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## ARTICLE 4. NURSING CARE INSTITUTIONS

### **R9-10-401. Definitions**

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

1. "Administrator" has the meaning in A.R.S. § 36-446.
2. "Care plan" means a documented description of physical health services and behavioral health services expected to be provided to a resident, based on the resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.
3. "Direct care" means medical services, nursing services, or social services provided to a resident.
4. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
5. "Full-time" means 40 hours or more every consecutive seven calendar days.
6. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
7. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment.
8. "Intermittent" means not on a regular basis.
9. "Nursing care institution services" means medical services, nursing services, health-related services, ancillary services, social services, and environmental services provided to a resident.
10. "Resident group" means residents or residents' family members who:
  - a. Plan and participate in resident activities, or
  - b. Meet to discuss nursing care institution issues and policies.
11. "Secured" means the use of a method, device, or structure that:
  - a. Prevents a resident from leaving an area of the nursing care institution's premises, or
  - b. Alerts a personnel member of a resident's departure from the nursing care institution.

12. "Social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
13. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
14. "Unnecessary drug" means a medication that is not required because:
  - a. There is no documented indication for a resident's use of the medication;
  - b. The medication is duplicative;
  - c. The medication is administered before determining whether the resident requires the medication; or
  - d. The resident has experienced an adverse reaction from the medication, indicating that the medication should be reduced or discontinued.
15. "Ventilator" means a device designed to provide, to a resident who is physically unable to breathe or who is breathing insufficiently, the mechanism of breathing by mechanically moving breathable air into and out of the resident's lungs.

**R9-10-402. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for an initial license as a nursing care institution shall include:

1. In a Department-provided format whether the applicant:
  - a. Has:
    - i. A secured area for a resident with Alzheimer's disease or other dementia, or
    - ii. An area for a resident on a ventilator;
  - b. Is requesting authorization to provide to a resident:
    - i. Behavioral health services,
    - ii. Clinical laboratory services,
    - iii. Dialysis services, or
    - iv. Radiology services and diagnostic imaging services; and
  - c. Is requesting authorization to operate a nutrition and feeding assistant training program; and
2. If the governing authority is requesting authorization to operate a nutrition and feeding assistant training program, the information in R9-10-116(B)(1)(a), (B)(1)(c), and (B)(2).

**R9-10-403. Administration**

- A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
  2. Establish, in writing, the nursing care institution's scope of services;
  3. Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
  4. Adopt a quality management program according to R9-10-404;
  5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  6. Designate, in writing, an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6, if the administrator is:
    - a. Expected not to be present on the nursing care institution's premises for more than 30 calendar days, or
    - b. Not present on the nursing care institution's premises for more than 30 calendar days; and
  7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department.
- B. An administrator:
1. Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
  2. Has the authority and responsibility to manage the nursing care institution;
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the nursing care institution's premises and accountable for the nursing care institution when the administrator is not present on the nursing care institution's premises;
  4. Ensures the nursing care institution's compliance with A.R.S. § 36-411; and
  5. If the nursing care institution provides feeding and nutrition assistant training, ensures the nursing care institution complies with the requirements for the operation of a feeding and nutrition assistant training program in R9-10-116.
- C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to resident care;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training including:
    - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
    - ii. The method and content of cardiopulmonary resuscitation training,
    - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
  - f. Cover first aid training;
  - g. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
  - h. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
  - i. Cover specific steps for:
    - i. A resident to file a complaint, and
    - ii. The nursing care institution to respond to a resident's complaint;
  - j. Cover health care directives;
  - k. Cover medical records, including electronic medical records;
  - l. Cover a quality management program, including incident reports and supporting documentation;
  - m. Cover contracted services;

- n. Cover resident's personal accounts;
  - o. Cover petty cash funds;
  - p. Cover fees and refund policies;
  - q. Cover misappropriation of resident property; and
  - r. Cover when an individual may visit a resident in a nursing care institution; and
2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that:
- a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
  - b. Cover the provision of physical health services and behavioral health services;
  - c. Include when general consent and informed consent are required;
  - d. Cover storing, dispensing, administering, and disposing of medication;
  - e. Cover infection control;
  - f. Cover how personnel members will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
  - g. Cover telemedicine, if applicable; and
  - h. Cover environmental services that affect resident care;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing care institution.
- D. Except for health screening services, an administrator shall ensure that medical services, nursing services, health-related services, behavioral health services, or ancillary services provided by a nursing care institution are only provided to a resident.

- E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
  - 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620;
- F. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing care institution's employee or personnel member, an administrator shall:
  - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  - 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  - 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. An administrator shall:

1. Allow a resident advocate to assist a resident, the resident's representative, or a resident group with a request or recommendation, and document in writing any complaint submitted to the nursing care institution;
  2. Ensure that a monthly schedule of recreational activities for residents is developed, documented and implemented; and
  3. Ensure that the following are conspicuously posted on the premises:
    - a. The current nursing care institution license and quality rating issued by the Department;
    - b. The name, address, and telephone number of:
      - i. The Department's Office of Long Term Care,
      - ii. The State Long-Term Care Ombudsman Program, and
      - iii. Adult Protective Services of the Department of Economic Security;
    - c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
    - d. The monthly schedule of recreational activities; and
    - e. One of the following:
      - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
      - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.
- H. An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- I. If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
1. Comply with policies and procedures established according to subsection (C)(1)(n);
  2. Designate a personnel member who is responsible for the personal accounts;
  3. Maintain a complete and separate accounting of each personal account;



4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
  5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
  6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
  7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- J. If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection (C)(1)(o) include:
    - a. A prescribed cash limit of the petty cash fund, and
    - b. The hours of the day a resident may access the petty cash fund; and
  2. A resident's written acknowledgment is obtained for a petty cash transaction.

**R9-10-404. Quality Management**

An administrator shall ensure that:

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

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**R9-10-405. Contracted Services**

An administrator shall ensure that:

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

**R9-10-406. Personnel**

A. An administrator shall ensure that:

1. A behavioral health technician is at least 21 years old, and
2. A behavioral health paraprofessional is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the residents receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the

- personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures; and
  3. Sufficient personnel members are present on a nursing care institution's premises with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the nursing care institution's scope of services,
    - b. Meet the needs of a resident, and
    - c. Ensure the health and safety of a resident.
- C. Except as provided in R9-10-415, an administrator shall ensure that, if a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5.
- D. An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- E. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
  1. On or before the date the individual begins providing services at or on behalf of the nursing care institution, and
  2. As specified in R9-10-113.
- F. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;

- c. The individual's compliance with the requirements in A.R.S. § 36-411;
  - d. Orientation and in-service education as required by policies and procedures;
  - e. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
  - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-403(C)(1)(e);
  - h. First aid training, if required for the individual according to this Article or policies and procedures;
  - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E); and
  - j. If the individual is a nutrition and feeding assistant:
    - i. Completion of the nutrition and feeding assistant training course required in R9-10-116, and
    - ii. A nurse's observations required in R9-10-423(C)(6).
- G. An administrator shall ensure that personnel records are:
- 1. Maintained:
    - a. Throughout the individual's period of providing services in or for the nursing care institution, and
    - b. For at least 24 months after the last date the individual provided services in or for the nursing care institution; and
  - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the nursing care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H. An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  - 2. A personnel member completes orientation before providing physical health services or behavioral health services;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and

- c. The subject or topics covered in the orientation;
  4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
  5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  6. A work schedule of each personnel member is developed and maintained at the nursing care institution for at least 12 months after the date of the work schedule.
- I. An administrator shall designate a qualified individual to provide:
  1. Social services, and
  2. Recreational activities.

**R9-10-407. Admission**

An administrator shall ensure that:

1. A resident is admitted only on a physician's order;
2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident, such as medication and food services;
3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to ensure the resident's immediate needs for nursing care institution services are met;
4. A resident's needs do not exceed the medical services and nursing services available at the nursing care institution as established in the nursing care institution's scope of services;
5. Before or at the time of admission, a resident or the resident's representative:
  - a. Receives a documented agreement with the nursing care institution that includes rates and charges,
  - b. Is informed of third-party coverage for rates and charges,
  - c. Is informed of the nursing care institution's refund policy, and
  - d. Receives written information concerning the nursing care institution's policies and procedures related to a resident's health care directives;
6. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:

- a. A physician, or
  - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
7. Except as specified in subsection (8), a resident provides evidence of freedom from infectious tuberculosis:
- a. Before or within seven calendar days after the resident's admission, and
  - b. As specified in R9-10-113;
8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10-113(1) if:
- a. Fewer than 12 months have passed since the resident was screened for tuberculosis or since the date of the written statement, and
  - b. The documentation of freedom from infectious tuberculosis required in subsection (7) accompanies the resident at the time of transfer; and
9. Compliance with the requirements in subsection (6) is documented in the resident's medical record.

**R9-10-408. Discharge**

- A. An administrator shall ensure that:
1. A resident is transferred or discharged if:
    - a. The nursing care institution is not authorized or not able to meet the needs of the resident, or
    - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; and
  2. Documentation of a resident's transfer or discharge includes:
    - a. The date of the transfer or discharge;
    - b. The reason for the transfer or discharge;
    - c. A 30-day written notice except:
      - i. In an emergency, or
      - ii. If the resident no longer requires nursing care institution services as determined by a physician or the physician's designee;

- d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
  - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.
- B. An administrator may transfer or discharge a resident for failure to pay for residency if:
- 1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and
  - 2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.
- C. Except in an emergency, a director of nursing shall ensure that before a resident is discharged:
- 1. Written follow-up instructions are developed with the resident or the resident's representative that includes:
    - a. Information necessary to meet the resident's need for medical services and nursing services; and
    - b. The state long-term care ombudsman's name, address, and telephone number;
  - 2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
  - 3. A discharge summary is developed by a personnel member and authenticated by the resident's attending physician or designee and includes:
    - a. The resident's medical condition at the time of transfer or discharge,
    - b. The resident's medical and psychosocial history,
    - c. The date of the transfer or discharge, and
    - d. The location of the resident after discharge.

**R9-10-409. Transport; Transfer**

- A. Except as provided in subsection (B), an administrator shall ensure that:
- 1. A personnel member coordinates the transport and the services provided to the resident;
  - 2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport,
    - b. Information from the resident's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the resident or

the resident's representative; and

3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B. Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a resident by the resident or the resident's representative,
  3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
  4. A transport to another licensed health care institution in an emergency.
- C. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;
    - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transfer.

**R9-10-410. Resident Rights**

- A. An administrator shall ensure that:
1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;



2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
    - b. Where resident rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
1. A resident has privacy in:
    - a. Treatment,
    - b. Bathing and toileting,
    - c. Room accommodations, and
    - d. A visit or meeting with another resident or an individual;
  2. A resident is treated with dignity, respect, and consideration;
  3. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and
  4. A resident or the resident's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication or a surgical procedure and the associated risks and possible complications of the psychotropic medication or surgical procedure;
    - d. Is informed of the following:

- i. The health care institution's policy on health care directives, and
  - ii. The resident complaint process;
- e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing care institution for identification and administrative purposes;
- f. May manage the resident's financial affairs;
- g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;
- h. Has access to and may communicate with any individual, organization, or agency;
- i. May participate in a resident group;
- j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
- k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
- l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
  - i. Medical record, and
  - ii. Financial records;
- m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
- n. Is informed of the method for contacting the resident's attending physician;
- o. Is informed of the resident's total health condition;
- p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged;
- q. Is informed in writing of a change in rates and charges at least 60 calendar days before the effective date of the change; and
- r. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.

- C. A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
  3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
  4. To participate in social, religious, political, and community activities that do not interfere with other residents;
  5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
  6. To share a room with the resident's spouse if space is available and the spouse consents;
  7. To receive a referral to another health care institution if the nursing care institution is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
  8. To participate or have the resident's representative participate in the development of, or decisions concerning, treatment;
  9. To participate or refuse to participate in research or experimental treatment; and
  10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**R9-10-411. Medical Records**

- A. An administrator shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a resident's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:

- a. Dated when the order is entered in the resident's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A resident's medical record is available to an individual:
    - a. Authorized to access the resident's medical record according to policies and procedures;
    - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If a nursing care institution maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's date of birth; and
    - c. Any known allergies, including medication allergies;
  2. The admission date and, if applicable, the date of discharge;
  3. The admitting diagnosis or presenting symptoms;
  4. Documentation of general consent and, if applicable, informed consent;
  5. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or

- b. If the resident's representative:
  - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
  - ii. Is a legal guardian, a copy of the court order establishing guardianship;
- 6. The medical history and physical examination required in R9-10-407(6);
- 7. A copy of the resident's living will or other health care directive, if applicable;
- 8. The name and telephone number of the resident's attending physician;
- 9. Orders;
- 10. Care plans;
- 11. Behavioral care plans, if the resident is receiving behavioral care;
- 12. Documentation of nursing care institution services provided to the resident;
- 13. Progress notes;
- 14. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
- 15. If applicable, documentation that evacuation from the nursing care institution would cause harm to the resident;
- 16. The disposition of the resident after discharge;
- 17. The discharge plan;
- 18. The discharge summary;
- 19. Transfer documentation;
- 20. If applicable:
  - a. A laboratory report,
  - b. A radiologic report,
  - c. A diagnostic report, and
  - d. A consultation report;
- 21. Documentation of freedom from infectious tuberculosis required in R9-10-407(7);
- 22. Documentation of a medication administered to the resident that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. The type of vaccine, if applicable;
  - d. For a medication administered for pain on a PRN basis:

- i. An evaluation of the resident's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - e. For a psychotropic medication administered on a PRN basis:
    - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - f. The identification, signature, and professional designation of the individual administering the medication; and
  - g. Any adverse reaction a resident has to the medication;
- 23. If the resident has been assessed for receiving nutrition and feeding assistance from a nutrition and feeding assistant, documentation of the assessment and the determination of eligibility; and
- 24. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

**R9-10-412. Nursing Services**

- A. An administrator shall ensure that:
  - 1. Nursing services are provided 24 hours a day in a nursing care institution;
  - 2. A director of nursing is appointed who:
    - a. Is a registered nurse,
    - b. Works full-time at the nursing care institution, and
    - c. Is responsible for the direction of nursing services;
  - 3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
  - 4. If the daily census of the nursing care institution is less than 60, the director of nursing may provide direct care to residents on a regular basis.
- B. A director of nursing shall ensure that:
  - 1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution's scope of services;

2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are on the nursing care institution premises to meet the needs of a resident for nursing services;
3. At least one nurse is present on the nursing care institution's premises and responsible for providing direct care to not more than 64 residents;
4. Documentation of nursing personnel present on the nursing care institution's premises each day is maintained and includes:
  - a. The date,
  - b. The number of residents,
  - c. The name and license or certification title of each nursing personnel member who worked that day, and
  - d. The actual number of hours each nursing personnel member worked that day;
5. The documentation of nursing personnel required in subsection (B)(4) is maintained for at least 12 months after the date of the documentation;
6. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:
  - a. Is injured,
  - b. Is involved in an incident that may require medical services, or
  - c. Has a significant change in condition; and
7. An unnecessary drug is not administered to a resident.

**R9-10-413. Medical Services**

- A. An administrator shall appoint a medical director.
- B. A medical director shall ensure that:
  1. A resident has an attending physician;
  2. An attending physician is available 24 hours a day;
  3. An attending physician designates a physician who is available when the attending physician is not available;
  4. A physical examination is performed on a resident at least once every 12 months after the date of admission by an individual listed in R9-10-407(6);
  5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:

- a. The attending physician provides documentation that the vaccination is medically contraindicated;
  - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
  - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
6. If the any of the following services are not provided by the nursing care institution and needed by a resident, the resident is assisted in obtaining, at the resident's expense:
- a. Vision services;
  - b. Hearing services;
  - c. Dental services;
  - d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
  - e. Psychosocial services;
  - f. Physical therapy;
  - g. Speech therapy;
  - h. Occupational therapy;
  - i. Behavioral health services; and
  - j. Services for an individual who has a developmental disability, as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

**R9-10-414. Comprehensive Assessment; Care Plan**

- A. A director of nursing shall ensure that:
  1. A comprehensive assessment of a resident:
    - a. Is conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team;



- b. Is completed for the resident within 14 calendar days after the resident's admission to a nursing care institution;
- c. Is updated:
  - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
  - ii. When the resident experiences a significant change;
- d. Includes the following information for the resident:
  - i. Identifying information;
  - ii. An evaluation of the resident's hearing, speech, and vision;
  - iii. An evaluation of the resident's ability to understand and recall information;
  - iv. An evaluation of the resident's mental status;
  - v. Whether the resident's mental status or behaviors:
    - (1) Put the resident at risk for physical illness or injury,
    - (2) Significantly interfere with the resident's care,
    - (3) Significantly interfere with the resident's ability to participate in activities or social interactions,
    - (4) Put other residents or personnel members at significant risk for physical injury,
    - (5) Significantly intrude on another resident's privacy, or
    - (6) Significantly disrupt care for another resident;
  - vi. Preferences for customary routine and activities;
  - vii. An evaluation of the resident's ability to perform activities of daily living;
  - viii. Need for a mobility device;
  - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
  - x. Any diagnosis that impacts nursing care institution services that the resident may require;
  - xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing care institution services;
  - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;

- xiii. An evaluation of the resident's oral and dental status;
  - xiv. An evaluation of the condition of the resident's skin;
  - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
  - xvi. Identification of any treatment or medication ordered for the resident;
  - xvii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
  - xviii. A description of the resident or resident's representative's participation in the comprehensive assessment;
  - xix. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
  - xx. Potential for rehabilitation; and
  - xxi. Potential for discharge; and
- e. Is signed and dated by:
- i. The registered nurse who conducts or coordinates the comprehensive assessment or review; and
  - ii. If a behavioral health professional is required to review according to subsection (A)(2), the behavioral health professional who reviewed the comprehensive assessment or review;
2. If any of the conditions in (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and care plan to ensure that the resident's needs for behavioral health services are being met;
3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
4. A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition.
- B. An administrator shall ensure that a care plan for a resident:

1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
2. Is reviewed and revised based on any change to the resident's comprehensive assessment; and
3. Ensures that a resident is provided nursing care institution services that:
  - a. Address any medical condition or behavioral health issue identified in the resident's comprehensive assessment, and
  - b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

**R9-10-415. Behavioral Health Services**

Except for behavioral care, if a nursing care institution is authorized to provide behavioral health services, an administrator shall ensure that:

1. The behavioral health services are provided:
  - a. Under the direction of a behavioral health professional licensed or certified to provide the type of behavioral health services in the nursing care institution's scope of services, and
  - b. In compliance with the requirements:
    - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
    - ii. For an assessment, in R9-10-1011(B); and
2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

**R9-10-416. Clinical Laboratory Services**

If clinical laboratory services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;

2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The nursing care institution:
  - a. Is able to provide the clinical laboratory services delineated in the nursing care institution's scope of services when needed by the residents,
  - b. Obtains specimens for the clinical laboratory services delineated in the nursing care institution's scope of services without transporting the residents from the nursing care institution's premises, and
  - c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
  - a. Available to the ordering physician:
    - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing care institution's premises, or
    - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing care institution's premises; and
  - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
  - a. The ordering physician,
  - b. A registered nurse in the resident's assigned unit,
  - c. The nursing care institution's administrator, or
  - d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the nursing care institution provides blood or blood products, policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood or blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

**R9-10-417. Dialysis Services**

If dialysis services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that the dialysis services are provided in compliance with the requirements in R9-10-1018.

**R9-10-418. Radiology Services and Diagnostic Imaging Services**

If radiology services or diagnostic imaging services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 12 A.A.C. 1;
2. A copy of a certificate documenting compliance with subsection (1) is maintained by the nursing care institution;
3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided on the nursing care institution's premises;
4. Radiology services and diagnostic imaging services are provided:
  - a. Under the direction of a physician; and
  - b. According to an order that includes:
    - i. The resident's name,
    - ii. The name of the ordering individual,
    - iii. The radiological or diagnostic imaging procedure ordered, and
    - iv. The reason for the procedure;
5. A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
6. A radiologic or diagnostic imaging report is prepared that includes:
  - a. The resident's name;
  - b. The date of the procedure;
  - c. A medical director, attending physician, or radiologist's interpretation of the image;
  - d. The type and amount of radiopharmaceutical used, if applicable; and
  - e. The resident's adverse reaction to the radiopharmaceutical, if any; and
7. A radiologic or diagnostic imaging report is included in the resident's medical record.

**R9-10-419. Respiratory Care Services**

If respiratory care services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a medical director or attending physician;
2. Respiratory care services are provided according to an order that includes:
  - a. The resident's name;
  - b. The name and signature of the ordering individual;
  - c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services provided;
  - c. The effect of the respiratory care services;
  - d. The resident's adverse reaction to the respiratory care services, if any; and
  - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-416.

**R9-10-420. Rehabilitation Services**

If rehabilitation services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Rehabilitation services are provided:
  - a. Under the direction of an individual qualified according to policies and procedures,
  - b. By an individual licensed to provide the rehabilitation services, and
  - c. According to an order; and
2. The medical record of a resident receiving rehabilitation services includes:
  - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,

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

**R9-10-421. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
  - 1. Include:
    - a. A process for providing information to a resident about medication prescribed for the resident including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
    - d. Procedures for documenting medication services; and
    - e. Procedures for assisting a resident in obtaining medication; and
  - 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by the director of nursing;
    - b. Specify the individuals who may:

- i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a resident only as prescribed; and
    - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  3. A medication administered to a resident:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the resident's medical record; and
  4. If a psychotropic medication is administered to a resident, the psychotropic medication:
    - a. Is only administered to a resident for a diagnosed medical condition; and
    - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.
- C. An administrator shall ensure that:
  1. A current drug reference guide is available for use by personnel members; and
  2. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;
    - b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
- D. When medication is stored at a nursing care institution, an administrator shall ensure that:
  1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:



- a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
  - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
  - c. A medication recall and notification of residents who received recalled medication; and
  - d. Storing, inventorying, and dispensing controlled substances.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and the nursing care institution's director of nursing.

**R9-10-422. Infection Control**

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the nursing care institution;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing care institution;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
- 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
- 3. Policies and procedures are established, documented, and implemented that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization, disinfection, and storage of medical equipment and supplies;

- c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
  - e. Training of personnel members, employees, and volunteers in infection control practices; and
  - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  5. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination;
    - b. Bagged at the site of use; and
    - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas; and
  6. A personnel member, an employee, or a volunteer washes hands or ~~use~~ uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**R9-10-423. Food Services**

- A. An administrator shall ensure that:
  1. The nursing care institution has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
  2. A copy of the nursing care institution's food establishment license or permit is maintained;
  3. If a nursing care institution contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution:
    - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the nursing care institution; and
    - b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
  4. A registered dietitian:

- a. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
    - b. Documents the review of a food menu, and
    - c. Is available for consultation regarding a resident's nutritional needs; and
  5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.
- B. A registered dietitian or director of food services shall ensure that:
  1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
  2. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served on each day,
    - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  3. Meals and snacks for each day are planned and served using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
  4. A resident is provided:
    - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. A resident group agrees; and

- ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
  5. A resident is provided with food substitutions of similar nutritional value if:
    - a. The resident refuses to eat the food served, or
    - b. The resident requests a substitution;
  6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
  7. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
  8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair;
  9. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the resident's medical record; and
  10. Water is available and accessible to residents.
- C. If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:
1. A nutrition and feeding assistant:
    - a. Is at least 16 years of age;
    - b. If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;
    - c. Completes a nutrition and feeding assistant training course within 12 months before initially providing nutrition and feeding assistance;
    - d. Provides nutrition and feeding assistance where nursing personnel are present;
    - e. Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel; and
    - f. If the nutrition and feeding assistant observes a change in a resident's physical condition or behavior, reports the change to a nurse or, if a nurse is not present in the common area, to nursing personnel;
  2. A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:
    - a. Has difficulty swallowing,
    - b. Has had recurrent lung aspirations,

- c. Requires enteral feedings,
  - d. Requires parenteral feedings, or
  - e. Has any other eating or drinking difficulty that may cause the resident's health or safety to be compromised if the resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
- 3. Only an eligible resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
- 4. A nurse determines if a resident is eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant, based on:
  - a. The resident's comprehensive assessment,
  - b. The resident's care plan, and
  - c. An assessment conducted by the nurse when making the determination;
- 5. A method is implemented that identifies eligible residents that ensures only eligible residents receive nutrition and feeding assistance from a nutrition and feeding assistant;
- 6. When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes the nutrition and feeding assistant while the nutrition and feeding assistant is providing nutrition and feeding assistance to ensure that the nutrition and feeding assistant is providing nutrition and feeding assistance appropriately;
- 7. A nurse documents the nurse's observations required in subsection (C)(6); and
- 8. A nutrition and feeding assistant is provided additional training:
  - a. According to policies and procedures, and
  - b. If a nurse identifies a need for additional training based on the nurse's observation in subsection (C)(6).

**R9-10-424. Emergency and Safety Standards**

- A. An administrator shall ensure that:
  - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where residents will be relocated, including:
      - i. Instructions for the evacuation or transfer of residents,
      - ii. Assigned responsibilities for each employee and personnel member, and
      - iii. A plan for continuing to provide services to meet a resident's needs;

- b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
  - c. A plan for back-up power and water supply;
  - d. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
  - e. A plan to ensure a resident is provided nursing services and other services required by the resident during a disaster; and
  - f. A plan for obtaining food and water for individuals present in the nursing care institution or the nursing care institution's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents:
  - a. Is conducted at least once every six months; and
  - b. Includes all individuals on the premises except for:
    - i. A resident whose medical record contains documentation that evacuation from the nursing care institution would cause harm to the resident, and
    - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for employees and residents to evacuate to a designated area;
  - c. If applicable:
    - i. An identification of residents needing assistance for evacuation, and

- ii. An identification of residents who were not evacuated;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  - 7. An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.
- B. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- C. An administrator shall:
  - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the fire inspection report, and
  - 3. Maintain documentation of a current fire inspection.

**R9-10-425. Environmental Standards**

- A. An administrator shall ensure that:
  - 1. A nursing care institution's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
    - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
  - 2. A pest control program is implemented and documented;
  - 3. Equipment used to provide direct care is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  - 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  - 5. Garbage and refuse are:
    - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
    - b. In areas not used for food storage, food preparation, or food service, stored:

- i. According to the requirements in subsection (5)(a), or
      - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
    - c. Removed from the premises at least once a week;
  6. Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F;
  7. Common areas:
    - a. Are lighted to assure the safety of residents, and
    - b. Have lighting sufficient to allow personnel members to monitor resident activity;
  8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  9. Linens are clean before use, without holes and stains, and not in need of repair;
  10. Oxygen containers are secured in an upright position;
  11. Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  12. Combustible or flammable liquids stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  13. If pets or animals are allowed in the nursing care institution, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  14. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a nursing care institution, and



2. Smoking tobacco products may be permitted outside a nursing care institution if:
  - a. Signs designating smoking areas are conspicuously posted, and
  - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C. If a swimming pool is located on the premises, an administrator shall ensure that:
  1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-403(C)(1)(e) is present in the pool area when a resident is in the pool area, and
  2. At least two personnel members are present in the pool area when two or more residents are in the pool area.

**R9-10-426. Physical Plant Standards**

- A. An administrator shall ensure that:
  1. A nursing care institution complies with:
    - a. The applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date the nursing care institution submitted architectural plans and specifications to the Department for approval according to R9-10-104; and
    - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412;
  2. The premises and equipment are sufficient to accommodate:
    - a. The services stated in the nursing care institution's scope of services, and
    - b. An individual accepted as a resident by the nursing care institution;
  3. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
  4. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
  5. No more than two individuals reside in a resident room unless:
    - a. The nursing care institution was operating before October 31, 1982; and
    - b. The resident room has not undergone a modification as defined in A.R.S. § 36-401;
  6. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs in a resident room or suite of rooms;

7. A resident room has:
    - a. A window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
    - b. A closet with clothing racks and shelves accessible to the resident; and
    - c. If the resident room contains more than one bed, a curtain or similar type of separation between the beds for privacy; and
  8. A resident room or a suite of rooms:
    - a. Is accessible without passing through another resident's room; and
    - b. Does not open into any area where food is prepared, served, or stored.
- B. If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (B)(1)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  2. A life preserver or shepherd's crook is available and accessible in the pool area.
- C. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (B)(1) is covered and locked when not in use.

**R9-10-427. Quality Rating**

- A. As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a compliance survey.
- B. The following quality ratings are established:
  1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points,

2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points,
  3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points, and
  4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.
- C. The quality rating is determined by the total number of points awarded based on the following criteria:
1. Nursing Services:
    - a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
    - b. 5 points: The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.
    - c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
  2. Resident Rights:
    - a. 10 points: The nursing care institution is implementing a system that ensures a resident's privacy needs are met.
    - b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
    - c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.
  3. Administration:
    - a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last

- survey or other survey or complaint investigation conducted between the last survey and the current survey.
- b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Department and as required by A.R.S. § 46-454.
  - c. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.
  - d. 1 point: The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.
  - e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.
  - f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
  - g. 1 point: The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.
4. Environment and Infection Control:
- a. 5 points: The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.
  - b. 1 point: The nursing care institution establishes and maintains a pest control program.
  - c. 1 point: The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.

- d. 1 point: The nursing care institution ensures orientation to the disaster plan for each personnel member is completed within the first scheduled week of employment.
  - e. 1 point: The nursing care institution maintains a clean and sanitary environment.
  - f. 5 points: The nursing care institution is implementing a system to prevent and control infection.
  - g. 1 point: An employee cleans the employee's hands after each direct resident contact or when hand cleaning is indicated to prevent the spread of infection.
5. Food Services:
- a. 1 point: The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.
  - b. 3 points: The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.
  - c. 2 points: The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.
  - d. 2 points: The nursing care institution provides assistance to a resident who needs help in eating so that the resident's nutritional, physical, and social needs are met.
  - e. 1 point: The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.
  - f. 1 point: The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.
- D. A nursing care institution's quality rating remains in effect until a survey is conducted by the Department for the next renewal period except as provided in subsection (E).
- E. If the Department issues a provisional license, the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance survey. If the Department determines that, as a result of a substantial compliance survey, the nursing care

institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).

- F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.