

TITLE 9. HEALTH SERVICES
CHAPTER 10. HEALTH CARE INSTITUTIONS: LICENSING
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R9-10-1401. Definitions

1. "Assessment" means an analysis of a participant's need for behavioral health or physical health services to determine which services a health care institution will provide to the participant.
2. "Emergency medical care technician" means an individual trained pursuant to A.R.S. § 36-2205.
3. "Emergency safety response" means physically holding a participant to safely manage a sudden, intense, or out-of-control behavior to prevent harm to the participant, or another individual.
4. "Participant" means an individual admitted to the facility to receive behavioral health services.
5. "Participant's representative" means
 - a. The participant's legal guardian,
 - b. If the participant is under 18 years of age and not an emancipated minor, the participant's parent;
 - c. If the participant is 18 years of age or older or an emancipated minor, an individual acting on behalf of the participant with the written consent of the participant or the participant's legal guardian; or
 - d. A surrogate as defined in A.R.S. § 36-3201.
6. "Substance abuse transitional facility" means a health care institution that provides behavioral health services to an individual who is intoxicated or may have a substance abuse problem.
7. "Treatment plan" means a description of the specific services that a facility will provide to a participant that is documented in the participant's record.

R9-10-1402. Supplemental Application Requirements

In addition to the requirements in 9 A.A.C. 10, Article 1, an administrator shall submit a request with an initial application for the licensed capacity:

1. The requested licensed capacity for providing behavioral health services to individuals under 18 years of age;
2. The requested licensed capacity for providing behavioral health services to individuals 18 years of age and older;

R9-10-1403. Administration

- A. A governing authority shall:
 1. Consist of one or more individuals accountable for the organization, operation, and administration of a facility;

2. Designate the scope of services provided by or at the facility;
3. Designate an administrator who meets the qualifications established by the governing authority;
4. Approve facility policies and procedures or designate an individual to approve facility policies and procedures;
5. Approve contracted services or designate an individual to approve contracted services;
6. Adopt a quality management program according to R9-10-1404;
7. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
8. Appoint an acting administrator, in writing, if the administrator is expected to be absent for more than 30 working days; and
9. Except as provided in subsection (A)(8) notify the Department according to § A.R.S. 36-425(I) when there is a change in the administrator.

B. An administrator:

1. Is directly accountable to the governing authority for all services provided by or at the facility;
2. Has the authority and responsibility to manage the facility;
3. Acts as a liaison between the governing authority and personnel members and employees; and
4. Except as provided in subsection (A)(8) designates, in writing, an individual who is available and accountable for the operation of the facility when the administrator is not available.

C. An administrator shall ensure that:

1. Facility policies and procedures are established, documented, and implemented that:
 - a. Include personnel job descriptions, duties, and qualifications, including required skills and knowledge for employees;
 - b. Cover orientation and training for employees;
 - c. Include how an employee may submit a complaint relating to services provided to a participant;
 - d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training;
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;

- iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - iv. The documentation that verifies that the employee have received cardiopulmonary resuscitation training;
 - e. Include a method to identify a participant to ensure the participant receives physical health services and behavioral health services as ordered;
 - f. Cover first aid training;
 - g. Cover participant rights including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;
 - h. Cover participant and participant medical records, including electronic medical records;
 - i. Cover quality management program; and
 - j. Cover when individuals may visit participants in the facility;
- 2. Facility policies and procedures for facility services are established, documented, and implemented that:
 - a. Cover participant screening admission, assessment, treatment plan, transport, transfer, discharge plan, and discharge;
 - b. Include when general consent and informed consent are required;
 - c. Cover the provision of behavioral health services and physical health services;
 - d. Cover administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - e. Cover environmental services that affect participant care;
 - f. Cover specific steps and deadlines for:
 - i. A participant to file a complaint,
 - ii. The facility to respond to and resolve a participant complaint, and
 - iii. The facility to obtain documentation of fingerprint clearance, if applicable;
 - g. Cover how incidents listed in R9-10-1403(F) are reported and investigated;
 - h. Cover the process for receiving a fee from and refunding a fee to an adult participant or the participant's representative;
 - i. Cover the process for obtaining participant preferences for social, recreational, or rehabilitative activities and meals and snacks;

- j. Cover the security of a participant's possessions that are allowed on the premises;
 - k. Cover the smoking and use of tobacco products on the premises;
 - l. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
 - m. Cover how often periodic monitoring occurs based on participant's condition;
- 3. Facility policies and procedures are reviewed at least once every 24 months and updated as needed;
 - 4. Facility policies and procedures are available to employees; and
 - 5. Unless otherwise stated, documentation required by this Chapter is provided to the Department within two hours after a Department request.
- D. An administrator shall ensure that facility policies and procedures are established, documented, and implemented that:
- 1. For an emergency medical care technician:
 - a. Delineate the services an emergency medical care technician is allowed to provide at or for a facility; and
 - b. Establish the qualifications for individuals providing supervision to a emergency medical care technician;
 - 2. For a behavioral health technician:
 - a. Delineate the services a behavioral health technician is allowed to provide at or for a facility;
 - b. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
 - c. If the behavioral technician provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health technician is under the clinical oversight of a behavioral health professional pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health technician;
 - d. Delineate the methods used to provide clinical oversight including when clinical oversight is provided on an individual basis or in a group setting;
 - e. If clinical oversight is provided electronically, ensure that:
 - i. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight;

- ii. A secure connection is used; and
 - iii. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided;
 - f. For each week that a behavioral health technician provides services related to participant care at a facility, ensure that the behavioral health technician receives clinical oversight at least once during that week;
 - g. Establish the duration of clinical oversight provided to a behavioral health technician to ensure that participant needs are met based on, for each behavioral health technician:
 - i. The scope and extent of the services provided,
 - ii. The acuity of the participants receiving services, and
 - iii. The number of participants receiving services, and
 - h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional that is responsible for clinical oversight of the behavioral health technician.
- E. If an applicant requests or a facility has a licensed capacity of 10 or more participants, an administrator shall designate a clinical director who:
 - 1. Provides direction for behavioral health services provided at the facility; and
 - 2. Is a behavioral health professional.
- F. An administrator shall provide written notification to the Department:
 - 1. Within one working day after a participant's death;
 - 2. Within two working days after a participant's suicide attempt or infliction of self-injury that results in the participant needing medical services;
 - 3. Within three working days after a participant has an accident, emergency, or serious injury that results in the participant needing medical services.
- G. An administrator shall ensure that:
 - 1. A written plan is developed and implemented to provide orientation specific to the duties of the personnel member;
 - 2. A personnel member's orientation is documented, to include:
 - a. The personnel member's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;

3. In addition to the training required in subsections (G)(1) and (G)(5), a written plan is developed and implemented to provide personnel member in-service training specific to the duties of the personnel member;
 4. A personnel member receives training in crisis intervention according to subsection (G)(6):
 - a. Before providing services related to participant care, and
 - b. At least once every twelve months after the date of the personnel member began providing services related to participant care;
 5. Training in crisis intervention includes, at a minimum:
 - a. Methods to identify personnel member and participant behaviors, events, and environmental factors that may cause the need for an emergency safety response;
 - b. Nonphysical intervention, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods that may be used in response to a crisis to minimize or eliminate the need for using an emergency safety response; and
 - c. Safe techniques for using an emergency safety response, including the recognition and appropriate responses to signs of a participant's physical distress while an emergency safety response is used with the participant; and
 6. A personnel member's training 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.
- H. If abuse, neglect, or exploitation of a participant is alleged or suspected, an administrator shall:
1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the participant:
 - a. To the local law enforcement agency; and
 - b. As follows:
 - i. For an individual 18 years of age or older, to Adult Protective Services in the Department of Economic Security according to A.R.S. § 46-454; or
 - ii. For an individual under 18 years of age, to Child Protective Services in the Department of Economic Services according to A.R.S. § 13-3620;
 3. Document the action in subsection (H)(1) and the report in subsection (H)(2) and maintain the documentation for 12 months after the date of the report;

4. Investigate the alleged or suspected abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in (H)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
 5. Submit a copy of the investigation report required in subsection (H)(4) to the Department within five working days after submitting the report in subsection (H)(2); and
 6. Maintain a copy of the investigation report required in subsection (H)(4) for 12 months after the date of the investigation report.
- I. An administrator shall:
1. Establish and document requirements regarding participants, personnel members, employees, and other individuals entering and exiting the premises;
 3. Establish and document the process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services; and
 4. Establish and document the criteria for determining when a participant's absence is unauthorized, including whether the participant was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3, is absent against medical advice, or is under the age of 18.
- J. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, participant, or a participant's representative:
1. The participant rights listed in R9-10-1411,
 2. The facility's current license,
 3. The location at which inspection reports required in R9-10-1417 to be on the premises of the facility are available for review or can be made available for review;
 4. The days and times where a participant may accept visitors and make telephone calls.
- K. An administrator shall ensure that:
1. Labor performed by a participant for the facility is consistent with A.R.S. § 36-510;

2. A participant who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
3. An administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a participant who is a child; and
4. A participant, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in enlisting a participant's representative to act upon the participant's behalf.

L. An administrator shall:

1. If the administrator determines that a participant is incapable of handling the participant's financial affairs:
 - a. Notify the participant's representative or contacts a public fiduciary or a trust officer to take responsibility of the participant's financial affairs, and
 - b. Maintain documentation of the notification required in subsection (L)(1)(a) in the participant's medical record for 12 months after the date of the notification; and
2. If a participant refuses medical services or nursing services:
 - a. Notify the participant's primary care provider or other medical practitioner, and
 - b. Maintain documentation of the notification required in subsection (L)(2)(a) in the participant's medical record for at least 12 months from the date of notification;

R9-10-1404. Quality Management

An administrator shall ensure that:

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

- a. An identification of each concern about the delivery of services related to participant care; and
- b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
- 3. The report required in subsection (2) and the supporting documentation for the report is:
 - a. Maintained for 12 months after the date the report is submitted to the governing authority, and
 - b. Except for information or documents that are confidential under federal or state law, provided to the Department for review within two hours after the Department's request.

R9-10-1405. Contracted Services

An administrator shall ensure that:

- 1. A contract includes the responsibilities of each contractor,
- 2. A copy of the contract is maintained, and
- 3. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-1406. Personnel and Staffing

A. An administrator shall ensure that:

- 1. A personnel member is at least 21 years old;
- 2. An employee is at least 18 years old,
- 3. An intern is at least 18 years old; and
- 4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

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

- ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected behavioral health services listed in the established job description; and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected behavioral health services listed in the established job description; and
 - 2. A personnel member's skills and knowledge are verified by a behavioral health professional according to a facility's policies and procedures; and
 - 3. The facility has personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
 - a. Provide the behavioral health services, physical health services, and ancillary services in the facility's scope of services;
 - b. Meet the needs of a participant; and
 - c. Ensure the health and safety of a participant.
- C. An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor receives direct supervision as defined in A.A.C. R4-6-101.
- D. An administrator of a facility shall ensure that at the starting date of employment, volunteer service, or internship and every 12 months after, an individual provides evidence of freedom from infectious tuberculosis as required in R9-10-1XX;
- E. An administrator shall ensure that a personnel member or employee record is maintained for each that contains:
 - 1. The individual's name, date of birth, home address, and home telephone number;
 - 2. The name and telephone number of an individual to be notified in case of an emergency;
 - 3. The starting date of employment, volunteer service, or contract service and, if applicable, the ending date; and
 - 4. If applicable, documentation of:
 - a. The individual's qualifications including education, experience, skills and knowledge applicable to the individual's job duties;
 - b. The individual's work experience;
 - c. If the facility provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;

- d. The clinical oversight required in this R9-10-1403(D), if applicable;
 - e. The individual's completion of the orientation required in R9-10-1403(C);
 - f. The individual's completion of the training required in R9-10-1403(C);
 - g. The individual's completion of the training required in R9-10-1415(F);
 - h. The individual's documentation of cardiopulmonary resuscitation according to R9-10-1403(C) and first aid training, as required in R9-10-1403(I).
 - i. The individual's freedom from infectious tuberculosis required in subsection (D).
- F. An administrator shall ensure that personnel records are maintained:
- 1. Throughout an individual's period of employment, contract service, volunteer service, or internship; and
 - 2. For at least two years after the last date of the individual's employment, contract services, volunteer service, or internship.
- G. An administrator shall ensure at least one personnel member who is present at the facility during hours of facility operation have first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the facility.
- H. An administrator shall ensure that:
- 1. At least one personnel member is present and awake at the facility at all times when a participant is on the premises;
 - 2. In addition to the personnel member in subsection (H)(1), at least one personnel member is on-call and available to come to the facility if needed;
 - 3. The facility has sufficient personnel members to provide general participant supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each participant;
 - 4. There is a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 - b. Includes documentation of the employees who work each day and the hours worked by each employee;
 - c. Is maintained for 12 months after the last date on the documentation; and
 - d. Is provided to the Department for review within two hours of the Department's request;
 - 5. A behavioral health professional is present at the facility or on-call at all times;
 - 6. A registered nurse is present at the facility or on-call at all times; and

7. If a participant requires services that the facility is not licensed or able to provide, a personnel member arranges for the participant to be transported to a hospital or another health care institution where the services can be provided.

R9-10-1407. Participant Admission; Assessment

A. An administrator shall ensure that:

1. A participant is admitted based upon the participant's presenting behavioral health issue and treatment needs and the facility's ability and authority to provide physical health services, or behavioral health services consistent with the participant's treatment needs;
2. A behavioral health professional, authorized by facility policies and procedures to accept a participant for admission, is available at all times;
3. General consent is obtained from an:
 - a. An adult participant or the participant's representative before or at the time of admission, or
 - b. A participant's representative, if the participant is not an adult;
4. The general consent obtained in subsection (3) is documented in the participant's medical record;
5. A medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a participant within 30 calendar days before admission or within seven calendar days after admission and documents the medical history and physical examination or nursing assessment in the participant's medical record within seven calendar days after admission;
6. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a participant before admission, the medical practitioner enters an interval note into or a nurse performs a nursing assessment in the participant's medical record at the time of admission.
7. Except as provided in subsection (A)(8), an assessment for a participant is completed before treatment for the participant is initiated;
8. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the facility or the facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
 - a. The participant's assessment information is reviewed and updated if additional information that affects the participant's assessment is identified, and

- b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed.
9. An assessment:
- a. Documents a participant's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation,
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history;
 - ix. Symptoms reported by the participant; and
 - x. Referrals needed by the participant, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the participant's needs,
 - ii. The physical health services or ancillary services that will be provided to the participant until the participant's treatment plan is completed, and
 - iii. The signature and date signed of the personnel member conducting the assessment;
 - c. Is documented in participant's medical record; and
10. A participant is referred to a medical practitioner if a determination is made that the participant requires immediate physical health services or the participant's behavioral health issue may be related to the participant's medical condition.
- B. An administrator shall ensure that:
- 1. A request for participation in a participant's assessment is made to the participant or the participant's representative,
 - 2. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative, and

3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the participant's medical record.
- C. An administrator shall ensure that a participant's assessment information is documented in the medical record within 48 hours after completing the assessment.
- D. An administrator shall ensure that:
1. A participant's assessment information is reviewed and updated when additional information that affects the participant's assessment is identified, and
 2. A participant's assessment information is completed and documented in the participant's medical record within 48 hours after completing the participant's assessment.

R9-10-1408. Treatment Plan

- A. An administrator shall ensure that a treatment plan is developed and implemented for each participant that is:
1. Based on the assessment and on-going changes to the assessment of the participant;
 2. Completed:
 - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
 - b. Before the participant receives physical health services or behavioral health services or within 48 hours after the assessment is completed;
 3. Documented in the participant's medical record within 48 hours after the participant first receives physical health services or behavioral health services;
 4. Includes:
 - a. The participant's presenting issue;
 - b. The physical health services or behavioral health services to be provided to the patient;
 - c. The signature of the participant or the participant's representative and dated signed, or documentation of the refusal to sign;
 - d. The date when the participant's treatment plan will be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge; and
 - f. The signature of the personnel member who developed the treatment plan and the date signed;
 5. If the treatment plan was completed by a behavioral health technician, reviewed and signed by a behavioral health professional within 24 hours after the completion of the

treatment plan to ensure that the treatment plan is complete and accurate and meets the participant's treatment needs; and

6. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changed,
 - c. When additional information that affects the participant's assessment is identified, and
 - d. When a participant has a significant change in condition or experiences an event that affects treatment.
7. A participant receives supervision, supportive intervention, periodic monitoring of the participant's vital signs to ensure the participant's health, safety, and welfare.

B. An administrator shall ensure that:

1. A request for participation in developing a participant's treatment plan is made to the participant or the participant's representative,
2. An opportunity for participation in developing the participant's treatment plan is provided to the participant or the participant's representative, and
3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the participant's medical record.

R9-10-1409. Discharge

A. An administrator shall ensure that a discharge plan for a participant is:

1. Developed that:
 - a. Identifies any specific needs of the participant after discharge,
 - b. Is completed before discharge occurs,
 - c. Includes a description of the level of care that may meet the participant's assessed and anticipated needs after discharge, and
2. Documented in the participant's medical record within 48 hours after the discharge plan is completed; and
3. Provided to the participant or the participant's representative before the discharge occurs.

B. An administrator shall ensure that:

1. A request for participation in developing a participant's discharge plan is made to the participant or the participant's representative,
2. An opportunity for participation in developing the participant's discharge plan is provided to the participant or the participant's representative, and

3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the participant's medical record.
- C. An administrator shall ensure that a participant is discharged from a facility:
1. When the participant's treatment goals are achieved, as documented in the participant's treatment plan; or
 2. When the participant's treatment needs are not consistent with the services that the facility is authorized or able to provide.
- D. An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is discharged unless the participant leaves the facility against a medical practitioner's advice.
- E. An administrator shall ensure that, at the time of discharge, a participant receives a referral for treatment or ancillary services that the participant may need after discharge, if applicable.
- F. If a participant is discharged to any location other than a health care institution, an administrator shall ensure that:
1. There are documented discharge instructions, and
 2. The participant or the participant's representative is provided with a copy of the discharge instructions.
- G. An administrator shall ensure that a discharge summary:
1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
 2. Includes:
 - a. The following information completed by a medical practitioner or a behavioral health professional:
 - i. The participant's presenting issue and other physical health and behavioral health issues identified in the participant's treatment plan;
 - ii. A summary of the treatment provided to the participant;
 - iii. The participant's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
 - iv. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
 - b. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.

- H. An administrator shall ensure that a participant who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the participant is discharged from the facility if a medical practitioner for the facility will not be prescribing the medication for the participant at or after discharge.

R9-10-1410. Transport; Transfer

- A. For a transport of a participant, the administrator of the receiving health care institution shall ensure that:
1. Facility policies and procedures:
 - a. Specify the process by which the receiving facility personnel members coordinate the transport and the services provided to a participant to protect the health and safety of the participant;
 - b. Establish the criteria for determining what a participant evaluation includes based on the participant's psychological condition, medical condition, and the type of services the participant is expected to receive at that the receiving facility.
 - c. Require an evaluation of the participant according to the criteria established in subsection (A)(1)(b) by a registered nurse, behavioral health professional, behavioral health technician qualified as delineated in the facility's policies and procedures, before transporting the participant and after the participant's return;
 - d. Specify a sending facility's participant medical records that are required to accompany the participant, including the participant's medical records related to the services to be provided to the participant at the receiving health care institution;
 - e. Specify how a sending facility communicates a participant's medical record information that the sending facility does not provide at the time of transport but is requested by the receiving health care institution; and
 - f. Specify how a registered nurse, behavioral health professional, or a behavioral health technician qualified as delineated in the facility's policies and procedures, explains the risks and benefits of the transport to the participant or the participant's representative based on the:
 - i. Participant's condition, and
 - ii. Mode of transport; and
 2. Documentation in the participant's medical record includes:
 - a. Consent for transport by the participant or the participant's representative or why consent could not be obtained;

- b. Communication with an individual at the receiving health care institution;
 - c. The date and the time of the transport to the receiving health care institution;
 - d. The date and time of the participant's return to the sending facility, if applicable;
 - e. The mode of transportation; and
 - f. The type of personnel member assisting in the transport if an order or recommendation for transport requires that a participant be assisted during transport.
- B. For a transfer of a participant to a receiving health care institution, the administrator of the sending facility shall ensure that:
- 1. Facility policies and procedures:
 - a. Specify the process by which a sending facility personnel member coordinates the transfer and the services provided to a participant to protect the health and safety of the participant during the transfer;
 - b. Establish the criteria for determining what a participant evaluation includes based on the participant's psychological condition, medical condition, and the type of services the participant is expected to receive at that the receiving facility.
 - c. Require an evaluation of the participant according to the criteria established in subsection (A)(1)(b) by a registered nurse, behavioral health professional, or behavioral health technician qualified as delineated in the facility's policies and procedures, before returning the participant to the sending facility and after the participant's return;
 - d. Specify the receiving facility's participant medical records required to accompany the participant when the participant is returned to the sending facility, if applicable;
 - e. Specify how the receiving facility's personnel members communicate participant medical record information to the sending facility that is not provided at the time of the participant's return; and
 - 2. Documentation in the participant's medical record includes:
 - a. The date and the time the participant arrives at the receiving facility;
 - b. The services provided to the participant at the receiving facility;
 - c. Any adverse reaction or negative outcome the participant experiences at the receiving facility;
 - d. The date and time of the receiving facility returns the participant return to the sending facility, if applicable;

- e. The mode of transportation to return the participant to the sending hospital, if applicable; and
 - f. The type of personnel member assisting in the transport if an order or recommendation for transport requires that a participant be assisted during transport.
- C. For a transfer of a participant if the facility is the sending facility, an administrator shall ensure that:
- 1. Policies and procedures:
 - a. Specify the process by which the a sending facility personnel members coordinate the transfer and the services provided to a participant to protect the health and safety of the participant during the transfer;
 - b. Require an evaluation of the participant by a medical practitioner, registered nurse, or behavioral health professional of the sending facility before the participant is transferred;
 - c. Specify how the sending facility communicates participant's medical record information that the sending facility 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, or behavioral health professional explains the risks and benefits of the transfer to the participant or the participant's representative based on the:
 - i. Participant's condition, and
 - ii. Mode of transport;
 - 2. One of the following accompanies the participant during the transfer:
 - a. A copy of the participant's medical record for the current admission; or
 - b. All of the following for the current admission:
 - i. A medical practitioner's or behavioral health professional's summary of behavioral health and physical health services provided to the participant,
 - ii. A treatment plan containing current information,
 - iii. A record of medications administered to the participant for seven calendar days before the date of the transfer,
 - iv. Medical practitioner's orders in effect at the time of transfer, and
 - v. Any known allergy; and
 - 3. Documentation in the participant's medical record includes:

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

R9-10-1411. Participant Rights

- A. An administrator shall ensure that at the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsections (B), (C) or (D), and the participant rights in subsection (D).
- B. An administrator shall ensure that a participant:
 - 1. Is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Retaliation for submitting a complaint to the Department or another entity;
 - g. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative;
 - h. Treatment that involves:
 - i. The denial of:
 - (1) Food,
 - (2) The opportunity to sleep, or
 - (3) The opportunity to use the toilet; or
 - ii. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation; and
 - 2. Except as provided in subsection (C) or (D), unless restricted by the participant's representative, is allowed to:

- a. Associate with individuals of the participant's choice, receive visitors, and make telephone calls during the hours established by the facility and conspicuously posted in the facility;
 - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, to send and receive uncensored and unopened mail.
- C. For a facility with licensed capacity of less than 10 participants, a behavioral health professional determines that a participant's treatment requires the facility to restrict the participant's ability to participate in the activities in subsection (B)(2), the behavioral health professional shall:
 1. Document a specific treatment purpose in the participant's medical record that justifies restricting the participant from the activity,
 2. Inform the participant or participant's representative of the reason why the activity is being restricted, and
 3. Inform the participant or participant's representative of the participant's right to file a grievance and the procedure for filing a grievance.
- D. For a facility with a licensed capacity of 10 or more participant, a clinical director determines that a participant's treatment requires the facility to restrict the participant's ability to participate in the activities in subsection (B)(2), the clinical director shall complete items listed in (C)(1) through (3).
- F. A participant has the following rights:
 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
 2. To receive treatment that:
 - a. Supports and respects the participant's individuality, choices, strengths, and abilities;
 - b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or participant's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the participant's treatment needs;
 3. Not to be prevented or impeded from exercising the participant's civil rights unless the participant has been adjudicated incompetent or a court of competent jurisdiction has found that the participant is unable to exercise a specific right or category of rights;

4. To submit complaints to facility personnel members and complaints to outside entities and other individuals without constraint or retaliation;
5. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the participant's rights;
6. To have the participant's information and records kept confidential and released only as permitted under R9-10-714(A);
7. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
 - b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
8. To review, upon written request, the participant's own medical record except as described in R9-10-714(A)(7);
9. To receive a referral to another health care institution if the facility is unable to provide a physical health services or behavioral health service that the participant requests or that is in the participant's treatment plan;
10. To give or have the participant's representative give, general consent and, if applicable, informed consent to treatment, refuse treatment, or withdraw general or informed consent to treatment;
11. To participate or have the participant's representative participate in the development and periodic review and revision of the participant's treatment plan;
12. To be provided locked storage space for the participant's belongings while the participant receives treatment;
13. To have opportunities for social contact and daily social, recreational, or rehabilitative activities; and
14. To be informed of the requirements necessary for the participant's discharge or transfer to a less restrictive physical environment.

R9-10-1412. Participant Records

- A. An administrator shall ensure that:
1. A medical record is established and maintained for each participant;
 2. An entry in a medical record is:

- a. Recorded only by a personnel member authorized by facility policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
- a. Dated when the order is entered in the participant's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner for physical health services or a behavioral health professional for behavioral health services according to facility policies and procedures; and
 - c. Authenticated in the participant's medical record by the medical practitioner or a behavioral health professional issuing the order if the order is a verbal order;
4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
5. A medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by facility policies and procedures to access the participant's medical record;
6. Information in a medical record is disclosed to an individual not authorized under subsection (5) only with the written consent of a participant or the participant's representative or as permitted by law;
7. A participant's medical record is available for review by the participant or the participant's representative upon written request by the participant or the participant's representative unless the participant's medical practitioner:
- a. Determines that the participant or participant's representative's review of the medical record is contraindicated, and
 - b. Documents the reason for the determination in the participant's medical record;
8. A medical record is maintained under the direction of an individual:
- a. Who is qualified to maintain the medical record according to facility policies and procedures, or
 - b. Who consults with an individual qualified according to facility policies and procedures;
9. Policies and procedures that include:
- a. The length of time a medical record is maintained on the facility premises; and

- b. The maximum time-frame to retrieve a medical record at the request of a medical practitioner or authorized personnel member;
10. A participant's medical record is provided to the Department:
 - a. Not more than two hours after the Department's request if the participant is a current participant or was discharged within 12 months before the date of the Department's request, or
 - b. Within three calendar days after the Department's request if the participant was discharged 12 or more months before the date of the Department's request; and
11. A medical record is:
 - a. Protected from loss, damage, or unauthorized use; and
 - b. According to A.R.S. § 12-2297.
- B. If a facility maintains participant's medical records electronically, an administrator shall ensure that:
 1. There are safeguards to prevent unauthorized access, and
 2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a participant's medical record contains:
 1. Participant information that includes:
 - a. The participant's name;
 - b. The participant's address;
 - c. The participant's date of birth;
 - d. The name and contact information of the participant's designated participant representative, if applicable; and
 - e. Any known allergies;
 2. Medication information that includes:
 - a. Each medication ordered for the participant; and
 - b. For each medication administered to the participant:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, and route of administration;
 - iii. The identification and authentication of the individual administering the medication; and
 - iv. Any adverse reaction the participant has to the medication;
 3. Documented general and informed consent for treatment by the participant or the participant's representative except in an emergency;

4. The participant's medical history and results of a physical examination, a nursing assessment, or an interval note;
5. If the participant provides a health care directive, the health care directive signed by the participant or the participant's representative;
6. An admitting diagnosis;
7. The name of the admitting medical practitioner;
8. Medical practitioner orders;
9. Assessments and treatment plans;
10. Documentation of behavioral health services provided to the participant;
11. Documentation of physical health services provided to the participant;
12. Progress notes;
13. Disposition of the participant after discharge;
14. Discharge plan;
15. A discharge summary, if applicable; and
16. If applicable:
 - a. Laboratory reports,
 - b. Radiologic report,
 - c. Diagnostic reports,
 - d. Documentation of restraint or seclusion, and
 - e. Consultation reports.

R9-10-1413. Behavioral Health Services

- A. An administrator shall ensure that:
1. If a facility is licensed to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently, a participant admitted to the facility with limited ability to function independently receives, in addition to behavioral health services and personnel care services as indicated in the participant's treatment plan, including continuous protective oversight.
 2. A participant admitted to the facility who needs behavioral health services to maintain or enhance the participant's ability to function independently participates, in addition to receiving behavioral health services and physical health services as indicated in the participant's treatment plan, in activities designed to maintain or enhance the participant's ability to function independently while caring for the participant's health, safety, or personal hygiene or performing homemaking functions;
 3. Behavioral health services are provided to meet the needs of a participant;

4. Behavioral health services:
 - a. Listed in the facility's scope of services, are provided on the facility premises; and
 - b. When provided in a setting or activity with more than one participant participating, the participants participating having similar diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal histories including any history of physical or sexual abuse to ensure that the:
 - i. Health and safety of each participant is protected, and
 - ii. Treatment needs of each participant participating are being met; and
5. A participant does not:
 - a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the participant's health or safety based on the participant's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
 - b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other participant that may present a threat to the participant's health or safety based on the other participant's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.
- B. An administrator shall ensure that counseling is:
 1. Offered as described in the facility's scope of services,
 2. Provided according to the frequency and number of hours identified in the participant's treatment plan, and
 3. Provided by a behavioral health professional or a behavioral health technician.
- C. An administrator shall ensure that:
 1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue, and
 2. Each counseling session is documented in a participant's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and

- e. The signature of the personnel member who provided the counseling and the date signed.
- D. An administrator of a facility that provides behavioral health services to individuals under 18 years of age shall ensure that:
 1. A participant does not receive the following from other participants at the facility:
 - a. Threats,
 - b. Ridicule,
 - c. Verbal harassment,
 - d. Punishment, or
 - e. Abuse;
 2. The interior of the facility has furnishings and decorations appropriate to the ages of the participant receiving services at the facility;
- E. An administrator shall ensure that an emergency safety response is:
 1. Only used:
 - a. By a personnel member trained to use an emergency safety response,
 - b. For the management of a participant's violent or self-destructive behavior, and
 - c. When less restrictive interventions have been determined to be ineffective;
 2. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
 3. Documented as follows:
 - a. Within 24 hours after an emergency safety response is used for a participant, the following information is entered into the participant medical record:
 - i. The date and time the emergency safety response was used;
 - ii. The name of each personnel member who used an emergency safety response;
 - iii. The specific emergency safety response used;
 - iv. Personnel member or participant behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - v. Any injury that resulted from the emergency safety response;
 - b. Within 10 working days after an emergency safety response is used for a participant, the administrator or clinical director reviews the information in subsection (E)(3)(a); and

- c. After the review required in subsection (E)(3)(b), the following information is entered into the participant's medical record:
 - i. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the participant;
 - ii. A determination of whether the participant is appropriately placed at the facility; and
 - iii. Whether the participant's treatment plan was reviewed or needs to be reviewed and amended to ensure that the participant's treatment plan is meeting the participant's treatment needs.
- F. An administrator shall ensure that:
1. A personnel member whose job description includes the ability to use an emergency safety response:
 - a. Completes training in crisis intervention that includes:
 - i. Techniques to identify personnel member and participant behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
 - iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
 - b. Completes training required in subsection (F)(1)(a):
 - i. Before providing behavioral health services, and
 - ii. At least once every 12 months after the date the personnel member completed the initial training;
 2. Documentation of the completed training in subsection (F)(1)(a) includes:
 - a. The name and credentials of the individual providing the training,
 - b. Date of the training, and
 - c. Verification of a personnel member's ability to use the training; and
 3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for 12 months after each personnel member who received training using the materials no longer provides services at the facility.

R9-10-1414. Medication Services

- A. If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:
1. Include:
 - a. A process for providing information to a participant about medication prescribed for the participant including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting a medication error, an adverse response to a medication, or a medication overdose;
 - e. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner and meets the participant's treatment needs;
 - f. Procedures for documenting medication services and assistance in the self-administration of medication;
 - g. Procedures for assisting a participant in obtaining medication; and
 - h. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication;
- B. If a facility provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Include procedures to ensure that medication is administered to a participant only as prescribed and that a participant's refusal to take prescribed medication is documented in the participant's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;

3. A medication administered to a participant:
 - a. Is administered in compliance with an order, and
 - b. Is documented as required in R9-10-714(C)(2); and
 4. If pain medication is administered to a participant, documentation in the participant's medical record includes:
 - a. An identification of the participant's pain before administering the medication; and
 - b. The effect of the pain medication administered.
 5. A current drug reference guide is available for use by personnel members.
 6. A current toxicology reference guide is available for use by personnel members.
- C. If a facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A participant's medication is stored by the facility;
 2. The following assistance is provided to a participant as stated in the participant's treatment plan:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the participant;
 - c. Observing the participant while the participant removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
 - i. The participant taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the participant at the time stated on the medication container label; and
 - e. Observing the participant while the participant takes the medication.
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse;

- b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (*) (2) before the personnel member provides assistance in the self-administration of medication;
- 6. Assistance with the self-administration of medication provided to a participant:
 - a. Is in compliance with an order, and
 - b. Is documented as required in R9-10-714(C)(*).
- D. When medication is stored at a facility, an administrator shall ensure that:
 - 1. There is a separate room or closet used for medication storage that includes a lockable door,
 - 2. A locked cabinet or container is used for medication storage, and
 - 3. Medication is stored according to the manufacturer's recommendations.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a participant's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the facility's clinical director.

R9-10-1415. Food Services

- A. An administrator shall ensure that:
 - 1. If a facility has more than 10 participants, food services are provided in compliance with 9 A.A.C. 8, Article 1;
 - 2. A copy of the facility's food establishment permit required in subsection (A)(1) is provided to the Department for review upon the Department's request;
 - 3. If a facility contracts with a food establishment as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility, a copy of the contracted food establishment's permit is:
 - a. Maintained on the facility'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; and

5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the participants.
- B. A registered dietitian or director of food services shall ensure that:
1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a participant such as cut, chopped, ground, pureed, or thickened;
 2. A food menu is prepared at least one week in advance and conspicuously posted;
 3. If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs;
 4. Meals and snacks provided by the facility are served according to posted menus;
 5. Meals for each day are planned using meal planning guides from [insert most current document] incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the U.S. Department of Agriculture, Center for Nutrition Policy and Promotion;
 6. A participant is provided:
 - a. A diet that meets the participant's nutritional needs as specified in the participant's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(6)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(6)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. The participant agrees; and
 - ii. The participant is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 6. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 7. Water is available and accessible to participants at all times, unless otherwise stated in a participant's treatment plan.

- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below;
 - b. Cooked to the following temperatures:
 - i. Ground beef and any food containing ground beef cooked to heat all parts of the food to at least 160° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 160° F;
 - iv. Raw shell eggs and any food containing raw shell eggs cooked to heat all parts of the food to at least 145° F for 15 seconds; and
 - v. If the facility serves a population that is not a highly susceptible population, rare roast beef can be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak can be served cooked on both top and bottom to a surface temperature of at least 145° F;
 - c. Leftovers are reheated to a temperature of 165° F;
 5. A refrigerator contains a thermometer, located at the warmest part of the refrigerator;
 6. Frozen foods are stored at a temperature of 0° F or below; and
 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

R9-10-1416. Environmental Standards

- A. An administrator shall ensure that:
1. The premises and equipment are sufficient to accommodate the activities, treatment, and ancillary services stated in the facility's scope of services;
 2. The facility premises and equipment are:
 - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
 - b. Clean,
 - c. Free of insects and rodent; and

- d. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
3. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to A.A.C. Title 18, Chapter 13, Article 14 and facility policies and procedures;
4. Equipment used at the facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in facility policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for one year after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
 - a. Stored in plastic bags in covered containers; and
 - b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the facility at a temperature between 68° F to 85° F at all times;
8. A space heater is not used;
9. Common areas are lighted to assure the safety of participants and sufficient to allow personnel members to monitor participant activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of a facility used by participants;
11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
12. Soiled linen and soiled clothing stored by the facility are stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to participants;
15. Combustible or flammable liquids and hazardous materials stored by a facility are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to participants;
16. If a non-municipal water source is used:

- a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coli form or *E. coli* bacteria and corrective action is taken to ensure the water is safe to drink, and
 - b. Documentation of testing is retained for 24 months after the date of the test; and
 17. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B. An administrator shall ensure that:
1. Smoking or the use of tobacco products are not permitted within a facility; and
 2. Smoking or tobacco products may be permitted on the premises outside a facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C. An administrator shall ensure that:
1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and
 2. A facility has:
 - a. A room that provides privacy for a participant to receive treatment or visitors;
 - b. A common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.
- D. An administrator shall ensure that:
1. For every six participants ~~who stay overnight at the facility~~, there is at least one working toilet that flushes and one sink with running water;
 2. For every eight participants ~~who stay overnight at the facility~~, there is at least one working bathtub or shower;
 3. A participant bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror, unless the participant's treatment plan requires otherwise;
 - b. A window that opens or another means of ventilation; and
 - c. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;
 4. Each participant is provided a bedroom for sleeping;
 5. A participant bedroom complies with the following:

- a. Is not used as a common area;
- b. Contains a door that opens into a hallway, common area, or outdoors;
- c. In addition to the door in subsection (D)(5)(b), contains another means of egress;
- d. Is constructed and furnished to provide unimpeded access to the door;
- e. Has window or door covers that provide participant privacy;
- f. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
- g. Has floor to ceiling walls;
- h. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than eight participants;
 - (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - (3) Provides at least three feet of floor space between beds or bunk beds;
- i. Contains for each participant occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personal effects and clothing such as a dresser or chest;
- j. Has sufficient lighting for participant occupying the bedroom to read; and
- k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a participant to cause self-injury.

R9-10-1417. Fire and Safety Requirements

An administrator shall ensure that:

- 1. A fire drill for employees and participants on the premises is conducted at least once every three months on each shift;
- 2. Documentation of each fire drill is created and includes:
 - a. The date and time of the drill;
 - b. The amount of time taken for all employees and participants to evacuate the facility;
 - c. Any problems encountered in conducting the drill; and

- d. Recommendations for improvement, if applicable;
3. Records of employee and participant fire drills are maintained on the premises for 12 months after the date of the drill and include the date and time of the drill, names of employees participating in the drill, and identification of participants needing assistance for evacuation;
4. A written evacuation plan is developed and maintained on the premises;
5. An evacuation path is conspicuously posted on each hallway of each floor of the facility; and
6. A written disaster preparedness plan is developed and maintained on the premises that includes:
 - a. When, how, and where participants will be relocated;
 - b. How each participant's medical record will be available to personnel providing services to the participant during a disaster;
 - c. A plan to ensure each participant's medication will be available to administer to the participant during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the facility or the facility's relocation site during a disaster.

R9-10-1418. Physical Plant Requirements

- A. An administrator shall ensure that facility:
 1. Has a fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a), incorporated by reference in A.A.C. R9-1-412, and a sprinkler system installed according to the National Fire Protection Association 13 standards incorporated by reference in A.A.C. R9-1-412; or
 2. Has an alternative method to ensure participant safety documented and approved by the local jurisdiction.
- B. An administrator shall obtain a fire inspection of the facility conducted according to the time-frame established by the local fire department or the State Fire Marshal and make any repairs or corrections stated on the inspection report.
- C. An administrator shall maintain a current fire inspection report on the premises.