TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES HEALTH CARE INSTITUTIONS: LICENSING

Editor's Note: The heading for 9 A.A.C. 10 changed from "Licensure" to "Licensing" per a request from the Department of Health Services (Supp. 03-4).

Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).

Editor's Note: This Chapter contains rules which were adopted, amended, and repealed under exemptions from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1993, Ch. 163, § 3(B); Laws 1996, Ch. 329, § 5; Laws 1998, Ch. 178 § 17, and Laws 1999, Ch. 311. Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor's Regulatory Review Council for review; the Department may not have submitted notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

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ARTICLE 2. HOSPITALS

Article 2, consisting of Sections R9-10-201 through R9-10-233, adopted effective February 23, 1979.

Former Article 2, consisting of Sections R9-10-201 through R9-10-250, renumbered as Sections R9-10-301 through R9-10-335 as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days.

Section
R9-10-201. Definitions
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ARTICLE 3. REPEALED

Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

Article 3, consisting of Sections R9-10-301 through R9-10-333, adopted effective February 4, 1981.

Former Article 3, consisting of Sections R9-10-301 through R9-10-335, repealed effective February 4, 1981.

Section
R9-10-301. Reserved
R9-10-302. Reserved
R9-10-303. Reserved
R9-10-304. Reserved
R9-10-305. Reserved
R9-10-306. Reserved
R9-10-307. Reserved
R9-10-308. Reserved
R9-10-309. Reserved
R9-10-310. Reserved
R9-10-311. Repealed
R9-10-312. Repealed
R9-10-313. Repealed
R9-10-314. Repealed
R9-10-315. Repealed
R9-10-316. Repealed
R9-10-317. Repealed
R9-10-318. Repealed
R9-10-319. Repealed

R9-10-320. Repealed
R9-10-321. Repealed
R9-10-322. Repealed
R9-10-323. Repealed
R9-10-324. Repealed
R9-10-325. Repealed
R9-10-326. Repealed
R9-10-327. Repealed
R9-10-328. Repealed
R9-10-329. Repealed
R9-10-330. Repealed
R9-10-331. Repealed
R9-10-332. Repealed
R9-10-333. Repealed
R9-10-334. Repealed
R9-10-335. Repealed

ARTICLE 4. REPEALED

Article 4, consisting of Sections R9-10-411 through R9-10-438, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

Section
R9-10-401. Reserved
R9-10-402. Reserved
R9-10-403. Reserved
R9-10-404. Reserved
R9-10-405. Reserved
R9-10-406. Reserved
R9-10-407. Reserved
R9-10-408. Reserved
R9-10-409. Reserved
R9-10-410. Reserved
R9-10-411. Repealed
R9-10-412. Repealed
R9-10-413. Repealed
R9-10-414. Repealed
R9-10-415. Repealed
R9-10-416. Repealed
R9-10-417. Repealed
R9-10-418. Repealed
R9-10-419. Repealed
R9-10-420. Repealed
R9-10-421. Repealed
R9-10-422. Repealed
R9-10-423. Repealed
R9-10-424. Repealed
R9-10-425. Repealed
R9-10-426. Repealed
R9-10-427. Repealed
R9-10-428. Repealed
R9-10-429. Repealed
R9-10-430. Repealed
R9-10-431. Repealed
R9-10-432. Repealed
R9-10-433. Repealed
R9-10-434. Repealed
R9-10-435. Repealed
R9-10-436. Repealed
R9-10-437. Repealed
R9-10-438. Repealed
R9-10-439. Repealed

ARTICLE 5. ADULT DAY HEALTH CARE FACILITIES

Article 5, consisting of Sections R9-10-501 through R9-10-514, adopted effective April 4, 1994 (Supp. 94-2).

Article 5, consisting of Sections R9-10-501 through R9-10-518, repealed effective April 4, 1994 (Supp. 94-2).

Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as permanent rules effective October 30, 1989.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 5, consisting of Sections R9-10-501 through R9-10-574, repealed effective October 20, 1982.

Section
R9-10-501. Definitions
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R9-10-503. Personnel
R9-10-504. Staffing
R9-10-505. Participant Rights
R9-10-506. Participants' Council
R9-10-507. Enrollment
R9-10-508. Discharge
R9-10-509. Adult Day Health Services
R9-10-510. Care Plan
R9-10-511. Participant Records
R9-10-512. Physical Plant Requirements
R9-10-513. Environmental Standards
R9-10-514. Safety Standards
R9-10-515. Repealed
R9-10-516. Repealed
R9-10-517. Repealed
R9-10-518. Repealed

ARTICLE 6. REPEALED

Article 6, consisting of Sections R9-10-611 through R9-10-624, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

ARTICLE 7. ASSISTED LIVING FACILITIES

Article 7, consisting of Sections R9-10-701 through R9-7-710, repealed; New Article 7, consisting of Sections R9-10-701 through R9-7-724 adopted; both actions effective November 1, 1998 under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as permanent rules effective October 30, 1989.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 7, consisting of Sections R9-10-701 through R9-10-737, repealed effective October 20, 1982.

Section
R9-10-701. Definitions
R9-10-702. Licensing Classifications
R9-10-703. Administration
R9-10-704. Abuse, Neglect, and Exploitation Prevention and Reporting
R9-10-705. Limitations on Level of Services
R9-10-706. Personnel Qualifications and Records
R9-10-707. Employee Orientation and Ongoing Training
R9-10-708. Personnel Requirements
R9-10-709. Residency Agreements
R9-10-710. Resident Rights
R9-10-711. Requirements for Service Plans and Health-Related Services
R9-10-712. Activity Programs
R9-10-713. Medications
R9-10-714. Resident Records
R9-10-715. Food Services
R9-10-716. Physical Plant Requirements
R9-10-717. Fire and Safety Requirements
R9-10-718. Environmental Services
R9-10-719. Supplemental Requirements for an Assisted Living Home
R9-10-720. Supplemental Requirements for an Assisted Living Center
R9-10-721. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Supervisory Care Services
R9-10-722. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Personal Care Services
R9-10-723. Supplemental Requirements for an Assisted Living Facility Licensed to Provide directed Care Services
R9-10-724. Supplemental Requirements for Training Programs

ARTICLE 8. HOSPICES; HOSPICE INPATIENT FACILITIES

Article 8 (Sections R9-10-801 through R9-10-812) adopted as permanent rules effective October 30, 1989.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 8, consisting of Sections R9-10-801 through R9-10-812, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 8, consisting of Sections R9-10-801 through R9-10-867, repealed effective October 20, 1982.

Section
R9-10-801. Definitions
R9-10-802. Hospice General Requirements
R9-10-803. Application for an Initial Hospice License; Application for Renewal of a Hospice License
R9-10-804. Hospice Administration
R9-10-805. Hospice Staff
R9-10-806. Patient Admissions
R9-10-807. Patient Plan of Care
R9-10-808. Hospice Services
R9-10-809. Hospice Pharmaceutical Services
R9-10-810. Hospice Dietary Counseling and Nutrition Services Required For a Patient Receiving Inpatient Services
R9-10-811. Hospice Infection Control, Environmental Safety, and Sanitation
R9-10-812. Hospice Recordkeeping; Patient Clinical Record
R9-10-813. Hospice Quality Assurance
R9-10-814. Hospice Inpatient Facility General Requirements
R9-10-815. Application for an Initial Hospice Inpatient Facility License; Application for Renewal of a Hospice Inpatient Facility License
R9-10-816. Hospice Inpatient Facility Physical Plant Standards
R9-10-817. Hospice Inpatient Facility Food Service
R9-10-818. Hospice Inpatient Facility Environmental Safety and Sanitation
R9-10-819. Hospice Inpatient Facility Disaster Preparedness

ARTICLE 9. NURSING CARE INSTITUTIONS

Article 9, consisting of Sections R9-10-901 through R9-10-917 adopted effective February 17, 1995 (Supp. 95-1).

Article 9, consisting of Sections R9-10-911 through R9-10-925, repealed effective February 17, 1995 (Supp. 95-1).

Article 9, consisting of Sections R9-10-911 through R9-10-925, adopted effective October 20, 1982 (Supp. 82-5).

Section
R9-10-901. Definitions
R9-10-902. Application Requirements
R9-10-903. Contracted Services
R9-10-904. Administration
R9-10-905. Staff and Volunteers
R9-10-906. Nursing Services
R9-10-907. Resident Rights
R9-10-908. Admission
R9-10-909. Transfer or Discharge
R9-10-910. Medical Services
R9-10-911. Medication
R9-10-912. Food Services
R9-10-913. Medical Records
R9-10-914. Physical Plant Standards
R9-10-915. Environmental and Equipment Standards
R9-10-916. Safety Standards
R9-10-917. Infection Control
R9-10-918. Quality Management
R9-10-919. Quality Rating
R9-10-920. Repealed
R9-10-921. Repealed
R9-10-922. Repealed
R9-10-923. Repealed
R9-10-924. Repealed
R9-10-925. Repealed

ARTICLE 10. REPEALED

Article 10, consisting of Sections R9-10-1011 through R9-10-1030, repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have

been restored (Supp. 97-1).

Article 10, consisting of R9-10-1011 through R9-10-1030, repealed by summary action, interim effective date of July 21, 1995.

Section
R9-10-1001. Reserved
R9-10-1002. Reserved
R9-10-1003. Reserved
R9-10-1004. Reserved
R9-10-1005. Reserved
R9-10-1006. Reserved
R9-10-1007. Reserved
R9-10-1008. Reserved
R9-10-1009. Reserved
R9-10-1010. Reserved
R9-10-1011. Repealed
R9-10-1012. Repealed
R9-10-1013. Repealed
R9-10-1014. Repealed
R9-10-1015. Repealed
R9-10-1016. Repealed
R9-10-1017. Repealed
R9-10-1018. Repealed
R9-10-1019. Repealed
R9-10-1020. Repealed
R9-10-1021. Repealed
R9-10-1022. Repealed
R9-10-1023. Repealed
R9-10-1024. Repealed
R9-10-1025. Repealed
R9-10-1026. Repealed
R9-10-1027. Repealed
R9-10-1028. Repealed
R9-10-1029. Repealed
R9-10-1030. Repealed

ARTICLE 11. HOME HEALTH AGENCIES

Article 11, consisting of Sections R9-10-1101 through R9-10-1109 adopted effective July 22, 1994 (Supp. 94-3).

Article 11, consisting of Sections R9-10-1111 through R9-10-1127 repealed effective July 22, 1994 (Supp. 94-3).

Section
R9-10-1101. Definitions
R9-10-1102. Administration
R9-10-1103. Personnel
R9-10-1104. Home Health Services
R9-10-1105. Supportive Services
R9-10-1106. Plan of Care
R9-10-1107. Patient Rights
R9-10-1108. Medical Records
R9-10-1109. Quality Management
R9-10-1110. Reserved
R9-10-1111. Repealed
R9-10-1112. Repealed
R9-10-1113. Repealed
R9-10-1114. Repealed
R9-10-1115. Repealed
R9-10-1116. Repealed
R9-10-1117. Repealed
R9-10-1118. Repealed
R9-10-1119. Repealed
R9-10-1120. Repealed
R9-10-1121. Repealed
R9-10-1122. Repealed
R9-10-1123. Repealed
R9-10-1124. Repealed
R9-10-1125. Repealed
R9-10-1126. Repealed
R9-10-1127. Repealed

ARTICLE 12. REPEALED

Article 12, consisting of Sections R9-10-1201 through R9-10-1230, repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

Article 12, consisting of Sections R9-10-1201 through R9-10-1230, adopted effective February 4, 1981.

Section
R9-10-1201. Reserved
R9-10-1202. Reserved
R9-10-1203. Reserved
R9-10-1204. Reserved
R9-10-1205. Reserved
R9-10-1206. Reserved
R9-10-1207. Reserved
R9-10-1208. Reserved
R9-10-1209. Reserved
R9-10-1210. Reserved
R9-10-1211. Repealed
R9-10-1212. Repealed
R9-10-1213. Repealed
R9-10-1214. Repealed
R9-10-1215. Repealed
R9-10-1216. Repealed
R9-10-1217. Repealed
R9-10-1218. Repealed
R9-10-1219. Repealed
R9-10-1220. Repealed
R9-10-1221. Repealed
R9-10-1222. Repealed
R9-10-1223. Repealed
R9-10-1224. Repealed
R9-10-1225. Reserved
R9-10-1226. Repealed
R9-10-1227. Repealed
R9-10-1228. Repealed
R9-10-1229. Reserved
R9-10-1230. Repealed

ARTICLE 13. REPEALED

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as permanent rules effective November 25, 1992 (Supp. 92-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as an emergency effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1306, adopted as an emergency effective March 29, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired.

ARTICLE 14. RECOVERY CARE CENTERS

Article 14, consisting of Sections R9-10-1401 through R9-10-1412, adopted effective February 1, 1994 (Supp. 94-1).

Section
R9-10-1401. Definitions
R9-10-1402. Administration
R9-10-1403. Patient Rights
R9-10-1404. Personnel
R9-10-1405. Nursing Services
R9-10-1406. Admissions
R9-10-1407. Ancillary Services
R9-10-1408. Quality Management
R9-10-1409. Medical Records
R9-10-1410. Environmental Standards
R9-10-1411. Emergency Standards
R9-10-1412. Physical Plant Requirements

ARTICLE 15. ABORTION CLINICS

Article 15, consisting of Sections R9-10-1501 through R9-10-1514, adopted under an exemption from the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311, filed in the Office of the Secretary of State December 23, 1999 (Supp. 99-4).

Article 15, consisting of Sections R9-10-1501 through R9-10-1514, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Section
R9-10-1501. Definitions
R9-10-1502. Application Requirements
R9-10-1503. Administration
R9-10-1504. Incident Reporting
R9-10-1505. Personnel Qualifications and Records
R9-10-1506. Staffing Requirements
R9-10-1507. Patient Rights
R9-10-1508. Abortion Procedures
R9-10-1509. Patient Transfer and Discharge
R9-10-1510. Medications and Controlled Substances
R9-10-1511. Medical Records
R9-10-1512. Environmental and Safety Standards
R9-10-1513. Equipment Standards
R9-10-1514. Physical Facilities

ARTICLE 16. RESERVED

ARTICLE 17. OUTPATIENT SURGICAL CENTERS

Article 17, consisting of Sections R9-10-1701 through R9-10-1713, adopted effective July 6, 1994 (Supp. 94-3).

Article 17, consisting of Sections R9-10-1711 through R9-10-1713, R9-10-1715 through R9-10-1723, and R9-10-1731 through R9-10-1734, repealed effective July 6, 1994 (Supp. 94-3).

Section
R9-10-1701. Definitions
R9-10-1702. Administration
R9-10-1703. Patient Rights
R9-10-1704. Personnel
R9-10-1705. Medical Staff
R9-10-1706. Nursing Services
R9-10-1707. Admission
R9-10-1708. Quality Management
R9-10-1709. Surgical Services Requirements
R9-10-1710. Medical Records
R9-10-1711. Environmental Standards
R9-10-1712. Emergency Standards
R9-10-1713. Physical Plant Standards
R9-10-1714. Reserved
R9-10-1715. Repealed
R9-10-1716. Repealed
R9-10-1717. Repealed
R9-10-1718. Repealed
R9-10-1719. Repealed
R9-10-1720. Repealed
R9-10-1721. Repealed
R9-10-1722. Repealed
R9-10-1723. Repealed
R9-10-1724. Reserved
R9-10-1725. Reserved
R9-10-1726. Reserved
R9-10-1727. Reserved
R9-10-1728. Reserved
R9-10-1729. Reserved
R9-10-1730. Reserved
R9-10-1731. Repealed
R9-10-1732. Repealed
R9-10-1733. Repealed
R9-10-1734. 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. "Accredited" means accredited by a nationally recognized accreditation organization.
2. "Administrative completeness review time-frame" means the number of days from agency receipt of an application for a license until the agency determines that the application contains all components required by statute or rule, including all information required to be submitted by other government agencies. The administrative completeness review time-frame does not include the period of time during which an agency provides public notice of the license application or performs a substantive review of the application.
3. "Adjacent" means not intersected by:
   a. Property owned or operated by a person other than the applicant or licensee, or
   b. A public thoroughfare.
4. "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.
5. "Adult day health care facility" means a facility providing adult day health services during a portion of a continuous twenty-four hour period for compensation on a regular basis for five or more adults not related to the proprietor.
6. "Applicant" means a governing authority requesting:
   a. Approval of architectural plans and specifications of a health care institution,
   b. Licensure of a health care institution, or
   c. A change in a health care institution's license.
7. "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.

8. "Assisted living center" means an assisted living facility that provides resident rooms or residential units to eleven or more residents.
9. "Assisted living facility" means a residential care institution, including adult foster care, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuing basis.
10. "Behavioral health service agency" has the same meaning as "agency" in A.A.C. R9-20-101.
11. "Certification" means a written statement that an item or a system complies with the applicable requirements incorporated by reference in R9-1-412.
12. "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.
13. "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.
14. "Chief administrative officer" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
15. "Contractor" has the same meaning as in A.R.S. § 32-1101.
16. "Construction" means the building, erection, fabrication, or installation of a health care institution.
17. "Day" means calendar day.
18. "Department" means the Arizona Department of Health Services.
19. "Directed care services" means programs and services, including personal care services, provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.
20. "Equipment" means an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in R9-1-412.
21. "Facilities" means buildings used by a health care institution for providing any of the types of services as defined in A.R.S. Title 36, Chapter 4.
22. "Factory-built building" has the same meaning as in A.R.S. § 41-2142.
23. "Governing authority" means the individual, agency, group or corporation, appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.
24. "Health care institution" means every place, institution, building or agency, whether organized for profit or not, which provides facilities with medical services, nursing services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies as defined in A.R.S. § 36-151 and hospice service agencies.
25. "Health-related services" means services, other than medical, pertaining to general supervision, protective, preventive and personal care services, supervisory care services or directed care services.
26. "Home health agency" means an agency or organization, or a subdivision of such an agency or organization, which meets all of the following requirements:
    a. Is primarily engaged in providing skilled nursing services and other therapeutic services.
    b. Has policies, established by a group of professional personnel, associated with the agency or organization, including one or more physicians and one or more registered professional nurses, to govern the services referred to in subdivision (a), which it provides, and provides for supervision of such services by a physician or registered professional nurse.
    c. Maintains clinical records on all patients.
27. "Hospice" means a hospice service agency or the provision of hospice services in an inpatient facility.
28. "Hospital" has the same meaning as in 9 A.A.C. 10, Article 2.
29. "Inpatient beds" or "resident beds" means accommodations with supporting services, such as food, laundry and housekeeping, for patients or residents who generally stay in excess of twenty-four hours.
30. "Leased facility" means a facility occupied or used during a set time in exchange for compensation.
31. "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;
    b. Written approval issued by the Department to a person to operate one or more behavioral health service agency subclasses at a specific location; or
    c. Written approval issued to an individual to practice a profession in this state.
32. "Licensee" means an owner approved by the Department to operate a health care institution.
33. "Medical services" means the services pertaining to medical care that are performed at the direction of a physician on behalf of patients by physicians, dentists, nurses and other professional and technical personnel.
34. "Mobile clinic" means a movable structure that:
    a. Is not physically attached to a health care institution's facility,
    b. Provides outpatient medical services under the direction of the health care institution's personnel, and
    c. Is not intended to remain in one location indefinitely.
35. "Modification" means the substantial improvement, enlargement, reduction, alteration of or other change in a health care institution.
36. "Nursing care institution" means a health care institution providing inpatient beds or resident beds and nursing services to persons who need nursing services on a continuing basis but who do not require hospital care or direct daily care from a physician.
37. "Nursing services" means those services pertaining to the curative, restorative and preventive aspects of nursing care that are performed at the direction of a physician by or under the supervision of a registered nurse licensed in this state.
38. "Outpatient surgical center" means a type of health care institution with facilities and limited hospital services for the diagnosis or treatment of patients by surgery whose recovery, in the concurring opinions of the surgeon and the anesthesiologist, does not require inpatient care in a hospital.
39. "Outpatient treatment center" means a health care institution class without inpatient beds that provides medical services for the diagnosis and treatment of patients.
40. "Overall time-frame" means the number of days after receipt of an application for a license during which an agency determines whether to grant or deny a license. The overall time-frame consists of both the administra-

tive completeness review time-frame and the substantive review time-frame.

41. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
42. "Patient" means an individual receiving medical services, nursing services, or health-related services from a health care institution.
43. "Person" has the same meaning as in A.R.S. § 1-215 and includes a governmental agency.
44. "Personal care services" means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments by a nurse who is licensed pursuant to Title 32, Chapter 15 or as otherwise provided by law.
45. "Personnel" means, except as defined in specific Articles in this Chapter or 9 A.A.C. 20, an individual providing medical services, nursing services, or health-related services to a patient.
46. "Premises" means property that is licensed by the Department as part of the health care institution where medical services, nursing services, or health-related services are provided to a patient.
47. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
48. "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.
49. "Recovery care center" means a health care institution or subdivision of a health care institution that provides medical and nursing services limited to recovery care services.
50. "Residential care institution" means a health care institution other than a hospital or a nursing care institution which provides resident beds or residential units, supervisory care services, personal care service, directed care services or health-related services for persons who do not need inpatient nursing care.
51. "Room" means space contained by walls from and including the floor to ceiling with at least one door.
52. "Satellite facility" means an outpatient facility at which the hospital provides outpatient medical services.
53. "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.
54. "Substantial compliance" means that the nature or number of violations revealed by any type of inspection or investigation of a licensed health care institution does not pose a direct risk to the life, health or safety of patients or residents.
55. "Substantive review time-frame" means the number of days after the completion of the administrative completeness review time-frame during which an agency determines whether an application or applicant for a license meets all substantive criteria required by statute or rule. Any public notice and hearings required by law shall fall within the substantive review time-frame.
56. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
57. "System" means interrelated, interacting, or interdependent elements forming a whole.
58. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Services.
59. "Treatment" means a procedure or method to cure, improve, or palliate an injury, an illness, or a disease.
60. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule that provides medical services, nursing services, or health-related services.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

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. Adult day health care facility,
5. Adult foster care,
6. Assisted living center,
7. Assisted living home,
8. Home health agency,
9. Hospice,
10. Hospice inpatient facility,
11. Nursing care institution,
12. Home health agency,
13. Abortion clinic,
14. Recovery care center,
15. Outpatient surgical center, or
16. Outpatient treatment center.

B. A health care institution shall comply with the requirements in R9-10-115 if:
1. There are no specific rules in 9 A.A.C. 10 or 9 A.A.C. 20 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.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-103. Licensure Exceptions

A. Except for R9-10-122, this Article does not apply to a behavioral health service agency regulated under 9 A.A.C. 20.

B. 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.

C. The Department does not require a separate health care institution license for:
1. An accredited facility of an accredited hospital under A.R.S. § 36-422(F) or (G);

2. A facility operated by a licensed health care institution that is:
   a. Adjacent to the licensed health care institution; or
   b. Not adjacent to the licensed health care institution but is connected to the licensed health care institution by an all-weather enclosure and that is:
      i. Owned by the health care institution, or
      ii. Leased by the health care institution with exclusive rights of possession; or
3. A mobile clinic operated by a licensed health care institution.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

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 R9-1-412, an applicant shall submit to the Department an application packet including:
1. An application form 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. The requested licensed capacity 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 and the requested licensed capacity 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; and
   f. If providing or planning to provide medical services, which require compliance with specific physical plant codes and standards incorporated by reference in R9-1-412, the number of rooms or inpatient beds designated for providing the medical 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 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 form complies with applicable codes and standards incorporated by reference in 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 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 on a form 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 on a form 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 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 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 R9-10-122.

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.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

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 form 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. Except for a home health agency or a hospice, whether the health care institution is located within 1/4 mile of agricultural land;

c. Whether the health care institution is located in a leased facility;
d. Whether the health care institution is ready for a licensing inspection by the Department;
e. 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;
f. 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;
g. The name and address of the governing authority;
h. 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 licensure is requested; and
i. Signature required in A.R.S. § 36-422(B) that is notarized;
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, one of the following:
a. If the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-1-412, documentation of the health care institution's architectural plans and specifications approval in R9-10-104; or
b. If 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 R9-1-412:
i. Documentation from the local jurisdiction of compliance with all applicable local building codes and zoning ordinances;
ii. The licensed capacity requested by the applicant for the health care institution;
iii. 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 premises, and, if applicable, each swimming pool on the health care premises; and
iv. 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; and
6. The applicable application fee required by R9-10-122.

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.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-106. Reserved

R9-10-107. Renewal License

A. A licensee applying to renew a health care institution license shall submit an application packet to the Department at least 60 days but not more than 120 days before the expiration date of the current license that contains:
1. A renewal application on a form 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; and
ii. Class or subclass;
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 licensure is requested; and
e. Signature required in A.R.S. § 36-422(B) that is notarized;
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 licensure fees required by R9-10-122.

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 or 9 A.A.C. 20 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 inspection of the health care institution as part of the substantive review for a renewal license.

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, if a licensee is in substantial compliance with the applicable statutes and this Chapter, and the licensee agrees to implement a plan acceptable to the Department to eliminate any deficiencies;
2. Two years, if a licensee has no deficiencies at the time of the Department's licensure inspection; or
3. The duration of the accreditation period, 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 accreditation report.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-108. Time-frames

A. The overall time-frame for each type of approval granted by the Department is listed in Table 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. 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(E):
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 days from 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 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 R9-10-122 to the Department within 60 days of 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 days of 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 R9-10-122.
6. An applicant may file a written notice of appeal with the Department within 30 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 business day to be the time-frame's last day.

Table 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 days	45 days	60 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 days	30 days	90 days
Health care institution renewal license R9-10-107	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	120 days	30 days	90 days
Approval of a change to a health care institution license R9-10-109(E)	A.R.S. §§ 36-405, 36-407, and 36-422	75 days	15days	60 days

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-109. Changes Affecting a License

A. A licensee shall ensure that the Department is notified in writing at least 30 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. 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 R9-1-412 shall submit an application for approval of architectural plans and specifications for a modification of the health care institution.

C. A governing authority shall submit a 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 on the premises; or
3. A change in a health care institution's class or subclass.

D. 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) if:
1. The health care institution has not ceased operations for more than 30 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.

E. A licensee of a health care institution that is not required to comply with the physical plant codes and standards incorporated by reference in 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 a 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.

F. The Department shall approve or deny a request for a change or modification in this Section according to R9-10-108.

G. A licensee shall not implement a change or modification described in this Section until an amended license or a new license is issued by the Department.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-110. Enforcement Actions

A. If the Department determines that an applicant or licensee is not in substantial compliance with applicable laws and rules, 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 R9-10-111 and A.R.S. § 36-427,
6. Deny a license under 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 threat to the health, safety, and welfare of patients in the health care institution based on:
1. Repeated violations of statutes or rules,
2. Pattern of non-compliance,
3. Types of violation,
4. Severity of violation, and
5. Number of violations.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

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 a person with a business interest of 10% or more in the health care institution:
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, endangering the health and safety of patients.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-112. 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 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. "Dialyzer" means a blood filter used in hemodialysis to remove wastes and excess fluid from a patient's blood.
10. "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.
11. "Direct supervision" means a nurse or a physician is physically present within sight or hearing of the patient and readily available to provide care to a patient.
12. "Electrolytes" means compounds, such as sodium, potassium, and calcium that break apart into electrically charged particles when dissolved in water.
13. "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.
14. "Fistula" means a vascular access created by a surgical connection between an artery and vein.
15. "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.
16. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
17. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
18. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
19. "Hemodialysis" means a process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
20. "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.
21. "Hemodialysis technician" has the same meaning as in A.R.S. § 36-423.
22. "Hemodialysis technician trainee" means an individual who is working in a health care institution after March 31, 2003 to assist in providing hemodialysis and who is

not certified as a hemodialysis technician according to A.R.S. § 36-423(A).

23. "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.
24. "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.
25. "Medical records" has the same meaning as in A.R.S. § 12-2291.
26. "Nephrologist" means a physician who specializes in the structure, function, and diseases of the kidney.
27. "Not established" means not approved for use by the patient's nephrologist.
28. "Patient" means an individual who receives hemodialysis.
29. "pH test" means a determination of the acidity of a dialysate.
30. "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.
31. "Respond" means to mute, shut off, reset, or troubleshoot an alarm.
32. "Safety check" means successful completion of all tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.
33. "Vascular access" means the point created on a patient's body where blood lines are connected for hemodialysis.
34. "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 after passing all didactic, skills and competency examinations; 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 hemodialyisis; or
19. Prepare a blood, water, or dialysate culture to determine microorganism presence;

E. An inexperienced hemodialysis technician trainee may perform, under direct supervision, any of the hemodialysis tasks listed in subsection (D) after the inexperienced hemodialysis technician trainee has passed the didactic, skills and competency examination applicable to the hemodialysis task.

F. 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.

G. 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.

H. 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.

I. The effective date of this Section is April 1, 2003.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 9 A.A.R. 526, effective April 1, 2003 (Supp. 03-1).

R9-10-113. Repealed

Historical Note

Former Section R9-10-113 repealed, new Section R9-10-113 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-114. Repealed

Historical Note
Former Section R9-10-114 repealed, new Section R9-10-114 adopted effective February 4, 1981 (Supp. 81-1). Amended by adding paragraph (7) as an emergency effective November 17, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Amended by adding paragraph (7) as a permanent amendment effective August 2, 1984 (Supp. 84-4). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-115. Unclassified Health Care Institutions
Implementation of the provisions of R9-10-114(B) shall be at the sole discretion of the Director or the Director's representative. Health care institutions not otherwise classified or subclassified in R9-10-114(A) shall include but need not be limited to the following:

1. Be adequately equipped and staffed by qualified personnel to meet the needs and assure the safety of persons attending the facility and conform to all applicable statutory requirements for the provision of health care.
2. Establish and maintain a record of each inpatient and outpatient documenting the assessment of the patient's health needs and all health care service the patient receives.
3. Maintain all parts of the facility, including its premises and equipment, neat, clean, free of insects, rodents, litter and rubbish. Policies and procedures shall be established and implemented for cleaning, sanitizing or sterilizing equipment and supplies.
4. Cause the facility's physical plant and equipment to be periodically inspected and, where appropriate, tested, calibrated, serviced or repaired to assure that they are functioning properly and reliably. Records shall be maintained to assure that appropriate inspections and maintenance of equipment is periodically accomplished by an appropriately qualified person.
5. Comply with applicable regulations adopted pursuant to A.R.S. § 36-136(G) for the control of communicable disease and maintenance of proper sanitation.
6. Comply with applicable fire and building codes.
7. Adopt policies and procedures that delineate the scope of services offered, hours of operation, admission and discharge criteria and type of staff provided.
8. Obtain certificates of need and/or permits, if applicable.

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1).

R9-10-116. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-117. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-118. Reserved

R9-10-119. Reserved

R9-10-120. Reserved

R9-10-121. Repealed

Historical Note
Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-122. 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 less than $100,000;
2. One hundred dollars for a project with a cost of $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 $50.00.

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 license fee as follows:
1. For a facility with no licensed capacity, $100.00;
2. For a facility with a licensed capacity of one to 59 beds, $100.00, plus the licensed capacity times $10.00;
3. For a facility with a licensed capacity of 60 to 99 beds, $200.00 plus the licensed capacity times $10.00;
4. For a facility with a licensed capacity of 100 to 149 beds, $300.00, plus the licensed capacity times $10.00; or
5. For a facility with a licensed capacity of 150 beds or more, $500.00, plus the licensed capacity times $10.00.

D. A person who has paid a health care institution license fee for a facility and submits a behavioral health service agency application for the same facility shall submit an application fee but is not required to submit an additional license fee.

E. 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.

F. All fees are nonrefundable except as provided in A.R.S. § 41-1077.

Historical Note
New Section made by final rulemaking at 7 A.A.R. 2145, effective May 1, 2001 (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3578, effective July 26, 2002 (Supp. 02-3).

R9-10-123. Repealed

Historical Note
Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-124. Repealed

Historical Note
Former Section R9-10-124 repealed, new Section R9-10-124 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

ARTICLE 2. HOSPITALS

R9-10-201. Definitions

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

1. "Accredited" has the same meaning as in A.R.S. § 36-422(I).
2. "Activities of daily living" means bathing, dressing, grooming, eating, ambulating, and toileting.
3. "Acuity" means a determination of the level and type of nursing services, based on the patient's illness or injury, that are required to meet the needs of the patient.
4. "Administrator" means a chief administrative officer, or an individual who has been designated by the governing authority to act on its behalf in the onsite direction of the hospital.
5. "Admission" or "admitted" means documented acceptance by a hospital of an individual as an inpatient on the order of a medical staff member.
6. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.
7. "Adverse reaction" means an unexpected outcome that threatens the health and safety of a patient as a result of medical services provided to the patient.
8. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
9. "Assessment" means an analysis of a patient's need for hospital services.
10. "Attending physician" means a physician with clinical privileges who is accountable for the management of medical services delivered to a patient.
11. "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 already appears on the document or in the medical record;
    c. A rubber-stamp signature; or
    d. An electronic signature code.
12. "Available" means:
    a. For an individual, the ability to be contacted by any means possible such as by telephone or pager;
    b. For equipment and supplies, retrievable at a hospital; and
    c. For a document, retrievable at a hospital or accessible according to the time-frames in the applicable rules in this Article.
13. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.
14. "Biologicals" mean medicinal compounds prepared from living organisms and their products such as serums, vaccines, antigens, and antitoxins.
15. "Care plan" means a documented guide for providing nursing services and rehabilitative services to a patient that includes measurable objectives and the methods for meeting the objectives.
16. "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 of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
17. "Clinical privilege" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
18. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
19. "Consultation" means an evaluation of a patient requested by a medical staff member.
20. "Contracted services" means hospital services provided according to a written agreement between a hospital and the person providing the hospital services.
21. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
22. "Current" means up-to-date and extending to the present time.
23. "Device" has the same meaning as in A.R.S. § 32-1901.
24. "Diet" means food and drink provided to a patient.
25. "Diet manual" means a written compilation of diets.
26. "Dietary services" means providing food and drink to a patient according to an order.
27. "Disaster" means an unexpected adverse occurrence that affects a hospital's ability to provide hospital services.
28. "Discharge" means a hospital's termination of hospital services to an inpatient or an outpatient.
29. "Discharge instructions" means written information relevant to a patient's medical condition provided by a hospital to the patient at the time of discharge.
30. "Discharge planning" means a process of establishing goals and objectives for an inpatient in preparation for the inpatient's discharge.
31. "Diversion" means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.
32. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
33. "Drill" means a response to a planned, simulated event.
34. "Drug" has the same meaning as in A.R.S. § 32-1901.
35. "Drug formulary" means a written compilation of medication developed according to R9-10-217.
36. "Electronic" has the same meaning as in A.R.S. § 44-7002.
37. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
38. "Emergency" means an immediate threat to the life or health of a patient.
39. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
40. "Environmental services" means activities such as housekeeping, laundry, and facility and equipment maintenance.
41. "Exploitation" has the same meaning as in A.R.S. § 46-451.
42. "General hospital" means a subclass of hospital that provides surgical services and emergency services.
43. "Gynecological services" means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
44. "Health care directive" has the same meaning as in A.R.S. § 36-3201.
45. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, and continuous nursing services for the diagnosis and treatment of patients.

46. "Hospital premises" means a hospital's licensed space excluding, if applicable, space in an accredited outpatient facility under the hospital's single group license, or space leased by the hospital to another entity according to the lease terms.
47. "Hospital services" means medical services, nursing services, and other health-related services provided in a hospital.
48. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient while the patient is on a hospital's premises.
49. "Infection control risk assessment" means determining the risk for transmission of communicable diseases.
50. "Informed consent" means advising a patient of a proposed medical procedure, alternatives to the medical procedure, associated risks, and possible complications, and obtaining authorization of the patient or the patient's representative for the procedure.
51. "Inpatient" means an individual who:
    a. Is admitted to a hospital; or
    b. Receives hospital services for 24 consecutive hours or more.
52. "Inservice education" means organized instruction or information related to hospital services provided to a personnel member or a medical staff member.
53. "Intensive care services" means hospital services provided to an inpatient who requires the services of specially trained nursing and other personnel members as specified in hospital policies and procedures.
54. "Interval note" means documentation updating a patient's medical condition after a medical history and physical examination are performed.
55. "License" means documented authorization:
    a. Issued by the Department to operate a health care institution; or
    b. Issued to an individual to practice a profession in this state.
56. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
57. "Medical history" means a part of a patient's medical record consisting of an account of the patient's health, including past and present illnesses or diseases.
58. "Medical record" has the same meaning as in A.R.S. § 12-2291.
59. "Medical staff member" means a physician or other licensed individual who has clinical privileges in a hospital.
60. "Medical staff bylaws" means standards, approved by the medical staff and governing authority, that provides the framework for the organization, responsibilities and self-governance of the medical staff.
61. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
62. "Medication" has the same meaning as drug.
63. "Monitor" or "monitoring" means observing a patient's medical condition.
64. "Neonate" means an individual:
    a. From birth until discharge following birth; or
    b. Who is designated as a neonate by hospital criteria.
65. "Nurse" has the same meaning as registered nurse or practical nurse as defined in A.R.S. § 32-1601.
66. "Nurse anesthetist" means a registered nurse who meets the requirements of A.R.S. § 32-1661 and who has clinical privileges to administer anesthesia.
67. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.
68. "Nursery" means an area in a hospital designated only for neonates.
69. "Nurse supervisor" means a registered nurse accountable for managing nursing services provided in an organized service in a hospital.
70. "Nursing personnel" means an individual authorized by hospital policies and procedures to provide nursing services to a patient.
71. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.
72. "On call" means a time during which an individual is available and required to come to a hospital when requested by the hospital.
73. "Order" means an instruction to provide medical services to a patient by:
    a. A medical staff member;
    b. An individual licensed under A.R.S. Title 32 or authorized by a hospital within the scope of the individual's license; or
    c. A physician who is not a medical staff member;
74. "Organized service" means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
75. "Orientation" means the initial instruction and information provided to an individual starting work in a hospital.
76. "Outpatient" means an individual who:
    a. Is not admitted to a hospital; or
    b. Receives hospital services for less than 24 consecutive hours.
77. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
78. "Patient" means an individual receiving hospital services.
79. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.
80. "Patient representative" means a patient's legal guardian, an individual acting on behalf of a patient with the written consent of the patient, or a surrogate as defined in A.R.S. § 36-3201.
81. "Pediatric" means pertaining to an individual designated by a hospital as a child based on the hospital's criteria.
82. "Perinatal services" means medical services for the treatment and management of obstetrical patients and neonates.
83. "Person" has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
84. "Personnel member" means:
    a. A volunteer, or
    b. An individual, except for a medical staff member or private duty staff, who provides hospital services for compensation, including an individual who is compensated by an employment agency.
85. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
86. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness or disease.
87. "Postanesthesia care unit" means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.

88. "Private duty staff" means an individual, excluding a personnel member, compensated by a patient or the patient's representative.
89. "Psychiatric services" means the diagnosis, treatment, and management of mental illness.
90. "Quality management program" means activities designed and implemented by a hospital to improve the delivery of hospital services.
91. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
92. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.
93. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
94. "Respiratory care services" has the same meaning as practice of respiratory care as defined in A.R.S. § 32-3501.
95. "Restraint" means any chemical or physical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.
96. "Require" means to carry out an obligation imposed by this Article.
97. "Risk" means potential for an adverse outcome.
98. "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, and that elects to be licensed as a rural general hospital rather than a general hospital.
99. "Satellite facility" has the same meaning as in A.R.S. § 36-422(I).
100. "Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.
101. "Shift" means the beginning and ending time of a work period established by hospital policies and procedures.
102. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) and (G).
103. "Social services" means assistance, other than medical services, provided by a personnel member to a patient to meet the needs of the patient while in the hospital or the anticipated needs of the patient after discharge.
104. "Social worker" means an individual who has at least a baccalaureate degree in social work from a program accredited by the Council on Social Work Education or who is certified according to A.R.S. Title 32, Chapter 33.
105. "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.
106. "Specialty" means a specific area of medicine practiced by a licensed individual who has obtained education or qualifications in the specific area in addition to the education or qualifications required for the individual's license.
107. "Student" means an individual attending an educational institution and working under supervision in a hospital through an arrangement between the hospital and the educational institution.
108. "Surgical services" means medical services involving the excision or incision of a patient's body for the:
    a. Correction of a deformity or a defect;
    b. Repair of an injury; or
    c. Diagnosis, amelioration, or cure of disease.
109. "Telemedicine" has the same meaning as in A.R.S. § 36-3601.
110. "Transfer" means a hospital discharging a patient and sending the patient to another hospital for inpatient medical services without the intent that the patient will be returned to the sending hospital.
111. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.
112. "Transport" means a hospital sending a patient to another health care institution for outpatient medical services with the intent of returning the patient to the sending hospital.
113. "Treatment" means a procedure or method to cure, improve, or palliate an injury, an illness, or a disease.
114. "Unit" means a designated area of an organized service.
115. "Verification" means:
    a. A documented telephone call including the information obtained, the date, and the name of the documenting individual;
    b. A documented observation including the information observed, the date, and the name of the documenting individual; or
    c. A documented confirmation of a fact including the date and the name of the documenting individual.
116. "Vital records" has the same meaning as in A.R.S. § 36-301.
117. "Vital statistics" has the same meaning as in A.R.S. § 36-301.
118. "Volunteer" means an individual, except a student, authorized by a hospital to work in the hospital who does not receive compensation.
119. "Well-baby bassinet" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours of birth.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-202. Application Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and A.A.C. Title 9, Chapter 10, Article 1, a governing authority applying for an initial or renewal license shall submit the following to the Department:
1. For a hospital license:
    a. A statement on a form provided by the Department of the licensed capacity requested for the hospital, including the number of inpatient beds for each organized service, not including well-baby bassinets.
    b. A list on a form provided by the Department of medical staff specialties and subspecialties; and
    c. A copy of an accreditation report if the hospital is accredited and chooses to submit a copy of the report instead of receiving a license inspection by the Department in compliance with A.R.S. § 36-424(C).
2. For a single group license authorized in A.R.S. § 36-422(F) or (G):
    a. The items listed in subsection (A)(1); and
    b. A form provided by the Department that includes:
        i. The name, address, and telephone number of each accredited facility under the single group license;
        ii. The name of the administrator for each accredited facility; and

iii. The specific times each accredited facility provides medical services.

B. An administrator shall:
1. Notify the Department when there is a change in administrator according to A.R.S. § 36-425(E);
2. Notify the Department at least 30 days before an accredited facility on a single group license terminates operations; and
3. Submit an application, according to the requirements in A.A.C. Title 9, Chapter 10, Article 1, at least 60 days but not more than 120 days before an accredited facility licensed under a single group license anticipates providing medical services under a license separate from the single group license.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-203. Administration

A. A governing authority shall:
1. Consist of one or more individuals accountable for the organization, operation, and administration of a hospital;
2. Determine which organized services are to be provided in the hospital;
3. Appoint an administrator in writing who has:
   a. A baccalaureate degree or a post-baccalaureate degree in a health care-related field; and
   b. At least three years of experience in health care administration;
4. Approve hospital policies and procedures or designate an individual to approve hospital policies and procedures;
5. Approve medical staff bylaws and medical staff regulations;
6. Approve contracted services or designate an individual to approve contracted services;
7. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff bylaws;
8. Adopt a quality management program according to R9-10-204;
9. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
10. Appoint an acting administrator if the administrator is expected to be absent for more than 30 days;
11. Except if subsection (A)(10) applies, notify the Department in writing within five working days if there is a change of administrator and identify the name and qualifications of the new administrator;
12. For a health care institution under a single group license, comply with the applicable requirements in A.A.C. Title 9, Chapter 10 and Chapter 20 for the class or subclass of the health care institution; and
13. Comply with federal and state laws, rules, and local ordinances governing operations of a health care institution.

B. An administrator shall:
1. Be directly accountable to the governing authority for all hospital services and environmental services provided by a hospital;
2. Have the authority and responsibility to manage the hospital;
3. Act as a liaison between the governing authority and personnel; and
4. Designate, in writing, an individual who is available and accountable for hospital services and environmental services when the administrator is not available;

C. An administrator shall require that:
1. Hospital policies and procedures are established, documented, and implemented that:
   a. Include personnel job descriptions, duties, and qualifications;
   b. Cover orientation and inservice education for personnel, volunteers, and students;
   c. Include duties of volunteers and students;
   d. Cover cardiopulmonary resuscitation training required in R9-10-206(6) including:
      i. The method and content of cardiopulmonary resuscitation training;
      ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
      iv. The documentation that verifies personnel have received cardiopulmonary resuscitation training;
   e. Cover use of private duty staff, if applicable;
   f. Cover diversion, including:
      i. The criteria for initiating diversion;
      ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
      iii. The method for notifying emergency medical services providers of initiation of diversion, the type of diversion, and termination of diversion; and
      iv. When the need for diversion will be reevaluated;
   g. Include a method to identify a patient to ensure the patient receives medical services as ordered;
   h. Cover patient rights;
   i. Cover health care directives;
   j. Cover medical records, including electronic medical records;
   k. Cover quality management, including incident documentation;
   l. Cover tissue and organ procurement and transplant; and
   m. Cover hospital visitation, including visitations to a nursery, if applicable;
2. Hospital policies and procedures for hospital services are established, documented, and implemented that:
   a. Cover patient admission, transport, transfer, discharge planning, and discharge;
   b. Cover acuity;
   c. Include when informed consent is required;
   d. Include the age criteria for providing hospital services to pediatric patients;
   e. Cover dispensing, administering, and disposing of medication and biologicals;
   f. Cover infection control;
   g. Cover restraints that require an order, including the frequency of monitoring and assessing the restraint;
   h. Cover seclusion of a patient including:
      i. The requirements for an order, and
      ii. The frequency of monitoring and assessing a patient in seclusion;
   i. Cover telemedicine, if applicable; and
   j. Cover environmental services that affect patient care;
3. Hospital policies and procedures are reviewed at least once every 36 months and updated as needed;

4. Hospital policies and procedures are available to personnel and medical staff;
5. Licensed capacity in an organized service is not exceeded except for an emergency admission of a patient. If the licensed capacity of an organized service is exceeded:
   a. A medical staff member reviews the medical history of a patient scheduled to be admitted to the organized service to determine whether the admission is an emergency; and
   b. A patient is not admitted to the organized service except in an emergency;
6. A patient is free from:
   a. The intentional infliction of physical, mental, or emotional pain unrelated to the patient's medical condition;
   b. Exploitation;
   c. Seclusion or restraint if not medically indicated or necessary to prevent harm to self or others;
   d. Sexual abuse according to A.R.S. § 13-1404;
   e. Sexual assault according to A.R.S. § 13-1406; and
   f. A pattern of failure to provide hospital services without the informed consent of the patient or the patient's representative that results or may result in risk to the health and safety of the patient as determined by:
      i. The number of incidents;
      ii. How the incidents are related to each other;
      iii. When the incidents occurred; and
      iv. The amount of time between the incidents.

D. An administrator of a special hospital shall require that:
1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the type of medical services provided by the special hospital; and
2. A physician or a nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises at all times.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-204. Quality Management

A. A governing authority shall require that an ongoing quality management program is established that:
1. Complies with the requirements in A.R.S. § 36-445; and
2. Evaluates the quality of hospital services and environmental services related to patient care, including contracted services.

B. An administrator shall require 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 hospital services and environmental services related to patient care;
   c. A method to evaluate the data collected to identify a concern about the delivery of hospital services;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services; and
   e. The frequency of submitting a documented report required in subsection (B)(2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern; and
   b. Any changes made or actions taken as a result of the identification of a concern;
3. The report required in subsection (B)(2) and the supporting documentation for the report are:
   a. Maintained on the hospital premises for 12 months from the date the report is submitted to the governing authority; and
   b. Except for information or documents that are confidential under federal or state law, provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-205. Contracted Services

An administrator shall require that:
1. Contracted services are provided according to the requirements in this Article;
2. A contract includes the responsibilities of each contractor;
3. A documented list of current contracted services is maintained at the hospital that includes a description of the contracted services provided; and
4. A contract and the list of contracted services required in subsection (3) is provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-206. Personnel

An administrator shall require that:
1. Personnel are available to meet the needs of a patient based on the acuity plan required in R9-10-208(C)(2);
2. Personnel assigned to provide medical services or nursing services demonstrate competency and proficiency according to criteria established in hospital policies and procedures;
3. Before the initial date of providing hospital services or volunteer service, a personnel member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis according to the requirements in R9-10-229(A)(4):
   a. A report of a negative Mantoux skin test;
   b. If the individual has had a positive Mantoux skin test for tuberculosis, a physician's written statement that the individual is free from infectious pulmonary tuberculosis; or
   c. A report of a negative chest x-ray;
4. Orientation occurs within the first 30 days of providing hospital services or volunteer service and includes information determined by hospital policies and procedures;
5. Hospital policies and procedures designate the categories of personnel providing medical services or nursing services who are:
   a. Required to be qualified in cardiopulmonary resuscitation within 30 days of the individual's starting date; and
   b. Required to maintain current qualifications in cardiopulmonary resuscitation;
6. Documentation of current qualifications in cardiopulmonary resuscitation is maintained at the hospital;

7. A personnel record for each personnel member is maintained electronically or in writing or a combination of both and includes:
   a. Verification by the personnel member of receipt of the position job description for the position held by the personnel member;
   b. The personnel member's starting date;
   c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
   d. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
   e. Orientation documentation;
8. Personnel receive inservice education according to criteria established in hospital policies and procedures;
9. Inservice education documentation for each personnel member includes:
   a. The subject matter;
   b. The date of the inservice education; and
   c. The signature, rubber stamp, or electronic signature code of each individual who participated in the inservice education;
10. Personnel records and inservice education documentation are maintained by the hospital for at least two years after the last date the personnel member worked; and
11. Personnel records and inservice education documentation are provided upon request to the Department for review:
    a. For a current personnel member, as soon as possible but not more than four hours from the time of the Department's request; and
    b. For a personnel member who is not currently working in the hospital, within 24 hours of the Department's request.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-207. Medical Staff

A. A governing authority shall require that:
1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;
2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
3. A medical staff member complies with medical staff bylaws and medical staff regulations;
4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit patients to the general hospital or special hospital;
5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit patients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
6. A medical staff member is available to direct patient care;
7. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
   a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
   b. Appointing members to the medical staff, subject to approval by the governing authority;
   c. Establishing committees including identifying the purpose and organization of each committee;
   d. Appointing one or more medical staff members to a committee;
   e. Obtaining and documenting permission for an autopsy, performing an autopsy, and notifying the attending physician when an autopsy is performed;
   f. Requiring that each inpatient has an attending physician;
   g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
   h. Defining a medical staff member's responsibilities for the transport or transfer of a patient;
   i. Specifying requirements for oral, telephone, and electronic orders including which orders require identification of the time of the order;
   j. Establishing a time-frame for a medical staff member to complete patient medical records;
   k. Establishing criteria for granting clinical privileges;
   l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and
   m. Approving the use of medication and devices under investigation by the U.S. Department of Health and Human Services, Food and Drug Administration including:
      i. Establishing criteria for patient selection;
      ii. Obtaining informed consent before administering the investigational medication or device; and
      iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device;
8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every 36 months and updates the bylaws and regulations as needed.

B. An administrator shall require that:
1. By October 1, 2003, a medical staff member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis according to the requirements in R9-10-229(A)(4):
   a. A report of a negative Mantoux skin test;
   b. If the individual has had a positive Mantoux skin test for tuberculosis, a physician's written statement that the individual is free from infectious pulmonary tuberculosis; or
   c. A report of a negative chest x-ray;
2. A record for each medical staff member is established and maintained electronically or in writing or a combination of both that includes:
   a. A completed application for clinical privileges;
   b. The dates and lengths of appointment and reappointment of clinical privileges;
   c. The specific clinical privileges granted to the medical staff member including revision or revocation dates for each clinical privilege; and
   d. A verification of current Arizona health care professional active license according to A.R.S. Title 32;
3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
   a. As soon as possible but not more than four hours from the time of the Department's request if the individual is a current medical staff member; and

b. Within 72 hours from the time of the Department's request if the individual is no longer a current medical staff member.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-208. Nursing Services

A. An administrator shall:
1. Require that nursing services are provided 24 hours a day; and
2. Appoint a nurse executive who is qualified according to the requirements specified in the hospital's policies and procedures.

B. A nurse executive shall designate a registered nurse who is present in the hospital to be accountable for managing the nursing services when the nurse executive is not present in the hospital.

C. A nurse executive shall require that:
1. Policies and procedures for nursing services are established, documented, and implemented;
2. An acuity plan is established and documented to determine the types and numbers of nursing personnel necessary to provide nursing services to meet the needs of the patients;
3. The acuity plan in subsection (C)(2) is implemented;
4. There is a minimum of one registered nurse on duty in a hospital at all times whether or not there is a patient;
5. A general hospital has two registered nurses on duty at all times when there is more than one patient;
6. A special hospital that is licensed to provide behavioral health services complies with the staffing requirements in A.A.C. Title 9, Chapters 10 and 20;
7. A special hospital offering emergency services or obstetrical services has two registered nurses on duty at all times when there is more than one patient;
8. A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on duty at all times when there is more than one patient;
9. A rural general hospital with more than one patient has one registered nurse and at least one other nursing personnel on duty at all times. If there is only one registered nurse in the hospital, an additional registered nurse is on call who is able to be present in the hospital within 15 minutes of being called;
10. If a hospital has a patient in a unit, there is a minimum of one registered nurse in the unit at all times;
11. If a hospital has more than one patient in a unit, there is a minimum of one registered nurse and one additional nursing personnel in the unit at all times;
12. At least one registered nurse is present and accountable for the nursing services provided to a patient:
    a. During the delivery of a neonate,
    b. In an operating room, and
    c. In a postanesthesia care unit;
13. Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
14. A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;
15. There is a care plan for each inpatient based on the inpatient's need for nursing services; and
16. Nursing personnel document nursing services in a patient's medical record.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-209. Patient Rights

An administrator shall require that:
1. A patient:
    a. Is treated with consideration, respect, and dignity, and receives privacy in treatment and activities of daily living; and
    b. Has access to a telephone;
2. A patient or the patient's representative:
    a. Either consents to or refuses treatment, if capable of doing so;
    b. May refuse examination, or withdraw consent for treatment before treatment is initiated;
    c. May submit grievances without retaliation;
    d. Is informed of:
        i. The hospital's health care directives policies and procedures;
        ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
        iii. The hospital's patient grievance policies and procedures, including the telephone number of hospital personnel to contact about grievances, and the Department's telephone number if the hospital is unable to resolve the patient's grievance;
        iv. Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable; and
        v. Proposed medical procedures, alternatives to the medical procedures, associated risks, and possible complications;
3. There are hospital policies and procedures that include:
    a. How and when a patient or the patient's representative is informed of patient rights in subsections (1) and (2); and
    b. Where patient rights are posted in the hospital;
4. A patient or the patient's representative receives a written statement of patient's rights; and
5. Medical record information is disclosed only with the written consent of a patient or the patient's representative or as permitted by law.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-210. Admission

An administrator shall require that:
1. A patient is admitted on the order of a medical staff member;
2. An individual, authorized by hospital policies and procedures, is available at all times to accept a patient for admission;
3. Except in an emergency, informed consent is obtained from a patient or the patient's representative before or at the time of admission;
4. The informed consent obtained in subsection (3) or the lack of consent in an emergency is documented in the patient's medical record;
5. A physician or other medical staff member performs a medical history and physical examination on a patient within 30 days before admission or within 48 hours after admission and documents the medical history and physi-

cal examination in the patient's medical record within 48 hours of admission;

6. If a physician or a medical staff member performs a medical history and physical examination on a patient before admission, the physician or the medical staff member enters an interval note into the patient's medical record at the time of admission.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-211. Discharge Planning; Discharge

A. For an inpatient, an administrator shall require that discharge planning:
1. Identifies the specific needs of the patient after discharge, if applicable;
2. Includes the participation of the patient or the patient's representative;
3. Is completed before discharge occurs;
4. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
5. Is documented in the patient's medical record.

B. For an inpatient discharge, an administrator shall require that:
1. There is a discharge summary that includes:
   a. A description of the patient's medical condition and the medical services provided to the patient; and
   b. The signature of the patient's attending physician or the attending physician's designee;
2. There is a documented discharge order by an attending physician or the attending physician's designee before discharge unless the patient leaves the hospital against a medical staff member's advice; and
3. If the patient is discharged to any location other than a health care institution:
   a. There are documented discharge instructions; and
   b. The patient or the patient's representative is provided with a copy of the discharge instructions;

C. Except as provided in subsection (D), an administrator shall require that an outpatient is discharged according to hospital policies and procedures.

D. For a discharge of an outpatient receiving emergency services, an administrator shall require:
1. A discharge order is documented by an attending physician or the attending physician's designee before the patient is discharged unless the patient leaves against a medical staff member's advice; and
2. Discharge instructions are documented and provided to the patient or the patient's representative before the patient is discharged unless the patient leaves the hospital against a medical staff member's advice.

E. A patient transferred to another hospital is exempt from the requirements in this Section. An administrator shall require that a transfer of a patient to another hospital complies with the requirements in R9-10-213.

Historical Note

Former Section R9-10-211 renumbered as R9-10-311 as an emergency effective February 22, 1979, new Section R9-10-211 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-212. Transport

A. For a transport of a patient, the administrator of a sending hospital shall require that:
1. Hospital policies and procedures:
   a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
   b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient's return;
   c. Specify the sending hospital's patient medical records that are required to accompany the patient, which shall include the medical records related to the medical services to be provided to the patient at the receiving health care institution; and
   d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and
   e. Specify how a medical staff member explains the risks and benefits of transport and obtains consent from the patient or the patient's representative based on the:
      i. Patient's medical condition, and
      ii. Mode of transport; and
2. Documentation in the patient's medical record includes:
   a. The acceptance of the patient by and communication with an individual at the receiving health care institution;
   b. The date and the time of the transport to the receiving health care institution;
   c. The date and time of the patient's return to the sending hospital, if applicable;
   d. The mode of transportation; and
   e. The type of professional assisting in the transport if an order requires that a patient be assisted during transport.

B. For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall require that:
1. Hospital policies and procedures:
   a. Specify the process by which the receiving hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
   b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending hospital;
   c. Specify the receiving hospital's patient medical records required to accompany the patient when the patient is returned to the sending hospital, if applicable; and
   d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending hospital that is not provided at the time of the patient's return; and
2. Documentation in the patient's medical record includes:
   a. The date and time the patient arrives at the receiving hospital;
   b. The medical services provided to the patient at the receiving hospital;
   c. Any adverse reaction or negative outcome the patient experiences at the receiving hospital, if applicable;

d. The date and time the receiving hospital returns the patient to the sending hospital, if applicable;
e. The mode of transportation to return the patient to the sending hospital, if applicable; and
f. The type of professional assisting in the transport if an order requires that a patient be assisted during transport.

C. A sending hospital and a receiving hospital that are licensed at separate locations and have the same Medicare number issued by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services are exempt from subsections (A)(1)(d), (B)(1)(c), and (B)(1)(d).

Historical Note

Former Section R9-10-212 renumbered as R9-10-312 as an emergency effective February 22, 1979, new Section R9-10-212 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-213. Transfer

A. For a transfer of a patient, the administrator of a sending hospital shall require that:
1. Hospital policies and procedures:
   a. Specify the process by which the sending hospital personnel members coordinate the transfer and the medical services provided to a patient to protect the health and safety of the patient during the transfer;
   b. Require an assessment of the patient by a registered nurse or a medical staff member of the sending hospital before the patient is transferred;
   c. Specify how the sending hospital personnel members communicate medical record information that is not provided at the time of the transfer;
2. Except in an emergency, a medical staff member obtains informed consent for the transfer;
3. In an emergency, documentation of informed consent or why informed consent could not be obtained is included in the medical record;
4. One of the following accompanies the patient during transfer to the receiving hospital:
   a. A copy of the patient's medical record for the current inpatient admission; or
   b. All of the following for the current inpatient admission:
      i. A medical staff member's summary of medical services provided to the patient;
      ii. A care plan containing up-to-date information;
      iii. Consultation reports;
      iv. Laboratory and radiology reports;
      v. A record of medications administered to the patient for the seven days before the date of transfer;
      vi. Medical staff member's orders in effect at the time of transfer; and
      vii. Any known allergy; and
5. Documentation in the patient's medical record includes:
   a. The acceptance of the patient by and communication with an individual at the receiving hospital;
   b. The date and the time of the transfer to the receiving hospital;
   c. The mode of transportation; and
   d. The type of professional assisting in the transfer if an order requires that a patient be assisted during transfer.

B. A sending hospital and a receiving hospital that are licensed at separate locations and have the same Medicare number issued by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services are exempt from subsections (A)(1)(c), (A)(4) and (A)(5)(a).

Historical Note

Former Section R9-10-213 renumbered as R9-10-313 as an emergency effective February 23, 1979, new Section R9-10-213 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-214. Surgical Services

A. An administrator of a general hospital shall require that:
1. There is an organized service that provides surgical services under the direction of a medical staff member;
2. There is a designated area for providing surgical services as an organized service;
3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
5. Postoperative orders are documented in the patient's medical record;
6. There is a chronological log of surgical procedures performed in the surgical services area that contains:
   a. The date of the surgical procedure;
   b. The patient's name;
   c. The type of surgical procedure;
   d. The time in and time out of the operating room;
   e. The name and title of each individual performing or assisting in the surgical procedure;
   f. The type of anesthesia used;
   g. An identification of the operating room used; and
   h. The disposition of the patient after the surgical procedure;
7. The chronological log required in subsection (A)(6) is maintained in the surgical services area for a minimum of 12 months from the date of the surgical procedure and then maintained by the hospital for an additional 12 months;
8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;
10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 days before performing a surgical procedure on a patient;
12. Except in an emergency, a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;
13. Except in an emergency, the following are documented in a patient's medical record before a surgical procedure:
    a. A preoperative diagnosis;
    b. Each diagnostic test performed in the hospital;

c. A medical history and physical examination as required in subsection (A)(11) and an interval note as required in subsection (A)(12);
d. A consent or refusal for blood or blood products signed by the patient or the patient's representative, if applicable; and
e. Informed consent according to hospital policies and procedures; and

14. Within 24 hours after a surgical procedure is completed:
a. The surgeon performing the surgery documents the surgical technique, findings, and tissue removed or altered, if applicable; and
b. The individual performing the postoperative follow-up examination completes a postoperative follow-up report.

B. An administrator of a rural general hospital or a special hospital that provides surgical services shall comply with subsection (A).

Historical Note

Former Section R9-10-214 renumbered as R9-10-314 as an emergency effective February 22, 1979, new Section R9-10-214 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-215. Anesthesia Services

An administrator shall require that:

1. Anesthesia services provided in conjunction with surgical services performed in the operating room are provided as an organized service under the direction of a medical staff member;
2. Documentation is available in the surgical services area that specifies the medical staff member's clinical privileges to administer anesthesia;
3. Except in an emergency, an anesthesiologist or a nurse anesthetist performs a pre-anesthesia evaluation within 48 hours before anesthesia is administered in conjunction with surgical services;
4. Anesthesia administration is documented in a patient's medical record and includes:
a. A pre-anesthesia evaluation, if applicable;
b. An intra-operative anesthesia record;
c. The postoperative status of the patient upon leaving the operating room; and
d. Post-anesthesia documentation by the individual performing the post-anesthesia evaluation that includes the information required by the medical staff bylaws and medical staff regulations; and
5. A registered nurse or a physician documents resuscitative measures in the patient's medical record.

Historical Note

Former Section R9-10-215 renumbered as R9-10-315 as an emergency effective February 22, 1979, new Section R9-10-215 adopted effective February 23, 1979 (Supp. 79-1). Amended subsection (D) effective August 31, 1988 (Supp. 88-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-216. Emergency Services

A. An administrator of a general hospital or a rural general hospital shall require that:

1. Emergency services are provided 24 hours a day in a designated area of the hospital;
2. Emergency services are provided as an organized service under the direction of a medical staff member;
3. The scope and extent of emergency services offered are documented;
4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and procedures are implemented to minimize risk to the patient until the patient is transported or transferred to another hospital;
6. A roster of on-call medical staff members is available in the emergency services area;
7. There is a chronological log of emergency services that includes:
a. The patient's name;
b. The date, time, and mode of arrival; and
c. The disposition of the patient including discharge, transfer, or admission; and
8. The chronological log required in subsection (A)(7) is maintained:
a. In the emergency services area for a minimum of 12 months from the date of the emergency services; and
b. By the hospital for an additional four years.

B. An administrator of a special hospital that provides emergency services shall comply with subsection (A).

C. An administrator of a hospital that provides emergency services but does not provide perinatal organized services, shall require that emergency perinatal services are provided within the hospital's capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.

Historical Note

Adopted as an emergency effective April 2, 1976 (Supp. 76-2). Adopted effective August 25, 1977 (Supp. 77-4). Former Section R9-10-216 renumbered as R9-10-316 as an emergency effective February 22, 1979, new Section R9-10-216 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-217. Pharmaceutical Services

An administrator shall require that:

1. Pharmaceutical services are provided under the direction of a pharmacist according to A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and A.A.C. Title 4, Chapter 23;
2. A copy of the pharmacy license is provided to the Department for review upon the Department's request;
3. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by hospital policies and procedures is established to:
a. Develop a drug formulary;
b. Update the drug formulary at least every 12 months;
c. Develop medication usage and medication substitution policies and procedures; and
d. Specify which medication, medication categories, and biologicals are required to be automatically stopped after a specified time period unless the ordering medical staff member specifically orders otherwise;

4. An expired, mislabeled, or unusable medication or biological is disposed of according to hospital policies and procedures;
5. A medication administration error or an adverse reaction is reported to the ordering medical staff member or the medical staff member's designee;
6. A pharmacy medication dispensing error is reported to the pharmacist;
7. In a pharmacist's absence, personnel members designated by hospital policies and procedures have access to a locked area containing a medication or biological;
8. A medication or biological is maintained at temperatures recommended by the manufacturer;
9. A cart used for an emergency:
   a. Contains medication, supplies, and equipment as specified in hospital policies and procedures;
   b. Is available to a unit; and
   c. Is sealed until opened in an emergency;
10. Emergency cart contents and sealing of the emergency cart are verified and documented according to hospital policies and procedures;
11. There are hospital policies and procedures that specify individuals who may:
    a. Order medication and biologicals; and
    b. Administer medication and biologicals;
12. A medication or biological is administered in compliance with an order;
13. A medication or a biological administered to a patient is documented as required in R9-10-228;
14. If pain medication is administered to a patient, documentation in the patient's medical record includes:
    a. An assessment of the patient's pain before administering the medication; and
    b. The effect of the pain medication administered; and
15. Hospital policies and procedures specify a process for review through the quality management program of:
    a. A medication administration error;
    b. An adverse reaction to a medication; and
    c. A pharmacy medication dispensing error.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-218. Clinical Laboratory Services and Pathology Services

An administrator shall require that:

1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation or compliance in subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day within the hospital to meet the needs of a patient in an emergency;
4. A special hospital whose patients' diagnoses or treatment requires clinical laboratory services provides the services within the special hospital 24 hours a day;
5. A hospital that provides clinical laboratory services 24 hours a day has on duty or on call at all times laboratory personnel authorized by hospital policies and procedures to perform testing;
6. A hospital that offers surgical services shall provide pathology services within the hospital or by contract to meet the needs of a patient;
7. Clinical laboratory and pathology test results are:
   a. Available to the medical staff:
      i. Within 24 hours after the test is completed if the test is performed at a laboratory on the hospital premises; or
      ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the hospital premises; and
   b. Documented in a patient's medical record;
8. If a test result is obtained that indicates a patient may have an emergency medical condition, as defined by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient's assigned unit;
9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient's medical record;
10. There are hospital policies and procedures for:
    a. Procuring, storing, transfusing, and disposing of blood and blood products;
    b. Blood typing, antibody detection, and blood compatibility testing; and
    c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;
11. If blood and blood products are provided by contract, the contract includes:
    a. The availability of blood and blood products from the contractor; and
    b. The process for delivery of blood and blood products from the contractor; and
12. Expired laboratory supplies are discarded according to hospital policies and procedures.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-219. Radiology Services and Diagnostic Imaging Services

A. An administrator shall require that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and A.A.C. Title 12, Chapter 1;
2. A copy of a certificate documenting compliance with subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides radiology services 24 hours a day within the hospital to meet the emergency needs of a patient;
4. A general hospital or a rural general hospital has a radiologic technologist on duty or on call at all times; and
5. A special hospital whose patients' diagnoses or treatment requires radiology services and diagnostic imaging services is able to provide the services or has a documented plan to provide the services to meet the needs of a patient.

B. An administrator of a hospital that provides radiology services and diagnostic imaging services in the hospital shall require that:

1. Radiology services and diagnostic imaging services are provided:
   a. Under the direction of a medical staff member; and
   b. According to an order that includes:

i. The patient's name;
ii. The name of the ordering individual;
iii. The radiological or diagnostic imaging procedure ordered; and
iv. The reason for the procedure;

2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
3. A radiologist prepares a documented radiologic or diagnostic imaging patient report that includes:
   a. The patient's name;
   b. The date of the procedure;
   c. A radiologist's interpretation of the image;
   d. The type and amount of radiopharmaceutical used, if applicable; and
   e. The adverse reaction to the radiopharmaceutical, if any;
4. A radiologic or diagnostic imaging patient report is included in the patient's medical record; and
5. A radiologic or diagnostic image is maintained by the hospital for at least 12 months from the date of the imaging.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-220. Intensive Care Services

A. A general hospital or special hospital may provide intensive care services. A rural general hospital shall not provide intensive care services.

B. An administrator of a hospital that provides intensive care services shall require that:
1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
2. A patient admitted for intensive care services is personally visited by a physician at least once every 24 hours;
3. Admission and discharge criteria for intensive care services are established;
4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are defined and documented in hospital policies and procedures;
5. In addition to the requirements in R9-10-208(C), an intensive care unit is staffed:
   a. With a minimum of one registered nurse for every three patients; and
   b. According to an acuity plan as required in R9-10-208;
6. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
7. Private duty staff do not provide hospital services in an intensive care unit;
8. Nursing personnel assigned to an intensive care unit are qualified in advanced cardiopulmonary resuscitation specific to the age of the patients in the intensive care unit;
9. Resuscitation, emergency, and other equipment are available at all times to meet the needs of a patient including:
   a. Ventilatory assistance equipment;
   b. Respiratory and cardiac monitoring equipment;
   c. Suction equipment;
   d. Portable radiologic equipment; and
   e. A patient weighing device for patients restricted to a bed; and
10. An intensive care unit has at least one emergency cart that is maintained according to R9-10-217.

C. A special hospital providing only psychiatric services and licensed according to A.R.S. Title 36, Chapters 4 and 5, is not subject to the requirements in this Section.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-221. Respiratory Care Services

An administrator of a hospital that provides respiratory care services shall require that:
1. Respiratory care services are provided under the direction of a medical staff member;
2. Respiratory care services are provided according to an order that includes:
   a. The patient's name;
   b. The name and signature of the ordering individual;
   c. The type, frequency, and if applicable, duration of treatment;
   d. The type and dosage of medication and diluent; and
   e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a patient are documented in the patient's medical record and include:
   a. The date and time of administration;
   b. The type of respiratory care services;
   c. The effect of respiratory care services;
   d. The adverse reaction to respiratory care services, if any; and
   e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-218.

Historical Note

Former Section R9-10-221 renumbered as R9-10-317 as an emergency effective February 22, 1979, new Section R9-10-221 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-222. Perinatal Services

A. An administrator of a hospital that provides perinatal organized services shall require that:
1. Perinatal services are provided in a designated area under the direction of a medical staff member;
2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;
3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in hospital policies and procedures;
4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;
5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;
6. A chronological log of perinatal services is maintained that includes:
   a. The patient's name;
   b. The date, time, and mode of the patient's arrival;

c. The disposition of the patient including discharge, transfer, or admission time; and
d. The following information for a delivery of a neonate:
i. The neonate's name or other identifier;
ii. The name of the medical staff member who delivered the neonate;
iii. The delivery time and date; and
iv. Complications of delivery, if any;

7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for a minimum of 12 months from the date the perinatal services are provided and then maintained by the hospital for an additional 12 months;
8. The perinatal services unit provides fetal monitoring;
9. The perinatal services unit has ultrasound capability;
10. Except in an emergency, a neonate is identified as required by hospital policies and procedures before moving the neonate from a delivery area;
11. There are hospital policies and procedures that specify:
a. Security measures to prevent neonatal abduction, and
b. How the hospital determines to whom a neonate may be discharged;
12. A neonate is discharged only to an individual who is:
a. Authorized according to subsection (A)(11), and
b. Provides identification;
13. A neonate's medical record identifies the individual to whom the neonate is discharged;
14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in R9-10-211;
15. Intensive care services for neonates comply with the requirements in R9-10-220;
16. A minimum of one registered nurse is on duty at all times when there is a neonate in a nursery;
17. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and
18. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.

B. An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in R9-10-216(C).

Historical Note

Former Section R9-10-222 renumbered as R9-10-318 as an emergency effective February 22, 1979, new Section R9-10-222 adopted effective February 23, 1979 (Supp. 79-1). Correction, subsection (D)(3) reference to paragraph (E)(2) should read subsection (D)(2). (Supp. 79-6). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-223. Pediatric Services

A. An administrator of a hospital that provides pediatric organized services shall require that:
1. Pediatric services are provided in a designated area under the direction of a medical staff member;
2. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of a pediatric patient to stay overnight; and
3. There are hospital policies and procedures for:
a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
b. Visitation of a pediatric patient, including age limits, if applicable.

B. An administrator of a hospital that provides pediatric intensive care services shall require that the pediatric intensive care services comply with intensive care services requirements in R9-10-220.

C. An administrator of a hospital that does not provide pediatric organized services may admit a pediatric patient only in an emergency and shall require that:
1. The pediatric patient is not placed in a patient room with an adult patient; and
2. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of a pediatric patient to stay overnight.

Historical Note

Former Section R9-10-223 renumbered as R9-10-319 as an emergency effective February 22, 1979, new Section R9-10-223 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-224. Psychiatric Services

An administrator of a hospital that provides psychiatric organized services shall require that the hospital is in compliance with A.R.S. Title 36, Chapters 4 and 5, A.A.C. Title 9, Chapter 20, and this Chapter.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-225. Rehabilitation Services

An administrator shall require that:
1. If rehabilitation services are provided as an organized service, the rehabilitation services are provided under the direction of an individual qualified according to hospital policies and procedures;
2. Rehabilitation services are provided according to an order; and
3. The medical record of a patient receiving rehabilitation services includes:
a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis;
b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services;
c. The rehabilitation services provided;
d. The patient's response to the rehabilitation services; and
e. The authentication of the individual providing the rehabilitation services.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-226. Social Services

An administrator of a hospital that provides social services shall require that:
1. A social worker or a registered nurse designated by the administrator coordinates social services;
2. A medical staff member, nurse, patient, patient's representative or a member of the patient's family may request social services;

3. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;
4. The patient has privacy when communicating with a personnel member providing social services; and
5. Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-227. Dietary Services

An administrator shall require that:

1. Dietary services are provided according to A.A.C. Title 9, Chapter 8, Article 1;
2. A copy of the hospital's food establishment license under A.A.C. Title 9, Chapter 8, Article 1, is provided to the Department for review upon the Department's request;
3. For a hospital that contracts with a food establishment to prepare and deliver food to the hospital, a copy of the contracted food establishment's license under A.A.C. Title 9, Chapter 8, Article 1, is:
   a. Maintained on the hospital premises, and
   b. Provided to the Department for review upon the Department's request;
4. If a hospital contracts with a food establishment to prepare and deliver food to the hospital, the hospital is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
5. Dietary services are provided under the direction of an individual qualified to direct the provision of dietary services according to hospital policies and procedures;
6. There are personnel members on duty to meet the dietary needs of all patients;
7. Personnel members providing dietary services are qualified to provide dietary services according to hospital policies and procedures;
8. A nutrition assessment of a patient is:
   a. Performed according to hospital policies and procedures; and
   b. Communicated to the attending physician or the attending physician's designee if the nutrition assessment reveals a specific dietary need;
9. A medical staff member documents an order for a diet for each patient in the patient's medical record;
10. A current diet manual approved by a registered dietitian is available to personnel members and medical staff members; and
11. A patient's dietary needs are met 24 hours a day.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-228. Medical Records

A. An administrator shall require that:

1. A medical record is established and maintained for each patient;
2. An entry in a medical record is:
   a. Recorded only by a personnel member authorized by hospital 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 medical record and includes the time of the order if required by medical staff bylaws;
   b. Authenticated by a medical staff member or the organized medical staff according to medical staff bylaws or hospital policies and procedures; and
   c. Authenticated by the individual entering the order in the medical record if the order is an oral or telephone order;
4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
5. A medical record is available to personnel members and medical staff members authorized by hospital policies and procedures to access the medical record;
6. Information in a medical record is disclosed to an individual not authorized under subsection (5) only with the written consent of a patient or the patient's representative or as permitted by law;
7. A medical record is maintained under the direction of an individual:
   a. Who is qualified to maintain the medical record according to hospital policies and procedures, or
   b. Who consults with an individual qualified according to hospital policies and procedures;
8. There are hospital policies and procedures that include:
   a. The length of time a medical record is maintained on the hospital premises; and
   b. The maximum time-frame to retrieve an onsite or off-site medical record at the request of a medical staff member or authorized personnel member;
9. A medical record of a patient is provided to the Department:
   a. As soon as possible but not more than four hours from the time of the Department's request if the patient was discharged within 12 months from the date of the Department's request, or
   b. Within 24 hours from the time of the Department's request if the patient was discharged more than 12 months from the date of the Department's request;
10. A medical record is:
   a. Protected from loss, damage, or unauthorized use; and
   b. According to A.R.S. § 12-2297, maintained for seven years from the date of patient discharge unless the patient is less than 18 years of age, in which case the record is maintained for three years after the patient's 18th birthday or at least seven years after the last date the child received hospital services, whichever date occurs last;
11. Vital records and vital statistics are maintained for at least 10 years according to A.R.S. § 36-343; and
12. If a hospital discontinues hospital services, the Department is notified in writing, not less than 30 days before hospital services are discontinued, of the location where the medical records are stored.

B. If a hospital maintains medical records electronically, an administrator shall require that:

1. There are safeguards to prevent unauthorized access; and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

C. An administrator shall require that a hospital's medical record for an inpatient contains:

1. Patient information that includes:

a. The patient's name;
b. The patient's address;
c. The patient's date of birth;
d. A designated patient representative, if applicable; and
e. Any known allergy including medication or biological allergies or sensitivities;

2. Medication information that includes:
a. The patient's weight;
b. A medication or biological ordered for the patient; and
c. A medication or biological administered to the patient including:
i. The date and time of administration;
ii. The name, strength, dosage, amount, and route of administration;
iii. The identification and authentication of the individual administering the medication or biological; and
iv. Any adverse reaction the patient has to the medication or biological;

3. Documented informed consent for treatment by the patient or the patient's representative except in an emergency;
4. A medical history and results of a physical examination or an interval note;
5. If the patient provides a health care directive, the health care directive signed by the patient;
6. An admitting diagnosis;
7. Names of the admitting medical staff member and attending physician;
8. All orders;
9. All care plans;
10. A record of hospital services provided to the patient;
11. Notes by medical staff members, nursing or other personnel members;
12. Disposition of the patient after discharge;
13. Discharge instructions required in R9-10-211(B)(3);
14. A discharge summary; and
15. If applicable:
a. A laboratory report required in R9-10-218;
b. A radiologic report required in R9-10-219;
c. A diagnostic report;
d. Documentation of restraint; and
e. A consultation report;

D. An administrator shall require that a hospital's medical record for an outpatient contains:
1. Patient information that includes:
a. The patient's name;
b. The patient's address;
c. The patient's date of birth;
d. A designated patient representative, if applicable; and
e. If necessary for treatment, any known allergy including medication or biological allergies or sensitivities;

2. If necessary for treatment, medication information that includes:
a. The patient's weight;
b. A medication or biological ordered for the patient; and
c. A medication or biological administered to the patient including:
i. The date and time of administration;
ii. The name, strength, dosage, amount, and route of administration;
iii. The identification and authentication of the individual administering the medication or biological; and
iv. Any adverse reaction the patient has to the medication or biological;

3. Documented informed consent by the patient or the patient's representative, except in an emergency;
4. A diagnosis or reason for outpatient medical services;
5. All orders;
6. A record of hospital services provided to the patient; and
7. If applicable:
a. A laboratory report required in R9-10-218;
b. A radiologic report required in R9-10-219;
c. A diagnostic report;
d. Documentation of restraint; and
e. A consultation report;

E. In addition to the requirements in subsection (D), an administrator shall require that the hospital's record of emergency services provided to a patient contains:
1. A record of treatment the patient received before arrival at the hospital, if available;
2. The patient's medical history;
3. An assessment, including the name of the individual performing the assessment;
4. The patient's chief complaint;
5. The name of the individual who treated the patient in the emergency room, if applicable; and
6. The disposition of the patient after discharge.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-229. Infection Control

A. An administrator shall require that:
1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to hospital policies and procedures;
2. There are hospital policies and procedures:
a. To prevent or minimize, identify, report, and investigate infections and communicable diseases that include:
i. Isolating a patient;
ii. Sterilizing equipment and supplies;
iii. Maintaining and storing sterile equipment and supplies;
iv. Disposing of biohazardous medical waste; and
v. Transporting and processing soiled linens and clothing;
b. That specify communicable diseases, medical conditions, or criteria that prevent an individual, a personnel member, or a medical staff member from:
i. Working in the hospital,
ii. Providing patient care, or
iii. Providing environmental services;
c. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious pulmonary tuberculosis based on:
i. The level of risk in the area of the hospital premises where the medical staff member practices, and
ii. The work that the medical staff member performs; and

d. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;
3. An infection control program includes an infection control risk assessment that is reviewed and updated at least every 12 months;
4. A tuberculosis screening is performed as follows:
a. For a personnel member, at least once every 12 months or more frequently if determined by an infection control risk assessment;
b. Except as required in subsection (A)(4)(c), for a medical staff member, at least once every 24 months; and
c. For a medical staff member at an increased risk of exposure based on the criteria in subsection (A)(2)(c), at the frequency required by the hospital's policies and procedures, but no less frequently than every 24 months;
5. Soiled linen and clothing are:
a. Collected in a manner to minimize or prevent contamination,
b. Bagged at the site of use, and
c. Maintained separate from clean linen and clothing;
6. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material;
7. An infection control program has a procedure for documenting:
a. The collection and analysis of infection control data;
b. The actions taken relating to infections and communicable diseases; and
c. Reports of communicable diseases to the governing authority and state and county health departments;
8. Infection control documents are maintained in the hospital for two years and are provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request;
9. An infection control committee is established according to hospital policies and procedures that consists of:
a. At least one medical staff member;
b. The individual directing the infection control program; and
c. Other personnel identified in hospital policies and procedures; and
10. The infection control committee:
a. Develops a plan for preventing, tracking, and controlling infections;
b. Reviews the type and frequency of infections and develops recommendations for improvement;
c. Meets and provides a quarterly written report for inclusion by the quality management program; and
d. Maintains a record of actions taken and minutes of meetings.

B. An administrator shall comply with communicable disease reporting requirements in A.A.C. Title 9, Chapter 6.

Historical Note
Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-230. Environmental Services
An administrator shall require that:
1. An individual providing environmental services who has the potential to transmit pulmonary tuberculosis to patients as determined by the infection control risk assessment shall comply with the requirements in R9-10-206(3);
2. The hospital premises and equipment are:
a. Cleaned according to policies and procedures designed to prevent or control illness or infection; and
b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program is used to control insects and rodents;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to A.A.C. Title 18, Chapter 13, Article 14 and hospital policies and procedures;
6. Equipment used to provide hospital services is:
a. Maintained in working order;
b. Tested and calibrated according to the manufacturer's recommendations or if there are no manufacturer's recommendations, as specified in hospital policies and procedures; and
c. Used according to the manufacturer's recommendations;
7. Documentation of equipment testing, calibration, and repair is maintained on the hospital premises for one year from the date of the testing, calibration, or repair and provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.

Historical Note
Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-231. Disaster Management
An administrator shall require that:
1. A disaster plan is developed and documented that includes:
a. Procedures for protecting the health and safety of patients and other individuals;
b. Assigned personnel responsibilities; and
c. Instructions for the evacuation, transport, or transfer of patients, maintenance of medical records, and arrangements to provide any other hospital services to meet the patients' needs;
2. A plan exists for back-up power and water supply;
3. A fire drill is performed on each shift at least once every three months;
4. A disaster drill is performed on each shift at least once every 12 months;
5. Documentation of a fire drill required in subsection (3) and a disaster drill required in subsection (4) includes:
a. The date and time of the drill;
b. A critique of the drill; and
c. Recommendations for improvement, if applicable; and
6. Documentation of a fire drill or a disaster drill is maintained by the hospital for 12 months from the date of the drill and provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.

Historical Note
Former Section R9-10-231 renumbered as R9-10-320 as an emergency effective February 22, 1979, new Section R9-10-231 adopted effective February 23, 1979 (Supp.

79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-232. Physical Plant Standards

A. An administrator shall require that:
1. A hospital complies with the physical plant health and safety codes and standards that are incorporated by reference in A.A.C. R9-1-412 at the time the hospital is licensed;
2. Architectural plans and specifications for construction, modification, or change in licensed capacity or inpatient beds are submitted to the Department for approval;
3. Construction, a modification, or a change in inpatient beds complies with the requirements of this Article and the physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 at the time the construction, modification, or change in licensed capacity or inpatient beds is approved by the Department;
4. The licensed hospital premises or any part of the licensed hospital premises is not leased to or used by another person;
5. A unit with inpatient beds is not used as a passageway to another health care institution; and
6. Hospital premises are not licensed as more than one health care institution except as provided in A.R.S. Title 36, Chapters 4 and 5, and 9 A.A.C. 20.

B. An administrator shall provide to the Department for review as soon as possible but not more than four hours from the time of the Department's request, documentation of a current fire inspection conducted by a local jurisdiction.

Historical Note

Former Section R9-10-232 renumbered as R9-10-321 as an emergency effective February 22, 1979, new Section R9-10-232 adopted effective February 23, 1979 (Supp. 79-1). Section amended by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-233. Effective Date

The effective date of this Article is October 1, 2002.

Historical Note

Former Section R9-10-233 renumbered as R9-10-322 as an emergency effective February 22, 1979, new Section R9-10-233 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

ARTICLE 3. REPEALED

Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-301. Reserved

R9-10-302. Reserved

R9-10-303. Reserved

R9-10-304. Reserved

R9-10-305. Reserved

R9-10-306. Reserved

R9-10-307. Reserved

R9-10-308. Reserved

R9-10-309. Reserved

R9-10-310. Repealed

Historical Note

Adopted as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 4, 1979 (Supp. 79-3). Amended effective January 28, 1980 (Supp. 80-1). Repealed effective February 4, 1981 (Supp. 81-1).

R9-10-311. Repealed

Historical Note

Section R9-10-311, formerly numbered as R9-10-211, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-311 repealed, new Section R9-10-311 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-312. Repealed

Historical Note

Section R9-10-312, formerly numbered as R9-10-212, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-312 repealed, new Section R9-10-312 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-313. Repealed

Historical Note

Section R9-10-313, formerly numbered as R9-10-213, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-313 repealed, new Section R9-10-313 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-314. Repealed

Historical Note

Section R9-10-314, formerly numbered as R9-10-214, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-314 repealed, new Section R9-10-314 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-315. Repealed

Historical Note

Section R9-10-315, formerly numbered as R9-10-215, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-315 repealed, new Section R9-10-315 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-316. Repealed

Historical Note
Section R9-10-316, formerly numbered as R9-10-216, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-316 repealed, new Section R9-10-316 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-317. Repealed

Historical Note
Section R9-10-317, formerly numbered as R9-10-221, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-317 repealed, new Section R9-10-317 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-318. Repealed

Historical Note
Section R9-10-318, formerly numbered as R9-10-222, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-318 repealed, new Section R9-10-318 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-319. Repealed

Historical Note
Section R9-10-319, formerly numbered as R9-10-223, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-319 repealed, new Section R9-10-319 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-320. Repealed

Historical Note
Section R9-10-320, formerly numbered as R9-10-231, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-320 repealed, new Section R9-10-320 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-321. Repealed

Historical Note
Section R9-10-321, formerly numbered as R9-10-232, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-321 repealed, new Section R9-10-321 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-322. Repealed

Historical Note
Section R9-10-322, formerly numbered as R9-10-233, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-322 repealed, new Section R9-10-322 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-323. Repealed

Historical Note
Section R9-10-323, formerly numbered as R9-10-234, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-323 repealed, new Section R9-10-323 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-324. Repealed

Historical Note
Section R9-10-324, formerly numbered as R9-10-235, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-324 repealed, new Section R9-10-324 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-325. Repealed

Historical Note
Section R9-10-325, formerly numbered as R9-10-236, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-325 repealed, new Section R9-10-325 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-326. Repealed

Historical Note
Section R9-10-326, formerly numbered as R9-10-237, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-326 repealed, new Section R9-10-326 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-327. Repealed

Historical Note
Section R9-10-327, formerly numbered as R9-10-241, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-327 repealed, new Section R9-10-327 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-328. Repealed

Historical Note
Section R9-10-328, formerly numbered as R9-10-242, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-328 repealed, new Section R9-10-328 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-329. Repealed

Historical Note
Section R9-10-329, formerly numbered as R9-10-243, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-329 repealed, new Section R9-10-329 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-330. Repealed

Historical Note
Section R9-10-330, formerly numbered as R9-10-244, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-330 repealed, new Section R9-10-330 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-331. Repealed

Historical Note
Section R9-10-331, formerly numbered as R9-10-245, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-331 repealed, new Section R9-10-331 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-332. Repealed

Historical Note
Section R9-10-332, formerly numbered as R9-10-246, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-332 repealed, new Section R9-10-332 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-333. Repealed

Historical Note
Section R9-10-333, formerly numbered as R9-10-247, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-333 repealed, new Section R9-10-333 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-334. Repealed

Historical Note
Section R9-10-334, formerly numbered as R9-10-249, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

R9-10-335. Repealed

Historical Note
Section R9-10-335, formerly numbered as R9-10-250, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

ARTICLE 4. REPEALED

Article 4, consisting of Sections R9-10-411 through R9-10-438, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-401. Reserved

R9-10-402. Reserved

R9-10-403. Reserved

R9-10-404. Reserved

R9-10-405. Reserved

R9-10-406. Reserved

R9-10-407. Reserved

R9-10-408. Reserved

R9-10-409. Reserved

R9-10-410. Reserved

R9-10-411. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-412. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-413. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-414. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-415. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section

repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-416. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-417. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-418. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-419. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-420. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-421. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-422. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-423. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-424. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-425. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-426. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-427. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-428. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-429. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-430. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-431. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-432. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-433. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-434. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-435. Repealed

Historical Note
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R9-10-436. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-437. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-438. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-439. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Repealed effective October 30, 1989 (Supp. 89-4).

ARTICLE 5. ADULT DAY HEALTH CARE FACILITIES

R9-10-501. Definitions

In this Article, unless the context otherwise requires:

1. "Abuse" means the same as defined in A.R.S. § 46-451(A)(1).
2. "Activities of daily living" means ambulating, bathing, toileting, shaving, brushing teeth, combing hair, dressing, and eating.
3. "Advance directives" means a living will, prehospital medical care directive, or a health care power of attorney.
4. "Caregiver" means an adult who provides functionally impaired adults with supervision and assistance in the preparation of meals, housework, and personal grooming.
5. "Care Plan" means a written program of action for each participant's care based upon an assessment of that person's physical, nutritional, psychosocial, economic, environmental strengths and needs and implemented pursuant to established short- and long-term goals.
6. "Communicable disease" means the same as defined in A.R.S. § 36-661(4).
7. "Licensed nurse" means a nurse licensed pursuant to A.R.S. Title 32, Chapter 15.
8. "Medical provider" means a physician licensed pursuant to A.R.S. Title 32, Chapters 13 and 17, a physician's assistant licensed pursuant to A.R.S. Title 32, Chapter 25, or a nurse practitioner licensed pursuant to A.R.S. Title 32, Chapter 15.
9. "Medication" means a drug, prescription or nonprescription, administered to or self-administered by a participant to maintain health or to prevent or treat an illness or disease.
10. "Participant" means a person enrolled in an adult day health care facility.
11. "Participant's representative" means a person acting on behalf of a participant, under the written consent of the participant or the participant's legal guardian.
12. "Personal living skills training" means teaching a participant techniques in order to maintain or improve the participant's independence in performing activities of daily living.
13. "Personnel" means all staff, including employees and volunteers, who perform services for an adult day health care facility and have direct or indirect contact with the participants at the facility.
14. "Physical restraint" means confinement in a locked room or the use of any article, device, or garment which interferes with freedom of movement that cannot be easily removed by the participant and is used to control the participant's mobility.
15. "Significant change in condition" means a life-threatening or clinical complication.
16. "Volunteer" means a person who provides services at an adult day health care facility without compensation.

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2).

R9-10-502. Administration

A. The governing authority shall consist of one or more persons responsible for organizing and managing the facility, establishing policies and procedures, establishing facility rules, and ensuring compliance with state laws, rules, and local ordinances.

B. The governing authority shall appoint an administrator who shall have the authority and responsibility to operate the facility. The Administrator shall:
1. Be 21 years of age or older;
2. Remain on the premises, or ensure that a designee is present, whenever participants are present in the facility; and
3. Designate, in writing, a staff person who is 21 years of age or older to act as administrator when the administrator is absent.

C. The administrator shall be responsible for:
1. Managing adult day health services;
2. Staffing and conducting employee orientation;
3. In-service training;
4. Recordkeeping;
5. Supervising and evaluating staff performance;
6. Ensuring that participants receive services which are offered by the facility and specified in the participants' care plan;
7. Ensuring that a monthly calendar of planned activities is posted and that materials, supplies, and equipment are provided for the activities which are clean, safe, and in working condition;
8. Assisting in the formation of a participants' council pursuant to R9-10-506 and maintaining communication with the council;
9. Ensuring that facility rules are followed and assisting participants in exercising their rights pursuant to R9-10-505;
10. Ensuring that all participants in the facility annually provide the same type of evidence of being free from pulmonary tuberculosis as required of personnel in R9-10-503(A); and
11. Maintaining the following documents and references in the facility;
    a. Operating licenses and permits,
    b. Schedules of rates and charges,
    c. Policies and procedures,

d. Monthly activity calendars for the preceding 90 days,
e. Menus for the preceding 60 days,
f. Incident reports,
g. Current fire and sanitation reports,
h. Records of fire and disaster drills,
i. Orientation and in-service program records,
j. Personnel records, and
k. Participant records.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2).

R9-10-503. Personnel

A. Personnel, prior to being employed and annually thereafter, shall submit one of the following as evidence of freedom from pulmonary tuberculosis:
1. A report of a negative Mantoux skin test taken within six months of submitting the report; or
2. A written statement from a medical provider stating that, upon an evaluation of a positive Mantoux skin test taken within six months of submitting the medical provider's statement or a history of a positive Mantoux skin test, the individual was found to be free from tuberculosis.

B. All personnel shall meet the following requirements:
1. Be 18 years of age or older.
2. Not be a participant of the facility as defined in R9-10-501(10).
3. Within the first week of employment, attend orientation that includes:
   a. Policies and procedures, including personnel procedures;
   b. Participant rights and facility rules;
   c. Protection of participant privacy and confidentiality;
   d. Basic infection control techniques, including hand washing and prevention of communicable diseases; and
   e. Fire, safety, and emergency procedures.
4. Attend 10 hours of in-service training per year which may include time spent in orientation.

C. Personnel providing direct care to participants shall attend four or more hours of orientation, in addition to complying with subsection (B)(3), before providing care to participants. The orientation shall include:
1. Communication skills,
2. Assistance with the activities of daily living,
3. Personal living skills training, and
4. Special needs of the elderly and functionally impaired.

D. The administrator shall maintain personnel records which include:
1. Application for employment,
2. Verification of training and certification,
3. Initial proof of freedom from tuberculosis and annual verification statement thereafter, and
4. Orientation and in-service training records that include:
   a. Class content,
   b. Instructor's name, and
   c. Signatures and job titles of those who attend.

Historical Note

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R9-10-504. Staffing

A. The administrator shall ensure that staffing provides:
1. Adult day health services,
2. Nutritional services,
3. Activities program,
4. Social services,
5. Housekeeping services, and
6. Safety program.

B. The administrator shall ensure that two staff members are on duty at all times when two or more participants are in the facility. One staff member, certified in cardiopulmonary resuscitation and first-aid training, shall be on duty at all times.

C. A registered nurse shall supervise health care needs of participants.

D. A licensed nurse shall be on duty daily to perform the following functions:
1. Administer medications and treatments,
2. Monitor participant's health status, and
3. Conduct initial health assessments.

E. Each facility which is operated by a nursing care institution shall not share staff with the nursing care institution during the course of a day.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 198, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2).

R9-10-505. Participant Rights

A. The administrator shall establish and implement a written policy regarding participant rights and facility rules.

B. The administrator shall give each participant or participant's representative a list of participant rights and a copy of facility rules at the time of enrollment. The receipt of the documents shall be acknowledged in writing.

C. The administrator shall post the participant rights and facility rules in a conspicuous area.

D. The administrator and staff shall ensure that language barriers or physical handicaps do not prevent each participant or participant's representative from becoming aware of participant rights.

E. A participant shall have the following rights:
1. To be treated with consideration, respect, and full recognition of the dignity and individuality of each participant;
2. To be free from the following:
   a. Medical, psychological, physical, and chemical abuse;
   b. Physical restraints; and
   c. Use of psychoactive drugs administered for the purposes of discipline or convenience and not required to treat the participant's medical symptoms;
3. To refuse treatment or withdraw consent for treatment;
4. To participate in the development of and receive the services specified in the care plan.
5. To have medical and financial records kept in confidence. The release of such records shall be by written consent of the participant or participant's representative, except as otherwise required or permitted by law;
6. To inspect the participant's own records at a time agreed upon by the participant and the facility;
7. To be informed of the following:
   a. Rates and charges for the use of the facilities, and
   b. The process for contacting the local office of adult protective services;
8. To communicate, associate, and meet privately with persons of the participant's choice;
9. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the facility;
10. To arrive and depart from the facility freely, consistent with the participant's care plan and personal safety; and
11. To exercise other civil rights and religious liberties, including the right to make personal decisions and to submit grievances without retaliation.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2).

R9-10-506. Participants' Council

A. The participants' council shall:
1. Be composed of participants who are willing to serve on the council and take part in scheduled meetings,
2. Develop guidelines that govern the council's activities,
3. Meet quarterly and record minutes of the meeting, and
4. Provide written input to the facility staff on planned activities and facility policies.

B. The participants' council may invite facility staff or the administrator to attend their meetings.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2).

R9-10-507. Enrollment

A. Prior to enrollment, and annually thereafter, the administrator shall ensure that each participant provides to the facility the same type of evidence of being free from pulmonary tuberculosis as required of personnel in R9-10-503(A).

B. The administrator shall enroll a participant in the facility upon written agreement between the participant or the participant's representative and the facility. The agreement shall include:
1. Enrollment requirements,
2. Statement of the customary services that the facility provides,
3. Statement of services that are available at an additional cost.
4. Statement of all fees and charges,
5. Procedures for termination of an enrollment agreement,
6. Copy of participant rights and facility rules,
7. Persons to be notified in the event of an emergency, and
8. Copy of facility procedure on advanced directives.

C. The administrator shall give one copy of the enrollment agreement to the participant or participant's representative and keep the original in the participant's record.

D. The administrator shall ensure that each participant enrolled in the facility shall have a signed written medical assessment completed by the participant's medical provider within 60 days prior to enrollment. The assessment shall include:
1. Information that addresses the participant's health and mental status and cognitive impairments;
2. Physical, mental, and emotional problems including medications, treatments, special dietary needs, and allergies; and
3. Evidence of freedom from communicable diseases.

E. At the time of enrollment, the participant or participant's representative, in consultation with the administrator, shall determine if the participant is capable of signing in and out of the facility. This determination shall be documented in the participant's record.

F. The administrator shall ensure that a comprehensive written assessment of the participant is completed by the participant's 10th visit or within 30 calendar days of enrollment, whichever comes first. The assessment shall include the participant's:
1. Physical health,
2. Mental and emotional status,
3. Social history,
4. Medical provider orders,
5. Adult day health services to be provided, and
6. Emergency information that includes the following:
   a. Name and telephone number of participant's medical provider;
   b. Hospital choice;

c. Participant's representative, family member, or care giver; and
d. Any advance directives.

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2).

R9-10-508. Discharge

A. The administrator may terminate an enrollment agreement after giving the participant or participant's representative a five-day written notice for any of the following reasons:
1. Evidence of repeated failure to abide by the facility's rules,
2. Documented proof of failure to pay,
3. Behavior which is dangerous to self or which interferes with the physical or psychological well-being of other residents, or
4. Participant's service requirements exceed those services for which the facility is licensed to provide.

B. The administrator shall ensure that a discharge plan is included in the care plan when the discharge is anticipated and shall include recommendations for continuing care and referrals to community service agencies.

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2).

R9-10-509. Adult Day Health Services

A. The staff shall be responsible for the supervision of the participants except for the periods of the day the participant signs out or is signed out according to the facility's policies and procedures.

B. Staff shall provide assistance with activities of daily living and supervision of personal hygiene in accordance with the participant's care plan. Where bathing is required in the care plan, only trained staff shall provide the assistance in bathing.

C. Staff shall provide planned therapeutic individual and group activities in accordance with the participant's care plan. The activities shall include:
1. Physical activities,
2. Group discussion,
3. Personal living skills training,
4. Reality orientation,
5. Activity daily living skills,
6. Participants' council meetings, and
7. Leisure time.

D. The administrator shall ensure that each participant's health status is monitored by a licensed nurse as follows:
1. Observe changes in a participant's mental and physical condition, including monthly monitoring of participant's vital signs and nutritional status;
2. Document changes in the participant's record; and
3. Report changes to each participant's medical provider or representative.

E. The administrator shall ensure that medications are ordered, administered, stored, and destroyed as follows:
1. The participant's medical provider shall order, in writing, all medications and treatments. The orders shall include the name of the medication or treatment, method of administration, dosage, and frequency.
2. A licensed nurse, medical provider, or an individual as provided by law shall administer medications which cannot be self-administered.
3. A licensed nurse, family member, or an individual as provided by law may prepare patient medication organizers one month in advance for self-administration by participants.
4. Staff may remind and supervise a participant who is functionally capable in the self-administration of medication according to the order of the medical provider and instruction of the pharmacist as indicated on the label of the individual container of medication. Supervision may include:
   a. Opening a bottle cap for a participant,
   b. Reading the medication label to the participant,
   c. Checking the self-administration dosage against the label of the container and reassuring the participant that the dosage is correct, and
   d. Observing the participant while the medication is taken.
5. Medications shall be stored as follows:
   a. A locked, secured area shall be provided which may be used for storage of medicines and solutions. This area shall be locked when not in use.
   b. All medications, with the exception of patient medication organizers, shall be stored in their original labeled containers.
   c. Medications requiring refrigeration shall be kept in a separate locked container within the refrigerator.
   d. Medications for external use shall be stored separately from medications for internal use.
6. All expired or discontinued medications, including those of deceased participants, shall be disposed of according to the facility's policies and procedures.
7. An updated drug reference source shall be available for use by staff.

F. The administrator shall ensure that injuries from an accident or incident that affect the participant's health status are reported, investigated, and documented as follows:
1. Participant's medical provider and representative shall be notified immediately of the injuries.
2. Injuries shall be reported to Adult Protective Services pursuant to A.R.S. § 46-454, when applicable.
3. A written accident or incident report shall be prepared on the day of occurrence or when any injury of unknown origin is detected. The report shall include:
   a. Name of the participant,
   b. Date and time of the accident or incident,

c. Type of accident or incident,
d. Injury sustained,
e. Names of witnesses, and
f. Action taken by the facility.

4. The accident or incident shall be investigated within 24 hours and any corrective action documented on the report form which shall be retained by the facility for one year.

G. The administrator shall designate a food service supervisor who shall be responsible for nutrition services that provide for the following:

1. The menu pattern for each meal shall consist of:
   a. Two servings of whole grain or enriched cereals and bread. A serving size is one slice of bread, 1/2 to 1 cup of cereal or 1/2 cup enriched grain products.
   b. One serving of vegetables. A serving size is 1/2 (4 ounces) to 1 cup (8 ounces) of all juices and vegetables.
   c. One serving of fruits. A serving size is 1/2 (4 ounces) to 1 cup (8 ounces) of all juices and fruits.
   d. One serving of milk, yogurt, or cheese. A serving size is 1 cup of milk or yogurt, 1 1/2 ounces of cheese, or 3/4 cup (6 ounces) of cottage cheese. Cheese is considered both a dairy product and a protein and can be counted as one or the other but not both.
   e. One serving of protein: meat, fish, poultry, cheese, egg, peanut butter, peas, beans, lentils, or equivalent. One serving size is 2 to 3 ounces of lean meat without bone, 1 cup dry beans or legumes, 4 tablespoons or peanut butter, or two eggs.
2. Two snacks a day shall be offered to participants. Snacks shall consist of a serving of each of two of the food groups listed in subsection (E)(1).
3. Meals, including therapeutic meals, shall be served in accordance with preplanned menus that are prepared one week in advance and posted in an area accessible to participants.
4. Substitutes of equal nutritional value and complementary to the remainder of the meal may be made as long as substitutes are recorded on the menus.
5. If a participant requires a therapeutic diet, the administrator shall ensure that the diet shall be prescribed in writing by the participant's medical provider.
6. An updated therapeutic diet reference manual shall be available for use by staff, if the facility provides therapeutic diets.
7. Self-help devices that include plate guards, rocking forks, and assistive hand devices shall be available to participants who need them.
8. Onsite or catered food preparation, storage, and handling shall comply with applicable food and drink regulations of 9 A.A.C. 8, Article 1.

H. The administrator shall ensure that social services as specified in the participant's care plan are provided to each participant. The services shall include the following:

1. Counseling of an individual or group basis according to the needs of the participant and the person's family, and
2. Referral to therapeutic counseling services, if such services are not available at the facility.

Historical Note

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R9-10-510. Care Plan

A. An interdisciplinary team shall develop a care plan within seven days after the completion of the comprehensive assessment prepared in accordance with R9-10-507(F). The team shall be comprised of:

1. The participant or participant's representative,
2. Representatives of staff, and
3. Service providers.

B. The interdisciplinary team shall base the care plan on the participant's comprehensive assessment. The care plan shall include:

1. Medical or health problems, including physical, mental, and emotional disabilities or impairments;
2. Adult day health services to be provided;
3. Goals and objectives of care that are time limited and measurable;
4. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers;
5. Any advance directives; and
6. Discharge plan pursuant to R9-10-508(B).

C. The interdisciplinary team shall review and update a participant's care plan every six months or earlier when there is a significant change in the participant's condition.

Historical Note

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R9-10-511. Participant Records

A. The administrator shall ensure that up-to-date participant records are available to the participant or participant's representative upon 48 hours' written notice to the facility, excluding weekends and holidays.

B. Records for each participant shall include the following:

1. Full name, date of birth, social security number, and address;
2. Names, addresses, telephone numbers of participant's representative, medical provider, and other medical and nonmedical providers involved in the care of the participant;
3. Enrollment agreement;
4. Emergency information;
5. Written acknowledgment of the receipt of copies of participant rights and facility rules;
6. Signed medical provider's assessment;
7. Medical provider's orders;

8. Evidence of freedom from tuberculosis;
9. Comprehensive assessment;
10. Records of medical care and medications provided by the facility;
11. Vital signs and nutritional status;
12. Care plan;
13. Documentation of any significant changes in participant behavior or condition, including injuries and accidents, and notification of the participant's medical provider and participant's representative;
14. Signed authorization if medical information is released;
15. Determination of participant's capability of signing in or out of the facility; and
16. Discharge date, if applicable.

C. Records shall be legibly recorded in ink. Each entry shall be dated and signed. Records shall be protected at all times from possible loss, damage, or unauthorized use.

D. Records shall be retained for three years.

E. If the facility ceases operation, copies of records shall be available upon the request of the participant or participant's representative for three years from the date of closure.

Historical Note

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R9-10-512. Physical Plant Requirements

A. Existing facilities licensed prior to the adoption of these rules shall conform to the requirements of A.A.C. R9-1-412(B), Life Safety Code, Chapter 11, "Existing Educational Occupancies."

B. Facilities licensed after the effective date of these rules shall conform to the requirements applicable to educational occupancies in the codes adopted by reference in A.A.C. R9-1-412, excluding A.A.C. R9-1-412(B), Life Safety Code, Chapter 11, "Existing Educational Occupancies."

C. The facility shall have space to accommodate adult day health services including:
1. Individual and group activities;
2. Special therapies, if provided;
3. Storage areas for program and operating supplies; and
4. A quiet rest area for participants.

D. If the facility is operated by a nursing care institution, the facility shall be physically and functionally separate from the nursing care institution.

E. If any portion of a building is used for purposes other than adult day health care, that portion of the building which participants regularly occupy shall be used only for adult day health care purposes during operational hours.

F. There shall be 40 square feet or more of indoor activity space for each participant. Floor space of bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for staff use shall be excluded when computing the minimum activity space.

G. An outside activity space shall be provided which:
1. Is accessible to the building without crossing thorough fares,
2. Is free from hazards,
3. Has a hard-surfaced section for wheelchairs, and
4. Has an available shaded area.

H. The facility temperature shall be maintained at a range from 68° to 82° F.

I. All stairs used by participants shall:
1. Be edge-marked with high contrast color,
2. Be slip resistant, and
3. Have a tactile warning at the top of the stair run.

J. Each facility shall have bathrooms with one toilet and a sink for each 10 participants. Bathrooms shall also have toilet and bathroom fixtures, towel bars, towel and soap dispensers, and mirrors accessible and usable for all participants.

K. If bathing facilities are provided, all tub and shower floors shall have slip-resistant surfaces.

L. Dining areas shall be furnished with dining tables and chairs and large enough to accommodate all participants.

M. There shall be a physical separation of dining facilities from food preparation areas.

N. There shall be food preparation, storage, and handling areas in facilities serving food. These areas shall not be used as a passageway by participants.

O. All flooring shall be slip-resistant.

P. All swimming pools shall, unless otherwise required in A.R.S. § 36-1681:
1. Be enclosed by a five-foot solid wall or a five-foot fence with openings not exceeding six inches, and
2. Have one or more self-closing and self-latching gates which shall be locked when the pool is not in use.

Q. Swimming pools which are used by participants shall:
1. Conform to the minimum requirements for semipublic pools as set forth in state and local rules for design, construction, and operation of public and semipublic swimming pools;
2. Have posted pool safety rules; and
3. Be supervised when in use.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2).

R9-10-513. Environmental Standards

A. The facility shall be maintained free from offensive odors, hazards, insects, rodents, and accumulations of dirt, garbage, and other refuse.

B. Combustible liquids, hazardous materials, and house and garden insecticides shall be safely stored in their original labeled containers, outside of the facility, in a locked area inaccessible to participants.

C. All windows and doors opening to the outside shall be screened if they are kept open at any time for ventilation or other purposes.

D. The use of a common drinking utensil is prohibited. When paper cups are used, clean single-use cups are required.
E. If laundry facilities are provided on the premises, soiled and clean laundry areas shall be separately maintained.
F. There shall be no pets allowed in treatment, food storage, food preparation, and dining areas.

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2).

R9-10-514. Safety Standards

A. The administrator shall develop a written plan of operation with procedures to be followed in the event of fire, disaster, or threat to participant's safety. The plan shall include:
1. Telephone numbers for contacting local emergency medical, fire, and other service agencies;
2. The route to be used when evacuating participants; and
3. Designation of the specific places to which participants will be evacuated.

B. The administrator shall ensure that each participant receives orientation to the facility's exits within two visits of the person's enrollment. This orientation shall be documented in the participant's record.
C. A current floor plan shall be posted in a central location on each floor and shall include an emergency exit plan.
D. A fire evacuation drill shall be conducted once every three months.
E. A disaster drill shall be conducted once every six months. Disaster drills may include the involvement of participants.
F. Records of fire and evacuation drills shall be retained for one year and include the date, time, length of time for full evacuation, and a critique of the drill.

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2).

R9-10-515. Repealed

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2).

R9-10-516. Repealed

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2).

R9-10-517. Repealed

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2).

R9-10-518. Repealed

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2).

Editor's Note: The following Article was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was

not required to hold public hearings on the repealing of these rules.

ARTICLE 6. REPEALED

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-611. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-611 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-612. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-612 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-613. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-613 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-614. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-614 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-615. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-615 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-616. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-616 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-617. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-617 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice

of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-618. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-618 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-619. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-619 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-620. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-620 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-621. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Correction, subsection (H), after "... 105° F" added "nor more than 110° F" as certified effective November 6, 1978 (Supp. 87-2). Section R9-10-621 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-622. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-622 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-623. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-623 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-624. Repealed

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-624 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Article was repealed and a new Article adopted under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules (Supp. 98-4).

ARTICLE 7. ASSISTED LIVING FACILITIES

Editor's Note: The following Section was repealed and a new Article adopted under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules (Supp. 98-4).

R9-10-701. Definitions

The following definitions apply in this Article unless otherwise specified:

1. "Abuse" means the intentional infliction of physical harm; injury caused by negligent acts or omissions; unreasonable confinement; sexual abuse or sexual assault; or a pattern of ridiculing or demeaning a resident, making derogatory remarks, verbally harassing, or threatening to inflict physical harm on a resident.
2. "Accept" or "acceptance" means:
   a. An individual begins living in and receiving services at an assisted living facility; or
   b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
3. "Accident" means an unexpected occurrence that causes harm to a resident.
4. "Activities of daily living" means bathing, dressing, grooming, eating, mobility, transfer, and toileting.
5. *"Adult day health care services" means a program that provides planned care supervision and activities, personal care, personal living skills training, meals and health monitoring in a group setting during a portion of a continuous twenty-four hour period. Adult day health services may also include preventive, therapeutic and restorative health related services that do not include behavioral health services.*
6. *"Adult foster care" means a residential setting which provides room and board and adult foster care services for at least one and no more than four adults who are participants in the Arizona long-term care system pursuant to Chapter 29, Article 2 of this title and in which the sponsor or the manager resides with the residents and integrates the residents who are receiving adult foster care into that person's family.*
7. "Applicant" means an individual, firm, partnership, association, or corporation that has submitted an application for:
   a. An assisted living facility license;
   b. Department approval of an exemption in R9-10-702; or
   c. Department approval of an assisted living training program.
8. "Assessment" means a written analysis of a resident's abilities; preferences; and need for supervisory care services, personal care services, or directed care services.
9. "Assistance" means the help or aid necessary to complete a function or a task.
10. "Assistant caregiver" means an individual who assists in providing supervisory care services, personal care services, or directed care services under the direct supervision of a manager or caregiver.
11. *"Assisted living center" or "center" means an assisted living facility that provides resident rooms or residential units to eleven or more residents.*
12. *"Assisted living facility" means a residential care institution, including adult foster care, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuing basis.*
13. *"Assisted living home" or "home" means an assisted living facility that provides resident rooms to ten or fewer residents.*
14. "Bathing" means washing, rinsing, and drying all parts of an individual's body.
15. "Bedbound" means confined to a bed or chair because of an inability to ambulate even with assistance.
16. "Bedroom" or "room" means a portion of a facility that is wall-enclosed with a door where a resident sleeps and maintains personal items.
17. "Behavioral health residential services" means a therapeutic regimen of screening, evaluation, treatment, or rehabilitation provided on a 24-hour basis to individuals suffering from mental disorders, emotional conditions, or the effects of substance abuse.
18. "Board of Examiners" means the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers.
19. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to residents.
20. "Charge" means a one-time payment or a payment that is not incurred in fixed, regular intervals.
21. "Chemical restraint" means any medication that is administered for purposes of discipline or convenience and is not required to treat a resident's medical symptoms.
22. "Clean" means free of dirt or debris by such methods as washing with soap and water, vacuuming, wiping, dusting, or sweeping.
23. "Common areas" means portions of a facility or facility grounds accessible to residents.
24. "Communicable disease" means the same as defined in A.A.C. R9-6-101.
25. "Conspicuously posted" means placed at a location within a facility that is accessible and visible to residents and the public.
26. "Continuous" means available at all times without cessation, break, or interruption.
27. "CPR" means cardiopulmonary resuscitation.
28. "Current" means up-to-date, extending to the present time.
29. "Day" means calendar day.
30. *"Department" means the department of health services.*
31. "Deposit" means monies or property given to a licensee to assure payment or performance.
32. "D.E.S." means the Arizona Department of Economic Security.
33. "Directed care services" means programs and services, including personal care services, provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.
34. "Direction" means authoritative policy or procedural guidance for the accomplishment of a function or activity.
35. "Direct self-care" means a resident is able to recognize danger, summon assistance, express need, and make basic care decisions.
36. "Direct supervision" means the physical presence of a manager or caregiver providing direction to an assistant caregiver or volunteer in a facility or during an activity outside the facility.
37. "Documentation" means written supportive information.

38. "Door" means a movable hard-surfaced barrier for opening or closing an entranceway that swings on hinges or slides in groves and is capable of being closed for privacy and fire safety.
39. "Dressing" means choosing, putting on, securing fasteners, and removing clothing, footwear, artificial limbs, braces, and other appliances including those appropriate for current weather conditions.
40. "Eating" means putting food and fluids into the digestive system.
41. "Employee" means a licensee, manager, caregiver, or assistant caregiver who provides or assists in the provision of supervisory care services, personal care services, or directed care services to residents.
42. "Exploitation" means the illegal use of a resident's resources for another's profit or advantage according to A.R.S. Title 46, Chapter 4, or A.R.S. Title 13, Chapter 18, 19, 20, or 21.
43. *"Facility" or "facilities" means buildings used by a health care institution for providing any types of services as defined in this chapter.*
44. "Facility grounds" means the outdoor area, adjacent to the facility, designated by an applicant or licensee for use by residents.
45. "Fees" means payments in fixed, regular intervals.
46. "Food" means any raw, cooked or processed edible substance, ice, beverage or ingredient used or intended for use or for sale, in whole or in part, for human consumption.
47. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in an assisted living facility.
48. "General supervision" means guidance of a resident by an employee as required by the needs of the resident including the following: being aware of a resident's general whereabouts, monitoring the activities of the resident while on the premises to ensure the health, safety, and welfare of the resident; reminding the resident to carry out activities of daily living; and reminding the resident of activities or appointments.
49. "Grooming" means combing or brushing hair, washing face and hands, shaving, caring for nails, oral hygiene including denture care, and menstrual care.
50. "Guardian" means an individual appointed by a court according to A.R.S. Title 14, Chapter 5, Article 3.
51. "Hazard" means a condition or situation where a resident may suffer physical injury.
52. "Health care directive" means the same as defined in A.R.S. § 36-3201.
53. *"Health care institution" means every place, institution, building or agency, whether organized for profit or not, which provides facilities with medical services, nursing services, health screening services, other health-related services, supervisory care services, personal care services, directed care services and includes home health agencies as defined in section 36-151 and hospice service agencies.*
54. "Health-related experience" means work in a health care institution, the professional fields of nursing, social work, gerontology, or other closely-related field, or providing health or health-related services to one or more adults.
55. *"Health-related services" means services, other than medical, pertaining to general supervision, protective, preventive and personal care services, supervisory care services or directed care services.*
56. *"Home health agency" means an agency or organization, or a subdivision of such an agency or organization, which meets all of the following requirements.*
    a. *Is primarily engaged in providing skilled nursing services and other therapeutic services.*
    b. *Has policies, established by a group of professional personnel, associated with the agency or organization, including one or more physicians and one or more registered professional nurses, to govern the services referred to in subdivision (a), which it provides, and provides for supervision of such services by a physician or registered professional nurse.*
    c. *Maintains clinical records on all patients.*
57. *"Hospice service agency" means an agency or organization, or a subdivision of that agency or organization, which is engaged in providing hospice services at the place of residence of its clients.*
58. "Hour" means 60 minutes.
59. "Incident" means an occurrence or event that has the potential to cause harm to a resident.
60. "Independent" means able to complete a function or task without assistance.
61. "Intermittent" means periodically scheduled and predictable.
62. "Internal facility requirements" means guidelines and standards developed by a licensee that govern a resident's use and occupancy of an assisted living facility.
63. "Key" means a mechanical device used for holding or locking.
64. "Laundry service" means the process of cleaning linens and clothing.
65. "Learning objective" means the specific and measurable behavior, knowledge, or skill an individual demonstrates.
66. "Licensee" means the individual, firm or partnership, association, or corporation licensed by the Department to operate an assisted living facility.
67. "Manager" means an individual designated by the licensee to act on the licensee's behalf in the onsite management of the assisted living facility.
68. "Medical practitioner" means any physician, dentist, podiatrist, or other individual licensed and authorized by law to use and prescribe drugs and devices for the treatment of sick and injured human beings, or for the diagnosis or prevention of sickness in human beings in this state or any state, territory, or district of the United States.
69. "Medication" means a prescription medication as defined in A.R.S. § 32-1901 or a nonprescription drug as defined in A.R.S. § 32-1901 used to maintain health or to prevent or treat an illness, injury, or disease.
70. "Medication administration" or "administration of medication" means the application of a medication to its ultimate destination on the body of a resident.
71. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
72. "Mobility" means the ability to move within a residential environment.
73. "Neglect" means a pattern of conduct, without a resident's or the resident's informed consent as defined in A.R.S. § 46-451, resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.
74. "Nurse" means an individual licensed and in good standing as a registered nurse or a practical nurse as prescribed in A.R.S. Title 32, Chapter 15.

75. "Nurse practitioner" means an individual licensed as a registered nurse practitioner as prescribed in A.R.S. Title 32, Chapter 15.
76. "Nursing services" means those services pertaining to the curative, restorative and preventive aspects of nursing care that are performed at the direction of a physician by or under the supervision of a registered nurse licensed in this state.
77. "Personal care services" means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments by a nurse who is licensed pursuant to Title 32, Chapter 15 or as otherwise provided by law.
78. "Personnel" means employees, support staff, and volunteers.
79. "Pharmacist" means an individual licensed as prescribed in A.R.S. Title 32, Chapter 18.
80. "Physical restraint" means the confinement of a resident or the use of any article, device, or garment that cannot be removed by a resident, used to restrict movement, and control the resident's behavior.
81. "Physician" means an individual licensed as prescribed in A.R.S. Title 32, Chapter 13 or Chapter 17.
82. "Physician assistant" means an individual licensed as prescribed in A.R.S. Title 32, Chapter 25.
83. "Poisonous or toxic materials" means chemicals such as insecticides, rodenticides, hazardous cleaning agents, and caustic acids.
84. "Potentially hazardous foods" means the same as defined in A.A.C. R9-8-112.
85. "Premises" means a facility, the facility's grounds and each building or grounds on contiguous property used for administering and operating an assisted living facility.
86. "Primary care provider" means a physician, a physician's assistant, or a nurse practitioner who directs a resident's medical care.
87. "Private duty nurse" means a nurse who provides nursing services to a resident that are arranged, paid for, and overseen by the resident, the representative, or the resident's relatives.
88. "PRN" means pro re nata or medication given as needed.
89. "RN" means a registered nurse licensed as prescribed in A.R.S. Title 32, Chapter 15.
90. "Regular basis" means at recurring, fixed, or uniform intervals.
91. "Relative" means a child, parent, sibling, spouse, grandparent, grandchild, uncle, aunt, niece, nephew, or any individual of the same affiliation through marriage or adoption.
92. "Representative" means a resident's guardian or an individual designated in writing by a resident or by the resident's guardian to aid a resident or act on the resident's behalf.
93. "Residency agreement" means a document signed by a resident or the representative and a licensee or the licensee's designee, detailing the terms of residency as agreed upon by the resident or the representative and the licensee.
94. "Resident" means an individual who is not a relative of the licensee and who:
    a. Lives in an assisted living facility and receives supervisory care services, personal care services or directed care services; or
    b. Receives adult day health care services, or respite care services from an assisted living facility.
95. *"Residential unit" or "unit" means a private apartment, unless otherwise requested by a resident, that includes a living and sleeping space, kitchen area, private bathroom, and storage area.*
96. *"Respite care services" means services provided by a licensed health care institution to persons otherwise cared for in foster homes and in private homes to provide an interval of rest or relief of not more than thirty days to operators of foster homes or to family members.*
97. "Secure" means to control, or alert employees of, the egress of a resident from the facility or facility grounds through the use of a method, device, or structure that ensures resident safety.
98. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, or directed care services and the specific services to be provided to the resident.
99. "Short term" means 14 days or less.
100. "Significant change" means an observable deterioration or improvement in a resident's physical, cognitive, behavioral, or functional condition.
101. *"Supervisory care services" means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications.*
102. "Supervision" means direct overseeing and inspection of the act of accomplishing a function or activity.
103. "Support staff" means any individual who receives compensation from a licensee, but who does not provide supervisory care services, personal care services, or directed care services at an assisted living facility.
104. "Swimming pool" means a contained body of water that is 18 inches or more in depth at any point and wider than eight feet at any point and intended for swimming.
105. "Termination of residency" or "terminate residency" means a resident is no longer receiving services from an assisted living facility.
106. "Therapeutic diet" means foods prescribed by a physician or an individual authorized by law to prescribe foods.
107. "Toileting" means the discharge and disposal of body waste from bowel or bladder.
108. "Training program" means an individual or an organization that has received written approval from the Department to provide training to assisted living facility personnel and to verify that individuals demonstrate specific skills and knowledge in a level of training.
109. "Transfer" means the movement of an individual's body from a surface to another surface.
110. "Treatment" means a specific procedure used for the prevention, cure, or the improvement of a disease, injury, or illness.
111. "Volunteer" means an individual who provides supervisory care services, personal care services, or directed care services to a resident on a regular basis under the direct supervision of a manager or caregiver at all times but does not receive compensation.

Historical Note

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an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted without changes effective October 30, 1989 (Supp. 89-4). Section R9-10-701 repealed, new Section R9-10-701 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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R9-10-702. Licensing Classifications

A. The Department shall sub-classify an assisted living facility according to facility size as follows:
1. An assisted living facility providing services to 10 or fewer residents is an assisted living home;
2. An assisted living facility providing services to 11 or more residents is an assisted living center; or
3. An assisted living facility that meets the definition of adult foster care in A.R.S. § 36-401 is an adult foster care.

B. An adult foster care shall comply with the requirements for an assisted living home except as provided by statute and this Article.

C. The Department shall license an assisted living facility to provide one of the following levels of service:
1. Supervisory care services,
2. Personal care services, or
3. Directed care services.

D. To change an assisted living facility's sub-classification, a licensee shall submit an application for licensure as required by A.R.S. §§ 36-421 and 36-422.

E. To change the level of service an assisted living facility is licensed to provide, a licensee shall submit to the Department a written request for a change in level of service and documentation of the assisted living facility's compliance with requirements in this Article for the requested level of service.
1. Within 60 days from the date of receipt of the request, the Department shall review the requested change and send written notice to the licensee. The Department may conduct an onsite review of the assisted living facility to determine compliance.
   a. If an assisted living facility does not comply with this Article and the requirements for the requested level of service, the Department shall provide the licensee with written notice stating the requirements necessary for compliance with this Article and the requirements for the requested level of service.
   b. When the assisted living facility complies with the requirements of this Article and the requirements for the requested level of service, the Department shall send the licensee an amended license that incorporates the requested level of service but retains the expiration date of the current license.
2. A licensee shall not provide services at the requested level of service until an amended license is issued.

F. The Department may grant an exception from the requirements in R9-10-716(C)(1)(a), R9-10-720(A)(1), R9-10-720(C)(1)(c), or R9-10-720(C)(2)(c) if a licensee or applicant can demonstrate that an alternate method is available to ensure the residents' health, safety, and welfare.
1. The Department shall not grant an exception:
   a. From local building codes, local ordinances, local fire codes, or local zoning requirements;
   b. To a licensee operating on a provisional license; or
   c. If the Department determines that an exception will not protect the health, safety, or welfare of a resident.
2. An applicant or licensee shall submit a written request for an exception on a Department-provided form that includes:
   a. The applicant's or licensee's name;
   b. The name, address, and license number if applicable, of the assisted living facility;
   c. The specific rule the applicant or licensee is requesting an exception from;
   d. The reason or reasons an applicant is not able to comply with the rule; and
   e. An alternative method that ensures that the health, safety, and welfare of residents is protected by the exception.
3. The Department shall evaluate a request for an exception as follows:
   a. Review the written request;
   b. Verify submitted documentation;
   c. If the requested exception involves a physical plant requirement, inspect the assisted living facility; and
   d. If applicable, discuss the exception with the assisted living facility's manager or manager's designee, residents or representatives, or any individual the Department determines is necessary to evaluate the request.

G. The Department shall approve or deny an exception as follows:
1. The overall time-frame described in A.R.S. § 41-1072(2), is 90 days.
2. The administrative completeness review described in A.R.S. § 41-1072(1) is 60 days and begins on the date the Department receives a request.
   a. If any of the documents is missing or if information on the documents is deficient, the Department shall provide to the applicant a written notice of incompleteness that states each deficiency and the information or documents needed to complete the request. The 60 day time-frame for the Department to finish the administrative completeness review is suspended from the date the Department provides the notice of incompleteness to the applicant until the date the Department receives the required information or missing document.
   b. If all of the documents are submitted and the information on the documents is complete, the Department shall provide a written notice of administrative completeness to the applicant.
   c. If the documents or information are not submitted within 120 days from the date of notice of incompleteness, the Department shall consider the request withdrawn.
   d. If the Department grants an exception during the time provided to assess administrative completeness, the Department shall not provide a separate written notice of administrative completeness.

3. The substantive review time-frame described in A.R.S. § 41-1072(3) is 30 days and begins on the date the Department provides written notice of administrative completeness to the applicant.
   a. If the applicant does not meet the requirements of this Article the Department shall provide a written request for additional information to the applicant. The 30 day time-frame for the Department to finish the substantive review is suspended from the date the Department provides the written request to the applicant until the Department receives the additional information.
   b. The applicant shall submit to the Department the information or documents identified in the written request for additional information within 30 days of the receipt of the written request.
   c. The Department shall provide the applicant with a written notice of denial if:
      i. The applicant does not submit the additional information within the time-frame in subsection (D)(3)(b); or
      ii. Upon receipt of the additional information from the applicant, the Department determines that the applicant does not meet the requirements of this Article.
   d. An applicant may appeal the Department's determination according to A.R.S. Title 41, Chapter 6.
4. If an applicant meets the requirements of this Article, the Department shall provide a written notice of Department approval to the applicant.
5. The Department shall withdraw an exception if:
   a. A licensee is operating on a provisional license;
   b. A licensee does not comply with the conditions of the exception as approved by the Department; or
   c. The Department determines that the health, safety, or welfare of residents is not protected by the exception.

Historical Note

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R9-10-703. Administration

A. A licensee is responsible for the organization and management of an assisted living facility. A licensee shall:
1. Ensure compliance with federal and state laws, rules, and local ordinances;
2. Designate an onsite manager who has the authority and responsibility to operate the assisted living facility. The manager and the licensee may be the same individual;
3. Permit an individual to manage no more than two health care institutions that may be located not more than 40 miles apart;
4. Designate another manager when the manager is absent from the premises for more than 30 consecutive days;
5. Notify the Department, in writing, of the following:
   a. A change of ownership no later than 30 days before the effective date of the change;
   b. A change in the name of the assisted living facility no later than 30 days before the effective date of the change;
   c. A termination of operation no later than 30 days before the termination; and
   d. The location and arrangements for the maintenance of resident records no later than 30 days before the assisted living facility ceases operation;
6. Not act as a representative, agent, surrogate, health care power of attorney, power of attorney, guardian, or conservator of a resident who is not a relative and ensure that assisted living facility employees, support staff, or relatives of employees or support staff do not act as a representative, agent, surrogate, health care power of attorney, power of attorney, guardian, or conservator of a resident who is not a relative;
7. Ensure that a manager and each manager's designee is able to read, write, understand, and communicate in English;
8. Except when a resident's service needs change as documented in the resident's service plan as required in R9-10-711(A)(7), ensure that a resident receives at least 30 days written notice before any increase in a fee or charge;
9. Ensure that an official of the following agencies is allowed immediate access to an assisted living facility:
   a. The Department,
   b. A county health department,
   c. Adult Protective Services,
   d. The D.E.S. Long-Term Care Ombudsman, or
   e. A county or municipal fire department; and
10. Ensure that the following individuals have immediate access to a resident:
    a. The representative,
    b. The resident's case manager, or
    c. An individual assigned by a court of law to provide services to the resident.

B. A licensee shall ensure that a manager of an assisted living facility:
1. Develops and implements written policies and procedures for the day-to-day operation of the assisted living facility including:
   a. Depositing and refunding deposits, fees, and charges;
   b. Resolving resident grievances;
   c. Terminating residency;
   d. Obtaining information on resident preferences for:
      i. Social, recreational, or rehabilitative activities; and
      ii. Food;

e. Assisting residents with medication as required in R9-10-713, R9-10-722(D), and R9-10-723(E), as applicable;
f. Protecting and releasing resident records and maintaining confidentiality of resident records;
g. Ensuring the facility and facility grounds are safe and free from hazards based upon the physical, cognitive, and functional condition of the residents;
h. Ensuring resident safety in an assisted living facility with a swimming pool, spa, or other contained body of water on the premises, if applicable; and
i. Ensuring the safety of residents and other individuals and pet and animal sanitation, if pets or animals are maintained on the premises;

2. Conspicuously posts the following:
   a. Resident rights;
   b. Current phone numbers of the Arizona Department of Health Services' Office of Assisted Living Licensure, D.E.S. Adult Protective Services, 911 or other local emergency response number, the D.E.S. Long-Term Care Ombudsman, the Arizona Center for Disability Law, and the Governor's Office for Americans with Disabilities;
   c. Internal facility requirements; and
   d. Each document, schedule, or calendar required by state law and this Article;
3. Ensures that each resident and each individual living in the facility provides documentation of freedom from pulmonary tuberculosis at least once every 12 months as required in R9-10-706(A)(1);
4. Designates, in writing, one or more individuals who are 21 years of age or older, who meet the qualifications for a caregiver in R9-10-706(C)(2) and (3) as the manager's designee. A manager's designee is physically present at the facility and in charge of the assisted living facility operations when the manager is not physically present at the facility;
5. Hires and directs employees and support staff as necessary to ensure compliance with this Article;
6. Ensures each assistant caregiver is under the direct supervision of a manager or caregiver at all times;
7. Ensures that an assistant caregiver, who is 16 or 17 years old, or a volunteer does not provide assistance to a resident for:
   a. Bathing,
   b. Toileting,
   c. Transfer,
   d. Self-administration of medication,
   e. Medication administration, or
   f. Nursing services;
8. Ensures that a manager or caregiver does not provide direct supervision to more than two assistant caregivers at any time;
9. Ensures compliance with fingerprinting requirements contained in A.R.S. § 36-411;
10. Notifies a representative, or contacts a public fiduciary or a trust officer to take responsibility of a resident's financial affairs if the resident is incapable of handling financial affairs;
11. Notifies a resident's primary care provider or other medical practitioner if a resident or the representative refuses medical or nursing services, and maintains documentation of the notification in the resident's record for no less than 12 months from the date of notification;
12. When there is an accident, incident, or injury that effects the resident's health and safety:
    a. Immediately notifies the representative, and if applicable:
       i. The primary care provider;
       ii. An emergency response team;
       iii. The resident's case manager;
       iv. The resident's emergency contact; and
    b. Documents the following:
       i. Date and time of the accident, incident, or injury;
       ii. Description of the accident, incident, or injury;
       iii. Names of individuals who observed the accident, incident, or injury;
       iv. Action taken by employees, support staff, or volunteers;
       v. Individuals notified by employees, support staff, or volunteers; and
       vi. Action taken to prevent the accident, incident, or injury from occurring in the future;
13. Ensures each resident is assisted in exercising the resident's rights listed in R9-10-710;
14. Maintains documentation on the premises of licensing and vaccination of pets or animals, if applicable, as required by R9-10-718(12); and
15. Ensures the health and safety of a resident is maintained during relocation of a resident and that the resident's records are relocated with the resident;

C. A manager may, upon written authorization by a resident or the representative, administer a personal funds account, not to exceed $500 each month for the resident. The resident or the representative may revoke, in writing, this authorization at any time. If a manager administers a resident's personal funds account, the manager shall:
1. Maintain a separate record for each resident's personal funds account including all receipts and expenditures;
2. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
3. Provide a copy of a resident's personal funds account record to the resident or representative at least once every three months.

Historical Note

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Register; and the Department was not required to hold public hearings on these rules (Supp. 98-4).

R9-10-704. Abuse, Neglect, and Exploitation Prevention and Reporting

A. A manager, employee, or volunteer shall immediately report or cause a report to be made to Adult Protective Services or local law enforcement of suspected or alleged abuse, neglect, or exploitation as required by A.R.S. § 46-454.

B. A licensee shall:
1. Notify the Department of suspected or alleged abuse, neglect, or exploitation within 24 hours of receiving the allegation;
2. Document the initial report and maintain documentation of the report on the premises for 12 months from the date of the report;
3. Report suspected or alleged abuse, neglect, or exploitation to Adult Protective Services or to a local law enforcement agency as prescribed in A.R.S. § 46-454; and
4. Investigate suspected or alleged abuse, neglect, or exploitation and develop a written report within 14 days of the initial report of the suspected or alleged abuse, neglect, or exploitation. The licensee shall send the written report to the Department, Adult Protective Services, and any local law enforcement agency previously notified and maintain a copy of the written report on the premises for 12 months from the date of the report. A written report shall contain the following:
   a. Dates, times, and description of the suspected or alleged abuse, neglect, or exploitation; description of any injury to the resident; change in the resident's physical, cognitive, functional, or emotional condition; actions taken by the licensee; individuals and agencies notified by the licensee; names of witnesses to the suspected or alleged abuse, neglect, or exploitation; and
   b. Action taken by the licensee to prevent the suspected or alleged abuse, neglect, or exploitation from occurring in the future.

Historical Note

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R9-10-705. Limitations on Level of Services

A licensee shall ensure that an assisted living facility does not accept or retain a resident who requires:
1. Physical restraints,
2. Chemical restraints,
3. Behavioral health residential services,
4. Services that the assisted living facility is not licensed to provide; or
5. Services that the assisted living facility is not able to provide.

Historical Note

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R9-10-706. Personnel Qualifications and Records

A. A licensee shall ensure that:
1. At the starting date of employment or service and every 12 months from the starting date of employment or service, each support staff and volunteer who interacts with a resident on a regular basis and each employee submits one of the following as evidence of being free from pulmonary tuberculosis:
   a. A report of a negative Mantoux skin test administered within six months of submitting the report; or
   b. A written physician's statement dated within six months of submitting the statement, indicating freedom from pulmonary tuberculosis, if the individual has had a positive skin test for tuberculosis;
2. Each manager and caregiver:
   a. Obtains first aid training specific to adults;
   b. Obtains CPR training specific to adults which includes a demonstration of the individual's ability to perform CPR; and
   c. Maintains current training in first aid and CPR.

B. A licensee shall ensure that a manager, at the starting date of employment as a manager, meets all of the following:
1. Is 21 years of age or older;

2. Is certified by the Board of Examiners as an assisted living facility manager as required in A.R.S. Title 36, Chapter 4, Article 6 or meets one of the following:
   a. Is certified by the Board of Examiners as an adult care home manager before the effective date of this Article and maintains current certification by the Board of Examiners; or
   b. Is exempt from certification under A.R.S. § 36-446.04;
3. Provides verification of completion of training from a training program as stated in R9-10-724(B) that states the individual has completed manager training or provides one of the following:
   a. Documentation of adult care home manager training from a Board of Examiners approved training program before the effective date of this Article;
   b. A license issued to the individual by the Board of Examiners as an administrator of a nursing care institution;
   c. Documentation of sponsorship of an adult foster care on the effective date of this Article; or
   d. Documentation of employment as a manager of an unclassified residential care institution, supportive residential living center, or supervisory care home on the effective date of this Article;
4. Provides verification of completion of training from a training program as stated in R9-10-724(B) that states the individual is trained in the level of service the assisted living facility is licensed to provide or documentation of one of the following:
   a. For supervisory care services, employment of the individual as a manager or caregiver of a supervisory care home on the effective date of this Article;
   b. For supervisory care services or personal care services, employment of the individual as a manager or caregiver of a supportive residential living center on the effective date of this Article;
   c. For supervisory care services, personal care services, or directed care services, one of the following:
      i. Documentation of training as a manager or caregiver from a Board of Examiners approved training program before the effective date of this Article;
      ii. A nursing care institution license issued by the Board of Examiners;
      iii. A nurse's license issued to the individual under A.R.S. Title 32, Chapter 15;
      iv. Documentation of employment as a manager or caregiver of an unclassified residential care institution on the effective date of this Article;
      v. Documentation of sponsorship of or employment as a caregiver in an adult foster care home on the effective date of this Article; or
      vi. A certificate as a nursing assistant in good standing under A.R.S. Title 32, Chapter 15 and employment as a caregiver in an adult care home on the effective date of this Article; and
5. Has a minimum of 12 months of health-related experience.

C. A licensee shall ensure that a caregiver, at the starting date of employment as a caregiver, meets all of the following:
1. Is 18 years of age or older;
2. Meets the training requirements in subsection (B)(4); and
3. Has a minimum of three months of health-related experience; and

D. A licensee shall ensure that an assistant caregiver, at the starting date of employment as an assistant caregiver, is 16 years of age or older.

E. A licensee shall ensure that a file is maintained on the premises for each employee containing the following:
1. The employee's name, date of birth, home address, and telephone number;
2. Documentation of:
   a. Freedom from pulmonary tuberculosis as required in subsection (A)(1);
   b. Compliance with fingerprinting requirements in R9-10-703(B)(9);
   c. Current training in CPR and first aid as required in subsection (A)(2);
   d. Employee qualifications required in subsections (B), (C), or (D);
   e. Employee orientation required in R9-10-707(A); and
   f. Ongoing training required in R9-10-707(B), R9-10-722(B), and R9-10-723(C), as applicable;
3. An employee's starting date of employment and ending date, if applicable; and
4. For each employee hired after the effective date of this Article, at least two personal and two professional or work-related references, if the employee has previous work experience, and documentation of the licensee's good faith effort to contact each reference.

F. A licensee shall ensure a file is maintained on the premises for each volunteer and support staff who has contact on a regular basis with residents that contains:
1. The individual's name, home address, and telephone number; and
2. Documentation of freedom from pulmonary tuberculosis as required in subsection (A)(1).

G. A licensee shall ensure that all records required by this Section are maintained throughout the individual's period of employment or service and for at least 12 months from the individual's last date of employment or service.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-706 repealed, new Section R9-10-706 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed and a new Article adopted under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules (Supp. 98-4).

R9-10-707. Employee Orientation and Ongoing Training

A. A licensee shall ensure that a new employee completes orientation within 10 days from the starting date of employment that includes:
1. Orientation to the characteristics and needs of the assisted living facility's residents;
2. The assisted living facility's philosophy and goals;
3. Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights;
4. The significance and location of resident service plans, and how to read and implement a service plan;
5. Internal facility requirements and the assisted living facility's policies and procedures;
6. Confidentiality of resident records and resident information;
7. Infection control;
8. Food preparation, service, and storage, if applicable;
9. Abuse, neglect, and exploitation prevention and reporting requirements;
10. Accident, incident, and injury reporting; and
11. Fire, safety, and emergency procedures.

B. A licensee shall ensure that each manager and caregiver completes a minimum of six hours of ongoing training every 12 months from the starting date of employment, or for a manager or caregiver hired before the effective date of this Article, every 12 months from the effective date of this Article.
1. The training shall include:
   a. Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights;
   b. Fire, safety, and emergency procedures;
   c. Infection control;
   d. Assistance in self-administration of medications; and
   e. Abuse, neglect, and exploitation prevention and reporting requirements;
2. Orientation for new employees, hours used in obtaining and maintaining current CPR and first aid, and hours used in obtaining initial training from a training program may count toward ongoing training for the first 12 months after the employee's starting date of employment.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-707 repealed, new Section R9-10-707 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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R9-10-708. Personnel Requirements

A. A licensee shall ensure there are sufficient personnel to provide the following unless Arizona Long-Term Care System contracts, as provided by A.R.S. Title 36, Chapter 29, Article 2, permit otherwise:
1. Supervisory care services, personal care services, or directed care services, consistent with the level of service the assisted living facility is licensed to provide;
2. Services established in each resident's service plan;
3. Services to meet the needs of each resident including scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis 24 hours a day;
4. Food services;
5. Environmental services required in R9-10-718;
6. Evacuations of residents during emergencies; and
7. Ongoing social, recreational, or rehabilitative activities.

B. A licensee shall ensure that a personnel schedule:
1. Indicates the date, scheduled work hours, and name of each employee assigned;
2. Reflects actual work hours; and
3. Is maintained on the premises for at least 12 months from the last date on the schedule.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-708 repealed, new Section R9-10-708 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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R9-10-709. Residency Agreements

A. The following requirements apply to a resident accepted into an assisted living facility after the effective date of this Article and to a resident who is not an enrolled member of the Arizona Long-Term Care System as provided by A.R.S. Title 36, Chapter 29, Article 2.

B. A licensee shall ensure that there is a written agreement signed by the licensee and any individual submitting a deposit or other pre-payment of fees before the licensee receives a deposit or other pre-payment of fees.

C. A licensee shall ensure that:
1. Each resident has a residency agreement that includes the:

a. Terms of occupancy, including resident responsibilities and obligations;
b. Services to be provided to the resident;
c. The amount and purpose of any fee, charge, and deposit, including any fee or charge for any days a resident is absent from the assisted living facility;
d. Services that are available at an additional fee or charge;
e. Assisted living facility's policy for refunding fees, charges, or deposits;
f. Assisted living facility's responsibility to provide at least 30 days written notice before the effective date of any change in a fee or charge. A licensee is not required to provide 30 day written notice of increase to a resident whose service needs change, as documented in the resident's service plan;
g. Assisted living facility's policy and procedure for termination of residency; and
h. Assisted living facility's grievance procedure;

2. A residency agreement is signed and dated by the manager or the manager's designee and the resident or the representative within five days after the resident's acceptance into the assisted living facility;
3. A copy of the residency agreement is given to the resident or the representative; and
4. A residency agreement that has been signed, as stated in subsection (C)(2), is maintained on the premises throughout the resident's residency at the assisted living facility.

D. If a licensee receives a deposit or pre-payment of fees from a resident or a representative, the licensee shall ensure that:
1. Except for a Life Care Contract regulated under A.R.S. Title 20, Chapter 8, a deposit does not exceed the amount of one month's fees;
2. A deposit is maintained in a bank account separate from the assisted living facility's operating expenses;
3. A deposit or portion of a deposit is not used for any purpose other than as stated in the resident's residency agreement; and
4. Only the following are deducted from the deposit:
a. Damages to property caused by the resident, excluding normal wear and tear;
b. A fee or charge incurred by the resident; or
c. The resident's documented non-compliance with the residency agreement.

E. A licensee or resident may terminate residency as follows:
1. A licensee may terminate residency of a resident without notice if:
a. The resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in the assisted living facility;
b. The resident's urgent medical or health needs require immediate transfer to another health care institution; or
c. The resident's care and service needs exceed the services the assisted living facility is licensed to provide;
2. A licensee may terminate residency of a resident after providing 14 days written notice to the resident or the representative for one of the following reasons:
a. Documentation of failure to pay fees or charges;
b. Documentation of the resident's non-compliance with the residency agreement or internal facility requirements;
3. Except as provided by subsections (E)(1) and (2), a licensee shall not terminate residency of a resident without providing the resident or the representative 30 days written notice;
4. A resident or the representative may terminate residency of a resident without notice due to the following, as substantiated by a governmental agency:
a. Neglect;
b. Abuse;
c. Exploitation; or
d. Conditions of imminent danger to life, health, or safety; and
5. A resident or the representative may terminate residency of a resident after providing 14 days written notice to the licensee for documentation of the licensee's failure to comply with the resident's service plan or residency agreement.

F. A licensee shall ensure that a written notice of termination of residency includes:
1. The reason for the termination of residency;
2. The effective date of the termination of residency;
3. The resident's right to grieve the termination of residency;
4. The assisted living facility's grievance procedure; and
5. The assisted living facility's refund policy.

G. A licensee shall provide the following to a resident or a representative upon issuing a written notice of termination of residency:
1. A copy of the resident's service plan;
2. Documentation that the resident is free from pulmonary tuberculosis; and
3. The phone numbers and addresses of the local area agency on aging and D.E.S. Long-Term Care Ombudsman.

H. A licensee shall not request or retain fees as follows:
1. If a resident dies or if a resident or representative terminates residency as permitted in subsection (E)(4), a licensee shall not request or retain fees after the date of the resident's death or termination of residency;
2. If termination of residency occurs as permitted in subsection (E)(1), (2), or (5), a licensee shall not request or retain fees for more than 14 days from the date the written notice was received by the assisted living facility; and
3. For reasons other than identified in subsections (H)(1) and (2), the licensee shall not request or retain fees for more than 30 days after termination of residency.

I. Within 30 days after the date of termination of residency, a licensee shall provide to the resident, the representative, or the individual to be contacted in the event of a significant change in the resident's condition:
1. A written statement that includes:
a. The disposition of the resident's personal property;
b. An accounting of all fees, personal funds, or deposits owed to the resident; and
c. An accounting of any deduction from fees or deposits; and
2. All fees or deposits required by this Section and personal funds.

Historical Note

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R9-10-710. Resident Rights

A. A licensee shall ensure that a resident or representative is provided the following at the time the resident is accepted into an assisted living facility:
1. A list of current resident rights;
2. A copy of current internal facility requirements; and
3. Current phone numbers of:
   a. The Arizona Department of Health Services' Office of Assisted Living Licensure;
   b. D.E.S. Adult Protective Services;
   c. 911 or other local emergency response;
   d. The D.E.S. Long-Term Care Ombudsman;
   e. The Arizona Center for Disability Law;
   f. The Governor's Office for Americans with Disabilities; and
   g. An entity that provides information on health care directives.

B. A licensee shall ensure that a resident or the representative acknowledges, in writing, receipt of the items in subsection (A).

C. A licensee shall ensure that language barriers or physical disabilities do not prevent a resident or representative from becoming aware of internal facility requirements and the resident rights.

D. A licensee shall ensure that a resident has the following rights:
1. To live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice;
2. To be treated with consideration and respect;
3. To be free from abuse, neglect, exploitation, and physical restraints and chemical restraints;
4. To privacy in correspondence, communications, visitation, financial and personal affairs, hygiene, and health-related services;
5. To receive visitors and make private phone calls;
6. To participate or allow the representative or other individual to participate in the development of a written service plan;
7. To receive the services specified in the service plan, and to review and re-negotiate the service plan at any time;
8. To refuse services, unless such services are court ordered or the health, safety, or welfare of other individuals is endangered by the refusal of services;
9. To maintain and use personal possessions, unless such use infringes upon the health, safety, or welfare of other individuals;
10. To have access to common areas in the facility;
11. To request to relocate or refuse to relocate within the facility based upon the resident's needs, desires, and availability of such options;
12. To have financial and other records kept in confidence. The release of records shall be by written consent of the resident or the representative, except as otherwise provided by law;
13. To review the resident's own records during normal business hours or at a time agreed upon by the resident and the manager;
14. To review a copy of this Article during normal business hours or at a time agreed upon by the resident and the manager;
15. To review the assisted living facility's most recent survey conducted by the Arizona Department of Health Services, and any plan of correction in effect during normal business hours or at a time agreed upon by the resident and the manager;
16. To be informed, in writing, of any change to a fee or charge at least 30 days before the change, unless the resident's service needs change, as documented in the resident's service plan as required in R9-10-711(A)(7);
17. To submit grievances to employees, outside agencies, and other individuals without constraint or retaliation;
18. To exercise free choice in selecting activities, schedules, and daily routines;
19. To exercise free choice in selecting a primary care provider, pharmacy, or other service provider and assume responsibility for any additional costs incurred as a result of such choices;
20. To perform or refuse to perform work for the assisted living facility;
21. To participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities; and
22. To be free from discrimination in regard to race, color, national origin, sex, sexual orientation, and religion and to be assured the same civil and human rights accorded to other individuals.

Historical Note

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R9-10-711. Requirements for Service Plans and Health-Related Services

A. A licensee shall ensure that a resident has a written service plan that:
1. Is initiated the day a resident is accepted into the assisted living facility;
2. Is completed no later than 14 days after the resident's date of acceptance;
3. Is developed with assistance and review from:
   a. The resident or representative;
   b. The manager or manager's designee;
   c. A nurse, if the resident is receiving nursing services, medication administration, or is unable to direct self-care;
   d. The resident's case manager, if applicable;
   e. Any individual requested by the resident or the representative; and
   f. If applicable and necessary, any of the following: caregivers, assistant caregivers, the resident's primary care provider, or other medical practitioner;
4. Is based on an assessment conducted with resident interaction and by the individuals in subsection (A)(3);
5. Includes the following:
   a. The level of service the resident is receiving;
   b. The amount, type, and frequency of health-related services needed by the resident; and
   c. Each individual responsible for the provisions of the service plan;
6. Is signed and dated by:
   a. The resident or the representative;
   b. The manager or the manager's designee;
   c. The nurse, if a nurse assisted in the preparation or review of the plan; and
   d. The case manager, if a case manager assisted in the preparation or review of the plan; and
7. Is updated according to the requirements in subsection (A)(3) through (6):
   a. No later than 14 days after a significant change in the resident's physical, cognitive, or functional condition; and
   b. As follows:
      i. At least once every 12 months for a resident receiving supervisory care services;
      ii. At least once every six months for a resident receiving personal care services; and
      iii. At least once every three months for a resident receiving directed care services.

B. A licensee shall ensure that a resident is provided the following, consistent with the level of service the assisted living facility is licensed to provide:
1. Supervisory care services, personal care services, or directed care services specified in the resident's service plan;
2. Supervisory care services, personal care services, or directed care services to meet a resident's scheduled and unscheduled needs;
3. General supervision to ensure crisis intervention during an emergency, accident, incident, illness, or significant change in the resident's physical, functional, or cognitive condition;
4. Supervisory care services, personal care services, or directed care services that promote a resident's independence, dignity, choice, self determination, and the resident's highest physical, cognitive, and functional capability;
5. Assistance in utilizing community resources, as applicable;
6. Encouragement and assistance to preserve outside support systems; and
7. Social interaction to maintain identity and self-worth.

Historical Note

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R9-10-712. Activity Programs

A. A licensee shall ensure that daily social, recreational, or rehabilitative activities are provided as follows:
1. Activities are planned according to residents' preferences, needs, and abilities;
2. A calendar of activities:
   a. Is prepared at least one week in advance from the date the activity is provided;
   b. Is conspicuously posted;
   c. Reflects all substitutions in activities provided; and
   d. Is maintained on the premises for 12 months after the last scheduled activity; and
3. Equipment and supplies are available and accessible to accommodate each resident who chooses to participate in an activity.

B. A licensee shall ensure that daily newspapers, current magazines, and a variety of reading materials are available and accessible to a resident at an assisted living facility.

Historical Note

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R9-10-713. Medications

A. A licensee shall ensure that a resident's service plan states whether the resident:
1. Requires no assistance in the self-administration of medication or medication administration;
2. Needs assistance in the self-administration of medication which includes one or more of the following:
   a. Storing a resident's medication;
   b. Reminding a resident that it is time to take a medication;
   c. Reading the medication label to a resident to:
      i. Confirm the medication is being taken by the individual it is prescribed for;

ii. Check the dosage against the label on the container and reassure the resident that the dosage is correct; and
iii. Confirm the resident is taking the medication as directed;
d. Opening the medication container for a resident;
e. Pouring or placing a specified dosage into a container or into the resident's hand; or
f. Observing the resident while the medication is taken; or
3. Needs medication administration.

B. A licensee shall ensure that:
1. An assisted living facility's medication policies and procedures are approved by a physician, pharmacist, or RN and address:
a. Obtaining and refilling medication;
b. Storing and controlling of medication;
c. Disposing of medication;
d. Assisting in the self-administration of medication and medication administration, as applicable; and
e. Recording of medication assistance provided to residents and maintenance of medication records;
2. A drug reference guide, no older than two years from the copyright date, is available and accessible for use by employees;
3. Medication stored by the licensee is stored or controlled as follows:
a. Medication is stored in a locked container, cabinet, or area that is inaccessible to residents;
b. Medication is not left unattended by an employee;
c. Medication is stored in the original labeled container, except for medication organizers, and according to instructions on the medication label;
d. A bathroom or laundry room is not used for medication storage; and
e. All expired or discontinued medication, including those of deceased residents, are disposed of according to the assisted living facility's medication policies and procedures;
4. Medication stored by a resident in the resident's room or unit is stored and controlled as follows:
a. Medication is kept in a locked container or cabinet or a resident locks the entrance to the room or unit when the resident is not in the room or unit and an employee has a key and access to the resident's room or unit and medication storage container or cabinet; or
b. As stated in the resident's service plan;
5. Except for medication organizers, resident medication is not pre-poured. Medication organizers may be prepared up to four weeks in advance by the following individuals:
a. A resident or the representative;
b. A resident's relatives;
c. A nurse; or
d. As otherwise provided by law; and
6. A separate medication record is maintained for each resident receiving assistance in self-administration of medication or medication administration that includes:
a. Name of resident;
b. Name of medication, dosage, directions, and route of administration;
c. Date and time medication is scheduled to be administered;
d. Date and time of actual assistance in self-administration of medication or medication administration; and
e. Signature or initials of the employee providing assistance in self-administration of medication or medication administration.

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R9-10-714. Resident Records

A. A licensee shall maintain a resident's record that contains:
1. The resident's name and social security number;
2. The date of resident's acceptance into the assisted living facility, source of referral to the assisted living facility, and last address of resident;
3. The names, addresses, and telephone numbers of the following:
a. The representative, if applicable;
b. The resident's primary care provider;
c. The resident's case manager, if applicable;
d. Each medical practitioner providing health-related services or medical services to the resident; and
e. An individual or relative to be contacted in the event of emergency, significant change in the resident's condition, or termination of residency;
4. The residency agreement and any amendments;
5. The documentation of the receipt of internal facility requirements, resident rights, and community phone numbers as required in R9-10-710(B);
6. The documentation of orientation to the evacuation plan as required in R9-10-717(B);
7. The service plan, its amendments and updates;
8. A health care directive, if applicable;
9. Documentation of freedom from pulmonary tuberculosis as required in R9-10-703(B)(3);
10. Any orders from a primary care provider or medical practitioner as required in R9-10-722 or R9-10-723;
11. The medication records as required in R9-10-713(B)(6);
12. Accident, incident, or injury reports as required in R9-10-703(B)(12);
13. Written authorizations for residency or continued residency as required by R9-10-722(A)(3) and (4) and R9-10-723(B)(1) and (3);
14. Documentation of any change in a resident's behavior, physical, cognitive, or functional condition and action taken by employees to address the resident's changing needs;
15. A written notice of termination of residency, if applicable;
16. The address and phone number of the resident's new place of residence, if applicable;
17. Documentation of relocation assistance provided to the resident, if applicable; and
18. Documentation of the disposition of the resident's personal property and monies owed to the resident as required in R9-10-709(I)(1), if applicable.

B. A licensee shall ensure that a resident's record is:

1. Confidential and only released with written permission from the resident or the representative, or as otherwise provided by law;
2. Maintained at the facility;
3. Legibly recorded in ink or electronically recorded;
4. Retained for three years from the date of termination of residency; and
5. Available for review by the resident or the representative during normal business hours or at a time agreed upon by the resident and the manager.

C. A licensee shall ensure that a resident's financial records are maintained separate from a resident's record and are only accessible to individuals designated by the licensee.

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R9-10-715. Food Services

A. A licensee shall ensure that:
1. Three meals a day, served with not more than a 14 hour span between the evening meal and morning meal, and one snack a day is available to residents, unless otherwise prescribed by a therapeutic diet;
2. Meals and snacks meet each resident's nutritional needs based upon the resident's age and health needs;
3. Menus are:
   a. Based on:
      i. Resident food preferences, eating habits, customs, health conditions, appetites, and religious, cultural, and ethnic backgrounds; and
      ii. The Food Guide Pyramid, USDA, Center for Nutrition Policy and Promotion, Home and Garden Bulletin Number 252, Revised October 1996, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future additions or amendments;
   b. Prepared at least one week before the date the food is served;
   c. Dated and conspicuously posted; and
   d. Maintained on the premises for at least 60 days from the date on the menu;
4. Meals and snacks provided by the assisted living facility are served according to preplanned menus. Substitutions to the pre-planned menu are stated on the menu;
5. Meals and snacks on each posted menu contain a variety of foods from each food group in the Food Guide Pyramid;
6. A three-day supply of perishable and a three-day supply of non-perishable foods is maintained on the premises; and
7. Water is available and accessible to residents at all times.

B. If the assisted living facility offers therapeutic diets, a licensee shall ensure that:
1. A therapeutic diet manual, no older than five years from the copyright date, is available and accessible for use by employees; and
2. The therapeutic diet is provided to a resident according to a written order from the resident's physician or as otherwise provided by law.

C. A licensee 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. Except for food from a garden or orchard, food is obtained only from sources that comply with all laws relating to food and food labeling. A licensee shall ensure that any canned food is commercially canned;
4. Potentially hazardous food is maintained as follows:
   a. Foods requiring refrigeration are maintained at 41° F or below;
   b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 140° F, except that:
      i. Ground beef, poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
      ii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      iii. Rare roast beef is cooked to an internal temperature of at least 140° F and rare beef steak is cooked to a temperature of at least 130° F unless otherwise requested by a resident; and
      iv. Leftovers are reheated to a temperature of 165° F;
5. A refrigerator contains a thermometer, accurate to plus or minus 3° F at the warmest part of the refrigerator;
6. Raw fruits and raw vegetables are rinsed with water before being cooked or served;
7. Food is stored in covered containers, a minimum of six inches above the floor, and protected from splash and other contamination;
8. Frozen foods are stored at a temperature of 0° F or below;
9. Food service is not provided by an individual infected with a communicable disease that may be transmitted by food handling or in which there is a likelihood of the individual contaminating food or food-contact surfaces or transmitting disease to other individuals;
10. Before starting work, after smoking, using the toilet, and as often as necessary to remove soil and contamination, individuals providing food services wash their hands and exposed portions of their arms with soap and warm water; and
11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules (Supp. 98-4).

R9-10-716. Physical Plant Requirements

A. A licensee shall ensure that an assisted living facility:
1. Complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the assisted living facility complies with the applicable codes and standards incorporated by reference in A.A.C. R9-1-412;
2. Is hazard-free;
3. Has a common area and a dining area that:
   a. Are not converted, partitioned, or otherwise used as a sleeping area; and
   b. Contain furniture to accommodate the recreational and socialization needs of residents and other individuals in the assisted living facility;
4. Provides at least one bathroom, containing at least a flushable toilet and a sink, that is accessed from a common area;
5. Provides a hazard-free outdoor area with shaded protection where residents may walk or sit; and
6. Provides wheelchair ramps or other access from exterior doors for residents using wheelchairs or other assistive devices.

B. A licensee shall ensure that:
1. No more than two individuals reside in a residential unit or bedroom. An assisted living facility that provides documentation of operating before the effective date of this Article with more than two individuals living in a unit or bedroom may continue to allow more than two individuals to reside in a unit or bedroom if there is 60 square feet or more for each individual living in the unit or bedroom;
2. A bedroom or unit is not used to access a common room, common bathroom, or another bedroom or unit unless written consent is obtained from the resident or the representative;
3. To provide natural light, a bedroom or unit has:
   a. A window to the outside; or
   b. A door made of glass to the outside; and
4. To provide safe egress in an emergency, a bedroom or unit has:
   a. A window that either:
      i. Meets the requirements of the local jurisdiction; or
      ii. Has no dimension less than 20 inches, is at least 720 square inches, and has a window sill that is no more than 44 inches off the floor; or
   b. A door to the outside.

C. A licensee shall ensure that a swimming pool on the premises of an assisted living facility:
1. Complies with all applicable laws and rules for swimming pool construction and safety and:
   a. Is enclosed by a five-foot solid wall, fence, or barrier with either vertical or horizontal open spaces that do not exceed four inches; or
   b. Is inaccessible to residents and is granted an exception as prescribed in R9-10-702(F) from the enclosure requirements in subsection (C)(1)(a); and
2. Has self-closing, self-latching gates that are kept locked when the swimming pool is not in use; and
3. Has pool safety requirements conspicuously posted in the swimming pool area.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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R9-10-717. Fire and Safety Requirements

A. A licensee shall ensure that:
1. A written evacuation plan is developed and maintained on the premises;
2. A written disaster plan, identifying a relocation plan for all residents from the facility, is developed and maintained on the premises;
3. An employee fire drill is conducted at least once every three months on each shift. Residents are not required to participate in an employee fire drill. An employee fire drill includes making a general announcement throughout the facility that an employee fire drill is being conducted or sounding a fire alarm;
4. A resident fire drill is conducted at least once every six months and includes residents, employees on duty, support staff on duty, and other individuals in the facility. A resident fire drill includes making a general announcement throughout the facility that a resident fire drill is being conducted or sounding a fire alarm; and
5. Records of employee fire drills and resident fire drills are maintained on the premises for 12 months from the date of the drill and include the date and time of the drill, names of employees participating in the drill, and identification of residents needing assistance for evacuation.

B. A licensee shall ensure that a resident receives orientation to the evacuation plan within 24 hours of the resident's acceptance into the assisted living facility. Documentation of the orientation shall be signed and dated by the resident or the representative.

Historical Note

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R9-10-718. Environmental Services

A licensee shall ensure that:
1. A facility and facility grounds are:
   a. In good repair;
   b. Clean;
   c. Free of odors;
   d. Free of any object, material or condition that may be a hazard based on the physical, cognitive, and functional condition of the residents; and
   e. Free of insects and rodents;
2. Garbage and refuse are:
   a. Stored in covered containers lined with plastic bags; and

b. Removed from the premises at least once a week;
3. Heating and cooling systems maintain the facility at a temperature between 68° F to 85° F at all times. A resident with an individual temperature-controlled residential unit or room may heat and cool to provide for individual comfort;
4. Common areas are lighted to assure safety of residents;
5. Hot water temperatures are maintained between 95° F and 120° F in the areas of a facility used by residents;
6. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents;
7. A common bathroom has toilet paper; soap; and cloth towels, paper towels, or a mechanical air hand dryer accessible to residents;
8. Soiled linen and soiled clothing stored by the assisted living facility are stored in closed containers away from food storage, kitchen, and dining areas;
9. Oxygen containers are maintained in an upright position;
10. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications;
11. Combustible or flammable liquids and hazardous materials stored by an assisted living facility are stored in the original labeled containers or safety containers outside the facility or in an attached garage locked and inaccessible to residents;
12. Pets or animals are:
    a. Controlled to prevent endangering the residents and to maintain sanitation;
    b. Licensed consistent with local ordinances;
    c. Vaccinated as follows:
        i. A dog is vaccinated against rabies, leptospirosis, distemper, hepatitis, and parvo; and
        ii. A cat is vaccinated against rabies and feline leukemia;
13. A container with first-aid supplies, in a quantity sufficient to meet the needs of all residents, is accessible to employees. First-aid supplies include at least band-aids, sterile bandages or gauze pads, antiseptic solution, tweezers, scissors, tape, and disposable latex gloves;
14. If a non-municipal water source is used, 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. Documentation of testing is retained on the premises for 24 months from the date of the test; and
15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

Historical Note

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R9-10-719. Supplemental Requirements for an Assisted Living Home

A. In addition to the requirements in R9-10-716, a licensee shall ensure that an assisted living home meets the following:
1. Each bedroom is of standard construction with walls from floor to ceiling with at least one door. If a bedroom door is capable of being locked from the inside, an employee shall have a key and access to the bedroom at all times;
2. There is at least 80 square feet of floor space, excluding closets, bathrooms, alcoves, or vestibules, for a resident in a private bedroom and at least 60 square feet of floor space excluding closets, bathrooms, alcoves, or vestibules, for each resident sharing a bedroom with another individual;
3. A bedroom used by a resident who is receiving personal care services or directed care services is equipped with a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies;
4. Unless the resident provides the resident's own furnishings, a licensee provides the following furnishings for a resident:
    a. A bed, 36 inches wide or larger, consisting of at least a frame and mattress that is clean and in good repair;
    b. Clean linen 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;
    c. A bedside lamp that provides light for reading;
    d. Storage space for clothing;
    e. Individual storage space for personal effects; and
    f. Adjustable window covers that provide resident privacy;
5. A bathroom meets the following requirements:
    a. There is at least one working flushable toilet and one working sink for each eight individuals living in the home;
    b. There is one working tub or shower for each eight individuals living in the home;
    c. The sink is in the same bathroom as the toilet or in a room adjacent to the toilet, and is not used for food preparation;
    d. Each bathroom provides privacy when in use and contains:
        i. A mirror, unless the resident's service plan requires otherwise;
        ii. A means of ventilation or an operable window;
        iii. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers; and
        iv. Grab bars for the toilet and tub or shower and other assistive devices, if required in a resident's service plan, to provide for resident safety; and
    e. If a bathroom has a door locking from the inside, an employee has key and access to the bathroom at all times;
6. A resident is not housed on a floor that does not open onto the ground level unless:
    a. There is a secondary means of emergency exit that the resident is capable of using; and
    b. The resident is ambulatory without assistance and is able to direct self-care;
7. A resident has access to laundry service or a washing machine and dryer in the home.

B. In addition to the fire and safety requirements contained in R9-10-717, a licensee shall ensure the following:
1. A written evacuation plan, identifying interior exits, is conspicuously posted in the home;
2. A portable, all-purpose fire extinguisher that meets at a minimum, a 2A-10-BC rating of the Underwriter's Laboratories as described in Publication 10 of the National Fire Code, incorporated by reference in A.A.C. R9-1-412 is installed and maintained in the home as prescribed by the fire authority having jurisdiction;
3. A fire extinguisher is:
   a. Serviced every 12 months or as recommended by the manufacturer;
   b. Tagged specifying the date of recharging and the name of the organization performing the work; and
   c. Placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches off the floor;
4. Smoke detectors are installed according to the manufacturer's instructions in at least the following areas:
   a. Bedrooms;
   b. Hallways that adjoin bedrooms;
   c. Storage rooms and laundry rooms;
   d. Attached garages;
   e. Rooms or hallways adjacent to the kitchen; and
   f. Other places recommended by the manufacturer;
5. Smoke detectors that are battery-operated are equipped with a device that warns of a low battery. If more than two violations of an inoperative battery-operated smoke detector are cited in a 24-month period, the licensee shall ensure the smoke detector is hard wired into the electrical system; and
6. Smoke detectors are inspected as often as recommended by the manufacturer and kept in working order.

Historical Note
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R9-10-720. Supplemental Requirements for an Assisted Living Center

A. In addition to the requirements in R9-10-716, a licensee shall ensure that a center or a portion of a center providing personal care services or directed care services:
1. Has a fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a), incorporated by reference in A.A.C. R9-1-412, and a sprinkler system installed according to the National Fire Protection Association 13 standards incorporated by reference in A.A.C. R9-1-412; or
2. Has an alternative method to ensure the resident's safety approved by the local jurisdiction and granted an exception as prescribed in R9-10-702(F).

B. A licensee shall ensure that a resident has access to a laundry service or a washing machine and dryer in the center.

C. A licensee shall ensure that a resident's sleeping area is contained in a residential unit or a bedroom.
1. A residential unit shall meet the following:
   a. Have at least 220 square feet of floor space, excluding the bathroom and closet, for one individual and an additional 100 square feet of floor space, excluding the bathroom and closet, for a second individual;
   b. Have an individually keyed entry door. A key shall be provided to the resident or the representative, and an employee shall have a key and access to the unit at all times;
   c. A unit used by a resident receiving personal care services or directed care services shall be equipped with a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies. A licensee may request an exception from this requirement as prescribed in R9-10-702(F) for a resident who is unable to direct self-care if there is an alternative method of communication;
   d. Have a bathroom that provides privacy when in use and contains:
      i. A working flushable toilet;
      ii. A working sink;
      iii. A working tub or shower;
      iv. A mirror, unless the resident's service plan requires otherwise;
      v. A means of ventilation or an operable window;
      vi. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers; and
      vii. Grab bars for the toilet and tub or shower and other assistive devices, if identified in a resident's service plan, to provide for resident safety;
   e. If a bathroom has a door locking from the inside, an employee has a key and access to the bathroom at all times;
   f. Contains a resident-controlled thermostat for heating and cooling;
   g. Contains a kitchen area equipped with:
      i. A working sink;
      ii. A working refrigerator;
      iii. A cooking appliance that can be removed or disconnected;
      iv. Space for food preparation; and
      v. Storage for utensils and supplies;
   h. Unless the resident provides the resident's own furnishings, the licensee provides the following furnishings for a resident:
      i. A bed, 36 inches wide or larger, consisting of at least a frame and mattress that is clean and in good repair;
      ii. Clean linen 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;
      iii. A bedside lamp that provides light for reading;
      iv. Storage space for clothing;
      v. Individual storage space for personal effects;
      vi. Adjustable window covers that provide resident privacy;
      vii. One armchair or side chair; and
      viii. One table where a resident may eat a meal.
2. A bedroom shall meet the following:

a. Is of standard construction with walls from floor to ceiling with at least one door. If a bedroom door is capable of being locked from the inside, an employee has a key and access to the bedroom at all times;
b. There is at least 80 square feet of floor space, excluding closets, bathrooms, alcoves, or vestibules, for a resident in a private bedroom and at least 60 square feet of floor space, excluding closets, bathrooms, alcoves, or vestibules for each resident sharing a bedroom with another individual;
c. A bedroom used by a resident receiving personal care services or directed care services is equipped with a bell, intercom, or other mechanical means to alert employees to the resident's needs or emergencies. A licensee may request an exception from this requirement as prescribed in R9-10-702(F) for a resident who is unable to direct self-care if there is an alternative method of communication;
d. Unless the resident provides the resident's own furnishings, the licensee provides the following furnishings for a resident:
   i. A bed, 36 inches wide or larger, consisting of at least a frame and mattress that is clean and in good repair;
   ii. Clean linen 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;
   iii. A bedside lamp that provides light for reading;
   iv. Storage space for clothing;
   v. Individual storage space for personal effects; and
   vi. Adjustable window covers that provide resident privacy;
e. Bathroom requirements:
   i. At least one working flushable toilet and one working sink for each eight individuals living in the center;
   ii. One working tub or shower for each eight individuals in the center; and
   iii. The sink may be in the same bathroom as the toilet or in a room adjacent to the toilet but is not used for food preparation;
f. Each bathroom provides privacy when in use and contains:
   i. A mirror, unless the resident's service plan requires otherwise;
   ii. A means of ventilation or an operable window;
   iii. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers; and
   iv. Grab bars for the toilet and tub or shower and other assistive devices, identified in the resident's service plan, to provide for resident safety; and
g. For a bathroom door locking from the inside, an employee has a key and access to the bathroom at all times.

D. A licensee shall obtain the following inspections of a facility, according to the following schedules, and make any repairs or corrections stated on an inspection report:
1. Sanitation inspections, conducted a minimum of every 12 months by a local health department; and
2. Fire inspections, conducted no less than every 36 months by a local fire department or the State Fire Marshal.

E. A licensee shall maintain current reports of sanitation and fire inspections on the facility premises.

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R9-10-721. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Supervisory Care Services
A resident in an assisted living facility that is licensed to provide supervisory care services may receive nursing services or health-related services from a licensed home health agency, licensed hospice service agency, or private duty nurse.

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Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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R9-10-722. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Personal Care Services

A. A licensee of an assisted living facility licensed to provide personal care services shall not:
1. Accept or retain a resident unable to direct self-care;
2. Accept or retain an individual who requires continuous nursing services unless:
   a. The resident is under the care of a licensed hospice service agency;
   b. The continuous nursing services are provided by a private duty nurse; or
   c. The assisted living facility meets the requirements of A.R.S. § 36-401(C);
3. Accept or retain a resident who is bedbound unless:
   a. The condition is a result of a short-term illness or injury; or
   b. The following requirements are met at the onset of the condition or when the resident is accepted into the assisted living facility:
      i. Written authorization of residency or continued residency is signed and dated by the resident or the representative;
      ii. The resident's primary care provider, who has examined the resident within 30 days from the onset of the condition or upon acceptance into the assisted living facility, signs and dates a statement authorizing residency at the assisted

living facility. The resident's primary care provider shall examine the resident at least once every six months throughout the duration of the resident's condition and signs and dates a statement authorizing continued residency;
iii. The resident does not require continuous nursing services except as provided by subsection (A)(2);
iv. The resident's service plan is revised to include the resident's increased need for services;
v. The resident is under the care of a nurse, licensed home health agency, or licensed hospice service agency;
vi. The assisted living facility is meeting the resident's needs; and
vii. The assisted living facility documents the services provided to the resident to meet the resident's needs; and
4. Accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a nurse or medical practitioner, unless the assisted living facility meets the requirements in subsection (A)(3)(b).

B. In addition to the ongoing training requirements in R9-10-707 (B), a licensee of an assisted living facility licensed to provide personal care services shall ensure that each manager and caregiver completes a minimum of two hours of ongoing training in providing personal care services every 12 months from the starting date of employment, or for a manager or caregiver hired before the effective date of this Article, every 12 months from the effective date of this Article.

C. A licensee shall provide to each resident receiving personal care services:
1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
2. Sufficient fluids to maintain hydration;
3. Incontinence care that ensures that a resident maintains the highest practicable level of independence and dignity when toileting;
4. An assessment conducted by a primary care provider of each resident who needs medication administration or nursing services within 30 days of being accepted into the assisted living facility or within 30 days of developing the need for nursing services or medication administration; and
5. Documentation of a resident's weight for each resident receiving medication administration or nursing services. A resident's weight shall be recorded in the resident's service plan when a resident's service plan is developed or updated.

D. In addition to the medication requirements in R9-10-713, a licensee shall ensure that:
1. Assistance in the self-administration of medication or medication administration for a resident receiving personal care services is provided based upon a written medication order from the resident's primary care provider, medical practitioner, or as otherwise provided by law. A medication order includes:
a. The name of resident;
b. The name, strength, quantity, route of administration, and directions for the medication ordered;
c. Precautionary statements, if applicable; and
d. The signature of primary care provider or medical practitioner and date signed;
2. A verbal medication order from a primary care provider or medical practitioner is noted in a resident's medication record within 24 hours of receipt of the verbal order and a supporting written order is obtained from the primary care provider or medical practitioner within 14 days of receipt of the verbal order. Only a manager or caregiver may receive a verbal medication order;
3. Only the following individuals provide medication administration:
a. A representative or a resident's relatives;
b. A nurse or other medical practitioner, or other individual authorized by law to provide medication administration; or
c. An employee authorized in writing by a resident's physician;
4. A nurse, pharmacist, or primary care provider reviews the medication and medication record of each resident receiving medication administration or nursing services at least every 90 days and after a significant change in the resident's condition;
5. Employees and support staff do not provide non-prescription medication to a resident unless the resident has an order from the resident's primary care provider or medical practitioner for the medication; and
6. When a PRN medication is administered to a resident on a regular basis, the resident's primary care provider or medical practitioner is notified and a written order is obtained from the resident's primary care provider within 14 days.

E. A licensee of an assisted living facility licensed to provide personal care services shall ensure a treatment for a resident receiving personal care services is administered as follows:
1. A treatment that cannot be self-administered is administered by a nurse or as otherwise provided by law;
2. A treatment is administered according to a written order from the resident's primary care provider or medical practitioner. A treatment order shall include the:
a. Name of resident;
b. Name, route of administration, and directions for use of treatment ordered;
c. Precautionary statements related to the administration of treatment, if applicable; and
d. Signature of primary care provider or medical practitioner and date signed;
3. A verbal treatment order from a primary care provider or medical practitioner is noted in a resident's record within 24 hours of receipt of the verbal order and a supporting written order is obtained from the primary care provider or medical practitioner within 14 days of receipt of the verbal order. Only a manager or caregiver may receive a verbal treatment order; and
4. A written record of treatment administered to a resident is completed by an employee and includes the:
a. Name of treatment, frequency, and route of administration;
b. Date and time treatment is scheduled to be administered; and
c. Date and time of actual treatment administration and signature or initials of the individual administering treatment.

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R9-10-723. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Directed Care Services

A. A licensee shall ensure that a representative is designated for a resident who is unable to direct self-care.

B. A licensee of an assisted living facility licensed to provide directed care services shall not accept or retain a resident who:
1. Is bedbound, unless the requirements in R9-10-722(A)(3) are met;
2. Needs continuous nursing services, unless the requirements of R9-10-722(A)(2) are met; or
3. Has a stage 3 or stage 4 pressure sore as determined by a nurse or other medical practitioner unless the requirements in R9-10-722(A)(4) are met.

C. In addition to the ongoing training requirements in R9-10-707 (B) and R9-10-722(B), a licensee of an assisted living facility licensed to provide directed care services shall ensure each manager and caregiver completes a minimum of four hours of ongoing training in providing services to residents who are unable to direct self-care every 12 months from the starting date of employment, or for a manager or caregiver hired before the effective date of this Article, every 12 months from the effective date of this Article.

D. In addition to the supplemental service requirements in R9-10-722(C) a licensee of an assisted living facility providing services to a resident who is unable to direct self-care shall provide the following:
1. Direct supervision to ensure personal safety;
2. Coordination of communications with each representative, relatives, case manager, if applicable, and other individuals identified in the resident's service plan;
3. Cognitive stimulation and activities to maximize functioning;
4. Encouragement to eat meals and snacks;
5. An assessment of a resident who is unable to direct self-care by a primary care provider within 30 days of being accepted into the assisted living facility or within 30 days of becoming unable to direct self-care; and
6. Documentation of a resident's weight. A resident shall be weighed and the resident's weight recorded in the resident's service plan when a resident's service plan is developed or reviewed.

E. A licensee shall ensure that medication requirements in R9-10-722(D) are met for a resident receiving personal care services or directed care services.

F. A licensee shall ensure that treatments for a resident receiving personal care services or directed care services are administered as required in R9-10-722(E).

G. In addition to the requirements for a resident's record in R9-10-714, a licensee shall ensure that:
1. The resident record for a resident who is unable to direct self-care contains a record of services provided by a licensed home health agency or licensed hospice service agency including:
   a. A description of the home health service or hospice service provided to the resident and date and time provided;
   b. The name, address, and phone number of the home health agency or hospice agency; and
   c. Documentation of any instructions for the resident's care in the resident's service plan; and
2. Instructions for the resident's care are communicated to employees.

H. A licensee who provides services in a facility or portion of a facility to a resident who is unable to direct self-care shall:
1. Develop and implement policies and procedures that ensure the continued safety of a resident who may wander;
2. Ensure a means of exiting the facility that meets one of the following:
   a. The assisted living facility provides a resident who does not have a key, special knowledge for egress, or special physical effort, access at all times to an outside area that is secure and allows the resident to be at least 30 feet away from the facility. If the outside area does not allow a resident to be at least 30 feet away from the facility, the assisted living facility shall provide a means of egress from the outside area that allows the resident to be at least 30 feet from the facility; or
   b. The facility meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-1-412.

I. A licensee shall follow notification requirements in R9-10-703(B)(12) each time a resident who is unable to direct self-care wanders off facility grounds.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules (Supp. 98-4).

R9-10-724. Supplemental Requirements for Training Programs

A. A training program shall meet the following requirements:
1. Except as provided in subsection (A)(2), an instructor for the training program shall be any of following:
   a. A nurse, physician, physician assistant, or related medical professional with at least two years of health-related experience;
   b. An individual with at least a bachelors degree in social work, gerontology, or closely-related field and at least two years of health-related experience;
   c. An instructor employed by an accredited junior college, college, university or health care institution to teach health-related courses; or
   d. An assisted living facility manager with at least two years experience serving as a manager in a residential care institution;
2. If an instructor does not met the requirements in subsection (A)(1), the instructor may provide specific training in a level of training as designated in subsection (C)(3) or a training component as stated in subsection (B)(3) if the instructor has:
   a. Education that qualifies the instructor to provide the training;
   b. Experience that qualifies the instructor to provide the training; or
   c. Taught a class that includes the specific training;

3. An instructor for the training program shall not provide training if the instructor:
   a. Is serving as a manager of a health care institution operating under a provisional license; or
   b. Has had a license to operate a health care institution revoked or suspended;
4. Instructional methods for personal care services shall include opportunities for an individual receiving the training to practice skills on a mannequin or individual; and
5. Training shall be provided using the instructors, manuals, student handouts, learning objectives, and verification tools and methods approved by the Department as prescribed in subsection (D).

B. A training program shall:
1. Be constructed to allow an individual to demonstrate the specific skills and knowledge of a level of training or training component;
2. Issue a verification of completion of training:
   a. That states:
      i. The name of individual;
      ii. Each level of training completed by the individual;
      iii. The date of completion; and
      iv. The name of training program;
   b. To an individual who:
      i. Completes training in subsection (B)(3) and demonstrates specific skills and knowledge in the level of training; or
      ii. Does not complete the training in subsection (B)(3) but demonstrates the specific skills and knowledge in the learning objectives of the level of training;
3. Provide training as follows:
   a. For an individual who will be providing supervisory care services: 20 hours or the amount of time needed to verify that an individual demonstrates the specific skills and knowledge in the learning objectives in each of the following training components:
      i. Promoting resident dignity, independence, self-determination, privacy, choice, resident rights, and ethics;
      ii. Communicating effectively with a resident, a representative and relatives, individuals who appear angry, depressed, or unresponsive;
      iii. Managing personal stress;
      iv. Preventing abuse, neglect, and exploitation and reporting requirements;
      v. Controlling the spread of disease and infection;
      vi. Recordkeeping and documentation;
      vii. Following and implementing resident service plans;
      viii. Nutrition, hydration, and food services;
      ix. Assisting in the self-administration of medications;
      x. Developing and providing social, recreational, and rehabilitative activities; and
      xi. Fire, safety, and emergency procedures;
   b. For an individual who will be providing personal care services: In addition to verification of the training components in subsection (B)(3)(a), 30 hours or the amount of time needed to verify that an individual demonstrates specific skills and knowledge in the learning objectives of each of the following training components:
      i. The aging process and medical conditions associated with aging or physical disabilities;
      ii. Assisting residents in activities of daily living and taking vital signs; and
      iii. Medications;
   c. For an individual who will be providing directed care services: In addition to verification of the training components in subsection (B)(3)(a) and (b), 12 hours or the amount of time needed to verify that an individual demonstrates specific skills and knowledge in the learning objectives of each of the following training components:
      i. Overview of Alzheimer's disease and related dementias;
      ii. Communicating with a resident who is unable to direct self-care;
      iii. Providing services, including problem solving, maximizing functioning, and life skills training for a resident who is unable to direct self-care;
      iv. Managing difficult behaviors in a resident who is unable to direct self-care; and
      v. Developing and providing social, recreational, and rehabilitative activities for residents who are unable to direct self-care;
   d. For an individual who will be acting as a manager of an assisted living facility: eight hours or the amount of time needed to verify that an individual demonstrates the specific skills and knowledge in the learning objectives in each of the following training components:
      i. Developing resident service plans,
      ii. Business practices,
      iii. Personnel management,
      iv. Delegation of authority,
      v. Developing policies and procedures, and
      vi. Overview of the laws and rules governing assisted living facilities;
4. Accept documentation that an individual is certified as a nursing assistant under A.R.S. Title 32, Chapter 15 as verification of the skills and knowledge required in subsection (B)(3)(b)(i) and (ii);
5. Use only instructors who meet the qualifications in subsection (A)(1) and (2);
6. Maintain the following records at the location designated on the application for five years from the date the instructor provided training:
   a. The name and documentation of qualifications of each instructor;
   b. A copy of each certificate of training issued by the training program;
   c. The written instrument verifying that the individual demonstrated the specific skills and knowledge in each learning objective for a level of training; and
   d. Evaluations required by subsection (B)(7); and
7. Ensure that an individual who receives a certificate of training submits an evaluation of the training program to the training program that includes:
   a. The name of each instructor,
   b. An evaluation of each instructor,
   c. An evaluation of training, and
   d. Suggestions or recommendations.

C. An applicant for Department approval of an assisted living training program shall submit an application to the Department that includes:
1. A completed application form, provided by the Department, that includes:

a. The name of the training program;
b. The mailing address for the training program;
c. The phone number for the training program;
d. The location or locations where training will be provided;
e. The location where training records will be maintained;
f. The name of a contact person; and
g. The signature of the following:
h. If an individual, the signature of the individual;
i. If a partnership, the signatures of two of the partners;
j. If a corporation, the signatures of two officers of the corporation;
k. If a limited liability company, the designated manager, or if no manager is designated, the signatures of any two members of the limited liability company; or
l. If a governmental agency, the signature of the director of the governmental agency or the individual designated in writing by the director.

2. The names and qualifications of each instructor providing training;
3. The designation of one or more of the following levels of training provided by the training program:
   a. Supervisory care services;
   b. Personal care services;
   c. Directed care services; or
   d. Manager training; and
4. The following information for each level of training provided:
   a. The instructional method or methods;
   b. A detailed training outline;
   c. The learning objectives;
   d. The instructor's manuals and student handouts; and
   e. The tool and method or methods of verification that an individual has achieved the learning objective.

D. For Department approval of a training program:
1. The overall time-frame described in A.R.S. § 41-1072(2), is 90 days.
2. The administrative completeness review described in A.R.S. § 41-1072(1) is 60 days and begins on the date the Department receives an application.
   a. If any of the documents is missing or if information on the documents is deficient, the Department shall provide to the applicant a written notice of incompleteness that states each deficiency and the information or documents needed to complete the application. The 60 day time-frame for the Department to finish the administrative completeness review is suspended from the date the Department provides the notice of incompleteness to the applicant until the date the Department receives the required information or missing document.
   b. If all of the documents are submitted and the information on the documents is complete, the Department shall provide a written notice of administrative completeness to the applicant.
   c. If the documents or information are not submitted within 120 days from the date of notice of incompleteness, the Department shall consider the application withdrawn.
   d. If the Department grants approval to the training program during the time provided to assess administrative completeness, the Department shall not provide a separate written notice of administrative completeness.
3. The substantive review time-frame described in A.R.S. § 41-1072(3) is 30 days and begins on the date the Department provides written notice of administrative completeness to the applicant.
   a. If the applicant does not meet the requirements of this Section the Department shall provide a written request for additional information to the applicant. The 30 day time-frame for the Department to finish the substantive review is suspended from the date the Department provides the written request to the applicant until the Department receives the additional information.
   b. The applicant shall submit to the Department the information or documents identified in the written request for additional information within 30 days of the receipt of the written request.
   c. The Department shall provide the applicant with a written notice of denial if:
      i. The applicant does not submit the additional information within the time-frame in subsection (D)(3)(b); or
      ii. Upon receipt of the additional information from the applicant, the Department determines that the applicant does not meet the requirements of this Section.
   d. An applicant may appeal the Department's determination according to A.R.S. Title 41, Chapter 6.
4. If an applicant meets the requirements of this Section, the Department shall provide a written notice of Department approval to the applicant.

E. To change the level of training that a training program is approved to provide, the training program shall submit to the Department the information for the requested level of training in subsection (C)(2),(3), and (4). The Department shall comply with the requirements for approval of a training program in subsection (D).

F. A training program shall not provide training or a level of training until the training program receives written Department approval.

G. A training program shall submit to the Department:
1. Any changes to the information required in subsection (C)(1) no later than 30 days from the date of the change, and
2. The information required in subsection (C)(2) for an instructor before the instructor provides training for the training program.

H. To renew a training program's approval, a training program shall submit to the Department every 24 months from the date of approval, the information in subsection (C). The Department shall comply with the requirements for approval of a training program in subsection (D).

I. The Department may withdraw a training program's approval if:
1. The training program does not comply with the requirements in subsection (A), (B), or (C);
2. The Department determines that the training program issued a certificate of training to an individual who did not demonstrate the specific knowledge and skills of a learning objective in a training component in the level of training stated on the certificate; or
3. The training program fails to meet the requirements in subsection (E), (F), (G), or (H).

J. The Department may observe a training program's instructional or verification methods; review the training programs

records; and interview instructors, individuals trained, and other individuals to determine a training program's compliance with this Section.

Historical Note
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

ARTICLE 8. HOSPICES; HOSPICE INPATIENT FACILITIES

R9-10-801. Definitions

In this Article, unless the context otherwise requires:

1. "Abuse" has the meaning in A.R.S. § 46-451.
2. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a hospice service provided to the patient.
3. "Admission" or "admitted" means documented acceptance by a hospice of an individual as a patient.
4. "Assessment" means an analysis of a patient's hospice service needs.
5. "Attending physician" means an individual licensed under A.R.S. Title 32, Chapter 13 or 17 and designated by a patient or a patient representative to participate in the hospice care the patient receives.
6. "Biohazardous medical waste" has the meaning in A.A.C. R18-13-1401.
7. "Biologicals" has the meaning in A.A.C. R18-13-1401.
8. "Clinical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
9. "Communicable disease" has the meaning in A.A.C. R9-6-101.
10. "Conspicuously post" means to make visible to patients, patients' families, staff, and hospice visitors by displaying on an object, such as a wall or bulletin board.
11. "Continuing education" means instruction that satisfies a requirement for renewing an individual's certification or licensure.
12. "Counseling" means advice or guidance provided to a hospice patient by a counselor.
13. "Counselor" means a qualified individual who offers advice or guidance to a patient or a patient's family.
14. "Department" means the Arizona Department of Health Services.
15. "Direction" has the meaning in A.R.S. § 36-401.
16. "Disaster" means an unexpected occurrence that adversely affects a hospice's ability to provide hospice services.
17. "Discarded drug" has the meaning in A.A.C. R18-13-1401.
18. "Document" means to create, sign, and date information in written, photographic, electronic, or other permanent form.
19. "Documentation" or "documented" means signed and dated information in written, photographic, electronic, or other permanent form.
20. "Drug" has the meaning in A.R.S. § 32-1901.
21. "Electronic" has the meaning in A.R.S. § 44-7002.
22. "Evacuation drill" means a response to a planned, simulated event.
23. "Exploitation" has the meaning in A.R.S. § 46-451.
24. "Family" means a patient's spouse, sibling, child, parent, or grandparent or an individual designated by the patient.
25. "Garbage" has the meaning in A.A.C. R18-13-302.
26. "Governing authority" has the meaning in A.R.S. § 36-401.
27. "Health care institution" has the meaning in A.R.S. § 36-401.
28. "Highly susceptible populations" has the meaning in § 1-201.10 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107.
29. "Home health aide services" means assistance with bathing, dressing, grooming, eating, ambulating, or toileting.
30. "Homemaker services" means assistance with food preparation, cleaning, laundry, and housekeeping provided to a patient or a patient's family.
31. "Hospice" has the meaning in A.R.S. § 36-401.
32. "Hospice inpatient facility" means a health care institution licensed under this Article that provides hospice services to a patient requiring inpatient services.
33. "Hospice service" means an action identified in R9-10-808 that hospice staff provide for a hospice patient.
34. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient during the provision of a hospice service.
35. "Informed consent" means documented authorization by a patient or a patient's representative for the provision of hospice services to the patient after a hospice staff member informs the patient or the patient's representative of the following:
    a. A description of the hospice services;
    b. A description of the expected benefits of the hospice services;
    c. Alternatives to the hospice services;
    d. Associated risks of the hospice services, including potential side effects and complications; and
    e. The patient's right to withdraw authorization for the hospice services at any time.
36. "Inpatient beds" or "resident beds" has the meaning in A.R.S. § 36-401.
37. "Inpatient services" means sleeping accommodations and assistance, such as personal care and food preparation, provided to a patient at one of the following health care institutions:
    a. A hospice inpatient facility licensed under A.R.S. Title 36, Chapter 4 and this Article; or
    b. A hospital or nursing care institution licensed under A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10.
38. "In-service education" means organized instruction or information related to hospice services provided to hospice staff under the direction of a hospice licensee.
39. "Interdisciplinary group" means a team composed of a physician, registered nurse, counselor, and social worker.
40. "Medical history" means the part of a patient's clinical record consisting of an account of the patient's health, including past and present illnesses or diseases.
41. "Neglect" means a pattern of conduct, without informed consent as defined in A.R.S. § 46-451(A), resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.
42. "Nonprescription drug" has the meaning in A.R.S. § 32-1901.
43. "Nurse" means an individual licensed to practice practical or professional nursing under A.R.S. Title 32, Chapter 15.

44. "Nursing services" means hospice services provided according to R9-10-808(B)(2).
45. "Order" means a documented instruction given by a physician to provide a hospice service to a patient.
46. "Orientation" means initial instruction, information, and palliative care training provided to a new hospice staff member.
47. "Palliative" means care of a terminally ill patient that is not curative and is designed for pain control or symptom management.
48. "Patient" means a terminally ill individual who is receiving hospice services from a hospice.
49. "Pharmacist" has the meaning in A.R.S. § 32-1901.
50. "Physician" means an individual licensed under A.R.S. Title 32, Chapter 13 or 17.
51. "Prescription drug" has the same meaning as "prescription" in A.R.S. § 32-1901.
52. "Provider pharmacist" means a pharmacist who supplies medication to a long-term care facility and maintains patient profiles.
53. "Qualified" means meeting the requirements specified in a hospice's written job description for a staff position.
54. "Refuse" has the meaning in A.A.C. R18-13-302.
55. "Registered nurse" means an individual licensed to practice professional nursing under A.R.S. Title 32, Chapter 15.
56. "Representative" means a legal guardian, an individual acting on behalf of another individual under written authorization from the individual, or a surrogate as defined in A.R.S. § 36-3201.
57. "Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, and understanding of an illness.
58. "Residence" means a place where a patient is living or regularly staying, other than a health care institution at which a patient is receiving inpatient services.
59. "Respite" has the same meaning as "respite care services" in A.R.S. § 36-401.
60. "Service area" means the geographical boundary surrounding a hospice's administrative office in which the hospice provides hospice services, including inpatient services.
61. "Social worker" means an individual with a baccalaureate degree in social work in a program accredited or approved by the Council on Social Work Education.
62. "Staff" or "staff member" means an employee of a hospice, a volunteer for a hospice, or an agency or individual under contract with a hospice to provide a hospice service.
63. "Supervise" or "supervised" has the same meaning as "supervision" in A.R.S. § 36-401.
64. "Terminally ill" means a medical diagnosis by a physician that an individual has a specific, progressive, normally irreversible disease that will cause the individual's death in six months or less.
65. "Therapeutic diet manual" means a written guidebook that designates the kind and amount of food intended to treat or ease a specific human disease or medical disorder.
66. "Volunteer" means a person who provides services to a hospice without compensation.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-802. Hospice General Requirements

A. A person shall not operate a hospice without a hospice license from the Department.

B. A hospice licensee shall comply with:
1. The requirements in 9 A.A.C. 10, Article 1 and Article 8; and
2. Federal and state laws, rules, and local ordinances related to the operation of a hospice.

C. A hospice licensee shall:
1. Have a governing authority,
2. Provide hospice services required in R9-10-808, and
3. Operate only in the hospice's service area.

D. A hospice licensee engaged in medical research shall develop, implement, follow, review, and update written policies and procedures for:
1. Securing informed consent, before involving the patient in medical or experimental research;
2. Conducting medical or experimental research;
3. Ensuring that a patient's participation in medical or experimental research remains confidential; and
4. Disclosing research data.

E. A hospice licensee shall establish in writing and enforce a patient rights policy that includes the right to:
1. Be treated with dignity, respect, and consideration;
2. Receive individualized treatment according to a patient plan of care;
3. Be free from:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Retaliation for submitting a complaint against the hospice; and
   e. Discrimination based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
4. Be afforded privacy in correspondence, communication, visitation, financial affairs, hygiene, and receipt of hospice services;
5. Be photographed only with authorization from the patient or the patient's representative; and
6. File a complaint against the hospice.

F. A hospice licensee shall conspicuously post in the reception area of the hospice's administrative office:
1. The current Department-issued license;
2. The current telephone number of the Department; and
3. The location at which the following are available for review:
   a. A copy of the most recent Department inspection report;
   b. A list of hospice services;
   c. A written copy of rates and charges, as required in A.R.S. § 36-436.03; and
   d. The written patient rights policy required in subsection (E).

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-803. Application for an Initial Hospice License; Application for Renewal of a Hospice License

A. In addition to complying with the initial license application requirements in 9 A.A.C. 10, Article 1, an applicant for an initial hospice license shall submit to the Department an application form provided by the Department that includes:
1. The hours of operation for the hospice's administrative office;
2. A description of the hospice's service area;
3. For each hospice service required in R9-10-808, other than inpatient services, whether a hospice employee, a hospice volunteer, or an agency or individual under contract with the hospice provides the hospice service;
4. For each health care institution providing inpatient services:
   a. The name, address, and telephone number of the health care institution;
   b. Whether the health care institution is:
      i. A hospice inpatient facility operated by the applicant and licensed under this Article, or
      ii. A hospital or nursing care institution licensed under 9 A.A.C. 10;
   c. A copy of the health care institution's current Department license; and
   d. The number of hospice inpatient beds; and
5. Acknowledgment that a copy of each contract for provision of a hospice service, including inpatient services, is available for review by the Department.

B. In addition to complying with the license renewal application requirements in 9 A.A.C. 10, Article 1, an applicant for renewal of a hospice license shall submit to the Department a renewal application form that includes:
1. The information required in R9-10-803(A)(1) through R9-10-803(A)(5);
2. The applicant's current hospice license number; and
3. For the 12 months before the date on the renewal application, the total number of patients served.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-803 renumbered to R9-10-804; new Section R9-10-803 made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-804. Hospice Administration

A. A hospice licensee shall:
1. Appoint in writing a chief administrative officer, who may be the same individual as the governing authority, and who is either:
   a. A physician;
   b. A registered nurse with at least one year of experience in health care administration;
   c. An individual with a baccalaureate degree in human services or administration and at least one year of health care administration experience; or
   d. An individual with five years of administrative experience, including at least two years of experience in health care administration;
2. Appoint in writing, or require that the chief administrative officer appoint in writing:
   a. A medical director who is a physician, and who may be the same individual as the chief administrative officer; and
   b. At least one nursing supervisor who is a registered nurse, and who may be the same individual as the chief administrative officer;
3. Approve, implement, and annually review all policies and procedures governing the hospice; and
4. Approve, or require that the chief administrative officer approve, each contract with an agency or individual to provide a hospice service.

B. A hospice's chief administrative officer shall:
1. Supervise the day-to-day operation of the hospice;
2. Designate, in writing, a staff member who meets one of the requirements in subsection (A)(1) to act as the chief administrative officer when the chief administrative officer is absent for more than seven continuous days; and
3. Designate a hospice staff member to supervise volunteers.

C. A hospice's medical director shall:
1. Provide medical services to a patient if the:
   a. Patient does not have an attending physician; or
   b. Medical director determines that the patient has a medical need that is not met by the patient's attending physician;
2. Serve as a consultant to each interdisciplinary group; and
3. Serve as the physician member of each interdisciplinary group that would otherwise not have a physician member.

D. A hospice's nursing supervisor shall:
1. Determine the number of nurses required to provide the nursing services identified in each patient's plan of care,
2. Review and adjust nursing work schedules to ensure that nursing services identified in each patient's plan of care are provided to patients, and
3. Ensure that the registered nurse on each interdisciplinary group coordinates the implementation of the plan of care for each patient assigned to that interdisciplinary group.

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Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to

A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-804 renumbered from R9-10-803 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-805. Hospice Staff

A. A hospice licensee shall:
1. Form at least one interdisciplinary group;
2. Ensure that each patient receives the services designated in the patient's plan of care;
3. Have staff to meet the hospice needs of a patient and the patient's family 24 hours a day, seven days a week;
4. Have at least one registered nurse physically present 24 hours a day, seven days a week at a health care institution where a patient receives inpatient services;
5. Have a written job description for each staff position that identifies duties, skills, and qualification and education requirements;
6. Provide a staff orientation program;
7. Provide each staff member a minimum of two clock hours of annual in-service education in palliative care;
8. Have a written statement identifying the philosophy, objectives, and scope of the hospice's volunteer services; and
9. Maintain a personnel record for each staff member containing:
   a. A copy of the staff member's license or certificate, if applicable;
   b. A completed application form or contract for the provision of services;
   c. A job description;
   d. A record of all orientation, in-service education, and continuing education; and
   e. Evidence of compliance with subsection (B)(2).

B. A hospice staff member shall:
1. Complete orientation and in-service education required in subsections (A)(6) and (A)(7);
2. Before initially providing hospice services and every 12 months thereafter, submit one of the following as evidence of being free from infectious pulmonary tuberculosis:
   a. A report of a negative Mantoux skin test or other test for tuberculosis recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer, as defined in A.R.S. § 36-711, administered within the last six months; or
   b. If the staff member has had a positive test for tuberculosis, a physician's written statement dated within the last six months, verifying that the staff member is free from infectious pulmonary tuberculosis.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency and (A)(1)(a)(i)(1) amended effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-806. Patient Admissions

A. Before admitting an individual as a patient, a hospice's chief administrative officer or designee shall require that the hospice obtain:
1. The name of the individual's attending physician;
2. Documentation that the individual is terminally ill, provided by:
   a. The individual's attending physician, and
   b. The hospice medical director or a physician member of a hospice interdisciplinary group; and
3. Documentation from the individual or the individual's representative acknowledging that:
   a. Hospice care is palliative rather than curative;
   b. The individual or individual's representative has received:
      i. A list of hospice services, and
      ii. The written patient rights policy required in R9-10-802(E); and
   c. The individual or individual's representative knows that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.

B. At the time of patient admission, a hospice physician or a registered nurse shall:
1. Assess a patient's medical, social, nutritional, and psychological needs; and
2. Obtain informed consent.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-807. Patient Plan of Care

A. For each patient, the medical director, the patient's interdisciplinary group, and the patient's attending physician shall:
1. Establish a documented plan of care based upon an assessment of the patient's medical, social, nutritional, and psychological needs;
2. Attempt to involve the patient and the patient's family in the preparation of the plan of care;
3. Review the plan of care as often as necessary, but at least monthly; and
4. Revise the plan of care as necessary to meet the patient's care needs.

B. The plan of care shall contain:
1. A complete assessment of the patient's care needs, and
2. Types and frequencies of planned hospice services.

Historical Note

Adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989 pursuant to

A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-808. Hospice Services

A. A hospice licensee shall provide a hospice service:
1. Through an employee of the hospice, a volunteer for the hospice, or an agency or individual under contract with the hospice to provide a hospice service;
2. Specified in a patient's plan of care; and
3. Twenty-four hours a day, seven days a week as necessary to meet the needs of a patient and the patient's family.

B. A hospice licensee shall provide the following hospice services:
1. Physician services that are within the scope of practice of a physician, provided by a physician;
2. Nursing services that are within the scope of practice of a nurse, provided by:
   a. A registered nurse; or
   b. An individual:
      i. Licensed or certified under A.R.S. Title 32, Chapter 15 and 4 A.A.C. 19; and
      ii. Operating under the direction of a registered nurse;
3. Pharmaceutical services, including the administration of drugs or biologicals, provided according to R9-10-809;
4. Dietary counseling services, including menu planning and the designation of the kind and amount of food appropriate for a patient, provided by a registered dietitian approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration;
5. Home health aide services provided:
   a. Through a home health agency licensed under 9 A.A.C. 10, Article 1 and Article 11; or
   b. By a qualified individual authorized to provide nursing assistant services under A.R.S. Title 32, Chapter 15;
6. Homemaker services, provided by a qualified individual;
7. Occupational therapy services provided by an occupational therapist licensed under and operating within the scope of practice authorized by A.R.S. Title 32, Chapter 34 and 4 A.A.C. 43;
8. Physical therapy services provided by a physical therapist licensed under and operating within the scope of practice authorized by A.R.S. Title 32, Chapter 19 and 4 A.A.C. 24;
9. Social services, including advocacy, referral, problem-solving, and intervention functions related to personal, family, business, and financial issues, provided by a social worker;
10. Speech and language pathology services provided by a speech and language pathologist licensed under and operating within the scope of practice authorized by A.R.S. Title 36, Chapter 17 and 9 A.A.C. 16;
11. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity, provided by a qualified individual;
12. Volunteer services, supervised by a designated hospice staff member;
13. Counseling services other than spiritual and dietary counseling, provided by a qualified individual; and
14. Inpatient services as defined in R9-10-801 provided to a patient for respite purposes, pain control, or symptom management.

C. A hospice licensee shall ensure that the following services are provided to a patient's family:
1. Hospice respite services at the patient's residence or through inpatient services;
2. Bereavement counseling, including social and emotional support, provided by a qualified individual for at least one year after the death of the patient; and
3. Counseling determined by the interdisciplinary group to be:
   a. Necessary while the patient is receiving services from the hospice, and
   b. Related to the patient's illness.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-809. Hospice Pharmaceutical Services

A. Drugs or biologicals may be administered to a patient by:
1. A physician;
2. A registered nurse;
3. A physician assistant licensed under A.R.S. Title 32, Chapter 25 and acting within the physician assistant's scope of practice;
4. A practical nurse licensed under A.R.S. Title 32, Chapter 15 and acting within the practical nurse's scope of practice;
5. The patient, if pre-approved by the patient's attending physician; or
6. Any other individual according to applicable state and local laws, if the patient's plan of care specifies:
   a. That the individual may administer a drug or biological, and
   b. The drug or biological the individual may administer.

B. For each dose of drug or biological a hospice staff member administers to a patient, the hospice staff member shall document in the patient's clinical record:
1. The date and time of administration;
2. The name, strength, dosage, amount, and method of administration;
3. The ordering physician's name;
4. The signature of the individual administering the drug or biological;
5. Any contraindications, such as symptoms or circumstances, that render the use of the drug or biological for the patient inadvisable because of risk; and
6. Any adverse reaction of the patient.

C. A registered nurse shall:

1. Report to the interdisciplinary group physician and the attending physician a patient's adverse reaction to a drug or biological or an error in administering a patient's drug or biological no later than 24 hours after identifying the adverse reaction or the error, and
2. Submit an incident report to the hospice's medical director no later than 24 hours after identifying the adverse reaction or the error.

D. A hospice licensee shall ensure that a health care institution providing inpatient services:
1. Has a documented agreement with a pharmacist or provider pharmacist to assist in ordering, storing, administering, and disposing of and recordkeeping for drugs or biologicals according to A.R.S. Title 32, Chapter 18, A.R.S. Title 36, Chapter 27, and 4 A.A.C. 23, Article 7;
2. Stores nonprescription drugs or biologicals in the original manufacturer's package;
3. Stores a patient's prescription drugs or biologicals in the original prescription containers, labeled for the patient, in a separate storage space reserved for the patient;
4. Writes on a package or container in which a drug or biological is stored the date the package or container is first opened;
5. Stores drugs or biologicals according to the manufacturer's recommended temperatures;
6. Stores drugs or biologicals in a locked:
   a. Room,
   b. Cabinet,
   c. Refrigerator, or
   d. Box that is securely fastened within a refrigerator; and
7. Stores drugs or biologicals for external use and eye, ear, and rectal medications separate from other drugs and biologicals.

E. A hospice licensee shall dispose of discarded drugs according to 18 A.A.C. 13, Article 4.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-809 renumbered to R9-10-812; new Section R9-10-809 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1).

R9-10-810. Hospice Dietary Counseling and Nutrition Services Required For a Patient Receiving Inpatient Services

A. A hospice licensee shall ensure that a registered dietitian or a staff member under the direction of a registered dietitian plans menus for a patient that:
1. Meet the nutritional needs of the patient based upon the patient's age, health needs, and patient plan of care;
2. Are developed with consideration for the patient's:
   a. Food preferences,
   b. Customs,
   c. Religious background,
   d. Cultural background, and
   e. Ethnic background;
3. Are conspicuously posted at the health care institution providing inpatient services at least 24 hours before the meal is served; and
4. Are maintained at the health care institution providing inpatient services for at least 30 days after the meal is served.

B. A hospice licensee shall ensure that, unless otherwise required by a patient's plan of care and specified in a patient's menu, the patient is provided 48 to 64 ounces of water, three meals, and one snack a day, with not more than a 14-hour time span between the evening meal and the morning meal, including:
1. Three servings of at least one-half cup of vegetables or six ounces of vegetable juice;
2. Two servings of at least one-half cup of fruit or six ounces of fruit juice;
3. Six servings of whole grain or enriched grain products, such as cereal, bread, rice, or pasta, with a serving consisting of one slice of bread or one-half to one cup of cereal or other grain product;
4. Two servings of milk, yogurt, cottage cheese, or cheese, with a serving consisting of one cup of milk or yogurt, one and one-half ounces of cheese, or six ounces of cottage cheese; and
5. Two servings of protein, neither of which can be the same as a serving in subsection (B)(4), such as meat, fish, poultry, cheese, egg, peanut butter, peas, beans, or lentils, with a serving consisting of two to three ounces of lean meat without bone, one cup dry beans or legumes, four tablespoons of peanut butter or other nut butter, or two eggs.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-810 renumbered to R9-10-813; new Section R9-10-810 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1).

R9-10-811. Hospice Infection Control, Environmental Safety, and Sanitation

A. A hospice licensee shall develop and implement communicable disease and infection control policies and procedures including:
1. Using standard and contact precautions that comply with the control measures in 9 A.A.C. 6, Article 3;
2. Reporting communicable diseases according to 9 A.A.C. 6;
3. For patients receiving inpatient services, isolating a patient who has a communicable disease from other patients;
4. Transporting and processing soiled linens and clothing;
5. Sterilizing equipment and supplies;
6. Maintaining and storing sterile equipment and supplies; and
7. Ensuring that a staff member is free from communicable diseases when providing a hospice service.

B. A hospice licensee shall dispose of biohazardous medical waste according to 18 A.A.C. 13, Article 14.

C. A hospice licensee shall ensure that a reusable item:
1. Is sterilized before the item is assigned to a patient for use,
2. Is assigned to only one patient for continuous personal use, and
3. Is cleaned after each use.

D. A staff member providing hospice services shall wash the staff member's hands and exposed arms with soap and water:
1. Immediately before and after providing hospice services to a patient,
2. After using the toilet, and
3. As often as necessary to remove soil and contamination;

E. A hospice licensee shall ensure that food is free from spoilage, filth, or other contamination and is safe for human consumption when served to a patient by a staff member.

F. A staff member handling food shall:
1. Clean the staff member's hands and forearms as required in subpart 2-301 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107; and
2. Keep the staff member's hair from contacting food or food-contact surfaces.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-811 renumbered to R9-10-814; new Section R9-10-811 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1).

R9-10-812. Hospice Recordkeeping; Patient Clinical Record

A hospice licensee shall:
1. Develop, implement, follow, and annually review and update documented policies and procedures for recordkeeping, including electronic recordkeeping, if applicable;
2. Maintain confidentiality of patient records, as required in A.R.S. Title 12, Chapter 13, Article 7;
3. Establish and maintain a clinical record for each patient containing:
   a. Name and age;
   b. Drug or biological allergies or sensitivities;
   c. Informed consent forms and authorization forms;
   d. Medical history;
   e. Physician orders, signed and dated by the physician;
   f. Documentation of the assessment required in R9-10-806(B)(1) and R9-10-807(B)(1);
   g. Plan of care; and
   h. Documentation of all hospice services provided to the patient; and
4. Maintain for Department review and inspection documentation or verification required by this Article.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989 (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989 (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-812 renumbered from R9-10-809 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-813. Hospice Quality Assurance

A hospice licensee shall have a documented quality assurance plan that identifies procedures for:
1. Collecting data on the hospice services provided;
2. Interpreting the data collected to determine the:
   a. Adequacy of the hospice services provided,
   b. Efficiency of the systems used by the hospice to deliver hospice services, and
   c. Effectiveness of hospice staff in meeting the needs of a patient and the patient's family;
3. Identifying, documenting, and evaluating an incident; and
4. As a result of the data collected or the incidents identified:
   a. Making changes or taking corrective action;
   b. Reporting findings, changes made, and corrective actions taken to the governing authority; and
   c. Evaluating the effectiveness of the changes made.

Historical Note

New Section renumbered from R9-10-810 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-814. Hospice Inpatient Facility General Requirements

A. A person shall not operate a hospice inpatient facility without a hospice license and a hospice inpatient facility license from the Department.

B. A hospice inpatient facility licensee shall:
1. Have one governing authority that is the same as the governing authority of the hospice;
2. Provide hospice services only to a patient admitted to the hospice according to R9-10-806;
3. Conspicuously post in the reception area of the hospice inpatient facility:
   a. The current Department-issued license;
   b. The current telephone number of the Department; and
   c. The location at which the following are available for review:
      i. A copy of the most recent Department inspection report;
      ii. A list of hospice services;
      iii. A written copy of rates and charges, as required in A.R.S. § 36-436.03; and
      iv. The written patient rights policy required in R9-10-802(E); and
4. Comply with all applicable requirements in R9-10-802, R9-10-804, R9-10-805, R9-10-807, R9-10-808, R9-10-809, R9-10-810, R9-10-811, R9-10-812, and R9-10-813.

C. A hospice inpatient facility licensee shall:

1. Establish and implement a visitation policy that allows individuals of all ages to visit a patient 24 hours a day, and
2. Allow a visitor to bring a domesticated animal to visit a patient.

Historical Note

New Section renumbered from R9-10-811 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-815. Application for an Initial Hospice Inpatient Facility License; Application for Renewal of a Hospice Inpatient Facility License

A. In addition to complying with the initial license application requirements in 9 A.A.C. 10, Article 1, an applicant for an initial hospice inpatient facility license shall submit to the Department the applicant's current hospice license number.

B. In addition to complying with the license renewal application requirements in 9 A.A.C. 10, Article 1, an applicant for renewal of a hospice inpatient facility license shall submit to the Department:
1. The applicant's current hospice inpatient facility license number,
2. The applicant's current hospice license number, and
3. The number of inpatient beds.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-816. Hospice Inpatient Facility Physical Plant Standards

A. A hospice inpatient facility licensee shall comply with:
1. All applicable local, state, and federal physical plant codes and standards; and
2. Life Safety Code requirements in A.A.C. R9-1-412(A)(8).

B. A hospice inpatient facility licensee shall ensure that the hospice inpatient facility has a design and decor that:
1. De-emphasizes the institutional character of the hospice inpatient facility,
2. Has characteristics that are comparable to those found in domestic settings, and
3. Allows the patient to use and display personal belongings.

C. A hospice inpatient facility licensee shall provide a patient a sleeping area that:
1. Is shared by no more than four patients;
2. Measures at least 80 square feet per patient;
3. Has walls from floor to ceiling and at least one doorway;
4. Is at or above ground level;
5. Is vented to the outside of the hospice inpatient facility;
6. Has a working thermometer for measuring the temperature in the sleeping area;
7. For each patient, has a:
   a. Bed,
   b. Bedside table,
   c. Bedside chair,
   d. Reading light,
   e. Privacy screen or curtain, and
   f. Closet or drawer space;
8. Is equipped with a bell, intercom, or other mechanical means for a patient to alert a staff member;
9. Has at least one doorway no more than 20 feet from a room containing a toilet and a sink;
10. Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
11. Contains one of the following to provide sunlight:
    a. A window to the outside of the hospice inpatient facility, or
    b. A transparent or translucent door to the outside of the hospice inpatient facility; and
12. Has coverings for windows and for transparent or translucent doors that provide patient privacy.

D. A hospice inpatient facility licensee shall provide:
1. For every six patients, a toilet room that contains:
   a. At least one working toilet that flushes;
   b. At least one sink with running water;
   c. Grab bars;
   d. A mirror;
   e. Space for staff to assist a patient;
   f. A bell, intercom, or other mechanical means for a patient to alert a staff member; and
   g. An operable window to the outside of the hospice inpatient facility or other form of ventilation;
2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip resistant surface, located in a toilet room or in a separate bathing room;
3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;
4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;
5. A room other than a sleeping area that can be used for social activities;
6. Sleeping accommodations for family members;
7. For staff and visitors, a designated toilet room other than a patient toilet room that contains:
   a. At least one working toilet that flushes, and
   b. At least one sink with running water;
8. If the hospice inpatient facility has a kitchen with a cooking unit, a cooking unit vented to the outside of the hospice inpatient facility; and
9. Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-817. Hospice Inpatient Facility Food Service

A. A hospice inpatient facility licensee shall:
1. Prepare and serve meals to a patient as specified in the patient's menu required in R9-10-810(A), or
2. Contract with a food establishment licensed under 9 A.A.C. 8, Article 1 to prepare and deliver meals to be served to a patient as specified in the patient's menu required in R9-10-810(A).

B. If a hospice inpatient facility with more than 20 patients prepares and serves food to a patient, the hospice inpatient facility licensee shall:
1. Be licensed under 9 A.A.C. 8, Article 1; and
2. Maintain at the hospice inpatient facility a copy of the hospice inpatient facility's food establishment license.

C. If a hospice inpatient facility with 20 or fewer patients prepares and serves food to a patient, the hospice inpatient facility licensee shall:
1. Have a therapeutic diet manual with a copyright date not more than five years old available for use by a staff member who prepares food;
2. Maintain at least a one-day supply of perishable food and at least a three-day supply of non-perishable food;

3. If canned food is served, serve only commercially canned food;
4. Rinse raw fruits and raw vegetables with water before cooking or serving;
5. Maintain a thermometer accurate to ± 3° F in each refrigerator;
6. Maintain foods requiring refrigeration at 41° F or below,
7. Maintain frozen foods as required in §§ 3-402.11, 3-501.11, and 3-501.12 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
8. Cook food as required in §§ 3-401.11, 3-401.12, and 3-401.13 and reheat food as required in § 3-403.11 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
9. Thaw food as required in § 3-501.13, cool food as required in §§ 3-501.14 and 3-501.15, and maintain hot and cold holding temperatures as required in § 3-501.16 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
10. Follow the requirements for highly susceptible populations in subpart 3-801 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
11. Store food that has been opened or removed from its original container in a dated covered container, a minimum of six inches off the floor, and protected from contamination; and
12. Keep tableware and eating utensils clean and in good repair.

D. If a hospice inpatient facility contracts for the preparation and delivery of patient meals to the hospice inpatient facility, the hospice inpatient facility licensee shall:
1. Maintain at the hospice inpatient facility a copy of the food establishment's license; and
2. Maintain at the hospice inpatient facility equipment necessary to store, refrigerate, and reheat a patient's meal to meet the dietary needs of the patient.

Historical Note
New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-818. Hospice Inpatient Facility Environmental Safety and Sanitation
A hospice inpatient facility licensee shall:
1. Store a toxic substance as defined in A.R.S. § 49-961 or a hazardous material as defined in A.R.S. § 26-301 in a labeled container in a locked area other than a food preparation or storage area, a dining area, a medication storage area, or a sleeping area;
2. Except for medical supplies needed for a patient, such as oxygen, store a flammable liquid as defined in A.R.S. § 28-601:
   a. In the original labeled container or a safety container,
   b. In a locked area inaccessible to a patient, and
   c. Outside of the hospice inpatient facility;
3. Provide water sufficient to meet the hygiene needs of each patient;
4. Provide hot water at a temperature between 90° F and 120° F for patient use;
5. Maintain the temperature of the hospice inpatient facility between 70° F and 82° F;
6. Keep garbage and refuse in covered containers lined with plastic bags while inside the hospice inpatient facility;
7. Remove garbage and refuse from the inside of the hospice inpatient facility at least once every 24 hours;
8. Dispose of garbage and refuse according to A.A.C. 18 A.A.C. 13, Article 3;
9. Keep the hospice inpatient facility free from:
   a. A condition or situation that may cause a patient or an individual to suffer physical injury;
   b. Accumulations of dirt, debris, dust, lint, or discarded equipment and materials; and
   c. Insects and rodents;
10. Develop and implement policies and procedures specifying:
   a. A cleaning schedule for at least the following:
      i. Laundry,
      ii. Toilet rooms,
      iii. Bathing rooms,
      iv. Sleeping areas, and
      v. Kitchens; and
   b. Types of cleaning products and equipment to be used;
11. Store, launder, and transport linens away from food storage, kitchen, and dining areas; and
12. Provide, continuously stock, and maintain a working soap dispenser and either a dispenser with disposable paper towels or a working hand-drying device in each toilet room located in the hospice inpatient facility.

Historical Note
New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

R9-10-819. Hospice Inpatient Facility Disaster Preparedness
A hospice inpatient facility licensee shall:
1. Develop and maintain on the premises a written evacuation plan for staff to follow in the event of fire, explosion, or other disaster or threat to patient safety that includes:
   a. Assigned staff responsibilities;
   b. Procedures for transportation of patients and, if possible, records;
   c. Location of and instructions for use of alarm systems;
   d. Location of and instructions for use of fire-fighting equipment, including methods of containing fires;
   e. Procedures for notification of local, state, or federal agencies appropriate to respond to the disaster;
   f. An evacuation map;
   g. Procedures for arranging adequate shelter, beds, food, water, and essential nursing care, including drugs and biologicals, for patients at an alternative location; and
   h. Location and list of emergency supplies on the premises;
2. Conspicuously post written evacuation maps at the hospice inpatient facility;
3. Require that staff review an evacuation plan and conduct an evacuation drill, without patient participation, at least once every six months during each shift;
4. Maintain for 24 months at the hospice inpatient facility records of each evacuation drill including:

a. The date and time of the evacuation drill;
b. The names of staff participating in the evacuation drill;
c. A critique of the drill; and
d. Recommendations for improvement, if applicable;

5. Train all staff on the evacuation plan during the first seven days of employment; and
6. Require one staff member who has received evacuation plan training to be present at the hospice inpatient facility at all times.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1).

ARTICLE 9. NURSING CARE INSTITUTIONS

R9-10-901. Definitions

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

1. "Abuse" has the meaning in A.R.S. § 46-451 and includes emotional abuse as defined in A.R.S. § 13-3623.
2. "Activities of daily living" means ambulating, bathing, dressing, grooming, toileting, eating, and getting in or out of a bed or a chair.
3. "Administrator" has the meaning in A.R.S. § 36-446.
4. "Admission" or "admitted" means documented acceptance by a nursing care institution of an individual as a resident of the nursing care institution.
5. "Adverse reaction" means an unexpected outcome that threatens the health and safety of a resident as a result of medical services or nursing services provided to the resident.
6. "Anniversary date" means the annual recurrence of the date of an event.
7. "Attending physician" means a physician designated by a resident or the resident's representative who is responsible for the coordination of medical services provided to the resident.
8. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
   a. A written signature;
   b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
   c. A rubber-stamp signature; or
   d. An electronic signature code.
9. "Available" means:
   a. For an individual, the ability to be contacted by any means possible such as by telephone or pager;
   b. For equipment and supplies, physically retrievable at a nursing care institution; and
   c. For a document, retrievable at a nursing care institution or accessible according to the time-frames in the applicable rules of this Article.
10. "Behavioral health service" has the meaning in A.A.C. R9-20-101.
11. "Biohazardous medical waste" has the meaning in A.A.C. R18-13-1401.
12. "Biological" means a medicinal compound prepared from living organisms and their products such as serums, vaccines, antigens, and antitoxins.
13. "Business day" means Monday through Friday, 8:00 a.m. to 5:00 p.m.
14. "Care plan" means a documented guide for providing nursing services to a patient that includes measurable objectives and the methods for meeting the objectives based on the resident's comprehensive assessment.
15. "Cognitive status" means a resident's level of awareness including perception, reasoning, judgment, intuition, and memory.
16. "Communicable disease" has the meaning in A.A.C. R9-6-101.
17. "Comprehensive assessment" means an analysis of a resident's need for nursing care institution services that is performed according to R9-10-906(B).
18. "Conspicuously posted" means placed within a nursing care institution at a location that is visible and accessible to residents and the public.
19. "Contracted services" means nursing care institution services provided according to a written agreement between a nursing care institution and the person providing the nursing care institution services.
20. "Controlled substance" has the meaning in A.R.S. § 36-250l.
21. "Corporal punishment" means physical action that causes suffering or pain, and serves as retribution.
22. "Current" means up-to-date and extending to the present time.
23. "Dignity" means the quality or condition of esteem or worth.
24. "Direct care" means medical services, nursing services, or medically-related social services provided to a resident.
25. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
26. "Disaster" means an unexpected adverse occurrence that affects the nursing care institution's ability to provide nursing care institution services.
27. "Discharge" means a nursing care institution's termination of nursing care institution services to a resident.
28. "Discipline" means any verbal or physical action taken by a staff member or volunteer to punish or penalize a resident.
29. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
30. "Drill" means a response to a planned, simulated event.
31. "Drug" has the meaning in A.R.S. § 32-1901.
32. "Electronic" has the meaning in A.R.S. § 44-7002.
33. "Electronic signature" has the meaning in A.R.S. § 44-7002.
34. "Emergency" means an immediate threat to the life or health of a resident.
35. "Environmental services" means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
36. "Exploitation" has the meaning in A.R.S. § 46-451.
37. "Family" means an individual related to a resident by blood, marriage, or adoption or other individual designated by the resident.
38. "Food services" means the storage, preparation, and serving of food intended for consumption in a nursing care institution.
39. "Full time" means 40 hours or more every consecutive seven days.
40. "Health care directive" has the meaning in A.R.S. § 36-3201.
41. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.

42. "Hospital-based nursing care institution" means an area within or on a contiguous portion of a licensed hospital's premises, or not more than 250 yards from the licensed hospital premises, where nursing care institution services are provided in coordination with hospital services.
43. "Hospital services" has the meaning in R9-10-201.
44. "Incident" means an unexpected occurrence that poses a threat to the health and safety of residents.
45. "Injury" means trauma or damage to some part of the human body.
46. "In-service education" means organized instruction or information related to nursing care institution services that is provided to a staff member.
47. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment.
48. "Medical director" means a physician who is responsible for the coordination of medical services provided to residents in a nursing care institution.
49. "Medically-related social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
50. "Medical history" means a part of a resident's medical records consisting of an account of the resident's health, including past and present illnesses, diseases, or medical conditions.
51. "Medical records" has the meaning in A.R.S. § 12-2291.
52. "Medication" has the same meaning as drug.
53. "Medication error" means:
    a. The failure to administer an ordered medication;
    b. The administration of a medication not ordered; or
    c. A medication administered:
        i. In an incorrect dosage,
        ii. More than 60 minutes from the ordered time of administration unless ordered to do so, or
        iii. By an incorrect route of administration.
54. "Medication error rate" means the percentage of medication errors, which is calculated by the number of medication errors divided by the opportunities for errors.
55. "Misappropriation of resident property" means the intentional use of a resident's belongings or money without the resident's consent.
56. "Monitor" means the ongoing observation of a resident's behavior or medical condition.
57. "Nurse" has the same meaning as registered nurse or practical nurse defined in A.R.S. § 32-1601.
58. "Nursing care institution services" means medical services, nursing services, medically-related social services, and environmental services.
59. "Nursing personnel" means an individual authorized under A.R.S. Title 32, Chapter 15, to provide nursing services.
60. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
61. "Opportunities for errors" means the time during a Department survey in which a Department representative:
    a. Observes the number of medication doses administered to residents in a nursing care institution; and
    b. Ascertains the number of medication doses ordered but not administered.
62. "Order" means an instruction to provide medical services or nursing services to a resident in a nursing care institution by:
    a. A physician; or
    b. An individual licensed under A.R.S. Title 32 or authorized by the nursing care institution within the scope of the individual's license.
63. "Orientation" means the initial instruction and information provided to an individual starting work or volunteer services in a nursing care institution.
64. "Person" has the meaning in A.R.S. § 1-215 and includes governmental agencies.
65. "Pharmacist" has the meaning in A.R.S. § 32-1901.
66. "Physician" means an individual licensed under A.R.S. Title 32, Chapters 13, 14, 17, or 29.
67. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25.
68. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness or disease.
69. "Qualified" means meeting the requirements specified in a nursing care institution's written job description for a job position.
70. "Quality management program" means ongoing activities designed and implemented by a nursing care institution to improve the delivery of nursing care institution services.
71. "Reasonable accommodation" means an adaptation of a resident's environment based on the resident's preferences, comprehensive assessment, and care plan, to assist the resident in achieving or maintaining independent functioning.
72. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
73. "Registered nurse" has the meaning in A.R.S. § 32-1601.
74. "Registered nurse practitioner" has the meaning in A.R.S. § 32-1601.
75. "Registry staff member" means an individual licensed or certified by a regulatory agency who receives compensation from a third party to work at a nursing care institution.
76. "Regular basis" means at recurring, fixed, or uniform intervals.
77. "Resident" means an admitted individual receiving nursing care institution services.
78. "Resident advocate" means an individual who acts on behalf of a resident regarding the resident's legal or personal issues.
79. "Resident group" means residents or residents' family members who:
    a. Plan and participate in resident activities; or
    b. Meet to discuss nursing care institution issues and policies.
80. "Resident's representative" means a resident's legal guardian, an individual acting on behalf of a resident with the written consent of the resident, or a surrogate under A.R.S. § 36-3201.
81. "Restraint" means any chemical or physical method of restricting a resident's:
    a. Freedom of movement,
    b. Physical activity, or
    c. Access to the resident's own body.
82. "Risk" means potential for an adverse outcome.
83. "Seclusion" means the involuntary solitary confinement of a resident, when not medically indicated, in a room or an area where the resident is prevented from leaving.
84. "Secured" means the use of a method, device, or structure that:

a. Prevents a resident from leaving an area of a nursing care institution's premises; or
b. Alerts a staff member of a resident's departure from a nursing care institution.

85. "Semipublic swimming pool" has the meaning in A.A.C. R18-5-201.
86. "Significant change in condition" means an improvement or a deterioration in a resident's physical or mental condition that causes the resident's need for direct care to decrease or increase.
87. "Significant medication error" means the administration of a medication, or omission of a medication, that endangers the health or safety of a resident.
88. "Social worker" means an individual who:
    a. Has a baccalaureate degree in social work from a program accredited by the Council on Social Work Education;
    b. Has a baccalaureate degree in a human services field such as sociology, special education, rehabilitation counseling, or psychology; or
    c. Is certified under A.R.S. Title 32, Chapter 33;
89. "Staff member" means an individual who receives wages from a nursing care institution.
90. "Survey" means a license inspection of a nursing care institution by the Department.
91. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
92. "Tuberculosis control officer" has the meaning in A.R.S. § 36-711.
93. "Transfer" means relocating a resident from a nursing care institution to another health care institution.
94. "Unnecessary drug" means a medication is not required because:
    a. There is no documented indication for its use;
    b. The medication is excessive or duplicative;
    c. The medication is administered before determining whether the resident requires it; or
    d. The resident has experienced an adverse reaction from the medication indicating that the medication should be reduced or discontinued.
95. "Verification" means:
    a. A documented telephone call including the date and the name of the documenting individual;
    b. A documented observation including the date and the name of the documenting individual; or
    c. A documented confirmation of a fact including the date and the name of the documenting individual.
96. "Vital signs" means an individual's heart rate, respiratory rate, blood pressure, and body temperature.
97. "Volunteer" means an individual, not including a resident's family member providing direct care to the resident, authorized by a nursing care institution to work on a regular basis who does not receive compensation.
98. "Work" means employment by, or providing volunteer services for, a nursing care institution.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3).

R9-10-902. Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for an initial or renewal license shall submit the following to the Department:

1. A copy of the nursing care institution administrator's license under A.R.S. Title 36, Chapter 4, Article 6; and
2. A form provided by the Department that contains:
    a. The name and the classification or subclassification of a health care institution operated by the same governing authority as the nursing care institution, if applicable; and
    b. Whether the nursing care institution has:
        i. A secured area for residents with Alzheimer's disease or other dementia;
        ii. A secured behavioral health services area; or
        iii. An area for residents on ventilators.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-903. Contracted Services

An administrator shall ensure that:

1. A contractor provides contracted services according to the requirements in this Article;
2. A contract includes the responsibilities of each contractor;
3. A copy of the contract is maintained at the nursing care institution;
4. A documented list of current contracted services is maintained at the nursing care institution that includes a description of the contracted services provided; and
5. A contract and the list of contracted services required in subsections (3) and (4) are provided to the Department for review within two hours of the Department's request.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-904. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
2. Approve or designate an individual to approve the nursing care institution policies and procedures required in subsection (E);
3. Comply with applicable federal and state laws, rules, and local ordinances governing operations of a nursing care institution;
4. Appoint a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
5. Appoint an acting licensed administrator if the administrator is absent for more than 30 consecutive days;
6. Except as permitted in subsection (A)(5), when there is a change of administrator, submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department;
7. Adopt a quality management program according to R9-10-918;
8. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
9. Approve contracted services or designate an individual to approve contracted services;
10. Notify the Department immediately if there is a change in administrator according to A.R.S. § 36-425(E);

11. Notify the Department at least 30 days before the nursing care institution terminates operations according to A.R.S. § 36-422(D); and
12. Notify the Department of a planned change in ownership at least 30 days before the change according to A.R.S. § 36-422(D).

B. Except as provided in subsection (C), a governing authority may not appoint an administrator to provide direction in more than one health care institution.

C. A single governing authority may appoint an administrator to provide direction in:
1. Both a hospital and a hospital-based nursing care institution if the licensed capacity in the hospital-based nursing care institution does not exceed 60; or
2. Not more than two nursing care institutions if:
   a. The distance between the two nursing care institutions does not exceed 25 miles; and
   b. Neither nursing care institution is operating under a provisional license issued by the Department under A.R.S. § 36-425;

D. An administrator shall:
1. Be responsible to the governing authority for the operation of the nursing care institution;
2. Have the authority and responsibility to administer the nursing care institution;
3. Designate an individual, in writing, who is available and responsible for the nursing care institution when the administrator is not available; and
4. Ensure the nursing care institution's compliance with the fingerprinting requirements in A.R.S. § 36-411.

E. An administrator shall ensure that:
1. Nursing care institution policies and procedures are established, documented, and implemented that cover:
   a. Abuse of residents and misappropriation of resident property;
   b. Health care directives;
   c. Job descriptions, qualifications, duties, orientation, and in-service education for each staff member;
   d. Orientation and duties of volunteers;
   e. Admission, transfer, and discharge;
   f. Disaster plans;
   g. Resident rights;
   h. Quality management including incident documentation;
   i. Personal accounts;
   j. Petty cash funds;
   k. The nursing care institution's refund policy;
   l. Food services;
   m. Nursing services;
   n. Dispensation, administration, and disposal of medication and biologicals;
   o. Infection control; and
   p. Medical records including oral, telephone, and electronic records;
2. An allegation of abuse of a resident or misappropriation of resident property is:
   a. Investigated by an individual designated by the administrator;
   b. Reported to the Department within five calendar days of the allegation; and
   c. Reported to Adult Protective Services of the Department of Economic Security if required by A.R.S. § 46-454;
3. During an investigation conducted according to subsection (E)(2), further abuse of a resident or misappropriation of resident property is prevented;
4. Nursing care institution policies and procedures are reviewed at least once every 24 months and updated as needed;
5. Nursing care institution policies and procedures are available to each staff member;
6. A known criminal conviction of a staff member who is licensed, certified, or registered in this state is reported to the appropriate licensing or regulatory agency;
7. An injury to a resident from an unknown source that requires medical services, a disaster, or an incident is investigated by the nursing care institution and reported to the Department within 24 hours or the first business day after the injury, disaster, or incident occurs;
8. A resident advocate assists a resident, the resident's representative, or a resident group with a request or recommendation, and responds in writing to any complaint submitted to the nursing care institution;
9. The following are conspicuously posted on the premises:
   a. The current nursing care institution license and quality rating issued by the Department;
   b. The name, address, and telephone number of:
      i. The Department's Office of Long Term Care,
      ii. The State Long Term Care Ombudsman Program, and
      iii. Adult Protective Services of the Department of Economic Security;
   c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
   d. A map for evacuating the facility; and
   e. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect.

F. If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
1. Comply with nursing care institution policies and procedures established according to subsection (E)(1)(i),
2. Designate a staff member who is responsible for the personal accounts,
3. Maintain a complete and separate accounting of each personal account,
4. Obtain written authorization from the resident or the resident's representative for each personal account transaction,
5. Document each account transaction and provide a copy of the documentation to the resident or the resident's representative on request and at least every three months,
6. Transfer all money from the resident's personal account in excess of $50.00 to an interest-bearing account and credit the interest to the resident's personal account, and
7. Within 30 days of the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the individual or probate jurisdiction administering the resident's estate.

G. If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The nursing care institution policies and procedures established according to subsection (E)(1)(j) include:
   a. A prescribed cash limit of the petty cash fund, and
   b. The hours of the day a resident may access the petty cash fund; and
2. A resident's written acknowledgment is obtained for each petty cash transaction.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Sec-

tion repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-905. Staff and Volunteers

A. An administrator shall ensure that:
1. A staff member who provides direct care is available to meet the needs of a resident based on the resident's comprehensive assessment;
2. A staff member who provides direct care demonstrates and maintains competency and proficiency according to criteria established in the nursing care institution policies and procedures;
3. A work schedule of each staff member who provides direct care and volunteer is:
   a. Developed and maintained at the nursing care institution for 12 months from the date of the work schedule; and
   b. Provided to the Department for review within two hours of the Department's request;
4. A staff member who provides direct care attends at least 12 hours of in-service education every 12 months from the starting date of employment.
5. A nursing care institution policy and procedure is established to provide criteria for in-service education;
6. Documentation of in-service education required in subsection (A)(4) includes:
   a. The date of the in-service education,
   b. The subject matter of the in-service education,
   c. The number of clock hours of the in-service education,
   d. The instructor's name, and
   e. The signature of the staff member participating in the in-service education;
7. Orientation for a staff member or a volunteer begins in the first week of employment or volunteer service and covers:
   a. Nursing care institution policies and procedures;
   b. Resident rights;
   c. Infection control including:
      i. Hand washing,
      ii. Linen handling, and
      iii. Prevention of communicable diseases, and
   d. Disaster plans;
8. On or before the starting date of employment or volunteer service, a staff member or volunteer submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
   a. Documentation of a negative Mantoux skin test or other test for tuberculosis recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within six months before the starting date of employment or volunteer service; or
   b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within six months before the starting date of employment or volunteer service, that the staff member or volunteer is free from infectious pulmonary tuberculosis;
9. Every 12 months after the date of testing or date of the written statement by a physician, physician assistant, or registered nurse practitioner, a staff member or volunteer submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
   a. Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within 30 days before the anniversary date of the most recent test or written statement; or
   b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within 30 days before the anniversary date of the last written statement, that the staff member or volunteer is free from infectious pulmonary tuberculosis;
10. A record for a staff member and volunteer is maintained that includes:
    a. An application completed by the staff member or volunteer that includes the date of employment or volunteer service and the first working day or first day of volunteer service;
    b. Verification of orientation and, if applicable, certification and licensure;
    c. Documentation that the staff member or volunteer is free from infectious pulmonary tuberculosis as required in subsection (A)(8); and
    d. If applicable, documentation of compliance with the fingerprinting requirements in A.R.S. § 36-411;
11. A staff member or volunteer record required under subsection (A)(10) and in-service education documentation required under subsection (A)(6) are provided to the Department for review:
    a. For a current staff member or volunteer, as soon as possible but not more than two hours from the time of the Department's request; and
    b. For a staff member or volunteer who is not currently working or providing volunteer services in the nursing care institution, within two hours from the Department's request; and
12. A staff member or volunteer record and in-service education documentation are maintained by the nursing care institution for at least two years after the last date of volunteer service or work.

B. An administrator shall appoint:
1. A qualified individual to provide:
   a. Medically-related social services, and
   b. Recreational activities; and
2. A full-time social worker if the nursing care institution has a licensed capacity of 120 or more;

C. If an administrator provides direction in a hospital and a hospital-based nursing care institution under R9-10-904(C)(1), the administrator may designate a staff member to provide direct care in both licensed health care institutions if:
1. The designation is not prohibited by federal or state law; and
2. The time working in each health care institution by the staff member is documented.

D. If the nursing care institution uses registry staff, the administrator shall ensure there is a contractual agreement with the registry that ensures:
1. A registry staff member holds a current license or certificate to perform duties within the scope of the individual's license or certificate;
2. A registry staff member complies with the requirements in subsection (A)(8) for providing evidence of freedom from infectious pulmonary tuberculosis;
3. A registry staff member complies with the fingerprinting requirements in A.R.S. § 36-411; and
4. A registry provides documentation of compliance with subsections (D)(1), (D)(2), and (D)(3) within two hours of a request by the nursing care institution or the Department.

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3).

R9-10-906. Nursing Services

A. An administrator shall ensure that:
1. Nursing services are provided 24 hours a day in a nursing care institution;
2. A director of nursing is appointed who:
   a. Is a registered nurse;
   b. Works full-time at the nursing care institution; and
   c. Is responsible for the direction of nursing services;
3. The director of nursing or an individual designated by the administrator participates in the quality management program;
4. If the daily census of the nursing care institution is not more than 60, the director of nursing may provide direct care to residents on a regular basis.

B. A director of nursing shall ensure that:
1. Sufficient nursing personnel are on the nursing care institution premises at all times to meet the needs of a resident for nursing services;
2. At least one nurse is present and responsible for providing direct care to not more than 64 residents;
3. Documentation of nursing personnel on duty each day is maintained at the nursing care institution and includes:
   a. The date;
   b. The number of residents;
   c. The name and license or certification title of each nursing personnel who worked that day; and
   d. The actual number of hours each nursing personnel worked that day;
4. The documentation of nursing personnel required in subsection (B)(3) is maintained for 12 months from the date of the documentation and available to the Department for review within two hours from the Department's request;
5. At the time of a resident's admission, an initial assessment is performed on the resident to ensure the resident's immediate needs are met such as medication and food services;
6. A comprehensive assessment is performed by a registered nurse and coordinated by the registered nurse in collaboration with an interdisciplinary team and includes the information listed in subsection (B)(8);
7. The comprehensive assessment required in subsection (B)(6) is performed on a resident:
   a. Within 14 days of admission to a nursing care institution; and
   b. No later than 12 months from the date of the last comprehensive assessment;
8. A comprehensive assessment includes the resident's:
   a. Vital signs,
   b. Diagnosis,
   c. Medical history,
   d. Treatment,
   e. Dental condition,
   f. Nutritional condition and nutritional needs,
   g. Medications,
   h. Clinical laboratory reports,
   i. Diagnostic reports,
   j. Capability to perform activities of daily living,
   k. Psychosocial condition,
   l. Cognitive condition,
   m. Impairments in physical and sensory functioning,
   n. Potential for recreational activities,
   o. Potential for rehabilitation, and
   p. Potential for discharge.
9. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, a physician's designee, or a registered nurse determines the resident has a significant change in condition;
10. A care plan is developed, documented, and implemented for a resident within seven days of completing the comprehensive assessment required in subsection (B)(6);
11. The care plan required in subsection (B)(10):
    a. Is reviewed and revised as necessary if a resident has had a significant change in condition; and
    b. Ensures that a resident is provided nursing services to maintain the resident's highest practicable well-being according to the resident's comprehensive assessment;
12. A resident's comprehensive assessment is reviewed by a registered nurse at least every three months from the date of the current comprehensive assessment and revised if there is a significant change in the resident's condition and;
13. A nurse shall, as soon as possible but not more than 24 hours after the event occurs, notify the resident's attending physician and, if applicable, the resident's representative, if the resident:
    a. Is injured,
    b. Is involved in an incident that may require medical services, or
    c. Has a significant change in condition.
14. A resident is free from significant medication errors; and
15. An unnecessary drug is not administered to a resident.

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-907. Resident Rights

An administrator shall ensure that:
1. A resident:
   a. Is treated with consideration, respect, and dignity, and receives privacy in:
      i. Treatment,
      ii. Activities of daily living,
      iii. Room accommodations, and
      iv. Visits or meetings with other residents or individuals,
   b. Is free from:
      i. Restraint and seclusion if not medically indicated unless necessary to prevent harm to self or others and the reason for restraint or seclusion is documented in the resident's medical records;
      ii. Abuse and misappropriation of property; and
      iii. Interference, coercion, discrimination, and reprisal from a staff member, the administrator, or a volunteer for exercising the resident's rights;
   c. Is provided with reasonable accommodations unless the health or safety of the resident or another resident is at risk;
   d. May formulate a health care directive;
   e. May refuse to be photographed or refuse to participate in research, education, or experiments;

f. May consent to perform or refuse to perform work for the nursing care institution;
g. May choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
h. May participate in social, religious, political, and community activities that do not interfere with other residents;
i. May retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
j. May share a room with the resident's spouse if space is available and the spouse consents;

2. A resident or the resident's representative:
   a. Participates in the planning of, or decisions concerning treatment;
   b. Consents to or refuses examination and treatment;
   c. Participates in developing the resident's care plan;
   d. May manage the resident's financial affairs;
   e. May choose the resident's attending physician. If the resident's insurance or payor does not cover the cost of the medical services provided by the attending physician or the attending physician's designee, the resident is responsible for the costs;
   f. May submit a grievance without retaliation from a staff member or volunteer;
   g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;
   h. Has access to and may communicate with any individual, organization, or agency;
   i. May participate in a resident group;
   j. May review the resident's financial records within two business days and medical records within one business day of the resident or the resident's representative's request;
   k. May obtain a copy of the resident's financial records and medical records within two business days of the resident's request and in compliance with A.R.S. § 12-2295;
   l. May select a pharmacy of choice if the pharmacy complies with nursing care institution policies and procedures and does not pose a risk to the resident;
   m. Is informed of the method for contacting the resident's attending physician;
   n. Is informed of the resident's total health condition;
   o. Is provided with a copy of those sections of the resident's medical records that are required for continuity of care, free of charge according to A.R.S. § 12-2295, if the resident is transferred or discharged;
   p. Is informed in writing of a change in rates and charges 60 days before the effective date of the change; and
   q. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical records; and
3. Financial record information is disclosed only with the written consent of a resident or the resident's representative or as permitted by law.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-908. Admission

An administrator shall ensure that:

1. A resident is admitted only on a physician's order;
2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident such as medication and food services;
3. A resident's needs do not exceed the medical services and nursing services provided by the nursing care institution;
4. Before or at the time of admission, a resident or the resident's representative:
   a. Signs a written agreement with the nursing care institution that includes rates and charges;
   b. Is informed of third-party coverage for rates and charges;
   c. Is provided a copy of the resident rights in R9-10-907;
   d. Is informed of the nursing care institution's refund policy and facility guidelines concerning resident conduct and responsibilities; and
   e. Receives written information concerning health care directives;
5. Within 30 days before admission or 10 days after admission, a medical history and physical examination is completed on a resident by:
   a. A physician; or
   b. A physician assistant or a registered nurse practitioner designated by the attending physician;
6. On or before the time of admission, a resident submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
   a. Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within six months before the date of admission; or
   b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within six months before admission, that the resident is free from infectious pulmonary tuberculosis;
7. Every 12 months after the date of testing or date of the written statement by a physician, physician assistant, or registered nurse practitioner, a resident submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
   a. Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within 30 days before the anniversary date of the most recent test or written statement; or
   b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within 30 days before the anniversary date of the most recent written statement, that the resident is free from infectious pulmonary tuberculosis;
8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be retested for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner if:
   a. Fewer than 12 months have passed since the resident was tested for tuberculosis or since the date of the written statement; and

b. The documentation of freedom from infectious pulmonary tuberculosis required in subsection (6) accompanies the resident at the time of transfer; and

9. Compliance with the requirements in subsection (4) is documented in the resident's medical records.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3).

R9-10-909. Transfer or Discharge

A. An administrator shall ensure that:

1. A resident is transferred or discharged if:
   a. The nursing care institution is unable to meet the needs of the resident;
   b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; or
   c. The resident's health has improved and the resident no longer requires nursing care institution services; and
2. Documentation of a resident's transfer or discharge is maintained in the resident's medical records and includes:
   a. The date of the transfer or discharge;
   b. The reason for the transfer or discharge;
   c. A 30-day written notice except in an emergency;
   d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
   e. If applicable, actions taken by a staff member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.

B. An administrator may transfer or discharge a resident for failure to pay for residency if:

1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and
2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.

C. Except in an emergency, a director of nursing shall ensure that before a resident is transferred or discharged:

1. A written plan is developed with the resident or the resident's representative that includes:
   a. Information necessary to meet the resident's need for medical services and nursing services; and
   b. The state long-term care ombudsman's name, address, and telephone number;
2. A discharge summary is:
   a. Developed by a staff member providing direct care and authenticated by the resident's attending physician or designee; and
   b. Documented in the resident's medical records;
3. The discharge summary includes:
   a. The resident's medical condition at the time of transfer or discharge;
   b. The resident's medical and psychosocial history;
   c. The date of the transfer or discharge; and
   d. The location of the resident after transfer or discharge;
4. A copy of the written plan is provided to the resident or the resident's representative and to the receiving health care institution.

D. If a resident is transferred to a hospital, the director of nursing shall ensure that medical records information and any other information necessary for the treatment of the resident is provided to the hospital.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-910. Medical Services

A. A governing authority shall appoint a medical director.

B. A medical director shall ensure that:

1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident at least once every 12 months from the date of admission by an individual listed in R9-10-908(5);
5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
   a. The attending physician provides documentation that the vaccination is medically contraindicated;
   b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical records that the resident or the resident's representative has been informed of the risks and benefits of each vaccination refused; or
   c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
6. A resident is assisted in obtaining, at the resident's expense:
   a. Vision services;
   b. Hearing services;
   c. Dental services;
   d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
   e. Psychosocial services;
   f. Physical therapy;
   g. Speech therapy;
   h. Occupational therapy;
   i. Behavioral health services; and
   j. Services for an individual who has a developmental disability as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

C. If the attending physician designates a physician assistant or registered nurse practitioner to provide medical services to a resident, the attending physician is responsible for the medical services provided.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-911. Medication

A. An administrator shall comply with the requirements in A.R.S. Title 32, Chapter 18, and 4 A.A.C. 23;

B. An administrator shall ensure that:
1. A medication or a biological is provided to a resident at the resident's expense including a medication or a biological used in an emergency or obtained through contract with a pharmacy licensed under A.R.S. Title 32, Chapter 18 or otherwise provided by law;
2. A medication or a biological is:
   a. Stored in a locked compartment;
   b. Maintained at temperatures recommended by the manufacturer; and
   c. Accessed only by individuals authorized according to nursing care institution policies and procedures;
3. The medication error rate at the nursing care institution, as determined by the Department during a license survey, is less than five percent;
4. A medication or a biological administered to a resident is documented as required in R9-10-913;
5. A pharmacist reviews a resident's medications every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications; and
6. A drug reference source, current within one year of the publication date, is available and maintained on the nursing care institution's premises for use by a staff member, a physician, and a physician's designee.

C. A director of nursing shall ensure that:
1. Medication policies and procedures are established, documented, and implemented that include:
   a. A system for the receipt, disposition, and reconciliation of medications, biologicals, and controlled substances;
   b. The administration, storage, and disposal of medications, biologicals, and controlled substances; and
   c. Identification of individuals who are authorized to have access to controlled substances;
2. A controlled substance is stored in a locked compartment separate from other medications;
3. A medication administration error or an adverse reaction to a medication or biological is reported to a resident's attending physician or the attending physician's designee and documented in the resident's medical records;
4. An antipsychotic medication:
   a. Is only administered to a resident for a diagnosed medical condition;
   b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the antipsychotic medication unless a dose reduction is attempted and the resident displays behavior justifying the need for the antipsychotic medication, and the attending physician documents the necessity for the continued use and dosage; and
   c. Is documented as required in R9-10-913 and includes the resident's response to the medication.

D. A resident may self-administer medication if the interdisciplinary team determines that the resident is capable of self-administration and the attending physician documents authorization for medication self-administration in the resident's medical records.

E. A nurse shall document a resident's self-administration of medication as required in R9-10-913.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-912. Food Services

A. An administrator shall ensure that:
1. Food services are provided in compliance with 9 A.A.C. 8, Article 1;
2. A copy of the nursing care institution's food establishment license required in subsection (A)(1) is provided to the Department for review upon the Department's request;
3. If a nursing care institution contracts with a food establishment as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution, a copy of the contracted food establishment's license is:
   a. Maintained on the nursing care institution's premises, and
   b. Provided to the Department for review upon the Department's request;
4. A registered dietitian is employed full-time, part-time, or as a consultant; 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. 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 is prepared at least one week in advance, conspicuously posted, and adhered to unless an uncontrollable situation requires food substitution such as food spoilage or nondelivery of specific food ordered;
3. Meals for each day:
   a. Meet the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, "Recommended Dietary Allowances," 10th Edition, 1989, incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the National Academy Press, 2101 Constitution Avenue, N.W., P. O. Box 285, Washington, D.C. 20055; and
   b. Are planned using meal planning guides from "The Food Guide Pyramid" in Home and Garden Bulletin No. 252, (revised 1996), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, 1120 20th Street, N.W., Suite 200, North Lobby, Washington, D.C. 20036-3475;
4. A resident is provided:
   a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;

b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
i. A resident group agrees; and
ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
5. A resident is provided with food substitutions of similar nutritional value if:
a. The resident refuses to eat the food served; or
b. The resident requests a substitution;
6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
7. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
8. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the medical records.

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-913. Medical Records

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

B. If a nursing care institution keeps medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access; and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

C. An administrator shall require that medical records for a resident contains:
1. Resident information that includes:
a. The resident's name;
b. The resident's date of birth;
c. The resident's weight;
d. The resident's social security number;
e. The resident's last known address;
f. The home address and telephone number of a designated resident representative; and
g. Any known allergies or sensitivities to a medication or a biological;
2. The admission date and physician admitting orders;
3. The admitting diagnosis;
4. The medical history and physical examination required in R9-10-908(5);
5. A copy of the resident's living will, health care power of attorney, or other health care directive, if applicable;
6. The name and telephone number of the resident's attending physician;
7. Orders;
8. Care plans;
9. A record of medical services, nursing services, and medically-related social services provided to a resident;
10. Documentation of any incident involving the resident;
11. Notes by a physician, the physician's designee, nursing personnel, and any other individual providing nursing care institution services to the resident;
12. Documentation of freedom from infectious pulmonary tuberculosis required in R9-10-908; and
13. Documentation of a medication or a biological administered to the resident that includes:
a. The date and time of administration;
b. The name, strength, dosage, and route of administration;
c. The type of vaccine, if applicable;
d. The signature and professional designation of the individual administering or observing the self-administration of the medication or biological; and
e. Any adverse reaction a resident has to the medication or biological.

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-914. Physical Plant Standards

An administrator shall ensure that:

1. A nursing care institution complies with:
   a. The physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 applicable at the time of licensure; and
   b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412;
2. Architectural plans and specifications for construction, a modification, or a change in resident beds or licensed capacity are submitted to the Department for approval according to the requirements in 9 A.A.C. 10, Article 1;
3. Construction, a modification, or a change in resident beds or licensed capacity complies with the requirements of this Article and the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 in effect at the time the construction, modification, or change in resident beds or licensed capacity and is approved by the Department;
4. A resident room has a window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
5. A nursing care institution has no more than two beds in a resident room unless:
   a. The nursing care institution was operating before October 31, 1982, and
   b. The resident room has not undergone a modification as defined in 9 A.A.C. 10, Article 1;
6. A resident room or a suite of rooms is accessible without passing through another resident's room;
7. A resident room or a suite of rooms does not open into any area where food is prepared, served, or stored;
8. A resident room that has more than one bed has a curtain or similar type of separation between the beds for privacy;
9. A resident room has a closet with clothing racks and shelves accessible to the resident;
10. A resident has a separate bed, a nurse call system and furniture to meet the resident's needs;
11. If the nursing care institution has a semipublic swimming pool on the premises for the use of residents:
    a. The pool is enclosed by at least a five-foot-high wall, fence, or other barrier as measured on the exterior side of the wall, fence, or barrier;
    b. An opening in the wall, fence, or barrier does not exceed four inches in diameter;
    c. A wire mesh or chain link fence has a maximum mesh size of 1 3/4 inches as measured horizontally;
    d. The self-closing, self-latching gates are locked when the pool is not in use;
    e. The pool has safety rules conspicuously posted;
    f. A resident is supervised at all times when using the pool; and
    g. The pool conforms to state and local laws and rules for design, construction, and operation of semipublic swimming pools.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-915. Environmental and Equipment Standards

An administrator shall ensure that:

1. A nursing care institution's premises and equipment are:
   a. Cleaned according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
   b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
2. A pest control program is used to control insects and rodents;
3. Tobacco smoking is permitted only in designated ventilated areas;
4. Biohazardous and hazardous wastes are identified, stored, used, and disposed of according to A.A.C. R18-13-1401;
5. There is space and equipment to meet the needs of the residents for:
   a. Individual and group activities;
   b. Community dining; and
   c. Any special therapies such as physical, occupational, or speech therapy;
6. There is lighting for tasks performed by a resident or a staff member;
7. The temperature in the nursing care institution is no less than 71° F or more than 84° F;
8. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
9. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
10. Equipment used to provide direct care is:
    a. Maintained in working order;
    b. Tested and calibrated, if applicable, at least once every 12 months or according to the manufacturer's recommendations; and
    c. Used according to the manufacturer's recommendations; and
11. Documentation of each equipment test, calibration, and repair is:
    a. Maintained on the nursing care institution's premises for one year from the date of the testing, calibration, or repair; and
    b. Provided to the Department for review within two hours from the Department's request.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-916. Safety Standards

A. An administrator shall ensure that:

1. A disaster plan is developed, documented, and implemented that includes:
   a. Procedures for protecting the health and safety of residents and other individuals;
   b. Assigned responsibilities for each staff member;
   c. Instructions for the evacuation, transport, or transfer of residents,
   d. Maintenance of medical records, and
   e. Arrangements to provide any other nursing care institution services to meet the resident's needs;
2. If applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use;
3. A plan exists for back-up power and water supply;

4. A fire drill is performed on each shift at least once every three months;
5. A disaster drill is performed at least once every six months;
6. Documentation of a fire drill required in subsection (A)(4) and a disaster drill required in subsection (A)(5) includes:
   a. The date and time of the drill;
   b. The names of each staff member participating in the drill;
   c. A critique of the drill; and
   d. Recommendations for improvement, if applicable;
7. Documentation of a fire drill or a disaster drill is maintained by the nursing care institution for 18 months from the date of the drill and provided to the Department for review within two hours of the Department's request.

B. A fire safety inspection is conducted in the nursing care institution every 12 months by the fire authority having jurisdiction.

C. Documentation of the fire safety inspection is provided to the Department for review within two hours of the Department's request.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-917. Infection Control

An administrator shall ensure that:

1. There are policies and procedures:
   a. To prevent or control, identify, report, and investigate infections and communicable diseases including:
      i. Maintaining and storing sterile equipment and supplies;
      ii. Disposing of biohazardous medical waste; and
      iii. Transporting and processing soiled linens and clothing;
   b. That establish work restriction guidelines for a staff member infected or ill with a communicable disease or infected skin lesions;
2. An infection control program is established to prevent the development and transmission of disease and infection including:
   a. Developing a facility-wide plan for preventing, tracking, and controlling communicable diseases and infection;
   b. Reviewing the types, causes, and spread of communicable diseases and infections; and
   c. Developing corrective measures for improvement and prevention of additional cases;
3. Soiled linen and clothing are:
   a. Collected in a manner to minimize or prevent contamination;
   b. Bagged at the site of use; and
   c. Maintained separate from clean linen and clothing;
4. Linens are clean before use, without holes and stains, and are not in need of repair;
5. A staff member and a volunteer washes hands or use a hand disinfection product after each resident contact and after handling soiled linen, soiled clothing or potentially infectious material; and
6. Infection control processes, policies, and information are documented and maintained in the nursing care institution for two years and are provided to the Department for review within two hours of the Department's request.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-918. Quality Management

A. A governing authority shall ensure that a quality management program is established and implemented that evaluates the quality of nursing care institution services including contracted services provided to residents.

B. An administrator shall require that:

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

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-919. Quality Rating

A. As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a renewal license survey.

B. The following quality ratings are established:

1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points;
2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points;
3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points; and
4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.

C. The quality rating is determined by the total number of points awarded based on the following criteria:

1. Nursing Services:
   a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
   b. 5 points: The nursing care institution ensures that each resident is free from significant medication errors that resulted in actual harm.
   c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a

significant change in condition or if the resident is in an incident that requires medical services.

2. Resident Rights:
   a. 10 points: The nursing care institution is implementing a system that ensures a resident's quality of life, dignity, and privacy needs are met.
   b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
   c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.
3. Administration:
   a. 10 points. The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last survey or other survey or complaint investigation conducted between the last survey and the current survey.
   b. 5 points. The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Office of Long Term Care Licensure and as required by A.R.S. § 46-454.
   c. 5 points. The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident grievances, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident grievances, and resident concerns.
   d. 1 point. The nursing care institution is implementing a system to provide medically-related social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.
   e. 1 point. The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each staff member, volunteer, and resident.
   f. 2 points. The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
   g. 1 point. The nursing care institution is implementing a system to ensure each staff member who provides direct care to residents attends 12 hours of in-service education every 12 months from the starting date of employment.
4. Environment and Infection Control:
   a. 5 points. The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.
   b. 1 point. The nursing care institution establishes and maintains a pest control program.
   c. 1 point. The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.
   d. 1 point. The nursing care institution ensures orientation to the disaster plan for each staff member is completed within the first scheduled week of employment.
   e. 1 point. The nursing care institution maintains a clean and sanitary environment.
   f. 5 points. The nursing care institution is implementing a system to prevent and control infection.
   g. 1 point. An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.
5. Food Services:
   a. 1 point. The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.
   b. 3 points. The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.
   c. 2 points. The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.
   d. 2 points. The nursing care institution provides assistance to a resident who needs help in eating so that the individual's nutritional, physical, and social needs are met.
   e. 1 point. The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or nondelivery of a specified food requires substitution.
   f. 1 point. The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.

D. A nursing care institution's quality rating remains in effect until a survey is conducted by the Department for the next renewal period except as provided in subsection (E).

E. If the Department issues a provisional license the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance survey. If the Department determines that as a result of a substantial compliance survey the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).

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

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-920. Repealed

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-921. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-922. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-923. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-924. Repealed

Historical Note
Adopted effective June 2, 1983 (Supp. 82-5). Former Section R9-10-924 repealed, new Section R9-10-924 adopted effective November 6, 1985 (Supp. 85-6). Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-925. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

ATTACHMENT 1

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

ATTACHMENT 2

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective November 6, 1985 (Supp. 85-6).

Editor's Note: The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1). Subsequently, those Sections were repealed by final rulemaking (Supp. 99-2).

ARTICLE 10. REPEALED

R9-10-1001. Reserved

R9-10-1002. Reserved

R9-10-1003. Reserved

R9-10-1004. Reserved

R9-10-1005. Reserved

R9-10-1006. Reserved

R9-10-1007. Reserved

R9-10-1008. Reserved

R9-10-1009. Reserved

R9-10-1010. Reserved

R9-10-1011. Repealed

Historical Note
Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1011 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1011 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1012. Repealed

Historical Note
Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1012 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1012 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1013. Repealed

Historical Note
Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1013 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1013 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1014. Repealed

Historical Note
Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1014 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1014 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1015. Repealed

Historical Note
Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1015 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed

by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1015 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1016. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1016 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1016 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1017. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1017 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1017 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1018. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1018 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1018 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1019. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1019 adopted as an emergency now adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1019 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1020. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1020 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1020 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1021. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1021 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1021 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1022. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1022 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1022 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1023. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1023 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1023 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness

of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1024. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). New Section R9-10-1024 adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1024 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1025. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1025 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1025 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1026. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1026 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1026 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1027. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1027 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1027 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1028. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1028 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1028 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1029. Repealed

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1029 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1029 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

R9-10-1030. Repealed

Historical Note

Adopted effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

ARTICLE 11. HOME HEALTH AGENCIES

R9-10-1101. Definitions

In this Article, unless the context otherwise requires:

1. "Activities of daily living" means ambulating, communicating, bathing, toileting, grooming, feeding and homemaking.
2. "Advance directives" means a living will, prehospital medical care directive or health care power of attorney.
3. "Branch office" means an office which operates under the license of a parent home health agency and utilizes the same administrator and supervising physician or nurse.
4. "Coordination" means the process by which the patient or patient's representative and caregivers exchange information and combine efforts to develop and revise the plan of care and provide services.
5. "Discharge summary" means a brief review of service, patient status, and reasons for discharge.

6. "Home health aide services" means those tasks which are provided by a home health aide under the supervision of a registered nurse or a therapist.
7. "Home health care team" means the physician, patient or patient's representative, patient's family, and home health service providers.
8. "Medications" means both prescription and nonprescription drugs used by the patient.
9. "Nurse" means an individual licensed pursuant to A.R.S. Title 32, Chapter 15.
10. "Occupational therapist" means an individual licensed pursuant to A.R.S. Title 32, Chapter 34.
11. "Occupational therapist assistant" means an individual licensed pursuant to A.R.S. Title 32, Chapter 34.
12. "Parent home health agency" means the licensed agency that develops and maintains administrative control of branch offices.
13. "Patient's representative" means a person acting on behalf of a patient under the written consent of the patient or the patient's legal guardian, or a surrogate pursuant to A.R.S. § 36-3201(13).
14. "Personal care services" means assistance with activities of daily living and services which are not related to the treatment of a patient's illness or injury.
15. "Pharmacist" means an individual licensed pursuant to A.R.S. Title 32, Chapter 18.
16. "Physical therapist" means an individual licensed pursuant to A.R.S. Title 32, Chapter 19.
17. "Physician" means an individual licensed pursuant to A.R.S. Title 32, Chapters 13 and 17.
18. "Professional services" means medical social work, nutritional services, respiratory care services, and pharmaceutical services.
19. "Registered dietitian" means an individual who holds a bachelor's or master's degree in food and nutrition and is registered with the Commission on Dietetic Registration.
20. "Respiratory care practitioner" means an individual licensed pursuant to A.R.S. Title 32, Chapter 35.
21. "Social worker" means an individual who holds a master's degree from a school accredited by the Council on Social Work Education.
22. "Social work assistant" means an individual who holds a bachelor's degree in counseling, social work, psychology, or sociology.
23. "Speech-language pathologist" means an individual who holds a Certificate in Clinical Competency in Speech-Language Pathology from the American Speech-Language-Hearing Association.
24. "Therapy" means occupational therapy, physical therapy or speech therapy.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3).

R9-10-1102. Administration

A. A home health agency shall have a governing authority responsible for the agency's operations. The governing authority shall:
1. Adopt and update policies and procedures for the operation and administration of the agency;
2. Appoint an administrator to manage the agency who shall have three years of administrative or supervisory experience which shall include two years of health care experience; and
3. Appoint a professional advisory group which shall:
   a. Consist of four or more members that include:
      i. One practicing physician,
      ii. One registered nurse who has one year of experience as a home health nurse, and
      iii. Two or more representatives from other health-related professions.
   b. Have 25% or more of its members who are not owners, employees, or contractors of the home health agency and who shall:
      i. Meet at least every six months,
      ii. Record and maintain minutes of all meetings,
      iii. Advise the agency on professional issues, and
      iv. Assist in establishing, reviewing, and evaluating policies and procedures for the home health agency.

B. The administrator shall organize and manage the agency and shall be responsible for the following:
1. Reporting to the governing authority;
2. Maintaining communication with the governing authority, professional advisory group, staff, and community;
3. Ensuring that the parent home health agency has the capability of providing supervision and services on a daily basis to the branch offices;
4. Appointing a supervising physician who has two years of home health experience or a supervising registered nurse who has three years of nursing experience which includes two years in home health care;
5. Hiring staff in consultation with the supervising physician or registered nurse;
6. Ensuring staff orientation, education, and evaluation;
7. Ensuring that written contractual provisions are complied with by the providers of home health services;
8. Ensuring that providers of therapy and other professional services provide the agency with documentation of a degree, certification, or registration in good standing for the profession specified in R9-10-1101;
9. Ensuring that therapy and other professional services are provided, as follows:
   a. Speech therapy or speech-language pathology services shall be provided by a speech-language pathologist.
   b. Nutritional services shall be provided by a registered dietitian.
   c. Occupational therapy services shall be provided by an occupational therapist or occupational therapist assistant.
   d. Physical therapy services shall be provided by a physical therapist.
   e. Respiratory care services shall be provided by a respiratory care practitioner or a registered nurse.
   f. Pharmacy services shall be provided by a pharmacist.
10. Medical social work shall be provided by a social worker or may be provided by a social work assistant, under the supervision of a social worker. Each social worker shall have one year of social work experience in a health care setting.
11. Maintaining the agency's administrative records, quality management activities, personnel records, and policies and procedures;
12. Designating, in writing, a physician or registered nurse who shall have one year of home health experience to act in the absence of the supervising physician or registered nurse to ensure that supervisory coverage shall be provided during all operating hours of the agency; and
13. Designating, in writing, an individual to act in the administrator's absence.

C. The supervising physician or registered nurse shall be responsible for the quality, coordination, and supervision of home health services, including the following:
1. Implementing the agency's policies and procedures;
2. Participating in employment decisions affecting nursing, therapy, and other professional personnel;
3. Providing staff orientation, in-service education, and performance evaluations;
4. Coordinating, monitoring, and evaluating contractual services for all services not provided directly by the home health agency; and
5. Recordkeeping of training and education for staff.

D. The supervising physician or registered nurse may also function as the administrator of the home health agency.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3).

R9-10-1103. Personnel

A. Personnel shall provide services to meet the needs of each patient, according to the patient's plan of care.

B. An employee, prior to being employed and annually thereafter, shall submit one of the following as evidence of freedom from pulmonary tuberculosis:
1. A report of a negative Mantoux skin test taken within six months of submitting the report, or
2. A written statement from a physician stating that, upon an evaluation of a positive Mantoux skin test taken within six months of submitting the physician's statement or a history of a positive Mantoux skin test, the individual was found to be free from pulmonary tuberculosis.

C. Personnel providing direct patient care shall attend orientation and six hours of in-service training per year, which may include time spent in orientation. Orientation shall include:
1. Patient care policies and procedures,
2. Infection control policies and procedures, and
3. Patient rights.

D. Home health aides, prior to being assigned patient care tasks, shall complete a home health aide training program which shall include the following subjects:
1. Communication skills;
2. Observation, reporting, documentation of patient status, and the care or service provided;
3. Reading and recording temperature, pulse, and respiration;
4. Basic infection control procedures;
5. Basic elements of body functioning and changes in function that must be reported to a home health aide's supervisor;
6. Maintenance of a clean, safe, and healthy environment;
7. Recognizing emergencies and knowledge of emergency procedures;
8. Physical, emotional, and developmental needs of the populations serviced by the home health agency;
9. Techniques in providing personal hygiene and grooming;
10. Activities of daily living;
11. Transfer techniques;
12. Range of motion and positioning;
13. Nutrition and fluid intake; and
14. Patient rights.

E. The administrator shall ensure that a personnel record for each employee includes the following documentation:
1. Employee name and address;
2. Education and work experience;
3. Verification of any professional license, certification, registration, and education requirements;
4. Initial proof of freedom from pulmonary tuberculosis and annual verification statement, thereafter;
5. Orientation and in-service training records; and
6. Competence and performance evaluations of home health aide and personal care attendant skills.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3).

R9-10-1104. Home Health Services

A. The supervising physician or registered nurse shall ensure that nursing services shall be managed in accordance with the following:
1. Unless a physician orders therapy services only, a registered nurse shall conduct patient assessments as follows:
   a. The initial assessment shall be conducted within 72 hours of a patient's acceptance into a home health program and shall include a review of advance directives;
   b. Reassessments shall be conducted within 62-day periods thereafter, according to the patient's needs and as the patient's condition warrants; and
   c. The assessments shall include:
      i. Patient needs, resources, family, and environment;
      ii. Goals of patient care;
      iii. Medications used by the patient, including the side effects and contraindications; and
      iv. A listing of required medical supplies and durable medical goods.
2. A registered nurse shall be responsible for the following:
   a. Implementing a patient's plan of care;
   b. Coordinating patient care with other members of the home health care team;
   c. Assigning a licensed practical nurse to provide nursing services in accordance with home health agency policies;
   d. Supervising home health aides and assigning written patient care duties to individual home health aides;
   e. Informing the patient's physician of changes in a patient's condition and needs;
   f. Summarizing the patient's status for submission to the physician, every 62 days or more often, as the patient's condition warrants;
   g. Ensuring that the findings and ongoing services are documented in the medical record for each patient contact;
   h. Participating in the preparation of patient transfer, discharge plan, and discharge summary;
   i. Documenting verbal orders received from the physician in the medical record;
   j. Conducting supervisory visits to the patient who is receiving home health aide services to determine the quality of care being given by the home health aide, according to the following schedule:
      i. Every two weeks when home health aide services together with either nursing services or therapy services are being provided; or
      ii. Every 62 days while only home health aide services are being provided; and
   k. Evaluating, by direct observation of performance, the competency of the home health aide and personal care attendant.

B. The supervising physician or registered nurse shall ensure that home health aide services are provided under the supervision of a registered nurse as follows:

1. Home health aide services shall be provided by an individual who has completed a home health aide training program pursuant to R9-10-1103(D) or by an individual who is in good standing with the State Board of Nursing, Nurse Aide Register.
2. Each home health aide shall:
   a. Perform only those tasks assigned, in writing, by the registered nurse or a therapist pursuant to subsection (C)(4);
   b. Report any observations of change in a patient's condition to the registered nurse; and
   c. Document care provided in the patient's medical record.

C. The supervising physician or registered nurse shall ensure that providers of therapy and other professional services comply with the following:
1. The services shall be ordered by a physician and provided in accordance with the patient's plan of care.
2. A therapist or individual providing professional services shall:
   a. Assist the physician in evaluating the patient's needs;
   b. Participate in developing, evaluating, and revising the plan of care and establishing goals;
   c. Coordinate patient care with other members of the home health care team;
   d. Ensure that the findings and ongoing services are documented in the medical record; and
   e. Participate in the preparation of the patient transfer, discharge plan, and discharge summary.
3. A therapist or provider of professional services shall document any physician orders received pertaining to their respective therapy or professional services.
4. A therapist may supervise a home health aide when a physician orders home health aide and therapy services only. As a supervisor, the therapist shall:
   a. Assign patient care duties, in writing, to the home health aide;
   b. Comply with the assessment requirements in subsection (A)(1); and
   c. Comply with the registered nurse visitation requirements in subsection (A)(2)(j)(i).

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3).

R9-10-1105. Supportive Services

A. Supportive services do not require a physician order and shall be provided in accordance with agency policies.

B. Supportive services may include a personal care attendant who is employed by the agency to provide personal care services only. A registered nurse shall assign personal care tasks, in writing, to the attendant and shall ensure that the attendant documents all care provided in the patient's medical record.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3).

R9-10-1106. Plan of Care

A. Home health services shall be provided by the home health agency in accordance with a written plan of care established and authorized by a physician in consultation with the patient and other members of the home health care team.

B. The plan of care shall be based on the patient's diagnosis and the assessment of the patient's immediate and long-term needs and shall include the following:
1. Diagnosis;
2. Surgery dates relevant to home health services;
3. Mental status;
4. Functional limitations;
5. Rehabilitation potential;
6. Type and frequency of services to be provided;
7. Treatments, medications, and any drug allergies;
8. Therapy and professional services, procedures, and modalities including the amount, frequency, and duration of service;
9. Activities permitted;
10. Nutritional requirements; and
11. Safety measures to protect against injury.

C. Staff shall document, in the medical record, any verbal order for either the initiation or modification to the plan of care and shall include in the record the physician's verifying signature which shall be obtained within 30 days of the order.

D. The home health care team shall review the plan of care every 62 days or more often, as the patient's need or condition warrants. The review shall include the authorization by the physician for the continuation of the patient's plan of care or the revision thereof.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3).

R9-10-1107. Patient Rights

A. The administrator shall establish a written policy regarding the rights of patients and shall ensure the agency's compliance thereto.

B. The agency shall give each patient or patient's representative a list of patient rights prior to services being provided.

C. Personnel shall ensure that language barriers or physical handicaps do not prevent each patient or patient's representative from becoming aware of the following patient rights:
1. To be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care needs;
2. To receive medical, nursing, therapeutic, and personal care in accordance with the patient's plan of care;
3. To refuse treatment or withdraw consent for treatment;
4. To participate in the development of the plan of care and any modification thereof;
5. To have personal and private property treated respectfully and not subject to misappropriation;
6. To have financial and medical records kept in confidence. The release of such records shall be by written consent of the patient or patient's representative, except as otherwise required or permitted by law;
7. To be informed of the following:
   a. Financial liability prior to obtaining services or prior to a change in rates, charges or services;
   b. Notice of third-party coverage for agency services; and
   c. The process for registering a complaint with the Office of Health Care Licensure about agency services; and
8. To exercise other civil rights and religious liberties, including the right to submit grievances to the agency, free from restraint, interference, coercion, discrimination, or reprisal.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3).

R9-10-1108. Medical Records

A. The administrator shall ensure the maintenance of policies and procedures governing the protection and confidentiality of medical records.

B. Each agency shall maintain a medical record for each patient which contains the following:
1. Patient name and address, name of patient's representative, caretaker, and physician;
2. Written acknowledgment that the patient received a copy of patient rights prior to the beginning of care;
3. Documentation concerning advance directives;
4. Medical history, current diagnoses, and findings;
5. Plan of care;
6. Physician orders;
7. Initial and periodic assessments and progress notes that are dated, signed by the person providing the service, and filed weekly;
8. Documentation of each patient contact for care or services;
9. Reports of patient home health service conferences;
10. Reports of patient summaries sent to the physician;
11. Reports of contacts with the physician by staff and the patient;
12. Supervisory reports on home health aide and personal care services; and
13. Patient transfer or discharge plan and discharge summary.

C. Medical records shall be maintained for five years beyond the last date of service provided. If the patient is a minor, the medical record shall be retained for three years after the patient reaches 18 years of age.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3).

R9-10-1109. Quality Management

A. The administrator shall ensure implementation and maintenance of a quality management program that monitors and evaluates the provision of patient care including contracted services.

B. The quality management plan shall be in writing and describe the objectives, scope, and process for improving quality of care which shall include the monitoring of activities.

C. Each quarter, a group of health care professionals, representing the home health services provided during the previous quarter, shall review a 10% sample or 30 medical records, whichever is lesser. The review shall:
1. Ensure that policies and procedures are followed in providing services directly or under contract; and
2. Be documented as part of the quality management process.

D. The administrator shall maintain a record of quality management activities and ensure that any conclusions and recommendations on findings of quality management activities are reported to the governing authority.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3).

R9-10-1110. Reserved

R9-10-1111. Repealed

Historical Note
Amended effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1112. Repealed

Historical Note
Amended effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1113. Repealed

Historical Note
Amended effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1114. Repealed

Historical Note
Amended effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1115. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1116. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1117. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1118. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1119. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1120. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1121. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1122. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1123. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1124. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1125. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1126. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1127. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

ARTICLE 12. REPEALED

R9-10-1201. Reserved

R9-10-1202. Reserved

R9-10-1203. Reserved

R9-10-1204. Reserved

R9-10-1205. Reserved

R9-10-1206. Reserved

R9-10-1207. Reserved

R9-10-1208. Reserved

R9-10-1209. Reserved

R9-10-1210. Reserved

R9-10-1211. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1212. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1213. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1214. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1215. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1216. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1217. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1218. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1219. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1220. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1221. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1222. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1223. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1224. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1225. Reserved

R9-10-1226. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1227. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1228. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section

repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1229. Reserved

R9-10-1230. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

Editor's Note: The following Article was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

ARTICLE 13. REPEALED

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1301. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Reference in paragraph (24) corrected (Supp. 94-2). Section R9-10-1301 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1302. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1302 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1303. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1303 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1304. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted without change effective November 25, 1992 (Supp. 92-4). Section R9-10-1304 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication

in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1305. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1305 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1306. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1306 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1307. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1307 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1308. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1308 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1309. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1309 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was

not required to hold public hearings on the repealing of these rules.

R9-10-1310. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1310 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1311. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1311 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1312. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1312 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1313. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1313 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was repealed under an exemption from the provisions of the Administrative Procedure Act which means these rules were not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on the repealing of these rules.

R9-10-1314. Repealed

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1314 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

ARTICLE 14. RECOVERY CARE CENTERS

R9-10-1401. Definitions

In this Article, unless the context otherwise requires:

1. "Advance directives" means a living will, prehospital medical care directive, or health care power of attorney.

2. "Basic life support procedures" means emergency services that include the administration of oxygen and cardiopulmonary resuscitation.
3. "Chemical abuse" means the use of a pharmacologic drug administered for purposes of discipline or convenience, which is not required to treat the patient's medical symptoms.
4. "Disaster" means an unforeseen event such as a fire or flood which may result in the facility, or a portion thereof, becoming uninhabitable and which necessitates evacuation of patients to another location.
5. "Licensed nurse" means an individual licensed pursuant to A.R.S. Title 32, Chapter 15.
6. "Medical peer review" means the participation by a physician in the review and evaluation of the medical management of a patient and the use of resources for patient care.
7. "Medical staff" means physicians and other health care providers as defined in medical staff bylaws.
8. "Nursing personnel" means a licensed nurse or a nurse aide.
9. "Patient's representative" means a person acting on behalf of a patient under the written consent of the patient or the patient's legal guardian.
10. "Postdiagnostic" means the medical and nursing care given following a diagnostic procedure.
11. "Postsurgical" means the medical and nursing care given following a surgical procedure.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1402. Administration

A. The governing authority shall consist of one or more persons who shall be responsible for the following:
1. Organizing the facility;
2. Adopting bylaws and facility policies and procedures;
3. Approving membership on the medical staff;
4. Delineating, in writing, the clinical privileges of each medical staff member;
5. Ensuring that one or more physicians conduct medical peer reviews in accordance with the medical staff bylaws; and
6. Ensuring compliance with state laws, rules, and local ordinances.

B. The governing authority shall appoint an administrator who shall have the authority and responsibility to manage the facility. The administrator shall:
1. Act as a liaison between the governing authority, medical and facility staff;
2. Establish and implement written facility policies and procedures governing:
   a. Personnel employment, orientation, staffing, and recordkeeping;
   b. Patient admissions, rights and responsibilities, medical treatment, and recordkeeping;
   c. Contract services;
   d. Food services, housekeeping, maintenance, and infection control;
   e. Quality management and recordkeeping;
   f. Emergency treatment and disaster plan; and
   g. Equipment inspection; and
3. Designate, in writing, an individual to be on duty, in charge and have access to all areas related to patient care and operation of the physical plant when the administrator is not present.

C. The administrator may contract for services including dietary, pharmaceutical, and laboratory services and shall ensure that contractual services are provided in accordance with the facility's written policies and procedures. Copies of current written agreements containing the terms and conditions for the delivery of contract services shall be kept at the facility.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1403. Patient Rights

A. The administrator shall ensure that each patient or patient's representative is given a list of patient rights and responsibilities at the time of, or prior to, admission. The patient or patient's representative shall acknowledge, in writing, receipt of patient rights and responsibilities.

B. The administrator shall post a list of patient rights and responsibilities in a conspicuous area.

C. The administrator and staff shall ensure that language barriers or physical handicaps do not prevent each patient or patient's representative from becoming aware of patient rights.

D. Each patient shall have the following rights:
1. To be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and care for personal needs;
2. To be free from the following:
   a. Medical, psychological, physical, and chemical abuse; and
   b. Physical restraints, with the exception of an emergency when a restraint is necessary to protect the patient from injury to self or others, and is authorized by the attending physician;
3. To refuse treatment or withdraw consent for treatment;
4. To have medical and financial records kept in confidence. The release of such records shall be by written consent of the patient or the patient's representative except as otherwise required or permitted by law;
5. To have access to the patient's medical record;
6. To be informed of rates and charges, in writing, within two weeks prior to admission for the services offered, and advised of possible third party coverage;
7. To be advised on the facility's policy regarding advance directives;
8. To be included in decisions regarding care and treatment;
9. To associate and communicate privately with persons of the patient's choice;
10. To have access to a public telephone, unless bedside telephones are provided; and
11. To submit grievances without retaliation.

E. Facility staff shall assist each patient to exercise patient rights.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1404. Personnel

A. Personnel, prior to being employed and annually thereafter, shall submit one of the following as evidence of freedom from pulmonary tuberculosis:
1. A report of a negative Mantoux skin test taken within six months of submitting the report; or
2. A written statement from a physician stating that, upon an evaluation of a positive Mantoux skin test taken within six months of submitting the physician's statement or a history of a positive Mantoux skin test, the individual was found to be free from tuberculosis.

B. Personnel shall attend orientation within the first week of employment. Orientation shall include personnel policies and procedures and patient rights.

C. Nursing personnel shall:
1. Be 18 years of age or older;
2. Be certified in cardiopulmonary resuscitation within the first month of employment and maintain current certification thereafter;
3. Attend additional orientation which shall include patient care and infection control policies and procedures; and
4. Attend 12 hours of in-service training per year which may include time spent in orientation.

D. The administrator shall ensure that personnel records are maintained which include:
1. Application for employment;
2. Verification of training, registration, certification, or licensure;
3. Initial proof of freedom from tuberculosis and annual verification statement thereafter; and
4. Orientation and in-service training records that include:
   a. Subject matter,
   b. Date and length of in-service, and
   c. Signatures of those who attend.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1405. Nursing Services

A. The administrator shall appoint a director of nursing who shall be responsible for the management and supervision of nursing services which shall include the following:
1. Developing and implementing nursing and patient care policies and procedures for all nursing services, including:
   a. Admission nursing assessments,
   b. Administration of medications to ensure that medications are given according to the physician's order,
   c. Storage of medication to ensure security and efficacy, and
   d. Disposal of medication;
2. Designating, in writing, a registered nurse to act in the absence of the director of nursing;
3. Staffing the facility with nursing personnel according to the number of patients and their health care needs;
4. Ensuring that each patient receives care and services based on the admission nursing assessment and the physician's orders; and
5. Ensuring that medications are administered by a nurse licensed pursuant to A.R.S. Title 32, Chapter 15 or as otherwise provided by law.

B. A registered nurse shall complete a nursing assessment of each patient, which addresses all patient care needs, upon the patient's admission to the facility.

C. A license nurse shall provide the patient with written discharge instructions based on the patient's health care needs and physician's instructions.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1406. Admissions

A. A physician shall admit to the facility only those patients who require recovery care services pursuant to A.R.S. § 36-448.51(2).

B. Facility staff shall comply with the admission policies and procedures of the facility in providing postsurgical and postdiagnostic medical and nursing services.

C. The administrator shall ensure that the following documents are in the patient's medical record at the time of admission:
1. A current history and physical examination performed or approved by members of the medical staff within 30 days of admission,
2. A discharge summary from the referring facility or physician,
3. Physician orders, and
4. Documentation concerning advance directives.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1407. Ancillary Services

A. Laboratory services shall be provided on the premises or available through contract with a laboratory licensed or exempt from licensure pursuant to A.R.S. Title 36, Chapter 4.1.

B. Pharmaceutical services shall be provided on the premises, or available through contract, by a pharmacy registered by the state of Arizona pursuant to A.R.S. Title 32, Chapter 18.

C. The administrator shall designate a food service manager who shall ensure that:
1. Each patient receives a diet based on the patient's nutritional needs and physician's order;
2. Food services are provided in compliance with the facility's policies and procedures;
3. Staff are employed to ensure the preparation and delivery of food;
4. An updated therapeutic diet reference manual is available; and
5. Onsite or catered food preparation, storage, and handling shall comply with applicable food and drink rules of Chapter 8, Article 1 of this Title.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1408. Quality Management

A. The administrator shall ensure implementation and maintenance of a quality management program that monitors and evaluates the provision of all aspects of patient care including contracted and physician services.

B. The quality management plan shall be in writing and describe the objectives, organization, scope, and process for improving quality of care which shall include the monitoring activities.

C. The administrator shall maintain a record of quality management activities and ensure that any conclusions and recommendations on findings of quality management activities are reported to the governing authority.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1409. Medical Records

A. The administrator shall ensure that a medical record is established and maintained for each patient in accordance with the facility's policies and procedures.

B. Medical records for each patient shall include the following information, where applicable:
1. Patient name and address,
2. Admitting diagnosis,
3. Discharge summary from the referring facility or physician,
4. Written acknowledgment of the receipt of copies of patient rights and responsibilities,
5. Consent forms,
6. Documentation concerning advance directives,
7. Medical history and physical examination,
8. Physician orders and progress notes,
9. Nursing assessment and progress notes,
10. Medication and treatment record,

11. Laboratory and diagnostic reports, and
12. Documentation that the patient received discharge instructions.

C. The administrator shall ensure that the medical record of a discharged patient is completed within 30 days of the discharge.

D. Medical records shall be maintained for three years from the patient's discharge except as required by A.R.S. § 36-343. If a facility ceases operation, the recovery care center shall ensure the preservation of records in compliance with this retention requirement.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1410. Environmental Standards

A. The administrator shall ensure the facility's compliance with the infection control policies and procedures which shall include:
1. Surveillance, prevention, and control of infection;
2. Storage and maintenance of sterile supplies and equipment; and
3. Disposal of waste, including blood and body fluid.

B. The administrator shall ensure that housekeeping and maintenance services are provided to maintain a safe and sanitary environment.

C. The administrator shall ensure that equipment is operational and inspected in accordance with the facility's policies and procedures, which shall include the following:
1. Testing, calibrating, servicing, or repairing of equipment to ensure that the equipment is free from fire and electrical hazards; and
2. Maintaining records documenting the service and calibrating performed.

D. Staff shall use, maintain, and store oxygen and other flammable gasses in accordance with A.A.C. R9-1-412(B).

E. Staff shall use and maintain electrical equipment in accordance with A.A.C. R9-1-412(E).

F. The facility shall pass annual inspection for fire safety by the fire authority having jurisdiction.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1411. Emergency Standards

A. The governing authority shall adopt policies and procedures which establish the extent of emergency treatment to be performed within the facility including:
1. Basic life support procedures, and
2. Transfer arrangements for patients who require care above recovery care services.

B. Staff shall provide emergency treatment according to the facility's policies and procedures.

C. The administrator shall ensure the development of a written disaster plan of operation with procedures to be followed in the event of threat to patient safety.

D. The administrator shall ensure disaster drills are conducted on each shift every three months.

E. The administrator shall retain records of disaster drills for one year and include the date, time, and critique of the drill.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

R9-10-1412. Physical Plant Requirements

A. Facilities licensed prior to January 1, 1992, shall conform to the requirements of A.A.C. R9-1-412(B), Life Safety Code, Chapter 13, "Existing Health Care Occupancies."

B. Facilities licensed after January 1, 1992, shall conform to the physical plant health and safety codes and standards referenced in A.A.C. R9-1-412.

C. Patient rooms and service areas shall comply with the requirements of A.A.C. R9-1-412(F), Guidelines for Construction and Equipment of Hospital and Medical Facilities, specifically Chapter 7, Sections 7.2(A) and (B) for General Hospitals.

D. Bed capacity shall not exceed two beds per room.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1).

Editor's Note: The following Article was adopted under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1999, Ch. 311, which means these rules were not reviewed by the Governor's Regulatory Review Council or approved by the Attorney General's Office.

ARTICLE 15. ABORTION CLINICS

Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act, which means these rules were not reviewed by the Governor's Regulatory Review Council or approved by the Attorney General's Office.

R9-10-1501. Definitions

In this Article, unless the context otherwise requires:
1. *"Abortion" means the use of a surgical instrument or a machine with the intent to terminate a woman's pregnancy for reasons other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, to terminate an ectopic pregnancy or to remove a dead fetus. Abortion does not include birth control devices or oral contraceptives.*
2. *"Abortion clinic" means a facility, other than an accredited hospital, in which five or more first trimester abortions in any month or any second or third trimester abortions are performed.*
3. "Adverse reaction" means an unexpected occurrence that threatens the health and safety of a patient.
4. "Biohazardous medical waste" means cultures and stocks, waste human blood and blood products, bodily fluids, uterine contents, and discarded medical sharps.
5. "Conspicuously posted" means placed at a location within an abortion clinic that is accessible and visible to patients and the public.
6. "Controlled substance" means the same as defined in A.R.S. § 32-1901(12).
7. "Course" means hands-on practice under the supervision of a physician, training, or education.
8. "Current" means up-to-date, extending to the present time.
9. "Department" means the same as defined in A.R.S. § 36-401.
10. "Direction" means the same as defined in A.R.S. § 36-401.
11. "Discharge" means a patient no longer requires the medical services, nursing services, or health-related services provided by the abortion clinic.
12. "Documentation" means written, supportive evidence.
13. "Emergency" means a potentially life-threatening occurrence that requires an immediate response or medical treatment.
14. "Employee" means an individual who receives compensation from a licensee, but does not provide medical services, nursing services, or health-related services.
15. *"Fetus" means an individual human organism from fertilization until birth.*

16. "First trimester" means 1 through 14 weeks as measured from the first day of the last menstrual period or 1 through 12 weeks as measured from the date of fertilization.
17. "Gestational age" means the number of completed weeks of the unborn fetus as calculated from the first day of the last menstrual period or the date of fertilization.
18. "Health-related services" means the same as defined in A.R.S. § 36-401.
19. "Immediately" means without delay.
20. "Incident" means an abortion related patient death or serious injury to a patient or viable fetus.
21. "Infection control" means to identify, prevent, monitor, and minimize infections.
22. "Licensee" means an individual, a partnership, an association, a limited liability company, or corporation authorized by the Department to operate an abortion clinic.
23. "Local" means under the jurisdiction of a city or county in Arizona.
24. "Medical director" means a physician who is responsible for the direction of the medical services, nursing services, and health-related services provided to patients at an abortion clinic.
25. "Medical evaluation" means obtaining a patient's medical history, performing a physical examination of a patient's body, and conducting laboratory tests as provided in R9-10-1508.
26. "Medical services" means the same as defined in A.R.S. § 36-401.
27. "Medication" means a prescription medication as defined in A.R.S. § 32-1901 or a nonprescription drug or over-the-counter drug as defined in A.R.S. § 32-1901.
28. "Monitor" means to observe and document, continuously or intermittently, the values of certain physiologic variables on a patient such as pulse, blood pressure, oxygen saturation, respiration and blood loss.
29. "Nationally recognized medical journal" means any publication distributed nationally that contains peer-reviewed medical information, such as the American Journal of Radiology or the Journal of Ultrasound in Medicine.
30. "Nurse" means an individual licensed and in good standing as a registered nurse or a practical nurse according to A.R.S. Title 32, Chapter 15.
31. "Nurse practitioner" means an individual licensed and in good standing as a registered nurse practitioner according to A.R.S. Title 32, Chapter 15.
32. "Nursing services" means the same as defined in A.R.S. § 36-401.
33. "Patient" means a female receiving medical services, nursing services, or health-related services related to an abortion.
34. "Patient care staff" means a physician, nurse practitioner, nurse, physician assistant, or surgical assistant who provides medical services, nursing services, or health-related services to a patient.
35. "Patient representative" means a patient's legal guardian, an individual acting on behalf of a patient with the written consent of the patient, or a surrogate according to A.R.S. § 36-3201(13).
36. "Patient transfer" means relocating a patient requiring medical services from an abortion clinic to another health care institution.
37. "Personnel" means patient care staff, employees, and volunteers.
38. "Physical facilities" means property that is:
    a. Designated on an application for a license by the applicant; and
    b. Licensed to provide services by the Department according to A.R.S. Title 36, Chapter 4.
39. "Physician" means an individual licensed according to A.R.S. Title 32, Chapter 13 or 17.
40. "Physician assistant" means an individual licensed according to A.R.S. Title 32, Chapter 25.
41. *"Serious injury" means an injury that occurs at an abortion clinic and that creates a serious risk of substantial impairment of a major body organ.*
42. *"Supervision" means direct overseeing and inspection of the act of accomplishing a function or activity.*
43. "Surgical assistant" means an individual who is not licensed as a physician, physician assistant, nurse practitioner, or nurse who performs duties as directed by a physician, physician assistant, nurse practitioner or nurse.
44. "Viable fetus" means the same as defined in A.R.S. § 36-2301.01.
45. "Volunteer" means an individual who, without compensation, performs duties as directed by a member of the patient care staff at an abortion clinic.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3).

Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act, which means these rules were not reviewed by the Governor's Regulatory Review Council or approved by the Attorney General's Office.

R9-10-1502. Application Requirements

An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4).

Editor's Note: The following Exhibit was adopted and subsequently repealed under an exemption from the provisions of the Administrative Procedure Act, which means that this rule was not reviewed by the Governor's Regulatory Review Council; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on the rule; and the Attorney General has not certified this rule.

Exhibit A. Repealed

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act, which means these rules were not reviewed by the Governor's Regulatory Review Council or approved by the Attorney General's Office.

R9-10-1503. Administration

A. A licensee is responsible for the organization and management of an abortion clinic.

B. A licensee shall:
1. Ensure compliance with federal and state laws, rules, and local ordinances;
2. Adopt policies and procedures for the administration and operation of an abortion clinic;
3. Designate a medical director who is licensed according to A.R.S. Title 32, Chapter 13, 17, or 29. The licensee and the medical director may be the same individual;
4. Ensure that the Department's director or director's designee is allowed immediate access to the abortion clinic during the hours of operation;
5. Ensure the following documents are conspicuously posted at the physical facilities:
   a. Current abortion clinic license issued by the Department;
   b. Current telephone number and address of the Department's Office of Medical Facilities; and
   c. Evacuation map.

C. A medical director shall ensure written policies and procedures are developed and implemented for:
1. Personnel qualifications, duties, and responsibilities;
2. Individuals qualified to provide counseling in the abortion clinic and the amount and type of training required for an individual to provide counseling;
3. Verification of the competency of the physician performing an abortion according to R9-10-1505;
4. The storage, administration, accessibility, disposal, and documentation of a medication, and a controlled substance;
5. Accessibility and security of patient medical records;
6. Abortion procedures including recovery and follow-up care; and the minimum length of time a patient remains in the recovery room or area based on:
   a. The type of abortion performed;
   b. The estimated gestational age of the fetus;
   c. The type and amount of medication administered; and
   d. The physiologic signs including vital signs and blood loss;
7. Infection control including methods of sterilizing equipment and supplies;
8. Medical emergencies; and
9. Patient discharge and patient transfer.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4).

Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act, which means these rules were not reviewed by the Governor's Regulatory Review Council or approved by the Attorney General's Office.

R9-10-1504. Incident Reporting

A. A licensee shall ensure that the Department is notified of an incident as follows:
1. For the death of a patient, verbal notification the next working day; and
2. For a serious injury, written notification within 10 calendar days from the date of the serious injury.

B. A medical director shall conduct an investigation of an incident and develop a written incident report that includes:
1. The date and time of the incident;
2. The name of the patient;
3. Description of the incident;
4. Names of individuals who observed the incident;
5. Action taken by patient care staff and employees during the incident or immediately following the incident; and
6. Action taken by the patient care staff and employees to prevent the incident from occurring in the future.

C. A medical director shall ensure that the written incident report is:
1. Submitted to the Department and a professional licensing board, if applicable, within 10 calendar days from the date of the notification in subsection (A); and
2. Maintained in the physical facilities for at least two years from the date of the report.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative

Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4).

Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act, which means these rules were not reviewed by the Governor's Regulatory Review Council or approved by the Attorney General's Office.

R9-10-1505. Personnel Qualifications and Records

A licensee shall ensure that:

1. A physician who performs an abortion demonstrates to the medical director that the physician is competent to perform an abortion by:
   a. The submission of documentation of education and experience; and
   b. Observation by or interaction with the medical director;
2. Surgical assistants and volunteers who provide counseling and patient advocacy receive training in these specific responsibilities and any other responsibilities assigned and that documentation is maintained in the individual's personnel file of the training received;
3. An individual who performs an ultrasound provides documentation that the individual is:
   a. A physician who:
      i. Has completed a course in performing an ultrasound from a manufacturer or distributor of ultrasound equipment; or
      ii. Has performed ultrasounds during the physician's medical education;
   b. A physician assistant, nurse practitioner, or nurse who completed a hands-on course in performing ultrasounds under the supervision of a physician qualified as required in subsection (3)(a); or
   c. An individual who completed:
      i. A postsecondary education institution course in performing ultrasound; and
      ii. The hands-on course required in subsection (3)(b).
4. An individual has completed a course for the type of ultrasound the individual performs;
5. A personnel file for each member of the patient care staff and each volunteer is maintained either electronically or in writing and includes:
   a. The individual's name, position title, and the first and last date of employment or volunteer service, if applicable;
   b. Verification of qualifications, training, or licensure, if applicable;
   c. Documentation of cardiopulmonary resuscitation certification, if applicable;
   d. Documentation of verification of competency, as required in subsection (1), and signed and dated by the medical director;
   e. Documentation of training for surgical assistants and volunteers; and
   f. Documentation of completion of a course as required in subsection (3), for an individual performing ultrasounds; and
6. Personnel files are maintained in the physical facilities for at least two years from the ending date of employment or volunteer service.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3).

Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act, which means these rules were not reviewed by the Governor's Regulatory Review Council or approved by the Attorney General's Office.

R9-10-1506. Staffing Requirements

A. A licensee shall ensure that there are a sufficient number of patient care staff and employees to:
   1. Meet the requirements of this Article;
   2. Ensure the health and safety of a patient; and
   3. Meet the needs of a patient based on the patient's medical evaluation.

B. A licensee shall ensure that:
   1. A member of the patient care staff, except for a surgical assistant, who is current in cardiopulmonary resuscitation certification is in the physical facilities until all patients are discharged;
   2. A physician with admitting privileges at an accredited hospital in this state is in the physical facilities until each patient is stable and ready to leave the recovery room;
   3. A nurse, a nurse practitioner or a physician assistant:
      a. Monitors each patient during the patient's recovery following the abortion; and
      b. Remains in the physical facilities until each patient is discharged by a physician; and
   4. A written schedule is maintained in the physical facilities for at least six months from the last date on the schedule and includes:
      a. The date, work hours, and name of the patient care staff assigned to provide medical services, nursing services, health-related services, and the name of the volunteers assigned to provide volunteer services; and
      b. The date, work hours and name of the patient care staff and volunteers who actually provided medical services, nursing services, health-related services, or volunteer services.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt

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Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act, which means these rules were not reviewed by the Governor's Regulatory Review Council or approved by the Attorney General's Office.

R9-10-1507. Patient Rights

A licensee shall ensure that a patient is afforded the following rights, and is informed of these rights:

1. To be treated with consideration, respect, and full recognition of the patient's dignity and individuality;
2. To refuse treatment, or withdraw consent for treatment;
3. To have medical records kept confidential; and
4. To be informed of:
   a. Billing procedures and financial liability before abortion services are provided;
   b. Proposed medical or surgical procedures, associated risks, possible complications and alternatives;
   c. Counseling services that are provided in the physical facilities; and
   d. If an ultrasound is performed, the right to review the ultrasound results with a physician, a physician assistant, a nurse practitioner, or a registered nurse before the abortion procedure.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3).

Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act, which means these rules were not reviewed by the Governor's Regulatory Review Council or approved by the Attorney General's Office.

R9-10-1508. Abortion Procedures

A. A medical director shall ensure that a medical evaluation of a patient is conducted before performing an abortion and includes:
1. A medical history including:
   a. Allergies to medications, antiseptic solutions, or latex;
   b. Obstetrical and gynecological history;
   c. Past surgeries;
   d. Medication the patient is currently taking; and
   e. Other medical conditions;
2. A physical examination performed by a physician that includes a bimanual examination to estimate uterine size and palpation of adnexa; and
3. The following laboratory tests:
   a. A urine or blood test to determine pregnancy if an ultrasound examination is not performed;
   b. Rh typing unless the patient provides written documentation of blood type acceptable to the physician;
   c. Anemia screening; and
   d. Other laboratory tests recommended by the physician or medical director on the basis of the physical examination.

B. If the medical evaluation indicates a patient is Rh negative, a medical director shall ensure that:
1. The patient receives information from a physician on this condition;
2. The patient is offered RhO(d) immune globulin within 72 hours after the abortion procedure;
3. If a patient refuses RhO(d) immune globulin, the patient signs and dates a form acknowledging the patient's condition and refusing the RhO(d) immune globulin;
4. The form is maintained in the patient's medical record; and
5. If a patient refuses RhO(d) immune globulin or if a patient refuses to sign and date an acknowledgment and refusal form, the physician documents the patient's refusal in the patient's medical record.

C. A physician estimates the gestational age of the fetus, and records the estimated age in the patient's medical record. The estimated age is based upon:
1. Ultrasound measurements of the biparietal diameter, length of femur, abdominal circumference, visible pregnancy sac, or crown-rump length or a combination of these; or
2. The date of the last menstrual period or the date of fertilization and a bimanual examination of the patient.

D. If a physical examination or other information obtained from the patient or laboratory tests indicates the gestational age of the fetus is greater than 12 weeks, a medical director shall ensure that:
1. An ultrasound is performed by an individual who meets the requirements in R9-10-1505(3);
2. An ultrasound estimate of gestational age is performed using methods and tables or charts published in a nationally recognized medical journal;
3. An original ultrasound print is:
   a. Interpreted by a physician; and
   b. Maintained in the patient's medical record; and
4. If requested by the patient, the ultrasound is reviewed with the patient by a physician, a physician assistant, a nurse practitioner, or a registered nurse.

E. A medical director shall ensure that before an abortion is performed on a patient:
1. Written consent is signed and dated by the patient or the patient's representative; and
2. Information is provided to the patient on the abortion procedure including alternatives, risks, and potential complications.

F. A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article.

G. A medical director shall ensure that:
1. Patient care staff monitor the patient's vital signs throughout the abortion procedure to ensure the patient's health and safety;
2. Intravenous access is established and maintained on a patient undergoing an abortion after the first trimester; and
3. If a viable fetus shows signs of life:
   a. Resuscitative measures are used to support life;

b. The viable fetus is transferred as required in R9-10-1509; and
c. Resuscitative measures and the transfer are documented.

H. A medical director shall ensure that following the abortion procedure:
1. A patient's vital signs and bleeding are monitored by a member of the patient care staff, except a surgical assistant, to ensure the patient's health and safety;
2. A patient remains in the recovery room or recovery area until a physician, a physician assistant, a nurse practitioner or a nurse examines the patient and determines that the patient's medical condition is stable and the patient is ready to leave the recovery room or recovery area; and
3. An ultrasound result print of each fetus with a gestational age estimate of more than 12 weeks is sent to persons or corporations contracted with the Department in compliance with A.R.S. § 36-2301.02.

I. A medical director shall ensure that follow-up care includes:
1. With a patient's consent, a telephone call to the patient by a member of the patient care staff, except a surgical assistant, within 24 hours of the patient's discharge to assess the patient's recovery. If the patient care staff is unable to speak with the patient, for any reason, the attempt to contact the patient is documented in the patient's medical record; and
2. A follow-up visit offered at least three weeks after the abortion, which includes:
   a. A physical examination;
   b. A review of all laboratory tests as required in R9-10-1508(A)(3); and
   c. A urine pregnancy test.

J. If a continuing pregnancy is suspected as a result of the follow-up visit required in subsection (I)(2), a physician who performs abortions shall be consulted.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3).

Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act, which means these rules were not reviewed by the Governor's Regulatory Review Council or approved by the Attorney General's Office.

R9-10-1509. Patient Transfer and Discharge

A. A medical director shall ensure:
1. A patient is transferred to a hospital for an emergency involving the patient;
2. A viable fetus requiring emergency care is transferred to a hospital;
3. A patient transfer is documented in the patient's medical record; and
4. Documentation of a medical evaluation, treatment given, laboratory, and diagnostic information is transferred with a patient.

B. A medical director shall ensure that before a patient is discharged:
1. A physician signs the patient's discharge order; and
2. A patient receives written information at discharge that includes:
   a. Signs of possible complications;
   b. When to access medical care in response to complications;
   c. A telephone number of an individual or entity to contact for medical emergencies;
   d. Instructions and precautions for resuming vaginal intercourse after the abortion; and
   e. Instructions specific to the patient's abortion or condition.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4).

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R9-10-1510. Medications and Controlled Substances

A medical director shall ensure that:
1. The abortion clinic complies with the requirements for medications and controlled substances in A.R.S. Title 32, Chapter 18, and A.R.S. Title 36, Chapter 27;
2. A medication is administered in compliance with an order from a physician, physician assistant, nurse practitioner, or as otherwise provided by law;
3. A medication is administered to a patient by a physician or as otherwise provided by law;
4. Medications and controlled substances are maintained in a locked area in the physical facilities;
5. Only personnel designated in the abortion clinic's policies and procedures have access to the locked area containing the medications and controlled substances;
6. Expired, mislabeled, or unusable medications and controlled substances are disposed of according to the abortion clinic's policies and procedures;
7. Medication errors and adverse reactions, including any actions taken in response to the medication errors or adverse reactions, are immediately reported to the medical director and licensee, and recorded in the patient's medical record;
8. Medication information is maintained in a patient's medical record and contains:
   a. The patient's name, age, and weight;
   b. The medications the patient is currently taking; and

c. Allergies or sensitivities to medications, antiseptic solutions, or latex; and

9. If medication is administered to a patient, the following are documented in the patient's medical record:
   a. The date and time of administration;
   b. The name, strength, dosage form, amount of medication, and route of administration; and
   c. The identification and signature of the individual administering the medication.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3).

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R9-10-1511. Medical Records

A. A licensee shall ensure that:
1. A medical record is established and maintained for a patient that contains:
   a. Patient identification including:
      i. The patient's name, address, and date of birth;
      ii. The designated patient representative, if applicable; and
      iii. The name and telephone number of an individual to contact in an emergency;
   b. The patient's medical history required in R9-10-1508(A)(1);
   c. The patient's physical examination required in R9-10-1508(A)(2);
   d. The laboratory test results required in R9-10-1508(A)(3);
   e. The physician's estimated gestational age of the fetus required in R9-10-1508(C);
   f. The ultrasound results, if applicable, including the original print as required in R9-10-1508(D);
   g. Each consent form signed by the patient or the patient's representative;
   h. A record of all orders issued by a physician, physician assistant or nurse practitioner;
   i. A record of all medical, nursing, and health-related services provided to the patient; and
   j. The patient's medication information;
2. A medical record is accessible only to the Department or personnel authorized by the abortion clinic's policies and procedures;
3. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law;
4. A medical record is protected from loss, damage, or unauthorized use and is maintained and accessible for seven years from the date of an adult patient's discharge or if the patient is a child, either for at least three years after the child's 18th birthday or for at least seven years after the patient's discharge, whichever date occurs last;
   a. A medical record is maintained at the abortion clinic for at least six months from the date of the patient's discharge;
   b. A medical record maintained at the abortion clinic is provided to the Department for review no later than two hours from the time the Department requests the medical record; and
   c. A medical record maintained off-site is provided to the Department for review no later than 24 hours from the time the Department requests the medical record;
5. Vital records and vital statistics are retained according to A.R.S. § 36-343; and
6. If an abortion clinic ceases operations, the Department is notified in writing, not less than 30 days before ceasing operations, of the location of the abortion clinic's medical records.

B. A medical director shall ensure that only personnel authorized by an abortion clinic's policies records or signs an entry in a medical record and:
1. An entry in a medical record is dated and legible;
2. An entry is authenticated by:
   a. A written signature;
   b. An individual's initials if the individual's written signature already appears in the medical record;
   c. A rubber-stamp signature; or
   d. A computer code;
3. An entry is not changed after it has been recorded but additional information related to an entry may be recorded in the medical record;
4. When a verbal or telephone order is entered in the medical record, the entry is authenticated within 21 days by the individual who issued the order;
5. If a rubber-stamp signature or a computer code is used:
   a. An individual's rubber stamp or computer code is not used by another individual;
   b. The individual who uses a rubber stamp or computer code signs a statement that the individual is responsible for the use of the rubber stamp or the computer code; and
   c. The signed statement is included in the individual's personnel record; and
6. If an abortion clinic maintains medical records electronically, the medical director shall ensure the date and time of an entry is recorded by the computer's internal clock.

C. As required by A.R.S. § 36-449.03(I), the Department shall not release any personally identifiable patient or physician information.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3).

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R9-10-1512. Environmental and Safety Standards

A licensee shall ensure that:

1. Physical facilities:
   a. Provide lighting and ventilation to ensure the health and safety of a patient;
   b. Are maintained in a clean condition;
   c. Are free from a condition or situation that may cause a patient to suffer physical injury;
   d. Are maintained free from insects and vermin; and
   e. Are smoke-free;
2. A warning notice is placed at the entrance to a room or area where oxygen is in use;
3. Soiled linen and clothing are kept in a covered container and in a separate area from clean linen and clothing;
4. Personnel wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste;
5. A written emergency plan is developed and implemented that includes procedures for protecting the health and safety of patients and other individuals in a fire, natural disaster, loss of electrical power, or threat or incidence of violence; and
6. An evacuation drill is conducted at least once every six months that includes all personnel in the physical facilities the day of the evacuation drill. Documentation of the evacuation drill is maintained in the physical facilities for one year from the date of the evacuation drill and includes:
   a. The date and time of the evacuation drill; and
   b. The names of personnel participating in the evacuation drill.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4).

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R9-10-1513. Equipment Standards

A licensee shall ensure that:

1. Equipment and supplies are maintained in a quantity sufficient to meet the needs of all patients present in the abortion clinic;
2. Equipment to monitor vital signs is in each room in which an abortion is performed;
3. A surgical or gynecologic examination table is used for an abortion;
4. The following equipment and supplies are provided in the abortion clinic:
   a. Equipment to measure blood pressure;
   b. A stethoscope;
   c. A scale for weighing a patient;
   d. Supplies for obtaining specimens, cultures and other laboratory tests; and
   e. Equipment and supplies for use in a medical emergency including:
      i. Ventilatory assistance equipment;
      ii. Oxygen source;
      iii. Suction apparatus; and
      iv. Intravenous fluid equipment and supplies;
5. In addition to the requirements in subsection (4), the following equipment is available for an abortion procedure performed after the first trimester:
   a. Ultrasound equipment;
   b. Drugs to support cardiopulmonary function; and
   c. Equipment to monitor cardiopulmonary status;
6. Equipment and supplies are clean and sterile, if applicable, before each use;
7. Equipment required in this Section is maintained in working order, tested and calibrated at least once every 12 months or according to the manufacturer's recommendations, and used according to the manufacturer's recommendations; and
8. Documentation of each equipment test, calibration, and repair is maintained in the physical facilities for one year from the date of the testing, calibration, or repair and provided to the Department for review within two hours from the time the Department requests the documentation.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4).

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R9-10-1514. Physical Facilities

A. A licensee shall ensure that an abortion clinic complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the abortion clinic shall comply with the applicable codes and standards incorporated by reference in A.A.C. R9-1-412.

B. A licensee shall ensure that an abortion clinic provides areas or rooms:

1. That provide privacy for:
   a. A patient's interview, medical evaluation, and counseling;
   b. A patient to dress; and
   c. Performing an abortion procedure;
2. For personnel to dress;

3. With a sink in working order and a flushable toilet;
4. For cleaning and sterilizing equipment and supplies;
5. For storing medical records;
6. For storing equipment and supplies;
7. For hand washing before the abortion procedure; and
8. For a patient recovering after an abortion.

C. A licensee shall ensure that an abortion clinic has an emergency exit to accommodate a stretcher or gurney.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3).

ARTICLE 16. RESERVED

ARTICLE 17. OUTPATIENT SURGICAL CENTERS

R9-10-1701. Definitions

In this Article, unless the context otherwise requires:

1. "Advance directives" means a living will, prehospital medical care directive, or health care power of attorney.
2. "Circulating nurse" means a licensed nurse who is responsible for the functioning of the operating room during a surgical procedure and who does not directly assist the surgeon.
3. "Inpatient care" means postsurgical services provided in a hospital as defined in Article 2.
4. "Licensed nurse" means an individual licensed pursuant to A.R.S. Title 32, Chapter 15.
5. "Medical staff" means physicians, podiatrists, dentists, and other practitioners licensed pursuant to A.R.S. Title 32 and who are privileged by agreement with the facility, as defined in the facility's medical staff bylaws, to attend patients.
6. "Outpatient surgical services" means those anesthesia and surgical services provided to a patient in an outpatient surgical center which do not require planned inpatient care following a surgical procedure.
7. "Patient's representative" means either a person acting on behalf of a patient with the written consent of the patient or the patient's legal guardian, or a surrogate pursuant to A.R.S. § 36-3201(13).
8. "Surgical suite" means an area which includes one or more operating rooms and one or more recovery rooms.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1702. Administration

A. The governing authority shall consist of one or more persons responsible for the organization and administration of the outpatient surgical center. The governing authority shall:

1. Adopt policies and procedures for the operation of the surgical center to ensure compliance with state laws, rules, and local ordinances;
2. Adopt the medical staff bylaws;
3. Grant or deny clinical privileges of physicians and other members of the medical staff and delineate, in writing, the clinical privileges of each medical staff member; and
4. Adopt a quality management plan.

B. The governing authority shall appoint an administrator who shall have authority and responsibility to manage the facility. The administrator shall:

a. Be responsible to the governing authority;
b. Act as a liaison between the governing authority, medical and facility staff;
c. Develop and implement written administrative policies and procedures governing:
   i. Personnel employment, orientation, in-service, staffing, and recordkeeping;
   ii. Patient admissions, rights and responsibilities, grievances, medical treatment, and recordkeeping;
   iii. Advance directives;
   iv. Medications procurement and dispensing;
   v. Contract services;
   vi. Infection control, housekeeping, and maintenance;
   vii. Quality management and recordkeeping;
   viii. Emergency treatment and disaster plan; and
   ix. Equipment inspection.
d. Ensure that all the policies and procedures are available to all employees in the facility;
e. Develop and implement a quality management plan;
f. Employ personnel to provide outpatient surgical services;
g. Ensure that a pharmacy maintained by the facility shall be registered pursuant to A.R.S. Title 32, Chapter 18 or as otherwise provided by law;
h. Ensure that pathology services are provided by a laboratory licensed, or exempt from licensure, pursuant to A.R.S. Title 36, Chapter 4.1; and
i. Designate, in writing, an individual to be on duty, in charge, and have access to all areas related to patient care and operation of the physical plant when the administrator is not present.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1703. Patient Rights

A. The administrator shall give each patient or patient's representative a written list of patient rights prior to services being provided. The patient or patient's representative shall acknowledge, in writing, receipt of the list of patient rights.

B. The administrator shall post a list of patient rights in a conspicuous area.

C. Personnel shall apprise each patient or patient's representative of the following rights and shall make a reasonable effort to ensure that language barriers or physical handicaps do not prevent each patient or patient's representative from becoming aware of these rights:

1. To be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care needs;
2. To be free from chemical, physical, and psychological abuse or neglect;
3. To refuse or withdraw consent for treatment or give conditional consent for treatment;
4. To have medical and financial records kept in confidence and the release of such records shall be by written consent of the patient or the patient's representative except as otherwise required or permitted by law;

5. To be informed of the following:
   a. Proposed surgical procedures and the risks involved;
   b. Policy on advance directives;
   c. Costs of services prior to obtaining services or prior to a change in rates, charges, or services;
   d. Notice of third-party coverage, including Medicare and Arizona Health Care Cost Containment System coverage; and
   e. The patient grievance process.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1704. Personnel

A. The administrator shall ensure that personnel are employed to meet the needs of patients and that job descriptions which define qualifications, duties, and responsibilities are established for all personnel.

B. Personnel, prior to being employed and annually thereafter, shall submit one of the following as evidence of freedom from pulmonary tuberculosis:
1. A report of a negative Mantoux skin test taken within six months of submitting the report, or
2. A written statement from a physician stating that, upon an evaluation of a positive Mantoux skin test taken within six months of submitting the physician's statement or a history of a positive Mantoux skin test, the individual was found to be free from tuberculosis.

C. The administrator shall provide orientation to each employee within the first week of employment. Orientation shall be specific to the position held by the employee.

D. Employees who provide direct patient care shall:
1. Be 18 years of age or older;
2. Be certified in cardiopulmonary resuscitation within the first month of employment, and maintain current certification thereafter; and
3. Attend six hours of in-service education per year which is exclusive of orientation, and cardiopulmonary resuscitation and relates to the purposes and function of an outpatient surgical center.

E. The administrator shall ensure that personnel records are maintained which include:
1. Application for employment;
2. Verification of training, certification, or licensure;
3. Initial proof of freedom from tuberculosis and annual verification statement thereafter; and
4. Orientation and in-service training records.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1705. Medical Staff

A. The medical staff shall approve bylaws for the conduct of medical staff activities.

B. The medical staff physicians shall conduct medical peer review pursuant to A.R.S. Title 36, Chapter 4, Article 5 and shall submit recommendations to the governing authority for approval.

C. The medical staff shall establish written policies and procedures which define the extent of emergency treatment to be performed in the facility including cardiopulmonary resuscitation procedures and provisions for the emergency transfer of a patient.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1706. Nursing Services

A. The administrator shall employ a registered nurse as the director of nursing who shall be responsible for the management and supervision of nursing services, including:
1. Developing and implementing written nursing and patient care policies and procedures, including medications administration, storage, and disposal;
2. Ensuring that the facility is staffed based on the number of patients and their health care needs;
3. Participating in quality management activities; and
4. Appointing a registered nurse, in writing, to act in the absence of the director of nursing.

B. A licensed nurse shall function as a circulating nurse during each surgical procedure.

C. A registered nurse shall be present in the recovery room whenever patients are in the recovery room. A registered nurse shall be in the facility until all patients are discharged.

D. A licensed nurse shall ensure that the patient or patient's representative acknowledges, in writing, the physician's written discharge instructions.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1707. Admission

A. A medical staff physician shall admit patients to the facility who do not require planned inpatient care and who shall be kept in the facility less than 24 hours.

B. Within 30 days prior to admission, a medical staff member shall complete a medical history and physical examination of the patient. The individual responsible for performing the operative procedure shall document the preoperative diagnosis and the procedure to be performed.

C. The administrator shall ensure that the following documents are in the patient's medical record prior to surgery:
1. A medical history and results of a current physical examination,
2. A preoperative diagnosis and the results of any laboratory tests or procedures relative to the surgery and the condition of the patient,
3. Evidence of informed consent by the patient or patient's representative for the surgical procedure and care of the patient,
4. Documentation concerning advance directives, and
5. Physician orders.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3).

9-10-1708. Quality Management

A. The administrator shall establish and implement a quality management plan that monitors and evaluates the provision of all aspects of patient care including physician and contracted services.

B. The quality management plan shall be in writing and describe the objectives, organization, scope, and process for improving quality of care which shall include the monitoring activities.

C. The administrator shall maintain a record of quality management activities and ensure that any conclusions and recommendations on findings of quality management activities are reported to the governing authority.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1709. Surgical Services Requirements

A. The administrator shall ensure there is a current listing of all surgical procedures offered by the facility and shall maintain a chronological register of all surgical procedures performed.

B. The administrator shall ensure that a roster of medical staff who have surgical or anesthesia privileges at the facility is available to the facility staff, specifying the privileges and limitations of each person on the roster.

C. The individual responsible for performing the operative procedure shall complete an operative report and any necessary discharge instructions according to medical staff bylaws and facility policies and procedures. The individual responsible for the administration of anesthesia shall complete an anesthesia report and any necessary discharge instructions according to medical staff bylaws and facility policies and procedures.

D. A physician shall remain on the premises until all patients are discharged from the recovery room.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1710. Medical Records

A. The administrator shall ensure that a medical record is established and maintained for each patient which contains the following information:
1. Name and address of patient and patient's representative,
2. Written acknowledgment of the receipt of patient rights,
3. Documentation of advance directives,
4. Admitting diagnosis,
5. Medical history and physical examination,
6. Laboratory and radiology reports,
7. Consent forms,
8. Physician orders and notations,
9. Surgeon's operative report,
10. Anesthesia report,
11. Nursing care notations,
12. Medications and treatments administered, and
13. Written acknowledgment of receipt of discharge instructions by the patient or patient's representative.

B. Medical and facility staff shall sign with surname and date their entries in a patient's medical record.

C. Staff shall release medical record information only after receiving the patient's or patient representative's written consent, or as otherwise required or permitted by law.

D. The administrator shall ensure that the medical record of a discharged patient is completed within 90 days of the discharge.

E. Medical records shall be retained onsite at the facility, or retrievable by facility staff within two hours of a request, for a period of one year from a patient's discharge.

F. The administrator shall ensure that the medical records are maintained for a period of five years, except as provided in A.R.S. § 36-343.

G. If a facility ceases operation, the governing authority shall ensure the preservation of records and notify the Department, in writing, of the location of the records.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1711. Environmental Standards

A. The administrator shall ensure that written infection control policies and procedures are established and implemented for the surveillance, control, and prevention of infection which shall include the following:
1. Sterilization methods;
2. Storage, maintenance, and distribution of sterile supplies and equipment; and
3. Disposal of waste, including blood, body tissue, and fluid.

B. The administrator shall ensure that housekeeping and maintenance services are provided to maintain a safe and sanitary environment.

C. The administrator shall ensure that equipment is operational, inspected, and maintained in accordance with the facility's policies and procedures which shall include the following:
1. Testing, calibrating, servicing, or repairing of equipment to ensure that the equipment is free from fire and electrical hazards;
2. Maintaining records documenting service and calibration information;
3. Use, maintenance, and storage of oxygen and other flammable gases in accordance with A.A.C. R9-1-412(B); and
4. Use and maintenance of electrical equipment in accordance with A.A.C. R9-1-412(E).

D. The administrator shall ensure that there is a functional emergency power source.

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1712. Emergency Standards

A. Staff shall provide emergency treatment according to the facility's policies and procedures.

B. The administrator shall ensure the development of a written disaster plan of operation with procedures to be followed in the event of a fire or threat to patient safety and shall ensure that an emergency evacuation route is posted in every room where patients may be present, except restrooms.

C. The administrator shall ensure that:
1. Fire drills are conducted every three months and that all staff on duty participate;
2. Records of the drills include the date, time, and critique of the drills; and
3. Records of the drills are maintained for one year.

D. The facility shall pass annual inspection for fire safety by the fire authority having jurisdiction.

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1713. Physical Plant Standards

A. Facilities licensed prior to the adoption of these rules shall conform to the requirements of A.A.C. R9-1-412(B), Life Safety Code, Chapter 13, Existing Health Care Occupancies.

B. Facilities licensed after the adoption of these rules shall conform to the physical plant health and safety codes and standards referenced in A.A.C. R9-1-411 and R9-1-412.

C. The administrator shall ensure that there shall be two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered. One additional recovery bed shall be required for each additional operating room.

D. Recovery beds or gurneys shall be located in a space which provides for a minimum of 70 square feet per bed, allowing three feet or more between beds and between the sides of a bed and the wall.

E. The administrator may provide recliner chairs in the recovery room area for patients who have not received general anesthesia.

F. The administrator shall ensure that the following shall be available in the surgical suite:
1. Oxygen and the means of administration;
2. Mechanical ventilatory assistance equipment including airways, manual breathing bag, and suction apparatus;
3. Cardiac monitor;
4. Defibrillator; and

5. Cardiopulmonary resuscitation drugs as determined by the facility's policies and procedures.

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3).

R9-10-1714. Reserved

R9-10-1715. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1716. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1717. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1718. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1719. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1720. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1721. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1722. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1723. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1724. Reserved

R9-10-1725. Reserved

R9-10-1726. Reserved

R9-10-1727. Reserved

R9-10-1728. Reserved

R9-10-1729. Reserved

R9-10-1730. Reserved

R9-10-1731. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1732. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1733. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Corrections: R9-10-1733(B)(2), correction in spelling, "architectural"; R9-10-1733(C)(1)(d), 100 square feet, corrected to read "1000" square feet, as certified effective July 24, 1978 (Supp. 87-2). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1734. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).