 - d. The resident has experienced an adverse reaction from the medication indicating that the medication should be reduced or discontinued.
- 95. "Verification" means:
 - a. A documented telephone call including the date and the name of the documenting individual;
 - b. A documented observation including the date and the name of the documenting individual; or
 - e. A documented confirmation of a fact including the date and the name of the documenting individual.(Article 1)
- 96. "Vital signs" means an individual's heart rate, respiratory rate, blood pressure, and body temperature.
- 97. "Volunteer" means an individual, not including a resident's family member providing direct care to the resident, authorized by a nursing care institution to work on a regular basis who does not receive compensation. (Article 1)
- 98. "Work" means employment by, or providing volunteer services for, a nursing care institution.

R9-10-402. 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 or renewal license for a nursing care institution shall submit the following to the Department:

- A copy of the nursing care institution administrator's license under A.R.S. Title 36, Chapter 4, Article 6; and
- 2. On a form In a format provided by the Department, whether the nursing care institution:
 - a. The name and the classification or subclassification of a health care institution operated by the same governing authority as the nursing care institution, if applicable; and
 - a. Has:
 - i. A secured area for residents with Alzheimer's disease or other dementia,
 - ii. A secured behavioral health services area, or
 - ii. An area for residents on ventilators; or
 - b. <u>Is requesting authorization to provide:</u>
 - i. Behavioral health services,
 - ii. Clinical laboratory services,
 - iii. Dialysis services,
 - iv. Radiology services and diagnostic imaging services,
 - v. <u>Respiratory care services</u>,
 - vi. Rehabilitation services, or
 - vii. A nutrition and feeding assistant training program; and
- 2. If the governing authority is requesting authorization to provide a nutrition and feeding assistant training program, the information in R9-10-***(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;
 - Approve or designate an individual to approve the nursing care institution policies and procedures required in subsection (E);
 - Comply with applicable federal and state laws, rules, and local ordinances governing operations of a nursing care institution;
 - 4. Appoint a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
 - 5. Appoint an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6 if the administrator is absent for more than 30 consecutive days;

- 6. Except as permitted in subsection (A)(5), when there is a change of administrator, submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department;
- 7. Adopt a quality management program according to R9-10-40*;
- 8. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
- 9. Approve contracted services or designate an individual to approve contracted services;
- 9. Notify the Department immediately if there is a change in administrator according to A.R.S. § 36-425(E);
- 10. Notify the Department at least 30 days before the nursing care institution terminates operations according to A.R.S. § 36-422(D); and
- 11. Notify the Department of a planned change in ownership at least 30 days before the change according to A.R.S. § 36-422(D).
- **B.** Except as provided in subsection (C), a governing authority may not appoint an administrator to provide direction in more than one health care institution.
- C. A single governing authority may appoint an administrator to provide direction in:
 - 1. Both a hospital and a hospital based nursing care institution if the licensed capacity in the hospital based nursing care institution does not exceed 60; or
 - 2. Not not more than two nursing care institutions if:
 - a. The distance between the two nursing care institutions does not exceed 25 miles; and
 - b. Neither nursing care institution is operating under a provisional license issued by the Department under A.R.S. § 36-425;
- **D.** An administrator:
 - 1. Is directly accountable to the governing authority <u>for the daily operation of</u> and all services provided by or at the nursing care institution;
 - 2. Has the authority and responsibility to administer the nursing care institution;
 - 3. Except as provided in subsection (A)(5), designates an individual, in writing, who is available and responsible for the nursing care institution when the administrator is not available; and
 - Ensures the nursing care institution's compliance with the fingerprinting requirements in 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-***.
- **E.** An administrator shall ensure that:
 - 1. Nursing care institution policies and procedures are established, documented, and implemented that cover:
 - a. Abuse of residents and misappropriation of resident property;
 - b. Health care directives;
 - c. Job descriptions, qualifications, duties, orientation, and in-service education for each personnel member;
 - d. Orientation and duties of volunteers;
 - e. Admission, transfer, and discharge;
 - f. Disaster plans;
 - g. Resident rights;
 - h. Quality management including incident documentation;
 - i. Personal accounts;
 - j. Petty cash funds;
 - k. The nursing care institution's refund policy;
 - 1. Food services <u>including</u>, if applicable, the use of feeding and nutrition assistants;
 - m. Nursing services;
 - n. Dispensation, administration, and disposal of medication and biologicals;
 - o. Infection control; and
 - p. Medical records including oral, telephone, and electronic records;
 - 2. An allegation of abuse of a resident or misappropriation of resident property is:
 - a. Investigated by an individual designated by the administrator;
 - b. Reported to the Department within five calendar days of the allegation; and
 - c. Reported to Adult Protective Services of the Department of Economic Security if required by A.R.S. § 46-454;
 - 3. During an investigation conducted according to subsection (E)(2), further abuse of a resident or misappropriation of resident property is prevented;
 - 4. Nursing care institution policies and procedures are reviewed at least once every 24 months and updated as needed;
 - 5. Nursing care institution policies and procedures are available to each personnel member;

- 6. A known criminal conviction of a personnel member who is licensed, certified, or registered in this state is reported to the appropriate licensing or regulatory agency;
- 7. An injury to a resident from an unknown source that requires medical services, a disaster, or an incident is investigated by the nursing care institution and reported to the Department within 24 hours or the first business day after the injury, disaster, or incident occurs;
- 8. A resident advocate assists a resident, the resident's representative, or a resident group with a request or recommendation, and responds in writing to any complaint submitted to the nursing care institution; *The Department believes that it is appropriate to require a written response to a complaint submitted to the nursing care institution.*
- 9. 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. A map for evacuating the facility; and
 - e. 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.
- **F.** 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 nursing care institution policies and procedures established according to subsection (E)(1)(i),
 - 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 each personal account transaction,
 - 5. Document each account transaction and provide a copy of the documentation to the resident or the resident's representative on request and at least every three months,

- 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interestbearing account and credit the interest to the resident's personal account, and
- 7. Within 30 days of the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the individual or probate jurisdiction administering the resident's estate.
- **G.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
 - The nursing care institution policies and procedures established according to subsection (E)(1)(j) 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 each petty cash transaction.

R9-10-404. Quality Management

- **A.** A governing authority shall ensure that a quality management program is established and implemented that evaluates the quality of nursing care institution services including contracted services provided to residents.
- **B.** An administrator shall require that:
 - 1. A plan is established, documented, and implemented for a quality management program that at a minimum includes a method to:
 - a. Identify, document, and evaluate incidents;
 - b. Collect data to evaluate nursing care institution services provided to residents;
 - c. Evaluate the data collected to identify a concern about the delivery of nursing care institution services;
 - d. Make changes or take action as a result of the identification of a concern about the delivery of nursing care institution services; and
 - e. Monitor and evaluate actions taken; and
 - Documentation of the quality management program is maintained on the nursing care institution premises for 18 months and provided to the Department within two hours of the Department's request.

R9-10-405. Contracted Services

An administrator shall ensure that:

- 1. A contractor provides contracted services according to the requirements in this Article;
- 2. A contract includes the responsibilities of each contractor;
- 3. A copy of the contract is maintained at the nursing care institution;

- 4. A documented list of current contracted services is maintained at the nursing care institution that includes a description of the contracted services provided; and
- 5. A contract and the list of contracted services required in subsections (3) and (4) are provided to the Department for review within two hours of the Department's request.

R9-10-406. Personnel and Staffing

- **A.** An administrator shall ensure that:
 - A personnel member who provides direct care is available to meet the needs of a resident for physical health services or behavioral health services based on the resident's comprehensive assessment, <u>orders for physical health services or behavioral health</u> services, and care plan and the nursing care institution's scope of services;
 - 2. A personnel member who provides direct care demonstrates and maintains competency and proficiency according to criteria established in the nursing care institution policies and procedures;
 - A personnel member's skills and knowledge to provide physical health services or behavioral health services are verified and documented upon employment or volunteer service and every 12 months after the starting date of employment or volunteer service;
 - 4. A work schedule of each personnel member who provides direct care and volunteer is:
 - a. Developed and maintained at the nursing care institution for 12 months from the date of the work schedule; and
 - b. Provided to the Department for review within two hours of the Department's request;
 - 5. A personnel member who provides direct care attends at least 12 hours of in-service education every 12 months from the starting date of employment.
 - 6. A nursing care institution policy and procedure is established to provide criteria for inservice education;
 - 7. Documentation of in-service education required in subsection (A)(5) includes:
 - a. The date of the in-service education,
 - b. The subject matter of the in-service education,
 - c. The number of clock hours of the in-service education,
 - d. The instructor's name, and
 - e. The signature of the personnel member participating in the in-service education;
 - 8. Orientation for a personnel member or a volunteer begins in the first week of employment or volunteer service and covers:
 - a. Nursing care institution policies and procedures;

- b. Resident rights;
- c. Infection control including:
 - i. Hand washing,
 - ii. Linen handling, and
 - iii. Prevention of communicable diseases, and
- d. Disaster plans;
- On or before the starting date of employment or volunteer service, a personnel member or volunteer submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - a. Documentation of a negative Mantoux skin test or other test for tuberculosis recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within six months before the starting date of employment or volunteer service; or
 - A statement written and dated by a physician, physician assistant, or registered nurse practitioner within six months before the starting date of employment or volunteer service, that the personnel member or volunteer is free from infectious pulmonary tuberculosis;
- 10. Every 12 months after the date of testing or date of the written statement by a physician, physician assistant, or registered nurse practitioner, a personnel member or volunteer submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - a. Documentation of a negative Mantoux skin test or other test recommended by the
 U.S. Centers for Disease Control and Prevention or the tuberculosis control
 officer that includes the date and the type of test, administered within 30 days
 before the anniversary date of the most recent test or written statement; or
 - b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within 30 days before the anniversary date of the last written statement, that the personnel member or volunteer is free from infectious pulmonary tuberculosis; (Will reference TB screening requirements in Article 1)
- 11. A record for a personnel member, employee, or volunteer is maintained that includes:

- a. An application completed by the personnel member, employee, or volunteer that includes the date of employment or volunteer service and the first working day or first day of volunteer service;
- b. Verification of orientation
- c. If applicable, documentation of certification and licensure;
- d. <u>Documentation of verification of skills and knowledge required in (A)(3);</u>
- e. Documentation that the personnel member or volunteer is free from infectious pulmonary tuberculosis as required in subsection (A)(8); and
- f. If applicable, documentation of compliance with the fingerprinting requirements in A.R.S. § 36-411;
- g. Documentation of compliance with the requirements in A.R.S. § 36-411(C); and
- <u>h.</u> If the personnel member or volunteer is a nutrition and feeding assistant, documentation of:
 - i. Completion the nutrition and feeding assistant training course required in R9-10-420(C)(1)(c), and
 - ii. <u>A nurse's observations required in R9-10-420(C)(6);</u>
- A personnel member, employee, or volunteer record required under subsection (A)(10) or in-service education documentation required under subsection (A)(6) is provided to the Department for review:
 - a. For a current personnel member or volunteer, as soon as possible but not more than two hours from the time of the Department's request; and
 - For a personnel member or volunteer who is not currently working or providing volunteer services in the nursing care institution, within two hours from the Department's request; and
- 14. A personnel member or volunteer record and in-service education documentation are maintained by the nursing care institution for at least two years after the last date of volunteer service or work.
- **B.** An administrator shall appoint:
 - 1. A qualified individual to provide:
 - a. Medically-related social services, and
 - b. Recreational activities; and
 - A full-time social worker if the nursing care institution has a licensed capacity of 120 or more;

- C. If an administrator provides direction in a hospital and a hospital based nursing care institution under R9-10-904(C)(1), the administrator may designate a staff member to provide direct care in both licensed health care institutions if:
 - 1. The designation is not prohibited by federal or state law; and
 - 2. The time working in each health care institution by the staff member is documented.
- **D.** If the nursing care institution uses registry staff, the administrator shall ensure there is a contractual agreement with the registry that ensures:
 - 1. A registry staff member holds a current license or certificate to perform duties within the scope of the individual's license or certificate;
 - A registry staff member complies with the requirements in subsection (A)(8) for providing evidence of freedom from infectious pulmonary tuberculosis;
 - 3. A registry staff member complies with the fingerprinting requirements in A.R.S. § 36-411; and
 - A registry provides documentation of compliance with subsections (D)(1), (D)(2), and
 (D)(3) within two hours of a request by the nursing care institution or the Department.

R9-10-407. 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. A resident's needs do not exceed the medical services and nursing services provided by the nursing care institution;
- 4. Before or at the time of admission, a resident or the resident's representative:
 - a. Signs a written agreement with the nursing care institution that includes rates and charges;
 - b. Is informed of third-party coverage for rates and charges;
 - c. Is provided a copy of the resident rights in R9-10-907;
 - d. Is informed of the nursing care institution's refund policy and facility guidelines concerning resident conduct and responsibilities; and
 - e. Receives written information concerning health care directives;
- 5. Within 30 days before admission or 10 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;
- 6. On or before the time of admission, a resident submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within six months before the date of admission; or
 - b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within six months before admission, that the resident is free from infectious pulmonary tuberculosis;
- Every 12 months after the date of testing or date of the written statement by a physician, physician assistant, or registered nurse practitioner, a resident submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - a. Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within 30 days before the anniversary date of the most recent test or written statement; or
 - A statement written and dated by a physician, physician assistant, or registered nurse practitioner within 30 days before the anniversary date of the most recent written statement, that the resident is free from infectious pulmonary tuberculosis; (Will reference requirements for TB screening in Art. 1)
- 8.

A resident who transfers from a nursing care institution to another nursing care institution is not required to be retested for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner if:

- a. Fewer than 12 months have passed since the resident was tested for tuberculosis or since the date of the written statement; and
- b. The documentation of freedom from infectious pulmonary tuberculosis required in subsection (6) accompanies the resident at the time of transfer; and
- 9. Compliance with the requirements in subsection (4) is documented in the resident's medical records.

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 to meet the needs of the resident;
- 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
- Documentation of a resident's transfer or discharge is maintained in the resident's medical records and includes:
 - a. The date of the transfer or discharge;
 - b. The reason for the transfer or discharge;
 - c. A 30-day written notice except in an emergency;
 - 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 president'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 <u>and as provided in R9-10-409(C)</u>, a director of nursing shall ensure that before a resident is transferred or discharged:
 - 1. <u>A written plan is Written follow-up instructions are developed with the resident or the</u> 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 discharge summary is:
 - a. Developed by a personnel member providing direct care and authenticated by the resident's attending physician or designee; and
 - b. Documented in the resident's medical records;
 - 3. The discharge summary 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 transfer or discharge;
- 4. <u>3.</u> A copy of the written <u>plan follow-up instructions</u> is provided to the resident or the resident's representative and to the receiving nursing care institution.
- **D.** If a resident is transferred to a hospital, the director of nursing shall ensure that medical records information and any other information necessary for the treatment of the resident is provided to the hospital.

R9-10-409. Transport; Transfer

- <u>A.</u> For a transport of a resident, the administrator of the sending nursing care institution shall ensure that:
 - <u>1.</u> <u>Facility policies and procedures that protect the health and safety of a resident and:</u>
 - a. Specify the process by which the sending nursing care institution personnel members coordinate the transport and the services provided to the resident to protect the health and safety of the resident:
 - b. Establish the criteria for determining what a resident evaluation includes based on the resident's psychological condition, medical condition, and the type of services the resident is expected to receive at that the receiving health care institution;
 - <u>c.</u> Designate the type of personnel member based on the required qualifications,
 skills, and knowledge established for the type of personnel member who may:
 - i. <u>Conduct the resident evaluation in subsection (A)(1)(b)</u>, and
 - <u>ii.</u> Explain the risks and benefits of the transport to the resident or the resident's representative;
 - <u>Require an evaluation of the resident according to the criteria established in</u>
 <u>subsection (A)(1)(b) by a personnel member designated according to subsection</u>
 <u>(A)(1)(c)(i)</u> registered nurse before transporting the resident and after the resident's return;
 - <u>e.</u> Specify the sending nursing care institution's resident medical records that are
 <u>required to accompany the resident, including the medical records related to the</u>
 <u>services to be provided to the resident at the receiving health care institution;</u>
 - <u>f.</u> Specify how the sending nursing care institution communicates a resident's medical record information that the sending nursing care institution does not provide at the time of transport but is requested by the receiving health care institution; and

- g. Specify how a registered nurse personnel member designated according to subsection (A)(1)(c)(ii) explains the risks and benefits of the transport to the resident or the resident's representative based on the:
 - i. <u>Resident's condition, and</u>
 - ii. Mode of transport; and
- 2. Documentation in the resident's medical record includes:
 - <u>a.</u> <u>Consent for transport by the resident or the resident's representative or why</u> <u>consent could not be obtained;</u>
 - b. <u>Communication with an individual at the receiving health care institution;</u>
 - c. The date and the time of the transport to the receiving health care institution;
 - <u>d.</u> <u>The date and time of the resident's return to the sending nursing care institution if applicable;</u>
 - e. <u>The mode of transportation; and</u>
 - f.The type of personnel member assisting in the transport if an order or
recommendation for transport requires that a resident be assisted during
transport.
- B. For a transport of a resident, an administrator of a receiving nursing care institution shall ensure that:
 - 1. Facility policies and procedures:
 - a. Specify the process by which the receiving nursing care institution personnel members coordinate the transport and the services provided to a resident to protect the health and safety of the resident:
 - b. Establish the criteria for determining what a resident evaluation includes based on the resident's psychological condition, medical condition, and the type of services the resident is expected to receive at the receiving nursing care institution;
 - <u>Designate the type of personnel member based on the required qualifications,</u>
 <u>skills, and knowledge established for the type of personnel member who may</u>
 <u>conduct the resident evaluation in subsection (A)(1)(b);</u>
 - <u>Require an evaluation of the resident according to the criteria established in</u> <u>subsection (A)(1)(b) by registered nurse a personnel member designated</u> <u>according to subsection (A)(1)(c)</u> when the resident is received at the nursing <u>care institution and before transporting the resident back to the sending nursing</u> <u>care institution;</u>

- <u>e.</u> Specify the nursing care institution's resident medical records required to accompany the resident when the resident is returned to the sending health care institution, if applicable;
- f.Specify how the receiving nursing care institution's personnel memberscommunicate resident medical record information to the sending health careinstitution that is not provided at the time of the resident's return; and
- 2. Documentation in the resident's medical record includes:
 - <u>a.</u> <u>The date and the time the resident arrives at the receiving nursing care institution;</u>
 - b. The services provided to the resident at the receiving nursing care institution;
 - <u>c.</u> <u>Any adverse reaction or negative outcome the resident experiences at the receiving nursing care institution;</u>
 - <u>d.</u> The date and time of the receiving nursing care returns the resident return to the sending health care institution, if applicable:
 - e. <u>The mode of transportation to return the resident to the sending health care</u> institution, if applicable; and
 - f.
 The type of personnel member assisting in the transport if an order or recommendation for transport requires that a resident be assisted during transport.
- C. For a transfer of a resident to a receiving health care institution, the administrator of the sending nursing care institution shall ensure that:
 - <u>1.</u> <u>Facility policies and procedures:</u>
 - a. Specify the process by which the sending nursing care institution personnel members coordinate the transfer and the services provided to a resident to protect the health and safety of the resident during the transfer;
 - b. Require an evaluation of the resident by a medical practitioner or registered nurse of the sending nursing care institution before the resident is transferred;
 - <u>c.</u> Specify how the sending nursing care institution communicates resident's medical record information that the sending nursing care institution does not provide at the time of transport but is requested by the receiving health care institution; and
 - d.
 Specify how a medical practitioner or registered nurse explains the risks and

 benefits of the transfer to the resident or the resident's representative based on

 the:

- i. <u>Resident's condition, and</u>
- ii. Mode of transport; and
- 2. One of the following accompanies the resident during the transfer:
 - <u>a.</u> <u>A copy of the resident's medical record for the current admission; or</u>
 - b. All of the following for the current admission:
 - i. <u>A medical practitioner's summary of services provided to the resident;</u>
 - ii. <u>A care plan containing current information;</u>
 - <u>iii.</u> <u>A record of medications administered to the resident for seven days</u> before the date of the transfer;
 - iv. Medical practitioner's orders in effect at the time of transfer; and
 - v. <u>Any known allergy; and</u>
- 3. Documentation in the resident's medical record includes:
 - <u>a.</u> <u>Consent for transfer by the resident or the resident's representative, except in an emergency;</u>
 - b. The acceptance of the resident by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transfer to the receiving health care institution;
 - d. The mode of transportation; and
 - e. <u>The type of personnel member assisting in the transfer if an order or</u> recommendation for transport requires that a resident be assisted during transfer.

The definitions in 9 A.A.C. 10, Article 1 will be amended as follows:

- **. "Transfer" means, except in an emergency, 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.
- **. "Transport" means, except in an emergency, a health care institution sending a patient to another licensed health care institution for outpatient services with the intent of returning the patient to the sending health care institution.

R9-10-410. Resident Rights

An administrator shall ensure that:

- 1. A resident:
 - a. Is treated with consideration, respect, and dignity, and receives privacy in:
 - i. Treatment,
 - ii. Activities of daily living,
 - iii. Room accommodations, and

- iv. Visits or meetings with other residents or individuals,
- b. Is free from:
 - Restraint and seclusion if not medically indicated unless necessary to prevent harm to self or others and the reason for restraint or seclusion is documented in the resident's medical records;
 - ii. Abuse and misappropriation of property; and
 - iii. Interference, coercion, discrimination, and reprisal from a personnel member, the administrator, or a volunteer for exercising the resident's rights;
- c. Is provided with reasonable accommodations unless the health or safety of the resident or another resident is at risk;
- d. May formulate a health care directive;
- e. May refuse to be photographed or refuse to participate in research, education, or experiments;
- f. May consent to perform or refuse to perform work for the nursing care institution;
- g. May choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
- h. May participate in social, religious, political, and community activities that do not interfere with other residents;
- i. May 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;
- j. May share a room with the resident's spouse if space is available and the spouse consents;
- 2. A resident or the resident's representative:
 - a. Participates in the planning of, or decisions concerning treatment;
 - b. Consents to or refuses examination and treatment;
 - c. Participates in developing the resident's care plan;
 - d. May manage the resident's financial affairs;
 - e. May choose the resident's attending physician. If the resident's insurance or payor does not cover the cost of the medical services provided by the attending physician or the attending physician's designee, the resident is responsible for the costs;

- f. May submit a <u>grievance complaint</u> without retaliation from a personnel member or volunteer;
- 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 business days and medical records within one business day of the resident or the resident's representative's request;
- May obtain a copy of the resident's financial records and medical records within two business days of the resident's request and in compliance with A.R.S. § 12-2295;
- 1. 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. Is informed of the method for contacting the resident's attending physician;
- n. Is informed of the resident's total health condition;
- o. Is provided with a copy of those sections of the resident's medical records 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. Is informed in writing of a change in rates and charges 60 days before the effective date of the change; and
- q. 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; and
- 3. Financial record information is disclosed only with the written consent of a resident or the resident's representative or as permitted by law.

R9-10-411. Medical Records

- A. An administrator shall ensure that:
 - 1. A medical record is established and maintained for each resident;
 - 2. An entry in a medical record is:
 - a. Documented only by a personnel member authorized by nursing care institution policies and procedures;
 - b. Dated, legible, and authenticated; and

- c. Not changed to make the initial entry illegible;
- 3. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is responsible for the use of the stamp or the electronic code;
- 4. A medical record is available to personnel, physicians, and physicians' designees authorized by nursing care institution policies and procedures;
- 5. Information in a medical record is disclosed only with the written consent of a resident or the resident's representative or as permitted by law;
- 6. If a nursing care institution terminates operations:
 - a. A resident and the resident's medical records are transferred to another health care institution; and
 - b. The location of all other records and documents not transferred with residents is submitted in writing to the Department not less than 30 days before the nursing care institution services are terminated; and
- If the nursing care institution has a change of ownership, all nursing care institution records and documents, including financial, personnel, and medical records, are transferred to the new owner;
- 8. A medical record is:
 - a. Protected from loss, damage or unauthorized use;
 - Maintained in compliance with A.R.S. § 12-2297(D) for five years after the date of the resident's discharge unless the resident is less than 18 years of age, in which case the record is maintained for three years after the resident reaches 18 years of age or for three years after the date of the resident's transfer or discharge, whichever date occurs last; and
 - c. Provided to the Department within two hours of the Department's request;
- **B.** If a nursing care institution keeps 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 require that medical records for a resident contain:
 - 1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth;

- c. The resident's weight;
- d. The resident's Social Security number;
- e. The resident's last known address;
- c. The home address and telephone number of a designated resident representative; and
- d. Any known allergies or sensitivities to a medication or a biological;
- 2. The admission date and physician admitting orders;
- 3. The admitting diagnosis;
- 4. The medical history and physical examination required in R9-10-908(5);
- 5. A copy of the resident's living will, health care power of attorney, or other health care directive, if applicable;
- 6. The name and telephone number of the resident's attending physician;
- 7. Orders;
- 8. Care plans;
- 9. A record of medical services, nursing services, and medically-related social services provided to a resident;
- 10. Documentation of any incident involving the resident;
- 11. Notes by a physician, the physician's designee, nursing personnel, and any other individual providing nursing care institution services to the resident Progress notes;
- Documentation of freedom from infectious pulmonary tuberculosis required in R9-10-908;
- 13. Documentation of a medication or a biological administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The type of vaccine, if applicable;
 - d. For a medication administered for pain:
 - <u>i.</u> <u>An assessment of the patient's pain before administering the medication,</u> and
 - <u>ii.</u> <u>The effect of the medication administered;</u>
 - e. 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;

- f. The signature and professional designation of the individual administering or observing the self-administration of the medication or biological; and
- g. Any adverse reaction a resident has to the medication or biological; and
- 14. <u>If the resident has been assessed for receiving nutrition and feeding assistance</u>, documentation of the assessment and the determination of eligibility; and
- 15. <u>If applicable, a copy of</u>:
 - a. <u>A written notice provided to the resident or the resident's representative</u>,
 - b. Discharge or transfer documentation,
 - c. <u>A discharge summary, and</u>
 - <u>d.</u> <u>Written follow-up instructions provided to the resident or the resident's</u> 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;
 - 4. If the daily census of the nursing care institution is not more 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. <u>A method is established and documented that identifies the types and numbers of nursing</u> 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, <u>as determined by the method in subsection (B)(1)</u>, are on the nursing care institution premises at all times to meet the needs of a resident for nursing services;
 - 3. At least one nurse is present and responsible for providing direct care to not more than 64 residents;
 - 4. Documentation of nursing personnel on duty each day is maintained at the nursing care institution and includes:

- a. The date;
- b. The number of residents;
- c. The name and license or certification title of each nursing personnel who worked that day; and
- d. The actual number of hours each nursing personnel worked that day;
- The documentation of nursing personnel required in subsection (B)(3) is maintained for
 12 months from the date of the documentation and available to the Department for review within two hours from the Department's request;
- 6. At the time of a resident's admission, an initial assessment is performed on the resident to ensure the resident's immediate needs such as medication and food services are met;
- 7. A comprehensive assessment is performed by a registered nurse and coordinated by the registered nurse in collaboration with an interdisciplinary team and includes the information listed in subsection (B)(9);
- 8. The comprehensive assessment required in subsection (B)(7) is performed on a resident:
 - a. Within 14 days of admission to a nursing care institution; and
 - b. No later than 12 months from the date of the last comprehensive assessment;
- 8. A comprehensive assessment includes the resident's:
 - a. Vital signs,
 - b. Diagnosis,
 - c. Medical history,
 - d. Treatment,
 - e. Dental condition,
 - f. Nutritional condition and nutritional needs,
 - g. Medications,
 - h. Clinical laboratory reports,
 - i. Diagnostic reports,
 - j. Capability to perform activities of daily living,
 - k. Psychosocial condition,
 - l. Cognitive condition,
 - m. Impairments in physical and sensory functioning,
 - n. Potential for recreational activities,
 - o. Potential for rehabilitation, and
 - p. Potential for discharge;

- 9. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, a physician's designee, or a registered nurse determines the resident has a significant change in condition;
- 10. A care plan is developed, documented, and implemented for a resident within seven days of completing the comprehensive assessment required in subsection (B)(6);
- 11. The care plan required in subsection (B)(10):
 - a. Is reviewed and revised as necessary if a resident has had a significant change in condition; and
 - Ensures that a resident is provided nursing services to maintain the resident's highest practicable well-being according to the resident's comprehensive assessment;
- 12. A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months from the date of the current comprehensive assessment and revised if there is a significant change in the resident's condition;
- 13. 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.
- 14. A resident is free from significant medication errors; and
- 15. An unnecessary drug is not administered to a resident.

R9-10-413. Medical Services

- **A.** A governing authority 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 from the date of admission by an individual listed in R9-10-908(5);
 - 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 that the resident or the resident's representative has been informed of the risks and benefits of each 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 is not provided by the nursing care institution, a resident is assisted in obtaining, at the resident's expense:
 - a. Vision services;
 - b. Hearing services;
 - c. Dental services;
 - 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.
- **C.** If the attending physician designates a physician assistant or registered nurse practitioner to provide medical services to a resident, the attending physician is responsible for the medical services provided.

<u>R9-10-414.</u> Behavioral Health Services

- A. If a nursing care institution provides behavioral health services, an administrator shall ensure that:
 - <u>1.</u> <u>That the behavioral health services are provided</u>
 - <u>a.</u> <u>Under the direction of a behavioral health professional, and</u>
 - b. In compliance with the requirements in R9-10-1013 (B) and (C);

- 2. <u>A behavioral health technician or a behavioral health paraprofessional complies with the</u> requirements in R9-10-114; and
- <u>Except for a psychotropic drug used as a chemical restraint or administered according to</u>
 <u>an order from a court of competent jurisdiction, informed consent is obtained from a</u>
 <u>resident or the resident's representative for a psychotropic drug and documented in the</u>
 <u>resident's medical record before the psychotropic drug is administered to the resident.</u>
- B. <u>If a nursing care institution provides assistance in the self-administration of medication, an</u> <u>administrator shall ensure that:</u>
 - <u>1.</u> <u>A resident's medication is stored by the facility;</u>
 - 2. The following assistance is provided to a resident as stated in the resident's care plan:
 - a. <u>A reminder when it is time to take the medication;</u>
 - b. Opening the medication container for the resident;
 - <u>c.</u> <u>Observing the patient while the resident removes the medication from the container;</u>
 - <u>d.</u> <u>Verifying that the medication is taken as ordered by the resident's medical</u> practitioner by confirming that:
 - <u>i.</u> <u>The resident taking the medication is the individual stated on the</u> medication container label,
 - <u>ii.</u> <u>The dosage of the medication is the same as stated on the medication</u> <u>container label, and</u>
 - <u>iii.</u> The medication is being taken by the resident at the time stated on the medication container label; and
 - 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. Assistance with the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented as required in R9-10-411(C)(13).

<u>R9-10-415.</u> <u>Clinical Laboratory Services</u>

If clinical laboratory services are provided on the premises of the nursing care institution, an administrator shall ensure that:

 <u>Clinical laboratory services and pathology services are provided through a laboratory that</u> 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;

- A copy of the certificate of accreditation or compliance in subsection (1) is provided to the Department for review upon the Department's request;
- <u>3.</u> <u>A nursing care institution:</u>
 - 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. <u>Has the examination of the specimens performed by a clinical laboratory;</u>
- 4. <u>Clinical laboratory and pathology test results are:</u>
 - <u>a.</u> <u>Available to the ordering physician:</u>
 - 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 in the nursing care institution's policies and procedures, laboratory personnel notify:
 - a. <u>The ordering physician,</u>
 - b. <u>A registered nurse in the resident's assigned unit</u>,
 - c. The nursing care institution's administrator, or
 - d. <u>The director of nursing;</u>
- 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, there are policies and procedures for:
 - a. <u>Procuring, storing, transfusing, and disposing of blood or blood products;</u>
 - b. Blood typing, antibody detection, and blood compatibility testing; and
 - <u>c.</u> <u>Investigating transfusion adverse reactions that specify a process for review</u> <u>through the quality management program; and</u>
- 8. 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
- 8. Expired laboratory supplies are discarded according to policies and procedures.

<u>R9-10-416.</u> <u>Dialysis Services</u>

If dialysis services are provided on the premises of the nursing care institution, an administrator shall ensure that the nursing care institution comply with the requirements in R9-10-1017.

<u>R9-10-417.</u> Radiology Services and Diagnostic Imaging Services

If radiology services or diagnostic imaging services are provided on the premises of the nursing care institution, 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 A.A.C. Title 12, Chapter 1;
- 2. <u>A copy of a certificate documenting compliance with subsection (1) is provided to the</u> Department for review upon the Department's request;
- 3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided:
 - a. On the nursing care institution's premises;
 - b. By arrangement with a radiology and diagnostic imaging facility that is not on the nursing care institution's premises.
- 4. Radiology services and diagnostic imaging services are provided:
 - a. <u>Under the direction of a physician; and</u>
 - b. According to an order that includes:
 - <u>i.</u> <u>The resident's name;</u>
 - <u>ii.</u> <u>The name of the ordering individual;</u>
 - iii. The radiological or diagnostic imaging procedure ordered; and
 - iv. The reason for the procedure;
- 5. <u>A medical director, attending physician, or radiologist interprets the radiologic or</u> diagnostic image;
- 6. <u>A radiologic or diagnostic imaging resident report is prepared that includes:</u>
 - <u>a.</u> <u>The resident's name;</u>
 - b. The date of the procedure;
 - <u>c.</u> <u>A medical director, attending physician, or radiologist's interpretation of the</u> <u>image;</u>
 - d. The type and amount of radiopharmaceutical used, if applicable; and
 - e. The adverse reaction to the radiopharmaceutical, if any; and

7. <u>A radiologic or diagnostic imaging resident report is included in the resident's medical</u> record.

<u>R9-10-418.</u> <u>Respiratory Care Services</u>

If respiratory care services are provided on the premises of a nursing care institution, an administrator

shall ensure that:

- 1. <u>Respiratory care services are provided under the direction of a medical director or</u> attending physician;
- 2. Respiratory care services are provided according to an order that includes:
 - <u>a.</u> <u>The resident's name;</u>
 - 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. <u>The date and time of administration;</u>
 - b. <u>The type of respiratory care services;</u>
 - <u>c.</u> <u>The effect of respiratory care services;</u>
 - d. The 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 R9-10-414.

<u>R9-10-419.</u> <u>**Rehabilitation Services**</u>

If rehabilitation services are provided on the premises of a nursing care institution, an administrator shall

ensure that:

- 1. <u>Rehabilitation services are provided:</u>
 - a. <u>Under the direction of an individual qualified according to policies and</u> 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:
 - <u>a.</u> <u>An order for rehabilitation services that includes the name of the ordering</u> <u>individual and a referring diagnosis;</u>

- b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services;
- <u>c.</u> <u>The rehabilitation services provided;</u>
- d. The resident's response to the rehabilitation services; and
- e. <u>The authentication of the individual providing the rehabilitation services.</u>

R9-10-420. Medication Services

- A. An administrator shall comply with the requirements in A.R.S. Title 32, Chapter 18, and 4 A.A.C. 23.An administrator shall ensure that if pharmaceutical services that require a pharmacy license are provided on the premises:
 - 1. 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
 - 2. A copy of the pharmacy license is provided to the Department upon request.
- **B.** An administrator shall ensure that:
 - 1. A medication or a biological is provided to a resident at the resident's expense including a medication or a biological used in an emergency or obtained through contract with a pharmacy licensed under A.R.S. Title 32, Chapter 18 or otherwise provided by law;
 - 2. A medication or a biological is:
 - a. Stored in a locked compartment;
 - b. Maintained at temperatures recommended by the manufacturer; and
 - c. Accessed only by individuals authorized according to nursing care institution policies and procedures;
 - 3. The medication error rate at the nursing care institution, as determined by the Department during a license survey, is less than five percent;
 - 4. A medication or a biological administered to a resident is:
 - a. <u>Administered as ordered</u>, and
 - b. Documented as required in R9-10-411(C)(13);
 - 5. A pharmacist reviews a resident's medications 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; and
 - 6. A drug reference source, current within one year of the publication date, is available and maintained on the nursing care institution's premises for use by a personnel member, a physician, and a physician's designee.
- **C.** A director of nursing shall ensure that:

- 1. Medication policies and procedures are established, documented, and implemented that include:
 - A system for the receipt, disposition, and reconciliation inventory control-of medications, biologicals, and controlled substances;
 - b. The administration, storage, and disposal of medications, biologicals, and controlled substances; and
 - c. Identification of individuals who are authorized to have access to controlled substances;
- 2. <u>Verbal orders for medication services are taken by a nurse</u>, unless otherwise provided by <u>law;</u>
- A controlled substance is stored in a locked compartment separate from other medications;
- 4. A medication administration error or an adverse reaction to a medication or biological is reported to a resident's attending physician or the attending physician's designee and documented in the resident's medical records;
- 5. An antipsychotic medication:
 - a. Is only administered to a resident for a diagnosed medical condition;
 - 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 antipsychotic medication unless a dose reduction is attempted and the resident displays behavior justifying the need for the antipsychotic medication, and the attending physician documents the necessity for the continued use and dosage; and
 c. Is documented as required in R9-10-411(C)(13) and includes the resident's response to the medication.
- D. A resident may self-administer medication if the 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.
- E. A nurse shall document a resident's self-administration of medication as required in R9-10-411(C)(13).

R9-10-421. Food Services

- **A.** An administrator shall ensure that:
 - 1. Food services are provided in compliance with 9 A.A.C. 8, Article 1;

- A copy of the nursing care institution's food establishment license required in subsection
 (A)(1) is provided to the Department for review upon the Department's request;
- If a nursing care institution contracts with a food establishment as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution, a copy of the contracted food establishment's license is:
 - a. Maintained on the nursing care institution's premises, and
 - b. Provided to the Department for review upon the Department's request;
- 4. A registered dietitian is employed full time, part time, or as a consultant to
 - a. <u>Reviews a food menu before the food menu is used to ensure that resident's</u> <u>nutritional needs are being met.</u>
 - b. Documents the review of a food menu, and
 - c. <u>Is available for consultation regarding a resident's nurtritional needs;</u>
- 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.** 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. <u>Includes the foods to be served on each day</u>,
 - c Is conspicuously posted <u>at least one day before the first meal on the food menu</u> <u>will be served</u>, and
 - d. adhered to unless an uncontrollable situation requires food substitution such as food spoilage or nondelivery of specific food ordered;Includes any food substitution no later than the morning of the day of meal service with a food substitutions.
 - 3. Meals for each day:
 - Meet the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, "Recommended Dietary Allowances," 10th Edition, 1989, incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future

editions or amendments, available from the National Academy Press, 2101 Constitution Avenue, N.W., P. O. Box 285, Washington, D.C. 20055; and

- b. Are planned using meal planning guides from "The Food Guide Pyramid" in Home and Garden Bulletin No. 252, (revised 1996), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, 1120 20th Street, N.W., Suite 200, North Lobby, Washington, D.C. 20036-3475; (*Will incorporate most recent publication*)
- 4. A resident is provided:

i.

- 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:
 - 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; and
- 8. 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.
- C. If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:

- <u>1.</u> <u>A nutrition and feeding assistant:</u>
 - <u>a.</u> <u>Is at least 16 years of age;</u>
 - b. If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;
 - <u>c.</u> <u>Completes a nutrition and feeding assistant training course within 12 months</u> <u>before initially providing nutrition and feeding assistance;</u>
 - <u>d.</u> <u>Provides:</u>
 - i. Only nutrition and feeding assistance to a eligible resident;
 - <u>ii.</u> <u>Nutrition and feeding assistance in a common area where nursing personnel are present:</u>
 - <u>e.</u> Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel;
 - <u>f.</u> 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. <u>A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:</u>
 - a. <u>Has difficulty swallowing</u>,
 - b. Has had recurrent lung aspirations,
 - c. <u>Requires enteral feedings</u>,
 - d. <u>Requires parenteral feedings, or</u>
 - e. <u>Has any other eating or drinking difficulty that may cause the resident's health or</u> <u>safety to be compromised if the resident receives nutrition and feeding assistance</u> <u>from a nutrition and feeding assistant;</u>
- 3. <u>Only an eligible resident receives nutrition and feeding assistance;</u>
- 4. <u>A nurse determines if a resident is eligible to receive nutrition and feeding assistance</u> based on:
 - <u>a.</u> <u>The resident's comprehensive assessment,</u>
 - b. The resident's care plan, and
 - c. <u>An assessment conducted by the nurse when making the determination;</u>
- 5. <u>A method is implemented that identifies eligible residents that ensures only eligible</u> residents receive nutrition and feeding assistance;
- 6. When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes a 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. <u>A nurse documents the nurse's observations required in subsection (C)(5); and</u>
- <u>A nutrition and feeding assistant is provided additional training according to the nursing care institution's policies and procedures and if a nurse identifies a need for additional training based on the nurse's observation in subsection(C)(5).</u>

R9-10-422. Physical Plant Standards

- A. An administrator shall ensure that:
 - 1. A nursing care institution complies with:
 - a. The physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 applicable at the time of licensure; 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. Architectural plans and specifications for construction, a modification, or a change in resident beds or licensed capacity are submitted to the Department for approval according to the requirements in 9 A.A.C. 10, Article 1;
 - 3. Construction, a modification, or a change in resident beds or licensed capacity complies with the requirements of this Article and the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 in effect at the time the construction, modification, or change in resident beds or licensed capacity and is approved by the Department;
 - 4. A resident room has 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;
 - 5. A nursing care institution has no more than two beds in a resident room unless:
 - a. The nursing care institution was operating before October 31, 1982, and
 - The resident room has not undergone a modification as defined in 9 A.A.C. 10, Article 1;
 - 6. A resident room or a suite of rooms is accessible without passing through another resident's room;
 - 7. A resident room or a suite of rooms does not open into any area where food is prepared, served, or stored;

- 8. A resident room that has more than one bed has a curtain or similar type of separation between the beds for privacy;
- 9. A resident room has a closet with clothing racks and shelves accessible to the resident;
- 10. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs;
- 11. If the nursing care institution has a semipublic swimming pool on the premises for the use of residents:
 - a. The pool is enclosed by at least a five-foot-high wall, fence, or other barrier as measured on the exterior side of the wall, fence, or barrier;
 - b. An opening in the wall, fence, or barrier does not exceed four inches in diameter;
 - c. A wire mesh or chain link fence has a maximum mesh size of 1 3/4 inches as measured horizontally;
 - d. The self-closing, self-latching gates are locked when the pool is not in use;
 - e. The pool has safety rules conspicuously posted;
 - f. A resident is supervised at all times when using the pool; and
 - g. The pool conforms to state and local laws and rules for design, construction, and operation of semipublic swimming pools.
- B. An administrator of a nursing care institution that provides behavioral health services shall

R9-10-423. Environmental and Equipment Standards

An administrator shall ensure that:

1.

- A nursing care institution's premises and equipment are:
 - a. Cleaned 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 resident or an individual to suffer physical injury;
- 2. A pest control program is used to control insects and rodents;
- 3. Tobacco smoking is permitted only in designated ventilated areas;
- 4. Biohazardous and hazardous wastes are identified, stored, used, and disposed of according to A.A.C. R18-13-1401;
- 5. There is space and equipment to meet the needs of the residents for:
 - a. Individual and group activities;
 - b. Community dining; and
 - c. Any special therapies such as physical, occupational, or speech therapy;
- 6. There is lighting for tasks performed by a resident or a personnel member;

- 7. The temperature in the nursing care institution is no less than 71° F or more than 84° F;
- 8. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
- 9. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
- 10. Equipment used to provide direct care is:
 - a. Maintained in working order;
 - b. Tested and calibrated, if applicable, at least once every 12 months or according to the manufacturer's recommendations; and
 - c. Used according to the manufacturer's recommendations; and
- 11. Documentation of each equipment test, calibration, and repair is:
 - a. Maintained on the nursing care institution's premises for one year from the date of the testing, calibration, or repair; and
 - b. Provided to the Department for review within two hours from the Department's request.

R9-10-424. Safety Standards

- A. An administrator shall ensure that:
 - 1. A disaster plan is developed, documented, and implemented that includes:
 - a. Procedures for protecting the health and safety of residents and other individuals;
 - b. Assigned responsibilities for each personnel member;
 - c. Instructions for the evacuation, transport, or transfer of residents,
 - d. Maintenance of medical records, and
 - e. Arrangements to provide any other nursing care institution services to meet the resident's needs;
 - 2. If applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use;
 - 3. A plan exists for back-up power and water supply;
 - 4. A fire drill is performed on each shift at least once every three months;
 - 5. A disaster drill is performed at least once every six months;
 - 6. Documentation of a fire drill required in subsection (A)(4) and a disaster drill required in subsection (A)(5) includes:
 - a. The date and time of the drill;
 - b. The names of each personnel member participating in the drill;
 - c. A critique of the drill; and

- d. Recommendations for improvement, if applicable;
- 7. Documentation of a fire drill or a disaster drill is maintained by the nursing care institution for 18 months from the date of the drill and provided to the Department for review within two hours of the Department's request.
- **B.** A fire safety inspection is conducted in the nursing care institution every 12 months by the fire authority having jurisdiction.
- **C.** Documentation of the fire safety inspection is provided to the Department for review within two hours of the Department's request.

R9-10-425. Infection Control

An administrator shall ensure that:

- 1. There are policies and procedures:
 - a. To prevent or control, identify, report, and investigate infections and communicable diseases including:
 - i. Maintaining and storing sterile equipment and supplies;
 - ii. Disposing of biohazardous medical waste; and
 - iii. Transporting and processing soiled linens and clothing;
 - b. That establish work restriction guidelines for a personnel member infected or ill with a communicable disease or infected skin lesions;
- 2. An infection control program is established to prevent the development and transmission of disease and infection including:
 - a. Developing a facility-wide plan for preventing, tracking, and controlling communicable diseases and infection;
 - b. Reviewing the types, causes, and spread of communicable diseases and infections; and
 - c. Developing corrective measures for improvement and prevention of additional cases;
- 3. 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;
- 4. Linens are clean before use, without holes and stains, and are not in need of repair;
- 5. A personnel member and a volunteer washes hands or use a hand disinfection product after each resident contact and after handling soiled linen, soiled clothing or potentially infectious material; and

6. Infection control processes, policies, and information are documented and maintained in the nursing care institution for two years and are provided to the Department for review within two hours of the Department's request.

R9-10-426. 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 renewal license 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;
 - 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.
 - 5 points: The nursing care institution ensures that each resident is free from significant 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 quality of life, dignity, and 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.
 - 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 Office of Long Term Care Licensure 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 grievances, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident grievances, and resident concerns.
 - d. 1 point. The nursing care institution is implementing a system to provide medically-related 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 each personnel member who provides direct care to residents attends 12 hours of inservice education every 12 months from the starting date of employment.
- 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 after each direct resident contact or where hand washing 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 individual'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 nondelivery 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.

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. <u>An application for approval that contains:</u>
 - a. <u>The name of the individual in charge of the proposed nutrition and feeding</u> <u>assistant training program;</u>
 - b. The address where the nutrition and feeding assistant training program records are maintained;
 - <u>c.</u> <u>A description of the training course being offered by the nutrition and feeding</u> 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
 - <u>d.</u> The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed;

- 2. A copy of the materials used for providing the nutrition and feeding assistant training program.
- <u>C.</u> 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 days of 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:
 - 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;
 - 2. If the applicant does not submit the missing information or documents to the Department within 30 days, the Department shall consider the application withdrawn; and
 - 3. If the applicant submits the missing information or documents to the Department within the time-frame in Table 1.1, 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 agree in writing to allow the Department to submit supplemental requests for information.
- <u>G.</u> <u>If the Department issues a written comprehensive request or a supplemental request for</u> 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 all of the information requested, and
 - 2. The applicant shall submit to the Department all of 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:
 - <u>An approval for an agency to operate a nutrition and feeding assistant training program, if</u> the Department determines that the agency and the application complies with A.R.S. § <u>36-413 and this Section;</u>
 - A denial for an agency that includes the reason for the denial and the process for appeal the Department's decision if:
 - a. The Department determines that the applicant does not comply with A.R.S. § 36-413 and this Section; or
 - <u>b.</u> The applicant does not submit all of 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.
- <u>I.</u> <u>An individual in charge of a nutrition and feeding assistant training program shall ensure that:</u>
 - 1.
 The materials and coursework for the nutrition and feeding assistant training program

 demonstrate includes the following topics:
 - <u>a.</u> <u>Feeding techniques,</u>
 - 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,
 - <u>f.</u> <u>Infection control</u>,
 - g. <u>Resident rights</u>,
 - h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior, and
 - <u>i.</u> <u>Reporting a change in subsection (C)(4) to a nurse at a nursing care institution</u>
 - 2. An individual providing the training course is:
 - <u>a.</u> <u>A physician,</u>
 - b. <u>A physician assistant</u>,
 - c. <u>A registered nurse practitioner</u>,
 - d. <u>A registered nurse</u>,
 - e. <u>A licensed practical nurse</u>,
 - <u>f.</u> <u>A speech-language pathologist, or</u>
 - g. <u>An occupation therapist;</u>
 - 3. <u>An individual taking the training course completes:</u>

- 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,
 - <u>3.</u> <u>The date of completion</u>,
 - 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. <u>The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding</u> <u>assistant training program if an applicant for or an agency operating a nutrition and feeding</u> <u>assistance training program:</u>
 - 1. <u>Provides false or misleading information to the Department;</u>
 - 2. Does not comply with the applicable statutes and rules;
 - 3. <u>Issues a training completion certificate to an individual who did not:</u>
 - a. Complete the nutrition and feeding assistant training program, or
 - b. Demonstrate the skills the individual was expected to acquire;
 - 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. <u>In determining which action in subsection (D) is appropriate, the Department shall consider the</u> following:
 - 1. <u>Repeated violations of statutes or rules,</u>
 - 2. <u>Pattern of non-compliance</u>,
 - <u>3.</u> <u>Types of violations,</u>
 - <u>4.</u> <u>Severity of violations, and</u>
 - 5. <u>Number of violations.</u>