

Behavior Health Residential Facilities

Arizona Administrative Rules
Title 9 Chapter 10 Article 7

ARIZONA DEPARTMENT OF HEALTH SERVICES

“Health and Wellness for all Arizonans”



Health and Wellness for all Arizonans

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**Achieve
Targeted Improvements in
Public Health Outcomes**



4/12/12

Strategic Priorities

- Arizona's Winnable Battles
- Integrating Physical and Behavioral Health Services
- Promote and Protect Public Health and Safety
- Strengthen Statewide Public Health System
- Maximize ADHS Effectiveness

Integrated Rules for Health Care Institution Licensing

Law 2011, Chapter 96 (House Bill 2634) Highlights

- On or before July 1, 2013
 - Reduce monetary or regulatory costs on persons or individuals
 - Streamline the regulation process
 - Facilitate licensure of integrated health programs that provide both behavioral and physical health services

The New Integrated Rules

- The new and revised articles and rules in 9 A.A.C. 10 will:
 - ✓ Focus on health and safety
 - ✓ Provide regulatory consistency for all health care institutions
 - ✓ Streamline the regulatory process
 - ✓ Integrate behavioral and physical health services
 - ✓ Make changes delineated in applicable Five-Year-Review Reports

The New Integrated Rules

The Integration Plan

- A facility will be licensed based on the highest level of services it provides.
- Facilities will be able to offer a “menu of services”
 - All medical services will be provided under the direction of a physician.
 - All nursing services will be provided under the direction of a registered nurse.
 - All behavioral health services will be provided under the direction of a licensed behavioral health professional or a Psychiatrist.
 - All behavioral health technicians and behavioral health paraprofessionals will receive supervision clinical oversight or direct supervision from a behavioral health professional.

Rules Timeline

- Rules were filed with Secretary of State on June 28th
- Implementation of new rules will start October 1st
 - Provider specific trainings will be held between July and September to assist licensees for the implementation

What does this mean to You?

You need to start following the rules
on October 1st

Organize the rules that apply to you based on your Scope of
Service

Educate your Board, Physicians, and Staff to the rules

R9-10-Article 7

What has changed???

Review each of the rules

- Rule content
- Definitions
- Additions
- Interpretation
- Article Number

For more information, visit our Rules Implementation website: www.azdhs.gov/als/integrated/

- Resources
 - Crosswalks
 - Frequently asked questions
 - Flowcharts for licensing process
- Access to draft rules
- Provider trainings and meetings
 - Online videos
 - PowerPoint's

The screenshot shows the Arizona Department of Health Services (ADHS) website. The header includes the ADHS logo, the text "Health and Wellness for all Arizonans Arizona Department of Health Services", and the "AZ.GOV" logo. A navigation bar contains links for "ADHS Home", "About", "News", "A-Z Index", and "Contact". A search bar is also present.

The main content area is titled "Division of Licensing Services Integrated Licensing Rules Implementation". It includes a paragraph explaining the purpose of the resources and a section for "Licensing Process Resources" with links to "Licensing Process Crosswalk" and "Frequently Asked Questions (updated weekly)".

Below this is a section for "Facility Specific Flowcharts" with two columns: "Chapter 10" and "Chapter 20".

Chapter 10	Chapter 20
Adult Day Health Care Facilities	Adult Therapeutic Foster Home
Assisted Living Facilities (Centers, Homes, Adult Foster Care Homes)	DUI Services
Home Health Agencies	Level 1 Residential Treatment Center
Hospices	Level 1 Sub-Acute
Hospitals	Level 1 Specialized Transitional Agency
Nursing Care Institutions	Level 2 BH Residential Agency
Outpatient Surgical Centers	Level 3 BH Residential Agency
Outpatient Treatment Centers 2 3 4	Level 4 Transitional Agency
Recovery Care Centers	Misdemeanor DV Offender Treatment
	Rural Substance Abuse Transitional Agency
	Shelter for Victims of Domestic Violence

Below the flowcharts is a section for "Draft Rules" with a paragraph explaining the revision process and a section for "Provider Trainings" with a paragraph explaining the training schedule.

ARTICLE 1. GENERAL

Section

- R9-10-101. Definitions
- R9-10-102. Health Care Institution Classes and Subclasses; Requirements
- R9-10-103. Licensure Exceptions
- R9-10-104. Approval of Architectural Plans and Specifications
- R9-10-105. Initial License Application
- R9-10-106. Fees
- R9-10-107. Renewal License Application
- R9-10-108. Time-frames
- R9-10-109. Changes Affecting a License
- R9-10-110. Enforcement Actions
- R9-10-111. Denial, Revocation, or Suspension of License
- R9-10-112. Tuberculosis Screening
- R9-10-113. Clinical Practice Restrictions for Hemodialysis Technician Trainees
- R9-10-114. Behavioral Health Paraprofessionals, Behavioral Health Technicians
- R9-10-115. Nutrition and Feeding Assistant Training Programs
- R9-10-116. Counseling Facilities
- R9-10-117. Collaborating Health Care Institutions
- R9-10-122. Repealed

ARTICLE 1. GENERAL

R9-10-101. Definitions

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

1. "Abuse" means:
 - a. The same:
 - i. For an adult, as in A.R.S. § 46-451; or
 - ii. For a child, as in A.R.S. § 8-201;
 - b. A pattern of ridiculing or demeaning a patient;
 - c. Making derogatory remarks or verbally harassing a patient; or
 - d. Threatening to inflict physical harm on a patient.
2. "Accredited" has the same meaning as in A.R.S. § 36-422.
3. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
4. "Adjacent" means not intersected by:
 - a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
 - b. A public thoroughfare.
5. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
6. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, or health-related services.
7. "Admission" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
8. "Adult" has the same meaning as in A.R.S. § 1-215.
9. "Adult behavioral health therapeutic home" means a behavioral health supportive home that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to

- behavior for an individual 18 years of age or older based on the individual's behavioral health issue and need for behavioral health services.
10. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
 11. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.
 12. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
 13. "Applicant" means a governing authority requesting:
 - a. Approval of a health care institution's architectural plans and specifications, or
 - b. A health care institution license.
 14. "Application packet" means the information, documents, and fees required by the Department for the:
 - a. Approval of a health care institution's modification or construction, or
 - b. Licensure of a health care institution.
 15. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
 16. "Assistance in the self-administration of medications" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
 17. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
 18. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
 - a. A written signature;
 - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
 - c. A rubber-stamp signature; or
 - d. An electronic signature code.
 19. "Available" means:
 - a. For an individual, the ability to be contacted and to provide an immediate response by any means possible;

- b. For equipment and supplies, physically retrievable at a health care institution; and
 - c. For a document, retrievable at a health care institution or accessible according to the applicable time-frames in this Chapter.
- 20. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that provides only behavioral health services, or a behavioral health supportive home.
- 21. "Behavioral health inpatient facility" means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
 - a. Have a limited or reduced ability to meet the individual's basic physical needs;
 - b. Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
 - c. Be a danger to self;
 - d. Be a danger to others;
 - e. Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
 - f. Be gravely disabled.
- 22. "Behavioral health issue" means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
- 23. "Behavioral health observation/stabilization services" means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
 - a. Requires nursing services,
 - b. May require medical services, and
 - c. May be a danger to others or a danger to self.
- 24. "Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:
 - a. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and

- b. Are provided under supervision by a behavioral health professional.
- 25. "Behavioral health professional" means an individual licensed under A.R.S. Title 32 whose scope of practice allows the individual to:
 - a. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; or
 - b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101.
- 26. "Behavioral health residential facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
 - a. Limits the individual's ability to be independent, or
 - b. Causes the individual to require treatment to maintain or enhance independence.
- 27. "Behavioral health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's behavioral health issue.
- 28. "Behavioral health specialized transitional facility" means a health care institution that provides behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
- 29. "Behavioral health supportive home" means an adult behavioral health therapeutic home or a children's behavioral health respite home.
- 30. "Behavioral health technician" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:
 - a. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and
 - b. Are provided with clinical oversight by a behavioral health professional.
- 31. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.
- 32. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.

33. "Case manager" means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
34. "Certification" means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in A.A.C. R9-1-412.
35. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
36. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
37. "Chief administrative officer" or "administrator" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
38. "Children's behavioral health respite home" means a behavioral health supportive home where respite services are provided to an individual under 18 years of age based on the individual's behavioral health issue and need for behavioral health services and includes assistance in the self-administration of medication.
39. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health or a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
40. "Clinical oversight" means:
- a. Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures,
 - b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services,

- c. Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services, and
 - d. Recommending training for a behavior health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.
41. "Clinical privileges" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
42. "Collaborating health care institution" means a health care institution licensed to provide behavioral services that has a written agreement with a provider to:
- a. Coordinate behavioral health services provided to a resident, and
 - b. Work with the provider to ensure a resident receives behavioral health services according to the resident's assessment or treatment plan.
43. "Communicable disease" has the same meaning as in A.R.S. § 36-661.
44. "Conspicuously posted" means placed at a location that is visible and accessible within the area where the public enters the premises of a health care institution.
45. "Consultation" means an evaluation of a patient requested by a medical staff member or personnel member.
46. "Contracted services" means medical services, nursing services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
47. "Contractor" has the same meaning as in A.R.S. § 32-1101.
48. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
49. "Counseling" has the same meaning as "practice of professional counseling" in A.R.S. § 32-3251.
50. "Counseling facility" means an outpatient treatment center that only provides and was licensed before October 1, 2013 to provide one or more of the following services:
- a. Counseling;
 - b. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
 - c. Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.

51. "Court-ordered evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.
52. "Court-ordered pre-petition screening" has the same meaning as in A.R.S. § 36-501.
53. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.
54. "Crisis services" means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
55. "Current" means up-to-date, extending to the present time.
56. "Daily living skills" means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.
57. "Danger to others" has the same meaning as in A.R.S. § 36-501.
58. "Danger to self" has the same meaning as in A.R.S. § 36-501.
59. "Detoxification services" means behavioral health services and medical services provided to an individual to:
 - a. Reduce or eliminate the individual's dependence on alcohol or other drugs, or
 - b. Provide treatment for the individual's signs or symptoms of withdrawal from alcohol or other drugs.
60. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
61. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
62. "Disaster" means an unexpected occurrence that adversely affects a health care institution's ability to provide services.
63. "Discharge" means a documented termination of services to a patient by a health care institution.
64. "Discharge instructions" means documented information relevant to a patient's medical condition or behavioral health issue provided by a health care institution to the patient or the patient's representative at the time of the patient's discharge.
65. "Discharge planning" means a process of establishing goals and objectives for a patient or resident in preparation for the patient's or resident's discharge.
66. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge.

67. "Disinfect" means to clean in order to prevent the growth of or to destroy disease-carrying microorganisms.
68. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
69. "Drill" means a response to a planned, simulated event.
70. "Drug" has the same meaning as in A.R.S. § 32-1901.
71. "Electronic" has the same meaning as in A.R.S. § 44-7002.
72. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
73. "Emergency" means an immediate threat to the life or health of a patient.
74. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
75. "Environmental services" means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
76. "Equipment" means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in A.A.C. R9-1-412.
77. "Exploitation" has the same meaning as in A.R.S. § 46-451.
78. "Factory-built building" has the same meaning as in A.R.S. § 41-2142.
79. "Family" or "family member" means an individual's spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
80. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
81. "Garbage" has the same meaning as in A.A.C. R18-13-302.
82. "General consent" means documentation of an agreement from an individual or the individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.
83. "General hospital" means a subclass of hospital that provides surgical services and emergency services.
84. "Gravely disabled" has the same meaning as in A.R.S. § 36-501.
85. "Hazard" or "hazardous" means a condition or situation where a patient or other individual may suffer physical injury.
86. "Health care directive" has the same meaning as in A.R.S. § 36-3201.
87. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.

- 88. "Home health agency" has the same meaning as in A.R.S. § 36-151.
- 89. "Home health aide" means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
- 90. "Home health aide services" means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
- 91. "Home health services" has the same meaning as in A.R.S. § 36-151.
- 92. "Hospice inpatient facility" means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice's premises for 24 hours or more.
- 93. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
- 94. "Immediate" means without delay.
- 95. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
 - a. On the premises of a health care institution, or
 - b. Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
- 96. "Infection control" means to identify, prevent, monitor, and minimize infections.
- 97. "Informed consent" means advising a patient of a proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic drug, or diagnostic procedure; associated risks and possible complications; and obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure from the patient or the patient's representative.
- 98. "In-service education" means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
- 99. "Interval note" means documentation updating a patient's:
 - a. Medical condition after a medical history and physical examination is performed;
 - or

- b. Behavioral health issue after an assessment is performed.
- 100. "Isolation" means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
- 101. "Leased facility" means a facility occupied or used during a set time in exchange for compensation.
- 102. "License" means:
 - a. Written approval issued by the Department to a person to operate a class or subclass of a health care institution, except for a behavioral health service agency, at a specific location; or
 - b. Written approval issued to an individual to practice a profession in this state.
- 103. "Licensee" means an owner approved by the Department to operate a health care institution.
- 104. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
- 105. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.
- 106. "Medical history" means an account of a patient's health, including past and present illnesses, diseases, or medical conditions.
- 107. "Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.
- 108. "Medical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
- 109. "Medical staff" means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
- 110. "Medical staff by-laws" means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
- 111. "Medical staff member" means an individual who is part of the medical staff of a health care institution.
- 112. "Medication" means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
 - a. Biologicals as defined in A.A.C. R18-13-1401,
 - b. Prescription medication as defined in A.R.S. § 32-1901, or
 - c. Nonprescription medication as defined in A.R.S. § 32-1901.

113. "Medication administration" means the provision or application of a medication to the body of a patient by a medical practitioner or a nurse or as otherwise provided by law.
114. "Medication error" means:
- a. The failure to administer an ordered medication;
 - b. The administration of a medication not ordered; or
 - c. A medication administered:
 - i. In an incorrect dosage,
 - ii. More than 60 minutes from the ordered time of administration unless ordered to do so, or
 - iii. By an incorrect route of administration.
115. "Mental disorder" means the same as in A.R.S. § 36-501.
116. "Mobile clinic" means a movable structure that:
- a. Is not physically attached to a health care institution's facility;
 - b. Provides medical services, nursing services, or health related service to an outpatient under the direction of the health care institution's personnel; and
 - c. Is not intended to remain in one location indefinitely.
117. "Monitor" or "monitoring" means to check systematically on a specific condition or situation.
118. "Neglect" has the same meaning:
- a. For an individual less than 18 years of age, as in A.R.S. § 8-201; or
 - b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
119. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
120. "Nurse" has the same meaning as registered nurse or practical nurse as defined in A.R.S. § 32-1601.
121. "Nursing personnel" means individuals authorized according to A.R.S. § Title 32, Chapter 15 to provided nursing services.
122. "Observation chair" means a physical piece of equipment that:
- a. Is located in a designated area where behavioral health observation/stabilization services are provided,
 - b. Allows an individual to fully recline, and
 - c. Is used by the individual while receiving crisis services.
123. "Occupational therapist" has the same meaning as in A.R.S. § 32-3401.

124. "Occupational therapist assistant" has the same meaning as in A.R.S. § 32-3401.
125. "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.
126. "Order" means instructions to provide
- a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
 - b. Behavioral health services to a patient from a behavioral health professional.
127. "Orientation" means the initial instruction and information provided to an individual before starting work or volunteer services in a health care institution.
128. "Outing" means a social or recreational activity that:
- a. Occurs away from the premises,
 - b. Is not part of a behavioral health residential facility's daily routine, and
 - c. Lasts longer than four hours.
129. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the concurring opinions of the surgeon and the anesthesiologist, does not require inpatient care in a hospital.
130. "Outpatient treatment center" means a health care institution class without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.
131. "Overall time-frame" means the same as in A.R.S. § 41-1072.
132. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
133. "Patient," "resident," or "participant" means an individual receiving physical health services or behavioral health services from a health care institution.
134. "Patient follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.
135. "Patient's representative," means a patient's legal guardian, an individual acting on behalf of the patient with the written consent of the patient, or a surrogate as defined in A.R.S. § 36-3201.
136. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.

137. "Personnel member" means, except as defined in specific Articles in this Chapter and excluding a medical staff member, an individual providing physical health services or behavioral health services to a patient.
138. "Pest control program" means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient's health and safety is not at risk.
139. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
140. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness, injury, or disease.
141. "Physical health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's medical condition.
142. "Physical therapist" has the same meaning as in A.R.S. § 32-2001.
143. "Physical therapist assistant" has the same meaning as in A.R.S. § 32-2001.
144. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
145. "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 patient.
146. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
147. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:
- a. An observed patient response to a physical health service or behavioral health service provided to a patient,
 - b. A patient's significant change in condition, or
 - c. Observed behavior of a patient related to the patient's medical condition or behavioral health issue.
148. "PRN" means pro re nata or given as needed.
149. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
150. "Provider" means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a children's behavioral health respite home in the individual's place of residence.

- 151. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
- 152. "Psychotropic medication" means a chemical substance that 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 that is provided to a patient to address the patient's behavioral health issue.
- 153. "Quality management program" means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
- 154. "Recovery care center" has the same meaning as in A.R.S. § 36-448.51.
- 155. "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 individual may need and may include the name or names of specific health care institutions or health care professionals.
- 156. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
- 157. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
- 158. "Registered nurse practitioner" has the same meaning as A.R.S. § 32-1601.
- 159. "Regular basis" means at recurring, fixed, or uniform intervals.
- 160. "Research" means the use of 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.
- 161. "Respiratory care services" has the same meaning as practice of respiratory care as defined in A.R.S. § 32-3501.
- 162. "Restraint" means any physical or chemical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.
- 163. "Risk" means potential for an adverse outcome.
- 164. "Room" means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
- 165. "Rural general hospital" means a subclass of hospital having 50 or fewer inpatient beds and located more than 20 surface miles from a general hospital or another rural general

hospital that requests to be and is licensed as a rural general hospital rather than a general hospital.

- 166. "Satellite facility" has the same meaning as in A.R.S. § 36-422.
- 167. "Scope of services" means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
- 168. "Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.
- 169. "Sexual abuse" means the same as in A.R.S. § 13-1404(A).
- 170. "Sexual assault" means the same as in A.R.S. § 13-1406(A).
- 171. "Shift" means the beginning and ending time of a continuous work period established by a health care institution's policies and procedures.
- 172. "Signature" means:
 - a. The first and last name of an individual written with his or her own hand as a form of identification or authorization, or
 - b. An electronic signature or code.
- 173. "Significant change" means an observable deterioration or improvement in a patient's physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
- 174. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the "practice of social work" as defined in A.R.S. § 32-3251.
- 175. "Social work services" has the same meaning as "practice of social work" in A.R.S. § 32-3251.
- 176. "Special hospital" means a subclass of hospital that:
 - a. Is licensed to provide hospital services within a specific branch of medicine; or
 - b. Limits admission according to age, gender, type of disease, or medical condition.
- 177. "Student" means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
- 178. "Substantial" when used in connection with a modification means:
 - a. An addition or deletion of an inpatient bed or a change in the use of one or more of the inpatient beds;
 - b. A change in a health care institution's licensed capacity;

- c. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 - d. A change in a health care institution that affects compliance with applicable physical plant codes and standards incorporated by reference in R9-1-412.
179. "Substance abuse" means an individual's misuse of alcohol or other drug or chemical that:
- a. Alters the individual's behavior or mental functioning;
 - b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
 - c. Impairs, reduces, or destroys the individual's social or economic functioning.
180. "Substance abuse transitional facility" means a subclass of health care institution that provides behavioral health services to an individual who is intoxicated or may have a substance abuse problem.
181. "Supportive services" has the same meaning as in A.R.S. § 36-151.
182. "Substantive review time-frame" means the same as in A.R.S. § 41-1072.
183. "Surgical procedure" means the excision or incision of a patient's body for the:
- a. Correction of a deformity or defect,
 - b. Repair of an injury, or
 - c. Diagnosis, amelioration, or cure of disease.
184. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
185. "System" means interrelated, interacting, or interdependent elements that form a whole.
186. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Services.
187. "Telemedicine" has the same meaning as in A.R.S. § 36-3601.
188. "Therapeutic diet" means foods or the manner in which food is to be prepared that are ordered for a patient.
189. "Time out" means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
190. "Transfer" means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
191. "Transport" means a health care institution:

- a. Sending a patient to another licensed health care institution for outpatient services with the intent of returning the patient to the sending health care institution, or
 - b. Returning a patient to a sending licensed health care institution after the patient received outpatient services.
192. "Treatment" means a procedure or method to cure, improve, or palliate an individual's medical condition or behavioral health issue.
193. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule.
194. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.
195. "Volunteer" means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
196. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

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

- A. A person may apply for a license as an unclassified health care institution; a health care institution class or subclass in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10; or one of the following classes or subclasses:
- 1. General hospital,
 - 2. Rural general hospital,
 - 3. Special hospital,
 - 4. Behavioral health inpatient facility,
 - 5. Nursing care institution,
 - 6. Recovery care center,
 - 7. Hospice inpatient facility,
 - 8. Hospice service agency,
 - 9. Behavioral health residential facility,
 - 10. Assisted living center,
 - 11. Assisted living home,

12. Adult foster care home,
 13. Outpatient surgical center,
 14. Outpatient treatment center,
 15. Abortion clinic,
 16. Adult day health care facility,
 17. Home health agency,
 18. Substance abuse transitional facility,
 19. Behavioral health specialized transitional facility,
 20. Counseling facility,
 21. Adult behavioral health therapeutic home,
 22. Children's behavioral health respite home, or
 23. Unclassified health care institution;
- B. A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical care services or behavioral health services the proposed health care institution plans to provide. The Department shall review the proposed health care institution's scope of services to determine whether the requested health care institution class or subclass is appropriate.
- C. A health care institution shall comply with the requirements in 9 A.A.C. 10, Article 17 if:
1. There are no specific rules in 9 A.A.C. 10 for the health care institution's class or subclass, or
 2. The Department determines that the health care institution is an unclassified health care institution.

R9-10-103. Licensure Exceptions

- A. A health care institution license is required for each health care institution except:
1. A facility exempt from licensure under A.R.S. § 36-402, or
 2. A health care institution's administrative office.
- B. The Department does not require a separate health care institution license for:
1. A satellite facility of a hospital under A.R.S. § 36-422(F);
 2. An accredited facility of an accredited hospital under A.R.S. § 36-422(G);
 3. A facility operated by a licensed health care institution that is:
 - a. Adjacent to and contiguous with the licensed health care institution premises; or

- b. Not adjacent to or contiguous with the licensed health care institution but connected to the licensed health care institution facility by an all-weather enclosure and:
 - i. Owned by the health care institution, or
 - ii. Leased by the health care institution with exclusive rights of possession;
- 4. A mobile clinic operated by a licensed health care institution; or
- 5. A facility located on grounds that are not adjacent to or contiguous with the health care institution premises where only ancillary services are provided to a patient of the health care institution.

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

- A. For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, an applicant shall submit to the Department an application packet including:
 - 1. An application in a format provided by the Department that contains:
 - a. For construction of a new health care institution:
 - i. The health care institution's name, street address, city, state, zip code, telephone number, and fax number;
 - ii. The name and address of the health care institution's governing authority;
 - iii. The requested health care institution class or subclass; and
 - iv. If applicable, the requested licensed capacity and licensed occupancy for the health care institution;
 - b. For modification of a licensed health care institution:
 - i. The health care institution's license number,
 - ii. The name and address of the licensee,
 - iii. The health care institution's class or subclass, and
 - iv. The health care institution's existing licensed capacity or licensed occupancy and the requested licensed capacity or licensed occupancy for the health care institution;
 - c. The health care institution's contact person's name, street address, city, state, zip code, telephone number, and fax number;
 - d. If the application includes architectural plans and specifications:

- i. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10 and the health care institution is ready for an onsite inspection by a Department representative;
 - ii. The project architect's name, street address, city, state, zip code, telephone number, and fax number; and
 - iii. A statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the project architect has complied with A.A.C. R4-30-301 and the architectural plans and specifications are in substantial compliance with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10;
 - e. A narrative description of the project;
 - f. If providing or planning to provide medical services, nursing services, or health-related services that require compliance with specific physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services; and
 - g. If providing or planning to provide behavioral health observation/stabilization services, the number of behavioral health observation/stabilization chairs designated for providing the behavioral health observation/stabilization services;
2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
- a. A building permit for the construction or modification issued by the local governmental agency; or
 - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
 - i. The health care institution's name, street address, city, state, zip code, and county;
 - ii. The health care institution's class or subclass and each type of medical services, nursing services, or health-related services to be provided; and

- iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
- 3. The following information on architectural plans and specifications that is necessary to demonstrate that the project described on the application complies with applicable codes and standards incorporated by reference in A.A.C. R9-1-412:
 - a. A table of contents containing:
 - i. The architectural plans and specifications submitted,
 - ii. The physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 that apply to the project or are required by a local governmental agency,
 - iii. An index of the abbreviations and symbols used in the architectural plans and specifications, and
 - iv. The facility's specific International Building Code construction type and International Building Code occupancy type;
 - b. If the facility is larger than 3,000 square feet and is or will be occupied by more than 20 individuals, the seal of an architect on the architectural plans and drawings according to the requirements in A.R.S. Title 32, Chapter 1;
 - c. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
 - d. For each facility, on architectural plans and specifications:
 - i. A floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
 - ii. A diagram of a section of the facility, drawn to scale, showing the vertical cross-section view from foundation to roof and specifying construction materials;
 - iii. Building elevations, drawn to scale, showing the outside appearance of each facility;
 - iv. The materials used for ceilings, walls, and floors;

- v. The location, size, and fire rating of each door and each window and the materials and hardware used, including safety features such as fire exit door hardware and fireproofing materials;
 - vi. A ceiling plan, drawn to scale, showing the layout of each light fixture, each fire protection device, and each element of the mechanical ventilation system;
 - vii. An electrical floor plan, drawn to scale, showing the wiring diagram and the layout of each lighting fixture, each outlet, each switch, each electrical panel, and electrical equipment;
 - viii. A mechanical floor plan, drawn to scale, showing the layout of heating, ventilation, and air conditioning systems;
 - ix. A plumbing floor plan, drawn to scale, showing the layout and materials used for water and sewer systems including the water supply and plumbing fixtures;
 - x. A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;
 - xi. A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and
 - xii. Technical specifications describing installation and materials used in the health care institution;
4. The estimated total project cost including the costs of:
- a. Site acquisition,
 - b. General construction,
 - c. Architect fees,
 - d. Fixed equipment, and
 - e. Movable equipment;
5. The following, as applicable:
- a. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
 - i. A copy of the Certificate of Occupancy,
 - ii. Documentation that the facility was approved for occupancy, or

- iii. Documentation that a certificate of occupancy for the facility is not available;
- b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10 signed by the project architect, the contractor, and the owner;
- c. A written description of any work necessary to complete the construction or modification submitted by the project architect;
- d. If the construction or modification affects the health care institution's fire alarm system, a contractor certification and description of the fire alarm system in a format provided by the Department;
- e. If the construction or modification affects the health care institution's automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system in a format provided by the Department;
- f. If the construction or modification affects the health care institution's heating, ventilation, or air conditioning, a copy of the heating, ventilation, air conditioning, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning systems;
- g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer's certification of flame spread for the draperies, cubicle curtains, or floor coverings;
- h. For a health care institution using inhalation anesthetics or nonflammable medical gas, a copy of the Compliance Certification for Inhalation Anesthetics or Nonflammable Medical Gas System required in the National Fire Codes incorporated by reference in A.A.C. R9-1-412;
- i. If a generator is installed, a copy of the installation acceptance required in the National Fire Codes incorporated by reference in A.A.C. R9-1-412;
- j. For a health care institution providing radiology, a written report from a certified health physicist of the location, type, and amount of radiation protection; and
- k. If a factory-built building is used by a health care institution:
 - i. A copy of the installation permit and the copy of a certificate of occupancy for the factory-built building from the Office of Manufactured Housing; or

- ii. A written report from an individual registered as an architect or a professional structural engineer under 4 A.A.C. 30, Article 2, stating that the factory-built building complies with applicable design standards;
- 6. A statement signed by the project architect that final architectural drawings and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution; and
- 7. The applicable fee required by R9-10-106.
- B. Before an applicant submits an application for approval of architectural plans and specifications for the construction or modification of a health care institution, an applicant may request an architectural evaluation by submitting the documents in subsection (A)(3) to the Department.
- C. The Department shall approve or deny an application for approval of architectural plans and specifications of a health care institution in this Section according to R9-10-108.
- D. In addition to obtaining an approval of a health care institution's architectural plans and specifications, a person shall obtain a health care institution license before operating the health care institution.

R9-10-105. Initial License Application

- A. A person applying for a health care institution license shall submit to the Department an application packet that contains:
 - 1. An application in a format provided by the Department including:
 - a. The health care institution's:
 - i. Name, street address, mailing address, telephone number, fax number, and e-mail address;
 - ii. Tax ID number; and
 - iii. Class or subclass listed in R9-10-102 for which licensure is requested;
 - b. As applicable, the specific services for which authorization is requested;
 - c. Except for a home health agency, or a hospice service agency, or behavioral health facility, whether the health care institution is located within 1/4 mile of agricultural land;
 - d. Whether the health care institution is located in a leased facility;
 - e. Whether the health care institution is ready for a licensing inspection by the Department;

- f. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;
- g. Owner information including:
 - i. The owner's name, address, telephone number, and fax number;
 - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
 - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
 - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
 - v. If the owner is a corporation, the name and title of each corporate officer;
 - vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;
 - vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
 - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
 - ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;

- h. The name and address of the governing authority;
 - i. The chief administrative officer's:
 - i. Name,
 - ii. Title,
 - iii. Highest educational degree, and
 - iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
 - j. Signature required in A.R.S. § 36-422(B);
2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility;
 3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;
 4. If applicable, the name and address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);
 5. Except for a home health agency or a hospice service agency, one of the following:
 - a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, documentation of the health care institution's architectural plans and specifications approval in R9-10-104; or
 - b. If a health care institution or a part of the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412:
 - i. One of the following:
 - (1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances; or
 - (2) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for

occupancy as the applicable health care institution class or subclass;

- ii. The licensed capacity requested by the applicant for the health care institution;
 - iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;
 - iv. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and
 - v. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device;
- 6. The health care institution proposed scope of services; and
 - 7. The applicable application fee required by R9-10-106.
- B. In addition to the initial application requirements in this Section, an applicant shall comply with the initial application requirements in specific rules in 9 A.A.C. 10 for the health care institution class or subclass for which licensure is requested.
- C. The Department shall approve or deny an application in this Section according to R9-10-108.

R9-10-106. Fees

- A. An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural drawing review fee as follows:
- 1. Fifty dollars for a project with a cost of \$100,000 or less;
 - 2. One hundred dollars for a project with a cost of more than \$100,000 but less than \$500,000; or
 - 3. One hundred fifty dollars for a project with a cost of \$500,000 or more.
- B. An applicant submitting an initial application or a renewal application for a health care institution license shall submit to the Department an application fee of \$50.

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

1. For an adult day health care facility, assisted living home, or assisted living center:
 - a. For a facility with no licensed capacity, \$280;
 - b. For a facility with a licensed capacity of one to 59 beds, \$280, plus the licensed capacity times \$70;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$560, plus the licensed capacity times \$70;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$840, plus the licensed capacity times \$70; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,400, plus the licensed capacity times \$70;
2. For a behavioral health facility:
 - a. For a facility with no licensed capacity, \$375;
 - b. For a facility with a licensed capacity of one to 59 beds, \$375, plus the licensed capacity times \$94;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$750, plus the licensed capacity times \$94;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,125, plus the licensed capacity times \$94; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,875, plus the licensed capacity times \$94;
3. For a nursing care institution:
 - a. For a facility with a licensed capacity of one to 59 beds, \$290, plus the licensed capacity times \$73;
 - b. For a facility with a licensed capacity of 60 to 99 beds, \$580, plus the licensed capacity times \$73;
 - c. For a facility with a licensed capacity of 100 to 149 beds, \$870, plus the licensed capacity times \$73; or
 - d. For a facility with a licensed capacity of 150 beds or more, \$1,450, plus the licensed capacity times \$73;

4. For a hospital, a home health agency, a hospice service agency, a hospice inpatient facility, an abortion clinic, a recovery care center, an outpatient surgical center, an outpatient treatment center that is not a behavioral health facility, or an unclassified health care institution:
 - a. For a facility with no licensed capacity, \$365;
 - b. For a facility with a licensed capacity of one to 59 beds, \$365, plus the licensed capacity times \$91;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$730, plus the licensed capacity times \$91;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,095, plus the licensed capacity times \$91; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,825, plus the licensed capacity times \$91.
- D. Subsection (C) does not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.
- E. All fees are nonrefundable except as provided in A.R.S. § 41-1077.

R9-10-107. Renewal License Application

- A. A licensee applying to renew a health care institution license shall submit an application packet to the Department at least 60 calendar days but not more than 120 calendar days before the expiration date of the current license that contains:
 1. A renewal application in a format provided by the Department including:
 - a. The health care institution's:
 - i. Name, license number, mailing address, telephone number, fax number, and e-mail address;
 - ii. Class or subclass; and
 - iii. Scope of services;
 - b. Owner information including:
 - i. The owner's name, address, telephone number, and fax number;
 - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;

- iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
- iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
- v. If the owner is a corporation, the name and title of each corporate officer;
- vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the individual designated in writing by the individual in charge of the governmental agency;
- vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
- viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
- ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
- c. The name and address of the governing authority;
- d. The chief administrative officer's:
 - i. Name,
 - ii. Title,
 - iii. Highest educational degree, and

- iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
 - e. Signature required in A.R.S. § 36-422(B);
- 2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility; and
- 3. The applicable renewal application and licensing fees required by R9-10-106.
- B. In addition to the renewal application requirements in this Section, a licensee shall comply with the renewal application requirements in specific rules in 9 A.A.C. 10 for the health care institution's class or subclass.
- C. If a licensee submits a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite compliance inspection of the health care institution during the time the accreditation report is valid.
- D. The Department shall approve or deny a renewal license according to R9-10-108.
- E. The Department shall issue a renewal license for:
 - 1. One year; or
 - 2. Three years, if:
 - a. A licensee's health care institution is a hospital accredited by a nationally recognized accreditation organization, and
 - b. The licensee submits a copy of the hospital's current accreditation report.

R9-10-108. Time-frames

- A. The overall time-frame for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- B. The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1.1. The administrative completeness review time-frame begins on the date the Department receives a complete application packet or a written request for a change in a health care institution license according to R9-10-109(F):
 - 1. The application packet for an initial health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.

2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
 3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
 4. For an initial health care institution application, the Department shall consider the application withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 180 calendar days after the date of the notice described in subsection (B)(2).
 5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame is listed in Table 1.1 and begins on the date of the notice of administrative completeness.
1. The Department may conduct an onsite inspection of the facility:
 - a. As part of the substantive review for approval of architectural plans and specifications;
 - b. As part of the substantive review for issuing a health care institution initial or renewal license; or
 - c. As part of the substantive review for approving a change in a health care institution's license.
 2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
 3. The Department shall send a written notice of approval or a license to an applicant who is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10.

4. After an applicant for an initial health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable license fee in R9-10-106 to the Department within 60 calendar days after the date of the written notice of approval.
5. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
 - a. For an initial health care institution application, submit the information or documentation in subsection (C)(2) within 120 calendar days after the Department's written request to the applicant;
 - b. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10; or
 - c. Submit the fee required in R9-10-106.
6. An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection (C)(5). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
7. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next working day to be the time-frame's last day.

Table 1.1.

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

R9-10-109. Changes Affecting a License

- A. A licensee shall ensure that the Department is notified in writing at least 30 calendar days before the effective date of:
1. A change in the name of:
 - a. A health care institution, or
 - b. The licensee; or
 2. A change in the address of a health care institution that does not provide medical services, nursing services, or health-related services on the premises.
- B. If a licensee intends to terminate the operation of a health care institution either during or at the expiration of the health care institution's license, the licensee shall ensure that the Department is notified in writing of:

1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 days before the termination, and
 2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.
- C. A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 shall submit an application for approval of architectural plans and specifications for a modification of the health care institution.
- D. A governing authority shall submit an initial license application required in R9-10-105 for:
1. A change in ownership of a health care institution;
 2. A change in the address or location of a health care institution that provides medical services, nursing services, ~~or~~ health-related services, or behavioral health services on the premises; or
 3. A change in a health care institution's class or subclass.
- E. A governing authority is not required to submit documentation of a health care institution's architectural plans and specifications required in R9-10-105(A)(5) for an initial license application if:
1. The health care institution has not ceased operations for more than 30 calendar days,
 2. A modification has not been made to the health care institution,
 3. The services the health care institution is authorized by the Department to provide are not changed, and
 4. The location of the health care institution's premises is not changed.
- F. A licensee of a health care institution that is not required to comply with the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 shall submit a written request for a change in the services the health care institution is authorized by the Department to provide or another modification of the health care institution including documentation of compliance with requirements in this Chapter for the change or the modification that contains:
1. The health care institution's name, address, and license number;
 2. A narrative description of the change or modification;
 3. The governing authority's name and dated signature; and
 4. Any documentation that demonstrates that the requested change or modification complies with applicable requirements in this Chapter.

- G. The Department shall approve or deny a request for a change in services or another modification described in subsection (C) or (F) according to R9-10-108.
- H. A licensee shall not implement a change in services or another modification described in subsection (C) or (F) until an approval or amended license is issued by the Department.

R9-10-110. Enforcement Actions

- A. If the Department determines that an applicant or licensee is violating applicable statutes and rules and the violation poses a direct risk to the life, health, or safety of a patient, the Department may:
 - 1. Issue a provisional license to the applicant or licensee under A.R.S. § 36-425,
 - 2. Assess a civil penalty under A.R.S. § 36-431.01,
 - 3. Impose an intermediate sanction under A.R.S. § 36-427,
 - 4. Remove a licensee and appoint another person to continue operation of the health care institution pending further action under A.R.S. § 36-429,
 - 5. Suspend or revoke a license under A.R.S. § 36-427 and R9-10-111,
 - 6. Deny a license under A.R.S. § 36-425 and R9-10-111, or
 - 7. Issue an injunction under A.R.S. § 36-430.
- B. In determining which action in subsection (A) is appropriate, the Department shall consider the direct risk to the life, health, or safety of a patient in the health care institution based on:
 - 1. Repeated violations of statutes or rules,
 - 2. Pattern of violations,
 - 3. Types of violation,
 - 4. Severity of violation, and
 - 5. Number of violations.

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

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

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

- a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process within a required time-frame; or
 - b. A health care professional license or certificate denied, revoked, or suspended; or
3. Has operated a health care institution, within the ten years preceding the date of the license application, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, that posed a direct risk to the life, health, or safety of a patient.

R9-10-112. Tuberculosis Screening

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

- 1. For each individual required to be screened for infectious tuberculosis, the health care institution obtains from the individual:
 - a. On or before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution, one of the following as evidence of freedom from infectious tuberculosis:
 - i. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within six months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution that includes the date and the type of tuberculosis screening test; or
 - ii. If the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within six months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and
 - b. Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis:
 - i. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the CDC administered to the individual

- within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or
 - ii. If the individual has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement; or
- 2. Establish, document, and implement a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings, 2005, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333 and available at <http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf>, incorporated by reference, on file with the Department, and including no future editions or amendments and includes:
 - a. Conducting tuberculosis risk assessments, conducting tuberculosis screening testing, screening for signs or symptoms of tuberculosis, and providing training and education related to recognizing the signs and symptoms of tuberculosis; and
 - b. Maintaining documentation of any:
 - i. Tuberculosis risk assessment;
 - ii. Tuberculosis screening test of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution ; and
 - iii. Screening for signs or symptoms of tuberculosis of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution.

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

- A. The following definitions apply in this Section:
 - 1. "Assess" means collecting data about a patient by:
 - a. Obtaining a history of the patient,
 - b. Listening to the patient's heart and lungs, and
 - c. Checking the patient for edema.

2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.
3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.
4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.
5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
6. "Conductivity test" means a determination of the electrolytes in a dialysate.
7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.
8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
9. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
10. "Direct supervision" has the same meaning as "supervision" in A.R.S. § 36-401.
11. "Electrolytes" means chemicals, such as sodium, potassium, and calcium, that break apart into electrically charged particles when dissolved in water.
12. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
13. "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.
14. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:
 - a. Dialyzer size,
 - b. Blood-flow rate,
 - c. Dialysate-flow rate, and
 - d. Hemodialysis duration.
15. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.

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

26. "Preceptor course" means a health care institution's instruction and evaluation provided to a nurse or a hemodialysis technician trainee that enables the nurse or the hemodialysis technician trainee to provide direct observation and education to other hemodialysis technician trainees.
 27. "Respond" means to mute, shut off, reset, or troubleshoot an alarm.
 28. "Safety check" means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.
 29. "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.
- B. An experienced hemodialysis technician trainee may:
1. Perform hemodialysis under direct supervision, and
 2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.
- C. An experienced hemodialysis technician trainee shall not access a patient's:
1. Fistula that is not established, or
 2. Graft that is not established;
- D. An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:
1. Access a patient's central line catheter;
 2. Respond to a hemodialysis-machine alarm;
 3. Draw blood for laboratory tests;
 4. Perform a water-contaminant test on a water system used for hemodialysis;
 5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
 6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
 7. Prime a dialyzer;
 8. Test a hemodialysis machine for germicide presence;
 9. Perform a hemodialysis machine safety check;
 10. Prepare a dialysate;
 11. Perform a conductivity test and a pH test on a dialysate;
 12. Assess a patient;
 13. Check and record a patient's vital signs, weight, and temperature;

14. Determine the amount and rate of fluid removal from a patient;
 15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
 16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
 17. Initiate or discontinue a patient's hemodialysis;
 18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or
 19. Prepare a blood, water, or dialysate culture to determine microorganism presence;
- E. An inexperienced hemodialysis technician trainee shall not:
1. Access a patient's:
 - a. Fistula that is not established, or
 - b. Graft that is not established; or
 2. Provide direct observation.
- F. When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:
1. The name of the hemodialysis technician trainee;
 2. The date, time, and hemodialysis task performed;
 3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and
 4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.
- G. If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-110.

R9-10-114. Behavioral Health Paraprofessionals, Behavioral Health Technicians

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

1. For a **behavioral health paraprofessional** providing services at the health care institution:
 - a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;
 - b. If a behavioral health paraprofessional provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice

- of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health paraprofessional is under the supervision of an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health paraprofessional;
- c. Establish the qualifications for individuals providing supervision to a behavioral health paraprofessional; and
 - d. Establish documentation requirements for the supervision required in subsection (1)(b);
2. For a behavioral health technician providing services at the health care institution:
- a. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;
 - b. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
 - c. If the behavioral health technician provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health technician is under the clinical oversight of a behavioral health professional licensed 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; and
 - f. Ensure that a behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides

services related to patient care at the health care institution during the two week period;

- g. Establish the duration of clinical oversight provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
 - i. The scope and extent of the services provided,
 - ii. The acuity of the patients receiving services, and
 - iii. The number of patients receiving services;
- h. Establish documentation requirements for the clinical oversight required in subsection (2)(c); and
- i. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician.

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

- A. For the purposes of this Section, “agency” means an entity other than a nursing care institution that provides the nutrition and feeding assistant training required in A.R.S. § 36-413.
- B. An agency shall apply for approval to operate a nutrition and feeding assistant training program by submitting:
 - 1. An application in a format provided by the Department that contains:
 - a. The name of the individual in charge of the proposed nutrition and feeding assistant training program;
 - b. The address where the nutrition and feeding assistant training program records are maintained;
 - c. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
 - i. The information presented for each topic,
 - ii. The amount of time allotted to each topic,
 - iii. The skills an individual is expected to acquire for each topic, and
 - iv. The testing method used to verify an individual has acquired the stated skills for each topic; and
 - d. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed; and

2. A copy of the materials used for providing the nutrition and feeding assistant training program.
- C. For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
- D. Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:
1. Issue an approval of the agency's nutrition and feeding assistant training program;
 2. Provide a notice of administrative completeness to the agency that submitted the application; or
 3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.
- E. If the Department provides a notice of deficiencies to an applicant:
1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant;
 2. If the applicant does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
 3. If the applicant submits the missing information or documents to the Department within the time-frame in Table 1.1, the substantive review time-frame begins on the date the Department receives the missing information or documents.
- F. Within the substantive review time-frame, the Department:
1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and
 2. May make one written comprehensive request for more information, unless the Department and the applicant agree in writing to allow the Department to submit supplemental requests for information.
- G. If the Department issues a written comprehensive request or a supplemental request for information:
1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
 2. The applicant shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10

working days after the date of the comprehensive written request or supplemental request for information.

H. The Department shall issue:

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

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

1. The materials and coursework for the nutrition and feeding assistant training program demonstrate includes the following topics:
 - a. Feeding techniques,
 - b. Assistance with feeding and hydration,
 - c. Communication and interpersonal skills,
 - d. Appropriate responses to resident behavior,
 - e. Safety and emergency procedures, including the Heimlich maneuver,
 - f. Infection control,
 - g. Resident rights,
 - h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior, and
 - i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;
2. An individual providing the training course is:
 - a. A physician,
 - b. A physician assistant,
 - c. A registered nurse practitioner,
 - d. A registered nurse,
 - e. A registered dietitian:

- f. A licensed practical nurse,
 - g. A speech-language pathologist, or
 - h. An occupation therapist; and
 - 3. An individual taking the training course completes:
 - a. At least eight hours of classroom time, and
 - b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.
- J. An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:
 - 1. The name of the agency approved to operate the nutrition and feeding assistant training program,
 - 2. The name of the individual completing the training course,
 - 3. The date of completion,
 - 4. The name, signature, and professional license of the individual providing the training course, and
 - 5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.
- K. The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if an applicant for or an agency operating a nutrition and feeding assistance training program:
 - 1. Provides false or misleading information to the Department;
 - 2. Does not comply with the applicable statutes and rules;
 - 3. Issues a training completion certificate to an individual who did not:
 - a. Complete the nutrition and feeding assistant training program, or
 - b. Demonstrate the skills the individual was expected to acquire; or
 - 4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency's application.
- L. In determining which action in subsection (K) is appropriate, the Department shall consider the following:
 - 1. Repeated violations of statutes or rules,
 - 2. Pattern of non-compliance,

3. Types of violations,
4. Severity of violations, and
5. Number of violations.

R9-10-116. Counseling Facilities

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

R9-10-117. Collaborating Health Care Institution

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

1. A description of the required skills and knowledge for a provider, based on the type of adult behavioral health therapeutic services or children's behavioral health respite services being provided, is established and documented;
2. A copy of an assessment or treatment plan for a resident that includes information necessary for a provider to meet the resident's needs for adult behavioral health therapeutic services or children's behavioral health respite services is completed and forwarded to the provider before the resident is admitted to the provider's behavioral health supportive home;
3. A resident's assessment or treatment plan is reviewed and updated at least once every twelve months and a copy of the resident's updated assessment or treatment plan is forwarded to the resident's provider;
4. If documentation of a significant change in a resident's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs is received by the health care institution, a behavioral health professional or behavioral health technician reviews the documentation and
 - a. Documents the review;
 - b. If applicable:
 - i. Updates the resident's assessment or treatment plan, and
 - ii. Forwards the updated assessment or treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;

5. If the review and updated assessment or treatment plan required in subsection (4) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated assessment or treatment plan to ensure the resident is receiving the appropriate behavioral health services:
 - a. Before the updated assessment or treatment plan is forwarded to a provider, and
 - b. Within 10 working days after receipt of the documentation of a significant change;
6. Training for a provider, other than a provider who is a medical practitioner or a nurse, in the assistance in self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or the health care institution's personnel member trained by a medical practitioner or registered nurse;
 - b. Includes:
 - i. A demonstration of the provider's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed; and
 - c. Is documented;
7. The following documents are maintained as long as the written agreement with a provider of a behavioral health supportive home is in effect:
 - a. A copy of the written agreement with the provider;
 - b. Documentation of required skills and knowledge for the provider; and
 - c. Documentation of training in the assistance of self-administration of medication; and
8. Documentation required in subsection (4) is maintained in the resident's medical record.

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Section

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R9-10-717.	Outdoor Behavioral Health Care Programs
R9-10-718.	Medication Services
R9-10-719.	Food Services
R9-10-720.	Emergency and Safety Standards
R9-10-721.	Environmental Standards
R9-10-722.	Physical Plant Standards
R9-10-723.	Repealed
R9-10-724.	Repealed

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

R9-10-701. Definitions

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

1. “Emergency safety response” means physically holding a resident to manage the resident’s sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.
2. “Resident” means a patient admitted to a behavioral health residential facility:
 - a. With the expectation that the patient will be present in the behavioral health residential facility for more than 24 hours; or
 - b. For respite services.
3. “Resident’s representative” means:
 - a. The resident’s legal guardian;
 - b. If the resident is under 18 years of age and not an emancipated minor, the resident’s parent;
 - c. If the resident is 18 years of age or older or an emancipated minor, an individual acting on behalf of the resident with the written consent of the resident or the resident’s legal guardian; or
 - d. A surrogate as defined in A.R.S. § 36-3201.
4. “Treatment plan” means a description of the specific services that a behavioral health residential facility plans to provide to a resident.

R9-10-702. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant shall include on the application:

1. For the licensed capacity for a behavioral health residential facility:
 - a. The requested licensed capacity for providing behavioral health services to individuals under 18 years of age, and
 - b. The requested licensed capacity for providing behavioral health residential services to individuals 18 years of age and older;
2. For the licensed capacity for an outdoor behavioral health care program:

- a. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 12 to 17 years of age, and
 - b. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 18 to 24 years of age;
- 3. Whether the applicant is requesting authorization to provide:
 - a. Residential services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently, or
 - b. Personal care services;
- 4. For a behavioral health residential facility providing respite services, the requested number of individuals the behavioral health residential facility plans to admit for respite services who do not stay overnight in the behavioral health residential facility; and
- 5. For an outdoor behavioral health care program, a copy of the outdoor behavioral health care program's accreditation report.

R9-10-703. Administration

- A. A governing authority shall:
 - 1. Consist of one or more individuals accountable for the organization, operation, and administration of a behavioral health residential facility;
 - 2. Establish in writing:
 - a. A behavioral health residential facility's scope of services, and
 - b. Qualifications for an administrator;
 - 3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
 - 4. Adopt a quality management program according to R9-10-704;
 - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 - 6. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Not expected to be present on a behavioral health residential facility's premises for more than 30 calendar days, or
 - b. Not present on a behavioral health residential facility's premises for more than 30 calendar days; and

7. Except as provided in subsection (A)(6), notify the Department according to § A.R.S. 36-425(I) when there is a change in the administrator.
- B. An administrator:
1. Is directly accountable to the governing authority for the operation of a behavioral health residential facility and services provided by or at the behavioral health residential facility;
 2. Has the authority and responsibility to manage the behavioral health residential facility; and
 3. Except as provided in subsection (A)(7), designates, in writing, an individual who is on the behavioral health residential facility's premises and is available and accountable for the services provided by the behavioral health residential facility when the administrator is not present on the behavioral health residential facility's premises.
- C. An administrator shall ensure that:
1. **Policies and procedures** are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a resident;
 - d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - e. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - f. Cover first aid training;

- g. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
 - h. Cover specific steps and deadlines for:
 - i. A resident to file a complaint;
 - ii. The behavioral health residential facility to respond to and resolve a resident complaint; and
 - iii. The behavioral health residential facility to obtain documentation of fingerprint clearance, if applicable;
 - i. Cover medical records, including electronic medical records;
 - j. Cover a quality management program, including incident report and supporting documentation;
 - k. Cover contracted services; and
 - l. Cover when an individual may visit a resident in a behavioral health residential facility;
2. **Policies and procedures** for behavioral health residential facility services and physical health services are established, documented, and implemented that:
- a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge plan, and discharge;
 - b. Cover resident outings;
 - c. Include when general consent and informed consent are required;
 - d. Cover the provision of behavioral health services and physical health services;
 - e. Cover administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - f. Cover respite services;
 - g. Cover services provided by an outdoor behavioral health care program, if applicable;
 - h. Cover infection control;
 - i. Cover resident time out;
 - j. Cover environmental services that affect resident care;
 - k. Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;

- l. If animals are used as part of a therapeutic program, cover:
 - i. Inoculation/vaccination requirements, and
 - ii. Methods to minimize risks to resident's health and safety;
 - m. Cover the process for receiving and refunding a fee;
 - n. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - o. Cover the security of a resident's possessions that are allowed on the premises;
 - p. Cover smoking and the use of tobacco products on the premises; and
 - q. Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
3. Policies and procedures are reviewed at least once every two years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health residential facility.
- D. **If an applicant requests or a behavioral health residential facility has a licensed capacity of 10 or more residents, an administrator shall designate a clinical director who:**
 1. Provides direction for behavioral health services provided at the behavioral health residential facility, and
 2. Is a behavioral health professional.
- E. Except for respite services, an administrator shall ensure that medical services, nursing services, health-related services, or ancillary services provided by a behavioral health residential facility are only provided to a resident who is expected to be present in the behavioral health residential facility for more than 24 hours.
- F. **An administrator shall provide written notification to the Department:**

1. If a resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Within two working days after a resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.

G. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a behavioral health residential facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the resident as follows.

1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
2. For a resident under 18 years of age, according to A.R.S. § 13-3620;

H. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred on the premises or while the resident is receiving services from a behavioral health residential facility's employee or personnel member, 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 resident:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident 18 years of age, 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. Description of any injury to the resident and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. 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 10 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 residents, personnel members, employees, and other individuals entering and exiting the premises;
2. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
3. If children under the age of 12, who are not admitted to a behavioral health residential facility, are residing at the behavioral health residential facility and being cared for by employees or personnel members, ensure that:
 - a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the age of children being cared for, and
 - b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained based on the age of the youngest child in the group;
4. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
5. Establish and document the criteria for determining when a resident's absence is unauthorized, including whether the resident 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;
6. If a resident's absence is unauthorized as determined according to the criteria in subsection (I)(5), submit a written report within an hour of the determination to:
 - a. For a resident who is less than 18 years of age, the resident's parent or legal guardian; and
 - b. For a resident who is under a court's jurisdiction, the appropriate court;
7. Maintain a written log of unauthorized absences for 2 years after the date of a resident's absence that includes:
 - a. The name of a resident absent without authorization;
 - b. Name of person to whom the report required in subsection (I)(6) was submitted; and

- c. Date of report; and
- 8. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.
- J. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
 - 1. The resident rights listed in R9-10-711,
 - 2. The behavioral health residential facility's current license,
 - 3. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and
 - 4. The calendar days and times when a resident may accept visitors or make telephone calls.
- K. An administrator shall ensure that:
 - 1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;
 - 2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
 - 3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
 - 4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.
- L. An administrator shall:
 - 1. If the administrator determines that a resident is incapable of handling the resident's financial affairs:
 - a. Notify the resident's representative or contacts a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
 - b. Maintain documentation of the notification required in subsection (L)(1)(a) in the resident's medical record for 12 months after the date of the notification; and
 - 2. If a resident refuses medical services or nursing services:
 - a. Notify the resident's primary care provider or other medical practitioner, and
 - b. Maintain documentation of the notification required in subsection (L)(2)(a) in the resident's medical record for at least 12 months after the date of notification.

- M. If an administrator manages a resident's money through a personal funds account, the administrator shall ensure:
1. Policies and procedure are established, developed, and implemented for:
 - a. Using resident's funds in a personal funds account,
 - b. Protecting resident's funds in a personal funds account,
 - c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
 - d. Processing each deposit into and withdrawal from a personal funds account, and
 - e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
 2. The personal funds account is only initiated after receiving a written request that:
 - a. Is provided:
 - i. Voluntarily by the resident,
 - ii. By the resident's representative, or
 - iii. By a court of competent jurisdiction;
 - b. May be withdrawn at any time; and
 - c. Is maintained in the resident's record.

R9-10-704. Quality Management

An administrator shall ensure that:

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

- a. An identification of each concern about the delivery of services related to resident care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-705. Contracted Services

An administrator shall ensure that:

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

R9-10-706. Personnel

A. An administrator shall ensure that:

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

B. An administrator shall ensure that:

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

- ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
- 3. The behavioral health residential facility has personnel members with the qualifications, experience, skills, and knowledge necessary to:
 - a. Provide the behavioral health services, physical health services, and ancillary services in the behavioral health residential facility's scope of services;
 - b. Meet the needs of a resident; and
 - c. Ensure the health and safety of a resident.
- C. For a behavioral health paraprofessional and a behavioral health technician, an administrator shall comply with the requirements in R9-10-114.
- D. An administrator shall ensure that:
 - 1. A written plan is developed and implemented to provide orientation specific to the duties of the personnel member, employee, volunteer, or student;
 - 2. A personnel member completes orientation before providing services related to resident care;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A written plan is developed and implemented to provide personnel member in-service education specific to the duties of the personnel member; and
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,

- b. The date of the training, and
 - c. The subject or topics covered in the training.
- E. An administrator shall ensure that a personnel member or an employee, volunteer, or student who has direct interaction with a resident, provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- F. 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 contact telephone number;
 - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. If the behavioral health residential facility provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
 - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-114;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(d);
 - h. First aid training, if required for the individual according to this Article or policies and procedures; and
 - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E).
- G. An administrator shall ensure that personnel records are maintained:
 - 1. Throughout an individual's period of providing services in or for the behavioral health residential facility; and

2. For at least two years after the last date the individual provided services in or for the behavioral health residential facility.
- H. An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the behavioral health residential facility:
1. At least one personnel member who is present at the behavioral health residential facility during hours of behavioral health residential facility operation, and
 2. Each personnel member participating in an outing.
- I. An administrator shall ensure that:
1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
 2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
 3. The behavioral health residential facility has sufficient personnel members to provide general resident supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each resident;
 4. There is a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 - b. Includes documentation of the employees who work each calendar day and the hours worked by each employee;
 - 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 behavioral health residential facility or on-call;
 6. A registered nurse is present at the behavioral health residential facility or on-call; and
 7. If a resident requires services that the behavioral health residential facility is not licensed or able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

R9-10-707. Admission; Assessment

A. An administrator shall ensure that:

1. A resident is admitted based upon the resident's presenting behavioral health issue and treatment needs and the behavioral health residential facility's scope of services;
2. A behavioral health professional, authorized by policies and procedures to accept a resident for admission, is available;
3. General consent is obtained from:
 - a. An adult resident or the resident's representative before or at the time of admission, or
 - b. A resident's representative, if the resident is not an adult;
4. The general consent obtained in subsection (A)(3) is documented in the resident's medical record;
5. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within seven calendar days after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within seven calendar days after admission;
6. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note into or a nurse enters a progress note in the resident's medical record at the time of admission;
7. Except as provided in subsection (A)(8), an assessment for a resident is completed before treatment for the resident is initiated;
8. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains an assessment that was completed within 12 months before the date of the resident's current admission:
 - a. The resident's assessment information is reviewed and updated if additional information that affects the resident's assessment is identified, and
 - b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;
9. An assessment:

- a. Documents a resident'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 resident; and
 - x. Referrals needed by the resident, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the resident's needs,
 - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
 - iii. The signature and date signed of the personnel member conducting the assessment; and
 - c. Is documented in resident's medical record; and
10. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition.
- B. An administrator shall ensure that:
- 1. A request for participation in a resident's assessment is made to the resident or the resident's representative,
 - 2. An opportunity for participation in the resident's assessment is provided to the resident or the resident's representative, and
 - 3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the resident's medical record.

- C. An administrator shall ensure that a resident's assessment information is documented in the medical record within 48 hours after completing the assessment.
- D. An administrator shall ensure that:
 - 1. A resident's assessment information is reviewed and updated when additional information that affects the resident's assessment is identified, and
 - 2. A resident's assessment information is completed and documented in the resident's medical record within 48 hours after completing the resident's assessment.
- E. If a behavioral health residential facility provides **respite services**, an administrator shall ensure that:
 - 1. Upon admission of a resident for respite services:
 - a. A medical history and physical examination of the resident:
 - i. Is performed; or
 - ii. Dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
 - b. A treatment plan that meets the requirements in R9-10-708:
 - i. Is developed; or
 - ii. Dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility; and
 - c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record;
 - 2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident including residents who do not stay overnight; and
 - 3. In addition to the requirements in R9-10-722(B)(3), toilets and hand washing sinks are available to residents, including residents who do not stay overnight, as follows:
 - a. There is at least one working toilet that flushes and one sink with running water for every 10 residents;
 - b. There are at least two working toilets that flush and two sinks with running water if there are 11 to 25 residents; and
 - c. There is at least one additional working toilet that flushes and one additional sink with running water for each additional 20 residents.

R9-10-708. Treatment Plan

- A. An administrator shall ensure that a treatment plan is developed and implemented for each resident that is:
1. Based on the assessment and on-going changes to the assessment of the resident;
 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 resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;
 3. Documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;
 4. Includes:
 - a. The resident's presenting issue;
 - b. The physical health services or behavioral health services to be provided to the resident;
 - c. The signature of the resident or the resident's representative, and date signed, or documentation of the refusal to sign;
 - d. The date when the resident's treatment plan will be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge; and
 - f. The signature of the personnel member who developed the treatment plan and the date signed;
 5. If the treatment plan was completed by a behavioral health technician, reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and
 6. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changed,
 - c. When additional information that affects the resident's assessment is identified, and
 - d. When a resident has a significant change in condition or experiences an event that affects treatment.

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

R9-10-709. Discharge

- A. An administrator shall ensure that a discharge plan for a resident is:
1. Developed that:
 - a. Identifies any specific needs of the resident after discharge,
 - b. Is completed before discharge occurs,
 - c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
 2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
 3. Provided to the resident or the resident's representative before the discharge occurs.
- B. An administrator shall ensure that:
1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
 2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
 3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the resident's medical record.
- C. An administrator shall ensure that a resident is discharged from a behavioral health residential facility:
1. When the resident's treatment goals are achieved, as documented in the resident's treatment plan; or
 2. When the resident's treatment needs are not consistent with the services that the behavioral health residential 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 resident is discharged unless the resident leaves the behavioral health residential facility against a medical practitioner's advice.
- E. An administrator shall ensure that at the time of discharge a resident receives a referral for treatment or ancillary services that the resident may need after discharge, if applicable.
- F. If a resident is discharged to any location other than a health care institution, an administrator shall ensure that:
 - 1. Discharge instructions are documented, and
 - 2. The resident or the resident's representative is provided with a copy of the discharge instructions.
- G. An administrator shall ensure that a discharge summary for a resident:
 - 1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
 - 2. Includes:
 - a. The following information completed by a medical practitioner or a behavioral health professional:
 - i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
 - ii. A summary of the treatment provided to the resident;
 - iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
 - iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the behavioral health residential facility at the time of the resident's discharge; and
 - b. A description of the disposition of the resident's possessions, funds, or medications brought to the behavioral health residential facility by the resident.
- H. An administrator shall ensure that a resident who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment, before the resident is discharged from the behavioral health residential facility if a medical practitioner for the behavioral health residential facility will not be prescribing the medication for the resident at or after discharge.

R9-10-710. Transport; Transfer

- A. Except for a transport of a resident due to an emergency, an administrator shall ensure that:
 - 1. A personnel member coordinates the transport and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Medical records are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the personnel member accompanying the resident during a transport.
- B. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
 - 1. A personnel member coordinates the transfer and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer,
 - b. Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, a personnel member accompanying the resident during a transfer.

R9-10-711. Resident Rights

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

2. At the time of admission, a resident or the resident 's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
 3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of the resident rights in subsection (E), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
1. A resident is treated with dignity, respect, and consideration;
 2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by a behavioral health residential facility's personnel members, employees, volunteers, or students;
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident or the resident 's representative; or
 - m. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or;
 - iii. The opportunity to use the toilet;
 3. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, is allowed to:
 - a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;

- b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
 - 4. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the resident's life or physical health, or is provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The behavioral health residential facility's policy on health care directives, and
 - ii. The resident complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of the resident's:
 - i. Medical records, and
 - ii. Financial records.
- C. For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:
 - 1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,
 - 2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
 - 3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.
- D. For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential

facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsection (C)(1) through (3).

E. A resident has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
 - a. Supports and respects the resident's individuality, choices, strengths, and abilities;
 - b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or resident's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the resident's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes;
 - b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is unable to exercise a specific right or category of rights;
5. To review, upon written request, the resident's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;

9. To receive a referral to another health care institution if the behavioral health residential facility is unable to provide physical health services or behavioral health services for the resident;
10. To participate or have the resident's representative participate in the development of or decisions concerning treatment;
11. To participate or refuse to participate in research or experimental treatment; and
12. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-712. Medical Records

- A. An administrator shall ensure that:
 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a resident's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
 5. A resident's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;
 6. Information in a resident's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a resident or the resident's representative, or as permitted by law;

7. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
 8. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If a behavioral health residential facility maintains a resident's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's address;
 - c. The resident's date of birth;
 - d. The name and contact information of the resident's representative, if applicable; and
 - e. Any known allergies, including medication;
 2. The name of the admitting medical practitioner or behavioral health professional;
 3. An admitting diagnosis or presenting behavioral health issues;
 4. Documentation of general consent, and if applicable informed consent, for treatment by the resident or the resident's representative except in an emergency;
 5. Documentation of medical history and results of a physical examination;
 6. A copy of resident's health care directive, if applicable;
 7. Orders;
 8. Assessment;
 9. Treatment plans;
 10. Interval note;
 11. Progress notes;
 12. Documentation of behavioral health services and physical health services provided to the resident;
 13. Disposition of the resident after discharge;
 14. Discharge plan;
 15. A discharge summary, if applicable;

16. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports, and
 - d. Consultation reports; and
17. Documentation of a medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain when initially administered or PRN:
 - i. An assessment of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication when initially administered or PRN:
 - i. An assessment of the resident's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a resident has to the medication.

R9-10-713. Resident Outings

- A. An administrator shall ensure that:
 1. A vehicle owned or leased by a behavioral health residential facility to transport a resident:
 - a. Is safe and in good repair,
 - b. Contains a first aid kit,
 - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
 2. Documentation of current vehicle insurance for a vehicle owned or leased by the behavioral health residential facility is maintained;
 3. A driver of a vehicle:
 - a. Is 21 years of age or older;

- b. Has a valid driver license;
 - c. Does not wear headphones or operate any hand-held wireless communication devices or hand-held electronic entertainment devices while operating the vehicle;
 - d. Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;
 - e. Does not leave in the vehicle an unattended:
 - i. Child,
 - ii. Resident who may be a threat to the health or safety of the resident or another individual, or
 - iii. Resident who is incapable of independent exit from the vehicle; and
 - f. Ensures the safe and hazard-free loading and unloading of residents; and
4. Transportation safety is maintained as follows:
- a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B. An administrator shall ensure that:
- 1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing;
 - 2. At least two personnel members are present on an outing;
 - 3. In addition to the personnel members required in subsection (B)(2), a sufficient number of personnel members are present to ensure each resident's health and safety on the outing;
 - 4. Documentation is developed before an outing that includes:
 - a. The name of each resident participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and

- f. If applicable, the license plate number of each vehicle used to transport a resident;
- 5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
- 6. Emergency information for each resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to transport the resident on the outing and includes:
 - a. The resident's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
 - c. The resident's allergies; and
 - d. The name and telephone number of the individual to notify at the behavioral health residential facility in case of medical emergency or other emergency.

R9-10-714. Resident Time Out

An administrator shall ensure that a time out:

- 1. Is provided to a resident who voluntarily decides to go in a time out;
- 2. Takes place in an area that is unlocked, lighted, quiet, and private;
- 3. Is time limited and does not exceed the amount of time as determined by the resident;
- 4. Does not result in a resident missing a meal if the resident is in time out at mealtime;
- 5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time out; and
- 6. Is documented in the resident's medical record, to include:
 - a. The date of the time out,
 - b. The reason for the time out,
 - c. The duration of the time out, and
 - d. The action planned and taken by the administrator to prevent the use of time out in the future.

R9-10-715. Physical Health Services

An administrator of a behavioral health residential facility that provides personal care services shall ensure that:

1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5); and
2. Residents receive personal care services according to the requirements in R9-10-813(A), (C), (D), and (E).

R9-10-716. Behavioral Health Services

A. An administrator shall ensure that:

1. If a behavioral health residential facility is licensed to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently, a resident admitted to the behavioral health residential facility with limited ability to function independently, in addition to behavioral health services and personnel care services as indicated in the resident's treatment plan, receives continuous protective oversight;
2. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident's ability to function independently, in addition to receiving behavioral health services, and, if indicated in the resident's treatment plan, personal care services, is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while caring for the resident's health, safety, or personal hygiene or performing homemaking functions;
3. Behavioral health services are provided to meet the needs of a resident and consistent with a behavioral health residential facility's scope of services;
4. Behavioral health services:
 - a. Listed in the behavioral health residential facility's scope of services are provided on the premises; and
 - b. When in a setting or activity with more than one resident participating, are provided to residents having similar diagnoses, 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 resident is protected, and
 - ii. Treatment needs of each resident participating are being met; and
- 5. A resident does not:
 - a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
 - b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.
- B. An administrator shall ensure that counseling is:
 - 1. Offered as described in the behavioral health residential facility's scope of services,
 - 2. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
 - 3. Provided by a behavioral health professional or a behavioral health technician.
- C. An administrator shall ensure that:
 - 1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 - 2. Each counseling session is documented in a resident's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.
- D. An administrator of a behavioral health residential facility that provides behavioral health residential services to individuals under 18 years of age:
 - 1. May continue to provide behavioral health services to a resident who is 18 years of age:
 - a. If the resident:

- i. Was admitted to the behavioral health residential facility before the resident's 18th birthday;
 - ii. Is not 21 years of age or older; and
 - iii. Is:
 - (1) Attending classes or completing coursework to obtain a high school or a high school equivalency diploma, or
 - (2) Participating in a job training program; or
 - b. Through the last calendar day of the month of the resident's 18th birthday; and
 - 2. Shall ensure that:
 - a. A resident does not receive the following from other residents at the behavioral health residential facility:
 - i. Threats,
 - ii. Ridicule,
 - iii. Verbal harassment,
 - iv. Punishment, or
 - v. Abuse;
 - b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the resident receiving services at the behavioral health residential facility;
 - c. A resident older than three years of age does not sleep in a crib;
 - d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and
 - e. A resident's educational needs are met, including providing or arranging for transportation:
 - i. By establishing and providing an educational component, approved in writing by the Arizona Department of Education; or
 - ii. As arranged and documented by the administrator through the local school district.
- E. An administrator shall ensure that 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 resident's violent or self-destructive behavior, and
 - c. When less restrictive interventions have been determined to be ineffective;
 - 2. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated; and
 - 3. Documented as follows:
 - a. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident 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 resident 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 resident, 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 resident's medical record:
 - i. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,
 - ii. A determination of whether the resident is appropriately placed at the behavioral health residential facility, and
 - iii. Whether the resident's treatment plan was reviewed or needs to be reviewed and amended to ensure that the resident's treatment plan is meeting the resident's treatment needs.
- F. An administrator shall ensure that:
 - 1. A personnel member whose job description includes the ability to use an emergency safety response:
 - a. Completes training in crisis intervention that includes:
 - i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;

- ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
 - iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
 - b. Completes training required in subsection (F)(1)(a):
 - i. Before providing behavioral health services, and
 - ii. At least once every 12 months after the date the personnel member completed the initial training;
- 2. Documentation of the completed training in subsection (F)(1)(a) includes:
 - a. The name and credentials of the individual providing the training,
 - b. Date of the training, and
 - c. Verification of a personnel member's ability to use the training; and
- 3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

R9-10-717. Outdoor Behavioral Health Care Programs

- A. An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:
 - 1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
 - 2. Continuous protective oversight is provided to a resident;
 - 3. Transportation is provided to a resident from the behavioral health residential facility's administration office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behavioral health care program is provided to the behavioral health residential facility's administration office for the outdoor behavioral health care program; and
 - 4. Communication is available between the outdoor behavioral health care program personnel and:

- a. A behavioral health professional,
 - b. A registered nurse,
 - c. An emergency medical response team, and
 - d. The behavioral health residential facility's administration office for the outdoor behavioral health care program.
- B. An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:
 - 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
 - 2. A food menu is prepared based on the number of calendar days scheduled for the behavioral health care program;
 - 3. Meals and snacks provided are served according to menus;
 - 4. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
 - 5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
 - 6. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan;
 - 7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 - 8. Food is protected from potential contamination; and
 - 9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food's packaging, wrapping, or container or the positioning of the food in the ice or water.

- C. An administrator of a behavioral health residential facility providing an outdoor behavioral health care program shall ensure that:
1. The location and equipment, if applicable, used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
 2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
 3. Garbage and refuse are:
 - a. Stored in plastic bags in covered containers, and
 - b. Removed from the location used by the outdoor behavioral health care program at least once a week;
 4. Common areas:
 - a. Are lighted when in use to assure the safety of residents, and
 - b. Have sufficient lighting to allow personnel members to monitor resident activity;
 5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 6. Soiled clothing is stored in closed containers away from food storage, medications, and eating area;
 7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
 8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
 9. If a non-municipal water source 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 two years after the date of the test; and
 10. Smoking or the use of tobacco products may be permitted away from the residents.

R9-10-718. Medication Services

- A. If a behavioral health residential facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:

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

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 3. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the resident's medical record;
 4. If pain medication is administered to a resident, documentation in the resident's medical record includes:
 - a. An identification of the resident's pain before administering the pain medication, and
 - b. The effect of the pain medication administered; and
 5. If a psychotropic medication is administered to a resident, documentation in the resident's medical record includes:
 - a. An identification of the resident's behavior before administering the psychotropic medication, and
 - b. The effect of the psychotropic medication administered.
- C. If behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the behavioral health residential facility;
 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the resident;
 - c. Observing the resident while the resident removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the resident at the time stated on the medication container label; or
 - e. Observing the resident while the resident takes the medication;

3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
 4. **Training for a personnel member**, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 6. Assistance with the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.
- D. An administrator shall ensure that:
1. A current **drug reference guide** is available for use by personnel members;
 2. A current **toxicology reference guide** is available for use by personnel members; and
 3. If **pharmaceutical services** are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures is established to:
 - i. Develop a drug formulary;
 - ii. Update the drug formulary at least every 12 months;
 - iii. Develop medication usage and medication substitution policies and procedures; and
 - iv. Specify which medication and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;

- c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a behavioral health residential facility, an administrator shall ensure that:
 - 1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
 - 2. If medication is stored in a separate room or closet, a locked cabinet is used for medication storage;
 - 3. Medication is stored according to the instructions on the medication container; and
 - 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health residential facility's clinical director.

R9-10-719. Food Services

- A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
 - 1. For a behavioral health residential facility that has more than 10 residents:
 - a. The behavioral health residential facility is licensed as a food establishment under 9 A.A.C. 8, Article 1; and
 - b. A copy of the behavioral health residential facility's food establishment license is maintained;
 - 2. If a behavioral health residential facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential

facility, a copy of the food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;

3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.

B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:

1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last calendar day included in the food menu;
3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;
4. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and

- d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. The resident agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 - 6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 - 7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.
- C. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that food is obtained, prepared, served, and stored as follows:
- 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 - 2. Food is protected from potential contamination;
 - 3. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - iv. Leftovers are reheated to a temperature of at least 165° F;

4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

R9-10-720. Emergency and Safety Standards

- A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:
 1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a), 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. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.
- B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
 1. An evacuation drill for employees and residents on the premises is conducted at least once every three months on each shift;
 2. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;
 - c. Names of employees participating in the evacuation drill;
 - d. An identification of residents needing assistance for evacuation;
 - e. Any problems encountered in conducting the evacuation drill; and
 - f. Recommendations for improvement, if applicable;
 3. A written evacuation plan is developed and maintained in a location accessible to personnel members and other employees;
 4. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility; and
 5. A written disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:

- a. When, how, and where residents will be relocated;
 - b. How each resident's medical record will be available to personnel providing services to the resident during a disaster;
 - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility's relocation site during a disaster.
- C. An administrator shall:
- 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 - 2. Make any repairs or corrections stated on the fire inspection report, and
 - 3. Maintain documentation of a current fire inspection.

R9-10-721. Environmental Standards

- A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
- 1. The premises and equipment are:
 - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
 - b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
 - 2. A **pest control program** is implemented and documented;
 - 3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
 - 4. **Equipment** is:
 - a. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - b. Used according to the manufacturer's recommendations;

5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
7. **Heating and cooling** systems maintain the behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. **Hot water** temperatures are maintained between 95° F and 120° F in the areas of the behavioral health residential facility used by residents;
11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
12. Soiled linen and soiled clothing stored by the behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
15. Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored in the original labeled containers or safety containers in a storage area outside the behavioral health residential facility or in an attached garage that is locked and inaccessible to residents;
16. Pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. Vaccinated as follows:
 - i. A dog is vaccinated against rabies; and
 - ii. A cat is vaccinated against rabies;
17. 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 coliform or *E. coli* bacteria and corrective action is taken to ensure the water is safe to drink;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for 24 months after the date of the test; and
- 18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B. An administrator shall ensure that:
 - 1. Smoking or the use of tobacco products is not permitted within a behavioral health residential facility; and
 - 2. Smoking and the use of tobacco products may be permitted on the premises outside a behavioral health residential facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C. If a swimming pool is located on the premises, an administrator shall ensure that:
 - 1. On each day that a resident uses the swimming pool, an employee:
 - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
 - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
 - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
 - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
 - b. Records the results of the water quality tests in a log that includes each testing date and test result;
 - 2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
 - 3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
 - 4. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-703(C)(1)(d), is present in the pool area when a resident is in the pool area; and

5. At least two personnel members are present in the pool area if two or more residents are in the pool area.

R9-10-722. Physical Plant Standards

- A. Except for a behavioral health outdoor program, an administrator shall ensure that the premises and equipment are sufficient to accommodate:
 1. The services in the behavioral health residential facility's scope of services, and
 2. An individual accepted as a resident by the behavioral health residential facility.
- B. An administrator shall ensure that:
 1. A behavioral health residential facility has a:
 - a. Room that provides privacy for a resident to receive treatment or visitors; and
 - b. Common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;
 2. A bathroom is available for use by visitors during the behavioral health residential facility's hours of operation that:
 - a. Provides privacy; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
 3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one working toilet that flushes and one sink with running water;
 4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;
 5. A resident bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror, unless the resident's treatment plan requires otherwise;

- b. A window that opens or another means of ventilation; and
 - c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
- 6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
- 7. Each resident is provided a bedroom for sleeping; and
- 8. A resident bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 - c. Contains a door that opens into a hallway, common area, or outdoors;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide resident privacy;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than eight residents;
 - (2) Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
 - (3) Provides at least three feet of floor space between beds or bunk beds;
 - h. Contains for each resident occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
 - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
 - j. Has sufficient lighting for a resident occupying the bedroom to read; and

- k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.

C. A behavioral health residential facility that was licensed as a Level 4 transitional agency before October 1, 2013 may continue to use a shared bedroom that provides at least 40 square feet of floor space, not including a closet, for each individual occupying the shared bedroom. If there is a modification to the shared bedroom, the behavioral health residential facility shall comply with the requirement in subsection (B)(8)(g).

D. If a swimming pool is located on the premises, an administrator shall ensure that:

- 1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational vacuum cleaning system;
- 2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (D)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least five feet from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
- 3. A life preserver or shepherd's crook is available and accessible in the pool area.

E. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(2) is covered and locked when not in use.

R9-10-723. Repealed

R9-10-724. Repealed