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## **TITLE 9. HEALTH SERVICES**

### **CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS:**

#### **LICENSING**

Authority: A.R.S. §§ 36-132(A)(1), 36-136(G)

#### **ARTICLE 1. GENERAL**

##### Section

R9-10-101. Definitions

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

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R9-10-111. Enforcement Actions

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

**R9-10-122. Memory Care Training Program Application or Renewal Approval**

**R9-10-123. Notification of Change**

**R9-20-124. Administration, Monitoring**

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**Table 1.2. Severity and Remedy Matrix**

#### **ARTICLE 8. ASSISTED LIVING FACILITIES**

##### Section

R9-10-801. Definitions

R9-10-802. Supplemental Application Requirements; Exemption

R9-10-803. Administration

R9-10-806. Personnel

R9-10-808. Service Plans

R9-10-815. Directed Care Services

R9-10-816. Medication Services

**R9-10-821. Memory Care Services**

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## ARTICLE 1. GENERAL

### **R9-10-101. Definitions**

In addition to the definitions in A.R.S. §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

1. “Abortion clinic” No change
2. “Abuse” No change
  - a. No change
    - i. No change
    - ii. No change
  - b. No change
  - c. No change
  - d. No change
3. “Accredited” No change
4. “Active malignancy” No change
  - a. No change
    - i. No change
    - ii. No change
    - iii. No change
  - b. No change
  - c. No change
5. “Activities of daily living” No change
6. “Acuity” No change
7. “Acuity plan” No change
8. “Adjacent” No change
  - a. No change
  - b. No change
9. “Administrative completeness review time-frame” No change
10. “Administrative office” No change
11. “Admission” or “admitted” No change
12. “Adult” No change
13. “Adult behavioral health therapeutic home” No change
14. “Adult residential care institution” No change
15. “Adverse reaction” No change
16. “Affiliated counseling facility” No change

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17. “Affiliated outpatient treatment center” No change
18. “Alternate licensing fee due date” No change
19. “Ancillary services” No change
20. “Anesthesiologist” No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
21. “Applicant” No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
22. “Application packet” No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
23. “Assessment” No change
24. “Assistance in the self-administration of medication” No change
25. “Attending physician” No change
26. “Authenticate” No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
27. “Authorized service” No change
28. “Available” No change
  - a. No change
  - b. No change
  - c. No change
29. “Behavioral care” No change
  - a. No change
    - i. No change

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- (1) No change
    - (2) No change
  - ii. No change
  - b. No change
- 30. “Behavioral health facility” No change
- 31. “Behavioral health inpatient facility” No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
  - e. No change
  - f. No change
- 32. “Behavioral health issue” No change
- 33. “Behavioral health observation/stabilization services” No change
  - a. No change
  - b. No change
  - c. No change
- 34. “Behavioral health paraprofessional” No change
  - a. No change
  - b. No change
- 35. “Behavioral health professional” No change
  - a. No change
    - i. No change
    - ii. No change
  - b. No change
  - c. No change
  - d. No change
  - e. No change
  - f. No change
  - g. No change
  - h. No change
- 36. “Behavioral health residential facility” No change
  - a. No change
  - b. No change

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37. “Behavioral health respite home” No change
38. “Behavioral health specialized transitional facility” No change
39. “Behavioral health technician” No change
  - a. No change
  - b. No change
40. “Benzodiazepine” No change
41. “Biohazardous medical waste” No change
42. “Calendar day” No change
43. “Case manager” No change
44. “Certification” No change
45. “Certified health physicist” No change
46. “Change in ownership” No change
47. “Chief administrative officer” or “administrator” No change
48. “Clinical laboratory services” No change
49. “Clinical oversight” No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
50. “Clinical privileges” No change
51. “Collaborating health care institution” No change
  - a. No change
  - b. No change
52. “Common area” No change
  - a. No change
  - b. No change
  - c. No change
53. “Communicable disease” No change
54. “Conspicuously posted” No change
  - a. No change
  - b. No change
55. “Consultation” No change
56. “Contracted services” No change
57. “Contractor” No change

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58. “Controlled substance” No change
59. “Counseling” No change
60. “Counseling facility” No change
  - a. No change
  - b. No change
61. “Court-ordered evaluation” No change
62. “Court-ordered treatment” No change
63. “Crisis services” No change
64. “Current” No change
65. “Daily living skills” No change
66. “Danger to others” No change
67. “Danger to self” No change
68. “Detoxification services” No change
  - a. No change
  - b. No change
69. “Diagnostic procedure” No change
70. “Dialysis” No change
71. “Dialysis services” No change
72. “Dialysis station” No change
73. “Dialyzer” No change
74. “Disaster” No change
75. “Discharge” No change
76. “Discharge instructions” No change
77. “Discharge planning” No change
78. “Discharge summary” No change
79. “Disinfect” No change
80. “Documentation” or “documented” No change
81. “Drill” No change
82. “Drug” No change
83. “Electronic” No change
84. “Electronic signature” No change
85. “Emergency” No change
86. “Emergency medical services provider” No change
87. “Emergency services” No change

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88. “End-of-life” No change
89. “Environmental services” No change
90. “Equipment” No change
91. “Exploitation” No change
92. “Factory-built building” No change
93. “Family” or “family member” No change
94. “Follow-up instructions” No change
95. “Food services” No change
96. “Full-time” No change
97. “Garbage” No change
98. “General consent” No change
99. “General hospital” No change
100. “Gravely disabled” No change
101. “Habilitation services” No change
102. “Hazard” or “hazardous” No change
103. “Health care directive” No change
104. “Hemodialysis” No change
105. “Home health agency” No change
106. “Home health aide” No change
107. “Home health aide services” No change
108. “Home health services” No change
109. “Hospice inpatient facility” No change
110. “Hospital” No change
111. “Immediate” No change
- 112. “Immediate jeopardy” means a situation in which a patient or resident has suffered or is likely to suffer serious injury, harm, impairment or death as a result of a licensee's noncompliance with one or more health and safety requirements.**
- ~~112.~~**113.** “Incident” means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
  - a. On the premises of a health care institution, or
  - b. Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care

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institution.

~~113.~~114. “Infection control” means to identify, prevent, monitor, and minimize infections.

~~114.~~115. “Infectious tuberculosis” has the same meaning as “infectious active tuberculosis” in A.A.C. R9-6-101.

~~115.~~116. “Informed consent” means:

- a. Advising a patient of a proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; and associated risks and possible complications; and
- b. Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure from the patient or the patient’s representative.

~~116.~~117. “In-service education” means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.

~~117.~~118. “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 or, if applicable, placement evaluation.

~~118.~~119. “Intermediate care facility for individuals with intellectual disabilities” or “ICF/IID” has the same meaning as in A.R.S. § 36-551.

~~119.~~120. “Interval note” means documentation updating a patient’s:

- a. Medical condition after a medical history and physical examination is performed, or
- b. Behavioral health issue after an assessment is performed.

~~120.~~121. “Isolation” means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.

~~121.~~122. “Leased facility” means a facility occupied or used during a set time period in exchange for compensation.

~~122.~~123. “License” means:

- a. Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or
- b. Written approval issued to an individual to practice a profession in this state.

~~123.~~124. “Licensed occupancy” means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing



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behavioral health observation/stabilization services.

~~124.~~125. “Licensee” means an owner approved by the Department to operate a health care institution.

~~125.~~126. “Manage” means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.

~~126.~~127. “Medical condition” means the state of a patient’s physical or mental health, including the patient’s illness, injury, or disease.

~~127.~~128. “Medical director” means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.

~~128.~~129. “Medical history” means an account of a patient’s health, including past and present illnesses, diseases, or medical conditions.

~~129.~~130. “Medical practitioner” means a physician, physician assistant, or registered nurse practitioner.

~~130.~~131. “Medical record” has the same meaning as “medical records” in A.R.S. § 12-2291.

~~131.~~132. “Medical staff” means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.

~~132.~~133. “Medical staff bylaws” means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.

~~133.~~134. “Medical staff member” means an individual who is part of the medical staff of a health care institution.

~~134.~~135. “Medication” means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:

- a. Biologicals as defined in A.A.C. R18-13-1401,
- b. Prescription medication as defined in A.R.S. § 32-1901, or
- c. Nonprescription drug as defined in A.R.S. § 32-1901.

~~135.~~136. “Medication administration” means restricting a patient’s access to the patient’s medication and providing the medication to the patient or applying the medication to the patient’s

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body, as ordered by a medical practitioner.

~~136.~~137. “Medication error” means:

- a. The failure to administer an ordered medication;
- b. The administration of a medication not ordered; or
- c. The administration of a medication:
  - i. In an incorrect dosage,
  - ii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
  - iii. By an incorrect route of administration.

~~137.~~138. “Mental disorder” means the same as in A.R.S. § 36-501.

~~138.~~139. “Mobile clinic” means a movable structure that:

- a. Is not physically attached to a health care institution’s facility;
- b. Provides medical services, nursing services, behavioral health services, or health related service to an outpatient under the direction of the health care institution’s personnel; and
- c. Is not intended to remain in one location indefinitely.

~~139.~~140. “Monitor” or “monitoring” means to check systematically on a specific condition or situation.

~~140.~~141. “Neglect” has the same meaning:

- a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
- b. For an individual 18 years of age or older, as in A.R.S. § 46-451.

~~141.~~142. “Nephrologist” means a physician who is board eligible or board certified in nephrology by a professional credentialing board.

~~142.~~143. “Nurse” has the same meaning as “registered nurse” or “practical nurse” as defined in A.R.S. § 32-1601.

~~143.~~144. “Nursing care institution administrator” means an individual licensed according to A.R.S. Title 36, Chapter 4, Article 6.

~~144.~~145. “Nursing personnel” means individuals authorized according to A.R.S. Title 32, Chapter 15 to provide nursing services.

~~145.~~146. “Observation chair” means a physical piece of equipment that:

- a. Is located in a designated area where behavioral health observation/stabilization services

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are provided,

- b. Allows an individual to fully recline, and
- c. Is used by the individual while receiving crisis services.
- ~~146.~~147. “Occupational therapist” has the same meaning as in A.R.S. § 32-3401.
- ~~147.~~148. “Occupational therapy assistant” has the same meaning as in A.R.S. § 32-3401.
- ~~148.~~149. “Ombudsman” means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
- ~~149.~~150. “On-call” means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.
- ~~150.~~151. “Opioid” means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of “opiate” in A.R.S. § 36-2501.
- ~~151.~~152. “Opioid agonist treatment medication” means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid-related substance use disorder.
- ~~152.~~153. “Opioid antagonist” means a prescription medication, as defined in A.R.S. § 32-1901, that:
  - a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
  - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
- ~~153.~~154. “Opioid treatment” means providing medical services, nursing services, behavioral health services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opioid-related substance use disorder.
- ~~154.~~155. “Order” means instructions to provide:
  - a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
  - b. Behavioral health services to a patient from a behavioral health professional.
- ~~155.~~156. “Orientation” means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
- ~~156.~~157. “Outing” means a social or recreational activity that:
  - a. Occurs away from the premises,
  - b. Is not part of a behavioral health inpatient facility’s or behavioral health residential

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facility's daily routine, and

- c. Lasts longer than two hours.

~~157.~~158. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient's surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.

~~158.~~159. "Outpatient treatment center" means a class of health care institution without inpatient beds that provides physical health services, or physical health services and behavioral health services, including medication services for the diagnosis and treatment of patients.

~~159.~~160. "Overall time-frame" means the same as in A.R.S. § 41-1072.

~~161.~~161. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.

~~161.~~162. "Pain management clinic" has the same meaning as in A.R.S. § 36-448.01.

~~162.~~163. "Participant" means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.

~~163.~~164. "Participant's representative" means the same as "patient's representative" for a participant.

~~164.~~165. "Patient" means an individual receiving physical health services or behavioral health services from a health care institution.

~~165.~~166. "Patient's representative" means:

- a. A patient's legal guardian;
- b. If a patient is less than 18 years of age and not an emancipated minor, the patient's parent;
- c. If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient's legal guardian; or
- d. A surrogate as defined in A.R.S. § 36-3201.

~~166.~~167. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.

~~167.~~168. "Personnel member" means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.

~~168.~~169. "Pest control program" means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient's health and safety is not at risk.

~~169.~~170. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.

~~170.~~171. "Physical examination" means to observe, test, or inspect an individual's body to evaluate

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health or determine the cause of illness, injury, or disease.

~~171.~~172. “Physical health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s medical condition.

~~172.~~173. “Physical therapist” has the same meaning as in A.R.S. § 32-2001.

~~173.~~174. “Physical therapist assistant” has the same meaning as in A.R.S. § 32-2001.

~~174.~~175. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.

~~175.~~176. “Placement evaluation” means the same as in A.R.S. § 36-551.

~~176.~~177. “Pre-petition screening” has the same meaning as “prepetition screening” in A.R.S. § 36-501.

~~177.~~178. “Premises” means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a resident or patient.

~~178.~~179. “Prescribe” means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user’s behalf, a specific dose of a specific medication in a specific quantity and route of administration.

~~179.~~180. “Professional credentialing board” means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.

~~180.~~181. “Progress note” means documentation by a medical staff member, nurse, or personnel member of:

- a. An observed patient response to a physical health service or behavioral health service provided to the patient,
- b. A patient’s significant change in condition, or
- c. Observed behavior of a patient related to the patient’s medical condition or behavioral health issue.

~~181.~~182. “PRN” means pro re nata or given as needed.

~~182.~~183. “Project” means specific construction or modification of a facility stated on an architectural plans and specifications approval application.

~~183.~~184. “Provider” means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual’s place of residence.

~~184.~~185. “Provisional license” means the Department’s written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable

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- laws and rules for the health care institution.
- ~~185.~~186. “Psychiatric services” means the diagnosis, treatment, and management of a mental disorder under the direction of a licensed psychiatrist or licensed nurse practitioner.
- ~~186.~~187. “Psychotropic medication” means a chemical substance that:
- a. Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
  - b. Is provided to a patient to address the patient’s behavioral health issue.
- ~~187.~~188. “Quality management program” means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
- ~~188.~~189. “Recovery care center” has the same meaning as in A.R.S. § 36-448.51.
- ~~189.~~190. “Referral” means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
- ~~190.~~191. “Registered dietitian” means an individual approved to work as a dietitian by the American Dietetic Association’s Commission on Dietetic Registration.
- ~~191.~~192. “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~192.~~193. “Registered nurse practitioner” has the same meaning as A.R.S. § 32-1601.
- ~~193.~~194. “Regular basis” means at recurring, fixed, or uniform intervals.
- ~~194.~~195. “Rehabilitation services” means medical services provided to a patient to restore or to optimize functional capability.
- ~~195.~~196. “Research” means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
- ~~196.~~197. “Resident” means an individual living in and receiving physical health services or behavioral health services, including rehabilitation services or habilitation services if applicable, from a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
- ~~197.~~198. “Resident’s representative” means the same as “patient’s representative” for a resident.
- ~~198.~~199. “Respiratory care services” has the same meaning as “practice of respiratory care” as defined in

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A.R.S. § 32-3501.

~~199-200.~~ “Respiratory therapist” has the same meaning as in A.R.S. § 32-3501.

~~200-201.~~ “Respite capacity” means the total number of children who do not stay overnight for whom an outpatient treatment center or a behavioral health residential facility is authorized by the Department to provide respite services on the premises of the outpatient treatment center or behavioral health residential facility.

~~201-202.~~ “Respite services” means respite care services provided to an individual who is receiving behavioral health services.

~~202-203.~~ “Restraint” means any physical or chemical method of restricting a patient’s freedom of movement, physical activity, or access to the patient’s own body.

~~203-204.~~ “Risk” means potential for an adverse outcome.

~~204-205.~~ “Room” means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.

~~205-206.~~ “Rural general hospital” means a subclass of hospital:

- a. Having 50 or fewer inpatient beds,
- b. Located more than 20 surface miles from a general hospital or another rural general hospital, and
- c. Requesting to be and being licensed as a rural general hospital rather than a general hospital.

~~206-207.~~ “Satellite facility” has the same meaning as in A.R.S. § 36-422.

~~207-208.~~ “Scope of services” means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.

~~208-209.~~ “Seclusion” means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.

~~209-210.~~ “Secure behavioral health residential facility” has the same meaning as in A.R.S. § 36.425.06.

~~210-211.~~ “Self-injury” means any intentional act of causing harm or injury to oneself and may include, but is not limited to, actions such as cutting, burning, hitting, scratching, or other forms of physical harm which as a result may require care from a health care provider.

~~211-212.~~ “Sedative-hypnotic medication” means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.

~~212-213.~~ “Self-administration of medication” means a patient having access to and control of the patient’s



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medication and may include the patient receiving limited support while taking the medication.

~~213-214.~~ “Sexual abuse” means the same as in A.R.S. § 13-1404(A).

~~214-215.~~ “Sexual assault” means the same as in A.R.S. § 13-1406(A).

~~215-216.~~ “Shift” means the beginning and ending time of a continuous work period established by a health care institution’s policies and procedures.

~~216-217.~~ “Short-acting opioid antagonist” means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.

~~217-218.~~ “Signature” means:

- a. A handwritten or stamped representation of an individual’s name or a symbol intended to represent an individual’s name, or
- b. An electronic signature.

~~218-219.~~ “Significant change” means an observable deterioration or improvement in a patient’s physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.

~~219-220.~~ “Single dwelling unit” has the same meaning as “single family residence” in A.R.S. § 33-1310.

~~220-221.~~ “Single group license” means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).

~~221-222.~~ “Speech-language pathologist” means an individual licensed according to A.R.S. Title 36, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.

~~222-223.~~ “Special hospital” means a subclass of hospital that:

- a. Is licensed to provide hospital services within a specific branch of medicine; or
- b. Limits admission according to age, gender, type of disease, or medical condition.

~~223-224.~~ “Student” means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.

~~224-225.~~ “Substance abuse” means an individual’s misuse of alcohol or other drug or chemical that:

- a. Alters the individual’s behavior or mental functioning;
- b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
- c. Impairs, reduces, or destroys the individual’s social or economic functioning.

~~225-226.~~ “Substance abuse transitional facility” means a class of health care institution that provides



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behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.

~~226-227~~. “Substance use disorder” means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.

~~227-228~~. “Substance use risk” means an individual’s unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.

~~224-229~~. “Substantial” when used in connection with a modification means:

- a. An addition or removal of an authorized service;
- b. The addition or removal of a colocator;
- c. A change in a health care institution’s licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
- d. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
- e. A change in the building where a health care institution is located that affects compliance with:
  - i. Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
  - ii. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.

~~229-230~~. “Substantive review time-frame” means the same as in A.R.S. § 41-1072.

~~230-231~~. “Supportive services” has the same meaning as in A.R.S. § 36-151.

~~231-232~~. “Surgical procedure” means the excision of or incision in a patient’s body for the:

- a. Correction of a deformity or defect;
- b. Repair of an injury; or
- c. Diagnosis, amelioration, or cure of disease.

~~232-233~~. “Swimming pool” has the same meaning as “semipublic swimming pool” in A.A.C. R18-5-201.

~~233-234~~. “System” means interrelated, interacting, or interdependent elements that form a whole.

~~234-235~~. “Tapering” means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.

~~235-236~~. “Tax ID number” means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.

~~236-237~~. “Telehealth” has the same meaning as in A.R.S. § 36-3601.

~~237-238~~. “Therapeutic diet” means foods or the manner in which food is to be prepared that are ordered for

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a patient.

~~238.~~239. “Therapist” means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.

~~239.~~240. “Time-out” means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.

~~240.~~241. “Transfer” means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.

~~241.~~242. “Transport” means a licensed health care institution:

- a. Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
- b. Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.

~~242.~~243. “Treatment” means a procedure or method to cure, improve, or palliate an individual’s medical condition or behavioral health issue.

~~243.~~244. “Treatment plan” means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.

~~244.~~245. “Unclassified health care institution” means a health care institution not classified or subclassified in statute or in rule.

~~245.~~246. “Vascular access” means the point on a patient’s body where blood lines are connected for hemodialysis.

~~246.~~247. “Volunteer” means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.

~~247.~~248. “Working day” means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

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

### **A. No change**

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change

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7. No change
8. No change
9. No change
10. No change
11. No change
12. No change
13. No change
14. No change
15. No change
16. No change
17. No change
18. No change
19. No change
20. No change
21. No change
22. No change
23. No change
24. No change
25. No change
26. No change
27. No change

**B.** No change

**C.** No change

**D.** No change

1. No change
2. No change

**E.** The Department may conduct on-site monitoring inspections of health care institutions that are found to not be in substantial compliance with the applicable licensure requirements specified in this Chapter, as outlined in Table 1.2.

**R9-10-106. Fees**

**A.** No change

1. No change
2. No change
3. No change

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**B.** No change

**C.** No change

1. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
  - e. No change
2. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
  - e. No change
3. No change
4. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
5. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
  - e. No change
6. No change
7. No change
  - a. No change
  - b. No change

**D.** No change

**E.** No change

**F.** No change

**G.** No change

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**H.** The Department may charge up to \$1,000 per visit for an on-site monitoring inspection fee as determined by a provider agreement or notice, according to A.R.S. § 36-405(D). A.R.S. § 36-405(D) and A.R.S. § 36-431.01

**I.** If the Department provides in-service training to a health care institution that requests in-service training relating to regulatory compliance outside of the survey process, the Department may charge up to \$500 an hour for the in-service training, according to A.R.S. § 36-405(E). A.R.S. § 36-405(E)

## **R9-10-111. Enforcement Actions**

### **A. No change**

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change

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

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

**B.** The Department may impose civil penalties on a licensed health care institution that violates Title 36 or this Chapter, with penalties assessed per resident or patient impacted by the violation as determined by the Department based on the following factors: A.R.S. § 36-431.01

1. The civil penalty may be \$1,000 per violation, pursuant to A.R.S. § 36-431.01, if one or more of the following aggravating factors apply: A.R.S. § 36-431.01(C)
  - a. The violation is repeated;
  - b. Actual harm occurred;
  - c. The violation poses a potential threat for actual harm or to health and safety, including to patients, staff, or residents;
  - d. Immediate jeopardy exists due to the type and severity of the violation;

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- e. The facility is unresponsive in correcting the violation, which may be a threat to health and safety;
  - f. The length of time the violation occurred;
  - g. Patterns of noncompliance; or
  - h. The total number of violations; and
- 2. In determining the final penalty, the Department shall consider and reduce the penalty if one or more of the following mitigating factors apply:
  - a. The violation was isolated;
  - b. No actual harm occurred;
  - c. No immediate jeopardy was present;
  - d. The facility reported the violation to the Department;
  - e. The facility promptly corrected the violation;
  - f. The number of persons affected by the violation;
  - g. The size of the facility and the financial impact of the penalty; or
  - h. The length of time the violation occurred.

**R9-10-122.** **Memory Care Training Program Application and Renewal** **A.R.S. § 36-405.03**

- A.** For the purposes of this Section, “agency” means an entity that provides memory care training required in A.R.S. § 36-405.03.
- B.** An agency shall apply for approval to operate a memory care training program by submitting:
  - 1. An application in a Department-provided format that contains:
    - a. The name of the entity;
    - b. The name, telephone number, and e-mail address of the individual in charge of the proposed memory care training program;
    - c. The address where the memory care training program records are maintained;
    - d. The address and telephone number of each facility from which training services will be provided.
    - e. A description of the initial eight hours of memory care training for staff and contractors, and the training course offered, including:
      - i. The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
        - (1) Understanding cognitive impairments and their impact on residents;

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- (2) Communication techniques with cognitively impaired residents;
- (3) Managing challenging behaviors such as aggression, wandering, and agitation;
- (4) Techniques for promoting dignity, comfort, and emotional well-being of residents;
- (5) Implementation of individualized service planning for residents receiving memory care services;
- (6) Emergency and safety protocols specific to memory care;
- (7) Recognizing, preventing, reporting abuse, neglect, or exploitation;
- (8) Activities of daily living specific to memory care residents; and
- (9) Palliative care and end-of-life training;
- (10) Medication management and administration;
- ii. The amount of time allotted to each topic,
- iii. The skills an individual is expected to acquire for each topic, and
- iv. The testing method used to verify an individual has acquired the stated skills for each topic;

f. A description of the annual four hours of memory care training, and the training course offered, including:

- i. The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
  - (1) Managing challenging behaviors such as aggression, wandering, and agitation;
  - (2) Techniques for promoting dignity, comfort, and emotional well-being of residents;
  - (3) Recognizing, preventing, reporting abuse, neglect, or exploitation; and
  - (4) Assessment of individualized service planning for residents receiving memory care services
- ii. The amount of time allotted to each topic,
- iii. The skills an individual is expected to acquire for each topic, and
- iv. The testing method used to verify an individual has acquired the stated skills for each topic;

g. A description of the four hours of memory care training for a manager, and the training course offered, including:

- i. The evidence-based information presented for each of the following required topics:

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- (1) Assessment and development of individualized service planning for residents receiving memory care services, and
      - (2) Staffing levels and resource allocation; and
    - ii. Any additional relevant topics with evidence-based information presented may include:
      - (1) Supervisory skills for leading interdisciplinary teams;
      - (2) Effective delegation and team-building strategies;
      - (3) Conflict resolution and managing workplace dynamics;
      - (4) In-depth understanding of state regulations specific to memory care;
      - (7) Monitoring care outcomes and resident satisfaction;
      - (11) Engaging with families during crises or challenging situations;
      - (12) Leading meetings and facilitating collaboration among staff;
      - (13) Advocacy for residents and families;
      - (14) Coaching and mentoring staff for professional growth.
      - (15) Staying updated on advancements in dementia care;
      - (16) Developing emergency protocols;
      - (19) Cultural competency to ensure inclusivity and sensitivity in care;
      - (21) Strategies to improve staff retention and job satisfaction;
      - (22) Supporting mental health and wellness among team members;
      - (24) Room assignments, operations, and environmental standards; or
      - (27) Identification and implementation of control measures for infectious diseases;
    - ii. The amount of time allotted to each topic,
    - iii. The skills an individual is expected to acquire for each topic, and
    - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
      - f. Whether the agency agrees to allow the Department to submit supplemental requests for information as specified in subsection (F)(2); and
      - g. The signature of the individual in charge of the proposed memory care training program and the date signed; and
  2. A copy of the materials used for providing the memory care training program.
  - C. The memory care training program shall include in-person components and may incorporate online components. The in-person component shall include demonstration of the individual's skills and knowledge necessary to provide memory care services.
  - D. For annual renewal, at least 60 days before the expiration of approval, a memory care training services program shall submit to the Department, in a Department-provided format:
    1. The memory care training program's approval number; and



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**2.** The information in subsection (B).

**E.** For an application for an approval of a memory care training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.

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

**1.** Issue an approval of the agency's memory care training program;

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

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

**G.** If the Department provides a notice of deficiencies to an agency:

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

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

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

**H.** Within the substantive review time-frame, the Department:

**1.** Shall issue or deny an approval of a memory care training program; and

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

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

**1.** The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and

**2.** The agency shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

**J.** The Department shall issue:

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1. An approval for an agency to operate a memory care training program if the Department determines that the agency and the application comply with A.R.S. § 36-405.03 and this Section;  
or
2. A denial for an agency that includes the reason for the denial and the process for appeal of the Department's decision if:
  - a. The Department determines that the agency does not comply with A.R.S. § 36-405.03 and this Section; or
  - b. The agency does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

**K.** The Department may deny, revoke, or suspend an approval to operate a memory care training program if an agency operating or applying to operate a memory care training program:

1. Provides false or misleading information to the Department;
2. Does not comply with the applicable statutes and rules;
3. Issues a training certificate of completion to an individual who did not:
  - a. Complete the memory care training program, or
  - b. Demonstrate the skills the individual was expected to acquire; or
4. Does not implement the memory care training program as described in or use the materials submitted with the agency's application.

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

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

**R9-10-123. Notification of Change** A.R.S. § 36-405.03

- A.** A memory care training program provider shall notify the Department in writing at least 30 days before the effective date of:
1. Termination of the provision of the memory care training program, or
  2. A change in the:
    - a. Name under which the memory care training program provider does business;
    - b. Address or telephone number of a facility where memory care trainings are provided;

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- c. Administrator; or
  - d. Memory care training program topics provided, including a list of the topics according to R9-10-122(B)(1)(e)(i), that the memory care training program provider intends to add;  
and
- B. If applicable, the Department shall update the memory care training program provider's approval to reflect the changes in subsections (A)(2)(a) through (c).
- C. The Department shall review the notification of change for subsection (A)(d)(d) and:
  - 1. If the information complies with the requirements in this Article, the Department shall approve the change, or
  - 2. If the information does not comply with the requirements in this Article, the Department shall send notification to the memory care training program provider with reasons for the determination of non-compliance.
- D. The Department may conduct an onsite inspection as part of the notification of change process.
- E. The memory care training program provider retains the existing expiration date of the application approval.

**R9-10-124.** **Administration, Monitoring** A.R.S. § 36-405.03

- A. A memory care training program provider shall designate an administrator who meets qualifications established by the memory care training program provider.
- B. An applicant or memory care training program provider shall provide the Department access to a client, records, and all areas of a facility according to A.R.S. § 41-1009 within two hours after the Department's request.

**R9-10-125.** **Memory Care Trainer Eligibility** A.R.S. § 36-405.03

- A. An individual is eligible to be a memory care trainer if the individual:
  - 1. Is a registered nurse with:
    - i. A Certified Dementia Practitioner (CDP) or an equivalent certification, demonstrating knowledge in dementia care best practices and behavioral management;
    - ii. An Alzheimer's Disease and Dementia Care Training (ADCT) certification or an equivalent program recognized by a national or state accrediting body;
    - iii. A Gerontological Nurse Certification (RN-BC) issued by the American Nurses Credentialing Center or an equivalent certification specializing in the care of older adults;
    - iv. An End-of-Life and Palliative Care Certification from a recognized body, emphasizing care for late-stage dementia and end-of-life situations; or



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**R9-10-126.**

**Memory Care Certificate of Completion**

**A.R.S. § 36-431.01(B)**

**A.** Memory care services training programs, approved by the Department according to R9-10-122, shall provide staff and contractors who complete the training, a certificate of completion that may be used to work at an assisted living facility that is licensed to provide directed care services with the following information:

- 1.** The title of the certificate is clearly stated, Certificate of Completion;
- 2.** The name, address, e-mail address, and telephone number of the individual completing the memory care training;
- 3.** Title of the training program;
- 4.** Name of the training organization or provider;
- 6.** Contact information for the training organization;
- 7.** The date the individual successfully completed the memory care training;
- 8.** The address where the memory care training and assessment was held;
- 9.** The name of the memory care trainer;
- 10.** The number of hours completed;
- 11.** The training topics covered;
- 12.** A statement confirming the trainee's successful completion of the training;
- 13.** Signature of the trainer; and
- 14.** Date of issuance.

**B.** A memory care trainer shall ensure that each individual seeking a memory care certificate of completion has completed comprehensive training, demonstrated understanding of the topics covered in R9-10-122(B), and achieved a passing score of at least 70% on an examination covering the applicable topics.

**C.** The memory care training program and an assisted living facility providing memory care services shall maintain a record of the certificate of completion that is kept on file and available with the information specific in subsection (A).

**D.** A memory care trainer shall comply with:

- 1.** A.R.S. § 36-405.03, and
- 2.** Applicable requirements in this Article.

**E.** A Department-approved training program shall issue the certificate of completion to the individual who has successfully completed the training program within 10 calendar days of completion.

**F.** An assisted living facility may accept a certificate of completion issued under this section if:

- 1.** The certificate is issued by a Department-approved training program; and
- 2.** The certificate holder does not have a lapse of providing memory care services for 12 or more consecutive months, pursuant to A.R.S. § 36-405.03.

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**G.** Before the date of issuance of a memory care certificate of completion, an individual seeking the certificate shall complete the initial eight hours of memory care training and complete four hours of annual continuing education training within the preceding 12 consecutive months and achieve a passing score of at least 70% on an examination covering the memory care training topics specified in R9-10-122(B).

**Table 1.2. Violation Severity and Remedy Matrix** A.R.S. § 36-431.01(C)

<b>Severity Level</b>	<b>Criteria</b>	<b>Action</b>
<u>Level 1</u>	If the violation is isolated and has no actual physical or psychosocial harm with no potential of physical or psychosocial harm.	Technical Assistance, or Written plan of correction
<u>Level 2</u>	If the violation is isolated and has no actual physical or psychosocial harm, with potential for minimal physical or psychosocial harm.	Written plan of correction, Provider agreement, or Civil money penalties.
<u>Level 3</u>	If the violation is isolated and has no actual physical or psychosocial harm, with potential for more than minimal physical or psychosocial harm.	Written plan of correction, Directed plan of correction, Provider agreement, On-site monitoring inspection fee, or Civil money penalties.
<u>Level 4</u>	The violation resulted in actual physical or psychosocial harm that is not immediate jeopardy; The licensee provided false or misleading information; The licensee is unresponsive in correcting deficiencies that pose a direct risk to residents or patients; If the violation is repeated or if there is a pattern with no actual physical or psychosocial harm with potential for	Written plan of correction, Onsite plan of correction, Provider agreement, On-site monitoring inspection fee, Civil money penalties, Suspension, Intermediate sanctions, or Revocation.

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	<p><b>minimal physical or psychosocial harm;</b></p> <p><b>or</b></p> <p><b>If the violation is repeated or if there is a</b></p> <p><b>pattern with no actual physical or</b></p> <p><b>psychosocial harm with potential for</b></p> <p><b>more than minimal physical or</b></p> <p><b>psychosocial harm.</b></p>	
<b>Level 5</b>	<p><b>Immediate jeopardy to health and safety</b></p>	<p><b>Directed plan of correction;</b></p> <p><b>Provider agreement;</b></p> <p><b>On-site monitoring inspection fee;</b></p> <p><b>Civil money penalties;</b></p> <p><b>Suspension;</b></p> <p><b>Intermediate sanctions;</b></p> <p><b>Revocation; or</b></p> <p><b>Other remedies, as applicable, in Title 41, Chapter 6.</b></p>

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## ARTICLE 8. ASSISTED LIVING FACILITIES

### R9-10-801. Definitions

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

1. “Accept” or “acceptance” means:
  - a. An individual begins living in and receiving assisted living services from an assisted living facility; or
  - b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
2. “Assistant caregiver” means an employee or volunteer who helps a manager or caregiver provide supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
3. “Assisted living services” means supervisory care services, personal care services, directed care services, behavioral care, memory care services, or ancillary services provided to a resident by or on behalf of an assisted living facility.
4. “Caregiver” means an individual who provides supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
5. **“Elopement” means when a resident who is cognitively, physically, mentally, emotionally, or chemically impaired wanders away, walks away, runs away or otherwise leaves the premises of an assisted living facility unsupervised or unnoticed, without the knowledge of the licensee’s personnel.**
- ~~5-6.~~ “Manager” means an individual designated by a governing authority to act on behalf of the governing authority in the onsite management of the assisted living facility.
- ~~6-7.~~ “Medication organizer” means a container that is designed to hold doses of medication and is divided according to date or time increments.
8. **“Memory care services” means the same as defined in A.R.S. § 36-405.03(D).**
- ~~7-9.~~ “Primary care provider” means a physician, a physician’s assistant, or registered nurse practitioner who directs a resident’s medical services.
- ~~8-10.~~ “Residency agreement” means a document signed by a resident or the resident’s representative and a manager, detailing the terms of residency.
- ~~9-11.~~ “Service plan” means a written description of a resident’s need for supervisory care services, personal care services, directed care services, ancillary services, or behavioral health services and the specific assisted living services to be provided to the resident.
- ~~10-12.~~ “Termination of residency” or “terminate residency” means a resident is no longer living in and receiving assisted living services from an assisted living facility.



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**R9-10-802. Supplemental Application Requirements; Exemption**

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

1. Which of the following levels of assisted living services the applicant is requesting authorization to provide:
  - a. Supervisory care services,
  - b. Personal care services, ~~or~~
  - c. Directed care services; ~~and~~ or
  - d. Memory care services; and **A.R.S. § 36-405.03(A)**
2. Whether the applicant is requesting authorization to provide:
  - a. Adult day health care services, or
  - b. Behavioral health services other than behavioral care.

B. No change

1. No change
2. No change

**R9-10-803. Administration**

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility;
2. Establish, in writing, an assisted living facility's scope of services;
3. Designate, in writing, a manager who:
  - a. Is 21 years of age or older; and
  - b. Except for the manager of an adult foster care home, has either a:
    - i. Certificate as an assisted living facility manager issued under A.R.S. § 36-446.04(C), or
    - ii. A temporary certificate as an assisted living facility manager issued under A.R.S. § 36-446.06;
4. Adopt a quality management program that complies with R9-10-804;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting manager who has the qualifications established in subsection (A)(3), if the manager is:
  - a. Expected not to be present on the assisted living facility's premises for more than 30 calendar days, or
  - b. Not present on the assisted living facility's premises for more than 30 calendar days;

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7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the manager and identify the name and qualifications of the new manager;
8. Ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility's premises; and
9. Ensure compliance with A.R.S. § 36-411.

**10. Ensure the health, safety, or welfare of a resident is not placed at risk of harm; A.R.S. §36-405(A)**

**B.** No change

1. No change
2. No change
3. No change
  - a. No change
  - b. No change

**C.** No change

1. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
  - e. No change
    - i. No change
    - ii. No change
    - iii. No change
    - iv. No change
  - f. No change
  - g. No change
  - h. No change
  - i. No change
  - j. No change
    - i. No change
    - ii. No change
  - k. No change
    - i. No change
    - ii. No change

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iii. No change

l. No change

m. No change

n. No change

o. No change

p. No change

i. No change

ii. No change

q. No change

r. No change

s. No change

t. No change

u. No change

v. No change

w. No change

2. No change

3. No change

**D.** No change

1. No change

2. No change

3. No change

a. No change

b. No change

c. No change

d. No change

4. No change

**E.** No change

1. No change

2. No change

**F.** No change

1. No change

2. No change

3. No change

**G.** No change

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1. No change
2. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
3. No change
4. No change

**H.** A manager shall permit the Department to interview an employee, a volunteer, ~~or~~ a resident, or a resident representative as part of a compliance survey or a complaint investigation.

**I.** No change

**J.** No change

1. No change
2. No change
3. No change
  - a. No change
  - b. No change
  - c. No change
4. No change
5. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
6. No change

**K.** A manager 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 services provider.

**3.** Elopement, within 24 hours of the elopement being discovered.

**L.** No change

1. No change
  - a. No change

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- b. No change
  - c. No change
- 2. No change
  - a. No change
  - b. No change
  - c. No change

**M.** No change

- 1. No change
- 2. No change
- 3. No change

**R9-10-806. Personnel**

**A.** No change

- 1. No change
  - a. No change
  - b. No change
    - i. No change
    - ii. No change
    - iii. No change
    - iv. No change
    - v. No change
      - (1) No change
      - (2) No change
      - (3) No change
      - (4) No change
- 2. No change
  - a. No change
  - b. No change
- 3. No change
  - a. No change
    - i. No change
    - ii. No change
  - b. No change
    - i. No change

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ii. No change

iii. No change

4. No change

a. No change

b. No change

5. No change

a. No change

b. No change

c. No change

6. No change

7. No change

8. No change

a. No change

b. No change

9. No change

10. No change

11. No change

**B.** No change

1. No change

a. No change

i. No change

ii. No change

b. No change

2. No change

3. No change

4. No change

a. No change

b. No change

i. No change

ii. No change

**C.** A manager shall ensure that a personnel record for each employee or volunteer:

1. Includes:

a. The individual's name, date of birth, and contact telephone number;

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- b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
- c. Documentation of:
  - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
  - ii. The individual's education and experience applicable to the individual's job duties;
  - iii. The individual's completed orientation and in-service education required by policies and procedures;
  - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or in policies and procedures;
  - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
  - vi. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(8);
  - vii. Cardiopulmonary resuscitation training, if required for the individual in this Article or policies and procedures;
  - viii. First aid training, if required for the individual in this Article or policies and procedures; **and**
  - ix. Compliance with the requirements in A.R.S. § 36-411(A) and (C); **and**
  - x. The certificate of completion according to R9-10-126, if providing memory care services. A.R.S. § 36-405.03(C)**
2. Is maintained:
  - a. Throughout the individual's period of providing services in or for the assisted living facility, and
  - b. For at least 24 months after the last date the individual provided services in or for the assisted living facility; and
3. For a manager, a caregiver, or an assistant caregiver who has not provided physical health services or behavioral health services at or for the assisted living facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.

#### **R9-10-808. Service Plans**

- A.** Except as required in subsection (B), a manager shall ensure that a resident has a written service plan that is established, documented, and implemented that:

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1. Is completed no later than 14 calendar days after the resident's date of acceptance;
2. Is developed with assistance and review from:
  - a. The resident or resident's representative,
  - b. The manager, and
  - c. Any individual requested by the resident or the resident's representative;
3. Includes the following:
  - a. A description of the resident's medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments;
  - b. The level of service the resident is expected to receive;
  - c. The amount, type, and frequency of assisted living services and ancillary services being provided to the resident, including medication administration or assistance in the self-administration of medication;
  - d. For a resident who requires intermittent nursing services or medication administration, review by a nurse or medical practitioner;
  - e. For a resident who requires behavioral care:
    - i. Any of the following that is necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior:
      - (1) The psychosocial interactions or behaviors for which the resident requires assistance,
      - (2) Psychotropic medications ordered for the resident,
      - (3) Planned strategies and actions for changing the resident's psychosocial interactions or behaviors, and
      - (4) Goals for changes in the resident's psychosocial interactions or behaviors;and
    - ii. Review by a medical practitioner or behavioral health professional; and
  - f. For a resident who will be storing medication in the resident's bedroom or residential unit, how the medication will be stored and controlled;
4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f):
  - a. No later than 14 calendar days after a significant change in the resident's physical, cognitive, or functional condition; and
  - b. As follows:
    - i. At least once every 12 months for a resident receiving supervisory care services,



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ii. At least once every six months for a resident receiving personal care services,  
and

iii. At least once every three months for a resident receiving directed care services;  
and

5. When initially developed and when updated, is signed and dated by:

a. The resident or resident's representative;

b. The manager;

c. If a review is required in subsection (A)(3)(d), the nurse or medical practitioner who reviewed the service plan; and

d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.

**B.** For a resident receiving respite care services, a manager shall ensure that:

1. No change

a. No change

i. No change

ii. No change

b. No change

2. No change

**C.** No change

1. No change

a. No change

b. No change

c. No change

d. No change

e. No change

f. No change

g. No change

2. No change

a. No change

i. No change

ii. No change

iii. No change

b. No change

c. No change

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d. No change

**D.** No change

**E.** No change

1. No change

2. No change

a. No change

b. No change

c. No change

d. No change

3. No change

4. No change

**F.** No change

1. No change

2. No change

a. No change

b. No change

c. No change

**R9-10-815. Directed Care Services**

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

**B.** A manager of an assisted living facility authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):

1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or

2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.

**C.** In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:

1. The requirements in R9-10-814(F)(1) through (3);

2. If applicable, the determination in R9-10-814(B)(2)(b)(iii);

3. Cognitive stimulation and activities to maximize functioning;

4. Strategies to ensure a resident's personal safety;

5. Encouragement to eat meals and snacks;

6. Documentation:

a. Of the resident's weight, or

b. From a medical practitioner stating that weighing the resident is contraindicated; and

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7. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan and
8. If the resident is receiving memory care services:
  - a. Identification of specialized environmental features to support memory care, such as secure areas to prevent wandering and spaces designed for cognitive stimulation and engagement;
  - b. Strategies for providing person-centered care that aligns with the principles of dementia-friendly environments, including familiar surroundings, optimized sensory stimulation, and meaningful activities; and
  - c. Strategies for administering medications as ordered.
- D. A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving directed care services unless the resident has an order from a medical practitioner for the non-prescription medication.
- E. A manager shall ensure that:
  1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or
  2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.
- F. A manager of an assisted living facility authorized to provide directed care services shall ensure that:
  1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;
  2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:
    - a. Provides access to an outside area that:
      - i. Allows the resident to be at least 30 feet away from the facility, and
      - ii. Controls or alerts employees of the egress of a resident from the facility;
    - b. Provides access to an outside area:
      - i. From which a resident may exit to a location at least 30 feet away from the facility, and
      - ii. Controls or alerts employees of the egress of a resident from the facility; or
    - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the International Building Code incorporated by reference in R9-10-104.01; and

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3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.

#### **R9-10-816. Medication Services**

##### **A. A manager shall ensure that:**

1. Policies and procedures for medication services include:
  - a. Procedures for preventing, responding to, and reporting a medication error;
  - b. Procedures for responding to and reporting an unexpected reaction to a medication;
  - c. Procedures to ensure that a resident's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
  - d. Procedures for:
    - i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
    - ii. Monitoring a resident who self-administers medication;
  - e. Procedures for assisting a resident in procuring medication; ~~and~~
  - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  - g. Procedures for administering medication to residents receiving memory care services;  
and
2. If a verbal order for a resident's medication is received from a medical practitioner by the assisted living facility:
  - a. The manager or a caregiver takes the verbal order from the medical practitioner,
  - b. The verbal order is documented in the resident's medical record, and
  - c. A written order verifying the verbal order is obtained from the medical practitioner within 14 calendar days after receiving the verbal order.

##### **B. If an assisted living facility provides medication administration, a manager shall ensure that:**

1. Medication is stored by the assisted living facility;
2. Policies and procedures for medication administration:
  - a. Are reviewed and approved by a medical practitioner, registered nurse, or pharmacist;
  - b. Include a process for documenting an individual, authorized, according to the definition of "administer" in A.R.S. § 32-1901, by a medical practitioner to administer medication under the direction of the medical practitioner;

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- 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; and
  3. A medication administered to a resident:
    - a. Is administered by an individual under direction of a medical practitioner,
    - b. Is administered in compliance with a medication order, and
    - c. Is documented in the resident's medical record.
- C. If an assisted living facility provides assistance in the self-administration of medication, a manager shall ensure that:
  1. A resident's medication is stored by the assisted living facility;
  2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container or medication organizer for the resident;
    - c. Observing the resident while the resident removes the medication from the container or medication organizer;
    - d. Except when a resident uses a medication organizer, verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
      - i. The resident taking the medication is the individual stated on the medication container label,
      - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label;
    - e. For a resident using a medication organizer, verifying that the resident is taking the medication in the medication organizer according to the schedule specified on the medical practitioner's order; or
    - f. Observing the resident while the resident takes the medication;
  3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or nurse; and
  4. Assistance in the self-administration of medication provided to a resident:
    - a. Is in compliance with an order, and
    - b. Is documented in the resident's medical record.

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**D.** A manager shall ensure that:

1. A current drug reference guide is available for use by personnel members, and
2. A current toxicology reference guide is available for use by personnel members.

**E.** A manager shall ensure that a resident's medication organizer is only filled by:

1. The resident;
2. The resident's representative;
3. A family member of the resident;
4. A personnel member of a home health agency or hospice service agency; or
5. The manager or a caregiver who has been designated and is under the direction of a medical practitioner, according to subsection (B)(2)(b).

**F.** When medication is stored by an assisted living facility, a manager shall ensure that:

1. Medication is stored in a separate locked room, closet, cabinet, 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 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.

**G.** A manager shall ensure that a caregiver immediately reports a medication error or a resident's unexpected reaction to a medication to the medical practitioner who ordered the medication or, if the medical practitioner who ordered the medication is not available, another medical practitioner.

**H.** If medication is stored by a resident in the resident's bedroom or residential unit, a manager shall ensure that:

1. The medication is stored according to the resident's service plan; or
2. If the medication is not being stored according to the resident's service plan, the resident's service plan is updated to include how the medication is being stored by the resident.

**R9-10-821.** **Memory Care Services** **A.R.S. § 36-405.03(A)**

**A.** **If an assisted living facility is authorized by the Department to provide memory care services, a manager shall ensure that:**

- 1.** **Policies and procedures are established, documented, and implemented to cover the following:**

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- a. Skills and knowledge necessary for the personnel member to provide the expected memory care services;
  - b. Interventions used for behavior management;
  - c. Systems to accommodate visitors, staff, and residents who do not need controlled egress;
  - d. The requirements in R9-10-815(F) regarding the prevention of unsafe wandering or exit seeking, which may include the use of tracking systems;
  - e. Promotion of nutrition and hydration care;
  - f. Evacuation and emergency procedures specific to memory care residents, that include the requirements in R9-10-818(A)(5);
  - g. Prevention techniques of elopement and responding to elopement incidents promptly and effectively;
  - h. Monitoring memory care residents in outdoor areas on the premises;
  - i. Specialized environmental features to support memory care that include:
    - a. Secure areas to prevent wandering and spaces designed for cognitive stimulation and engagement; and
    - b. Strategies for providing person-centered care that aligns with the principles of dementia-friendly environments, including familiar surroundings, optimized sensory stimulation, and meaningful activities; and
  - j. Specialized accommodations and progressive support for activities of daily living tailored to persons living with dementia following evidence-based best practices.
2. Activities that match the resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function;
3. For a resident who requests or receives memory care services from the assisted living facility, a medical practitioner:
  - a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for memory care services;
  - b. Reviews the assisted living facility's scope of services; and
  - c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.
4. There is sufficient staffing to ensure adequate supervision and care for memory care residents;

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5. In facilities where residents are housed in two or more detached buildings, or if a building has distinct and segregated areas, a designated caregiver must be awake and available in each building and each segregated area at all times; and

6. Staffing is increased to compensate for the evaluated care and service needs of residents at move-in and for the changing physical or mental needs of the residents.

**B.** A manager shall ensure that staff obtain a certificate of completion, as specified in R9-10-126, including at least eight hours of training specific to memory care within the first 30 days of hire or provide proof, no greater than 12 months from the date of completion of a certified initial 8-hour training program. If a staff member or contractor does not work at an assisted living facility that is licensed to provide directed care services for a period of 12 months, the staff member or contractor must complete the initial 8-hour training within 30 days after the date of hire, rehire, or returning to work. A.R.S. § 36-405.03(B)

**C.** In addition to the initial eight hours of memory care training, a manager shall complete four hours of memory care services training specific to assisted living facility managers including:

A.R.S. § 36-405.03(B)

**D.** Each resident receiving memory care services must have a service plan that meets the requirements specified in R9-10-815(C).

**E.** Service planning for residents receiving memory care services shall be person-centered involving comprehensive assessments that consider the resident's medical history, preference, and social context, and should actively include input from the resident and the resident's representative. Service planning for residents receiving memory care services shall be individualized, regularly reviewed, and adjusted to meet the changing needs of residents as their condition progresses.

**F.** The assisted living facility shall only admit or retain residents whose cognitive and physical care needs can be safely managed within the area or areas in an assisted living facility where memory care services are provided.

**G.** An assisted living facility providing memory care services shall:

1. Conduct an elopement drill every six months on each shift;

2. Document the date, time, and description of each elopement drill in subsection (H)(1); and

3. Immediately investigate any elopement and notify the designated family member(s), legal guardian or other responsible person within 24 hours.

**H.** An assisted living facility providing memory care services shall incorporate evidence-based specialized environmental features that:

1. Utilize clear and easy-to-understand signage and visual cues to assist residents in navigating their environment;



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2. Minimize environmental factors that may confuse or distress residents, such as loud noises or overly bright lighting;
3. Residents do not use, have access to, or participate in the use of any materials, furnishings, equipment, activities, or treatments that may pose a threat to their health or safety;
4. Support resident movement and engagement;
5. Provide opportunities for both privacy and social interaction;
6. Promote independence and overall well-being;
7. Ensure easy access and intuitive wayfinding; and
8. Facilitate engagement and encourage participation in meaningful daily tasks and activities.