

**TITLE 9. HEALTH SERVICES**  
**CHAPTER 10. DEPARTMENT OF HEALTH SERVICES**  
**HEALTH CARE INSTITUTIONS: LICENSING**  
**ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES**

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### **R9-10-301. Definitions**

In addition to the definitions in R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Admission" means written acceptance by a health care institution to provide medical services, nursing services, or health-related services to an individual.
2. "Assessment" means an analysis of a patient's need for medical services, nursing services, and health-related services to determine which services a health care institution will provide to the patient.
3. "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.
4. "Available" means:
  - a. For an individual, the ability to be contacted by any means possible such as telephone or pager;
  - b. For equipment or supplies, physically retrievable at a health care institution; or
  - c. For a document, retrievable in writing or electronically at a health care institution.
5. "Behavioral health inpatient facility" or "facility" means a health care institution that provides services to an individual experiencing a behavioral health issue that requires continuous treatment and that causes the individual to:
  - a. Have a limited or reduced ability to meet the individual's basic physical needs;
  - b. Suffer severe harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
  - c. Be a danger to self as defined in A.R.S. § 36-501;
  - d. Be a danger to others as defined in A.R.S. § 36-501;
  - e. Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
  - f. Be gravely disabled as defined in A.R.S. § 36-501.
6. "Clinical oversight" means:
  - a. Monitoring the behavioral health services provided by a behavioral health technician or behavioral health paraprofessional to ensure that the behavioral health technician or behavioral health paraprofessional is providing the behavioral health services according to the health care institution's policies and procedures,

- b. Providing on-going review of a behavioral health technician's or behavioral health paraprofessional's skills and knowledge related to the provision of behavioral health services,
  - c. Providing guidance to improve a behavioral health technician's or behavioral health paraprofessional's skills and knowledge related to the provision of behavioral health services, and
  - d. Recommending training for a behavior health technician or behavioral health paraprofessional to improve the behavioral health technician's or behavioral health paraprofessional's skills and knowledge related to the provision of behavioral health services.
7. "Current" means up-to-date and extending to the present time.
8. "Danger to others" has the same meaning as in A.R.S. § 36-501.
9. "Danger to self" has the same meaning as in A.R.S. § 36-501.
10. "Detoxification services" means behavioral health services and medical services provided to an individual to:
- a. Reduce or eliminate the individual's dependence on alcohol or other drugs, or
  - b. Provide treatment for the individual's signs or symptoms of withdrawal from alcohol or other drugs.
11. "Discharge" means a documented termination of the medical services, nursing services, or health-related services provided by a health care institution to a patient.
12. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient.
13. *"Licensed capacity" means the total number of persons for whom the health care institution is authorized by the Department to provide services as required pursuant to this Chapter if the person is expected to stay in the health care institution for more than 24 hours. For a hospital, licensed capacity means only those beds specified on the hospital license. (A.R.S. § 36-401)*
14. "Licensed occupancy" means the total number of individuals to whom a facility is authorized by the Department to provide crisis services in an observation/stabilization unit.
15. "Medical history" means an account, based on information provided by a patient, of the patient's past and present medical condition.
16. "Nurse" has the same meaning as "registered nurse" or "practical nurse" in A.R.S. § 32-1601.
17. "Observation chair" means a physical piece of equipment that is located in an observation/stabilization unit that allows an individual to fully recline and is used by the individual while receiving crisis services.

18. "Observation/stabilization unit" means a separate area of a facility where an individual receives crisis services and continuous supervision for less than 24 consecutive hours.
19. "Outing" means a planned activity that:
  - a. Occurs off of the facility premises,
  - b. Is not part of a facility's daily routine, and
  - c. Lasts for more than four hours or occurs in a location where emergency medical services cannot be anticipated to respond within 12 minutes.
20. "Patient's representative" means:
  - a. The patient's legal guardian,
  - b. If the patient is under 18 years of age and not an emancipated minor, the patient's parent;
  - c. If the patient is 18 years of age or older or an emancipated minor, a individual acting on behalf of the patient with the written consent of the patient or the patient's legal guardian; or
  - d. A surrogate as defined in A.R.S. § 36-3201.
21. "Progress note" means documentation of:
  - a. A behavioral health service or medical service provided to a patient and the patient's response that is observed,
  - b. A patient's significant change in condition, or
  - c. A personnel member's observation of a patient's behavior.
22. "Registered nurse" means an individual licensed to practice professional nursing under A.R.S. Title 32, Chapter 15.

#### **R9-10-302. Supplemental Application Requirements**

The administrator of a facility may request authorization to provide:

1. Inpatient services to individuals under 18 years of age including the licensed capacity requested;
2. Inpatient services to individuals 18 years of age and older including the licensed capacity requested;
3. Detoxification services;
4. Pre-petition screening;
5. Court-ordered evaluation;
6. Court-ordered treatment; and
7. An observation/stabilization unit including:
  - a. Licensed occupancy requested for providing observation/stabilization services to individuals under 18 years of age, and

- b. Licensed occupancy requested for providing observation/stabilization services to individuals 18 years of age and older.

**R9-10-303. Administration**

A. A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of a facility;
2. Designate which services are to be provided in the facility;
3. Designate an administrator who meets the qualifications established by the governing authority;
4. Approve facility policies and procedures or designate an individual to approve facility policies and procedures;
5. Approve contracted services or designate an individual to approve contracted services;
6. Adopt a quality management program according to R9-10-304;
7. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
8. Appoint an acting administrator if the administrator is expected to be absent for more than 30 days; and
9. Except as provided in subsection (A)(8) notify the Department according to § A.R.S. 36-425(I) when there is a change in the administration.

B. An administrator shall:

1. Be directly accountable to the governing authority for all services of the facility;
2. Have the authority and responsibility to manage the facility;
3. Act as a liaison between the governing authority and employees; and
4. Except as provided in subsection (A)(8) designate, in writing, an individual who is available and accountable for facility services when the administrator is not available.

C. An administrator shall ensure that:

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

- ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - iv. The documentation that verifies employees have received cardiopulmonary resuscitation training;
  - e. Include a method to identify a patient to ensure the patient receives physical health and behavioral health services as ordered;
  - f. Cover patient rights including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - g. Cover health care directives according to § A.R.S. 36-3201;
  - h. Cover medical records, including electronic medical records;
  - i. Cover quality management, including incident documentation; and
  - j. Cover when individuals may visit patients in the facility;
2. Facility policies and procedures for facility services are established, documented, and implemented that:
- a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
  - b. Cover patient outings;
  - c. Include when general consent and informed consent are required;
  - d. Cover the provision of behavioral health services and physical health services;
  - e. Cover restraint and seclusion;
  - f. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - g. Cover infection control;
  - h. Cover telemedicine, if applicable;
  - i. Cover environmental services that affect patient care;
  - j. Cover specific steps and deadlines for:
    - i. A patient to file a grievance,
    - ii. The facility to respond to and resolve a patient grievance; and
    - iii. The facility to obtain documentation of fingerprint clearance, if applicable;
  - k. Cover how incidents listed in R9-10-303(G) are reported and investigated;
  - l. Cover whether pets and animals are allowed on the premises including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of patients or the public;

- m. If the facility is involved in research, cover the establishment or use a Human Subject Review Committee;
  - n. Cover the process for receiving a fee from and refunding a fee to an adult patient or a patient's legal guardian, or the patient's representative;
  - o. Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks;
  - p. Cover the security of a patient's possessions that are allowed on the premises;
  - q. Cover smoking and use of tobacco products on the premises; and
  - r. If a facility does not provide restraint and seclusion, cover how the facility will respond to a patient's sudden, intense, or out of control behavior to prevent harm to the patient or another individual;
- 3. Facility policies and procedures are reviewed at least once every 24 months and updated as needed; and
  - 4. Facility policies and procedures are available to employees.
- D. An administrator shall ensure that facility policy and procedures for behavioral health technicians and behavioral health paraprofessionals are established, documented, and implemented that:
- 1. Delineate the services a behavioral health technician or a behavioral health paraprofessional is allowed to provide at a facility;
  - 2. Delineate the methods used to provide clinical oversight including when clinical oversight is provided on an individual basis or in a group setting;
  - 3. If clinical oversight is provided electronically, ensure that:
    - a. The clinical oversight is provided verbally with direct and immediate interaction between the individual providing and the individual receiving the clinical oversight;
    - b. A secure connection is used; and
    - c. The identity of the individual providing and the individual receiving the clinical oversight is verified before clinical oversight is provided;
  - 4. Establish the duration of clinical oversight provided to a behavioral health technician or a behavioral health paraprofessional to ensure that patient needs are met based on, for each behavioral health technician or behavioral health paraprofessional:
    - a. The scope and extent of the services provided;
    - b. The acuity of the patients receiving services; and
    - c. The number of patients provided services;

5. Establish the process by which information pertaining to services provided by a behavioral health technician or behavioral health paraprofessional is provided to the individual who is responsible for clinical oversight of the behavioral health technician or behavioral health paraprofessional;
6. Except as provided in subsection (D)(2), establish qualifications for personnel members who provide clinical oversight to behavioral health technicians and behavioral health paraprofessionals;
7. Ensure that when a behavioral health technician provides services under the practice of marriage and family therapy as defined in A.R.S. § 32-3251, the practice of professional counseling as defined in A.R.S. § 32-3251, the practice of social work as defined in A.R.S. § 32-3251, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, the behavioral health technician receives clinical oversight from an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health technician;
8. For each week that a behavioral health technician or behavioral health paraprofessional provides services at a facility, ensure that the behavioral health technician or behavioral health paraprofessional receives clinical oversight at least once during that week;
9. Ensure that clinical oversight provided to a behavioral health technician or behavioral health paraprofessional is documented in the behavioral health technician's or behavioral health paraprofessional's personnel record; and
10. Ensure that if a behavioral health paraprofessional provides services under the practice of marriage and family therapy as defined in A.R.S. § 32-3251, the practice of professional counseling as defined in A.R.S. § 32-3251, the practice of social work as defined in A.R.S. § 32-3251, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, the behavioral health paraprofessional is under the supervision of an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health paraprofessional.

E. An administrator shall:

1. Designate a medical director who:
  - a. Oversees physical health services, and
  - b. Is a medical practitioner; and
2. Notify the Department if the medical director changes and provide to the Department, in writing, the new individual's name and qualifications within 30 days after the effective date of the change.

F. An administrator shall:

1. Designate a clinical director who:
  - a. Oversees behavioral health services;

- b. Is a behavioral health professional; and
  - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(3) and (F)(1)(a) and (b); and
2. Notify the Department if the clinical director changes and provide to the Department, in writing, the new individual's name and qualifications within 30 days after the effective date of the change.

G. An administrator shall provide written notification to the Department:

- 1. Within one working day after a patient's death;
- 2. Within two working days after a patient's suicide attempt or infliction of self-injury that results in the patient needing medical services; and
- 3. Within three working days after a patient has an accident, emergency, or serious injury that results in the patient needing medical services.

#### **R9-10-304. Quality Management**

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate facility services related to patient care, including contracted services;
  - c. A method to evaluate the data collected to identify a concern about the delivery of facility services;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of facility services; and
  - e. The frequency of submitting a documented report required in subsection (3) to the governing authority;
- 2. The quality management program complies with the requirements in A.R.S. § 36-445;
- 3. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of facility services, and
  - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of facility services; and
- 4. The report required in subsection (3) and the supporting documentation for the report is:
  - a. Maintained on the facility premises for 12 months after the date the report is submitted to the governing authority; and
  - b. Except for information or documents that are confidential under federal or state law, provided to the Department for review within two hours after the Department's request.

### **R9-10-305. Contracted Services**

An administrator shall ensure 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 facility 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 not more than two hours after the Department's request.

### **R9-10-306. Personnel and Staffing**

A. An administrator shall ensure that:

1. An employee is at least 21 years old,
2. An intern is at least 18 years old, and
3. A volunteer is at least 21 years old.

B. An administrator shall ensure that the facility has employees with the qualifications, skills, and knowledge necessary to provide the services the facility is authorized to provide and to ensure the health and safety of the facility's patients.

C. An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in R4-6-101.

D. An administrator shall ensure that at the starting date of employment, volunteer service, or internship and every 12 months after, an employee submits one of the following as evidence of freedom from infectious tuberculosis:

1. A report of a negative Mantoux skin test administered within six months before the report is submitted; or
2. If the employee has had a positive skin test for tuberculosis, a written statement from a medical practitioner dated within six months before the statement is submitted indicating that the employee is free from infectious tuberculosis.

E. An administrator shall ensure that a personnel record is maintained for each employee that contains:

1. The employee's name, date of birth, home address, and home telephone number;
2. The name and telephone number of an individual to be notified in case of an emergency;
3. The starting date of employment or contract service and, if applicable, the ending date; and
4. If applicable, documentation of:
  - a. The employee's qualifications including skills and knowledge applicable to the employee's job duties;

- b. The employee's work experience;
- c. If the facility serves children, the employee's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
- d. The clinical oversight required in R9-10-303(D);
- g. The employee's completion of the orientation required in subsection (G);
- h. The employee's completion of the training required in subsection (H);
- i. The employee's documentation of CPR according to R9-10-303(C)(1)(d) and first aid training, as required in subsection (I); and
- j. The employee's freedom from infectious tuberculosis as required in subsection (D).

F. An administrator shall ensure that personnel records are:

- 1. Maintained:
  - a. Throughout an individual's period of employment, contract service, volunteer service, or internship; and
  - b. For at least two years after the last date of the individual's employment, contract service, volunteer service, or internship; and
- 2. Provided to the Department for review within two hours after the Department's request.

G. An administrator shall ensure that the clinical director:

- 1. Develops and implements a written plan to provide personnel orientation specific to the duties of a personnel member;
- 2. A personnel member completes orientation before providing services; and
- 3. A personnel member's orientation is documented, to include:
  - a. The employee's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation.

H. An administrator shall ensure that the clinical director:

- 1. Develops and implements a written plan to provide employee training specific to the duties of an employee;
- 2. An employee completes specific training during the first 12 months of employment and further training every 12 months after the employee's first 12 months of employment; and
- 3. An employee's training is documented, to include:
  - a. The employee's name,
  - b. The date of the training, and
  - c. The subject or topics covered in the training.

- I. An administrator shall ensure that the following personnel members have first-aid and CPR training certification specific to the populations served by the facility:
1. At least one personnel member who is present at the facility during hours of facility operation; and
  2. Each personnel member participating in an outing.
- J. An administrator shall ensure that:
1. At least one personnel member is present and awake at the facility at all times when a patient is on the premises,
  2. At least one personnel member is on-call and available to come to the facility if needed, and
  3. The facility has sufficient personnel members that provide general patient supervision and treatment, and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each patient.
- K. An administrator shall ensure that each facility has a daily staffing schedule that:
1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
  2. Includes documentation of the employees who work each day and the hours worked by each employee;
  3. Is maintained for at least 12 months after the last date on the documentation; and
  4. Is provided to the Department for review within two hours after the Department's request.
- L. An administrator shall ensure that:
1. A medical practitioner is present at the facility or on-call at all times; and
  2. If the medical practitioner present at the facility is a registered nurse practitioner or a physician assistant, a physician is on-call;
  3. A nurse is present at the facility at all times; and
  4. A registered nurse who provides direction for the nursing services provided at the facility is present at the facility at least 40 hours every week.
- M. An administrator shall ensure that:
1. If a patient requires services that the facility is not authorized or not able to provide, a personnel member arranges for the patient to be transported to a hospital or another health care institution where the services can be provided;
  2. The facility has a written agreement with a hospital near the facility's location to provide services for patients who require services that the facility is not authorized or able to provide; and
  3. The written agreement in subsection (M)(2) is maintained and available for review by the Department within two hours after the Department's request.

**R9-10-307. Patient Admission, Discharge, Transport, and Transfer**

A. An administrator shall ensure that:

1. A patient is admitted based upon the patient's presenting issue and treatment needs and the facility's ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient's treatment needs;
2. A patient is admitted on the order of a medical practitioner;
3. A medical practitioner, authorized by facility policies and procedures, is available at all times to accept a patient for admission;
4. Except in an emergency or as provided in subsection (A)(6) and (A)(7), general consent is obtained from an adult patient or the patient's representative before or at the time of admission;
5. The general consent obtained in subsection (A)(4) or the lack of consent in an emergency is documented in the patient's medical record;
6. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;
8. A medical practitioner 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 physical examination in the patient's medical record within 48 hours after admission; and
9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient's medical record at the time of admission.

B. An administrator shall ensure that:

1. An assessment:
  - a. Addresses a patient's:
    - i. Presenting issue;
    - ii. Substance abuse history;
    - iii. Co-occurring disorder;
    - iv. Medical condition and history;
    - v. Legal history, including:
      - (1) Custody,
      - (2) Guardianship, and
      - (3) Pending litigation;
    - vi. Court-ordered evaluation;
    - vii. Court-ordered treatment;

- viii. Criminal justice record;
      - ix. Family history;
      - x. Behavioral health treatment history; and
      - xi. Symptoms reported by the patient and referrals needed by the patient, if any;
    - b. Includes:
      - i. Recommendations for further assessment or examination of the patient's needs;
      - ii. Treatment that will be provided to the patient until the patient's treatment plan is completed;
      - iii. Ancillary services or other services that will be provided to the patient until the patient's treatment plan is completed; and
      - iv. The signature and date signed of the individual conducting the assessment; and
    - c. Is documented in patient's medical record;
  - 2. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue is related to the patient's medical condition; and
  - 3. If a behavioral health paraprofessional conducts a patient's assessment, the behavioral health paraprofessional is supervised by a behavioral health professional.
- C. An administrator shall ensure that:
- 1. Except when a patient needs crisis services, an assessment for a patient is completed before treatment for the patient is initiated, and
  - 2. If an assessment is conducted by a behavioral health technician, within 24 hours, a behavioral health professional reviews the assessment to ensure that the assessment identifies the physical health services and behavioral health services needed by the patient.
- D. An administrator shall ensure that a patient's assessment is completed with the participation of:
- 1. The patient or the patient's representative; and
  - 2. An individual requested by the patient or the patient's representative or, if the patient is a child, by the patient's representative.
- E. An administrator shall ensure that, except for a patient receiving crisis services, a patient's assessment information is documented in the medical record within 48 hours after completing the assessment.
- F. An administrator shall ensure that:
- 1. A patient's assessment information is reviewed and updated when additional information that affects the patient's assessment is identified, and
  - 2. A review and update of a patient's assessment information is documented in the medical record within 48 hours after the review is completed.

- G. Except when a patient needs crisis services, an administrator shall ensure that a treatment plan is developed and implemented for each patient that is:
1. Based on the assessment and ongoing changes to the assessment of the patient;
  2. Completed:
    - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional,
    - b. With the participation of the patient or the patient's representative, and
    - c. Before the patient receives physical health services or behavioral health services;
  3. Documented in the patient's medical record within 48 hours after the patient first receives physical health services or behavioral health services;
  4. Includes:
    - a. The patient's presenting issue;
    - b. The physical health services, behavioral health services, or ancillary services to be provided to the patient until completion of the treatment plan;
    - c. The signature and date signed, or documentation of the refusal to sign, of the patient or the patient's representative;
    - d. The date when the patient's treatment plan is to be reviewed;
    - e. If a discharge date has been determined, the treatment needed after discharge; and
    - f. The signature of the individual who developed the treatment plan and the date signed;
  4. If the treatment plan was completed by a behavioral health technician, the treatment plan is reviewed by a behavioral health professional within 24 hours to ensure that the treatment plan is complete and accurate and meets the patient's treatment needs; and
  5. Is reviewed and updated on an on-going basis:
    - a. According to the review date specified in the treatment plan,
    - b. When a treatment goal is accomplished or changes,
    - c. When additional information that affects the patient's assessment is identified, and
    - d. When a patient has a significant change in condition or experiences an event that affects treatment.
- H. An administrator shall ensure that a treatment plan to resolve or address a crisis situation is documented in a patient's medical record:
1. Within 24 hours after the identification of the patient's crisis situation; or
  2. Before the date of the individual's or patient's:
    - a. If the individual or patient is an outpatient, admission to an inpatient bed,
    - b. Transfer, or

c. Referral.

I. An administrator shall ensure that a discharge plan for a patient is:

1. Developed that:

- a. Identifies any specific needs of the patient after discharge,
- b. Includes the participation of the patient or the patient's representative,
- c. Is completed before discharge occurs,
- d. Includes a description of the level of care that may meet the patient's assessed and anticipated needs after discharge; and
- e. Is documented in the patient's medical record within 48 hours after the discharge plan is completed; and

2. Provided to the patient or the patient's representative before the discharge occurs.

J. An administrator shall ensure that a discharge summary for a patient is completed that includes:

1. A description of the patient's condition and the physical health services and behavioral health services provided to the patient; and
2. A discharge order by a medical practitioner before discharge unless the patient leaves the facility against a medical practitioner's advice.

K. An administrator shall ensure that a patient is discharged from a facility:

1. When the patient's treatment goals are achieved, as documented in the patient's treatment plan; or
2. When the patient's treatment needs are not consistent with the services that the facility is authorized or able to provide.

L. An administrator shall ensure that, at the time of discharge, a patient receives a referral for treatment or ancillary services that the patient may need after discharge, if applicable.

M. An administrator shall ensure that a discharge summary:

1. Is entered into the patient record within 7 days after a patient's discharge;
2. Is completed by a medical practitioner or a behavioral health professional; and
3. Includes:
  - a. The patient's presenting issue and other physical health and behavioral health issues identified in the patient's treatment plan;
  - b. A summary of the treatment provided to the patient;
  - c. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved;
  - d. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge by a medical practitioner at the facility; and
  - e. A description of the disposition of the patient's possessions, funds, or medications.

- N. An administrator shall ensure that a patient who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the patient is discharged from the facility if a medical practitioner for the facility will not be prescribing the medication for the patient at or after discharge.
- O. For a transport of a patient, the administrator of the sending facility shall ensure that:
1. Facility policies and procedures:
    - a. Specify the process by which the sending facility personnel members coordinate the transport and the services provided to a patient to protect the health and safety of the patient;
    - b. Require an evaluation of the patient by a medical practitioner before transporting the patient and after the patient's return;
    - c. Specify the sending facility's patient medical records that are required to accompany the patient, which shall include the medical records related to the services to be provided to the patient at the receiving health care institution or other facility;
    - d. Specify how the sending facility communicates patient medical record information that the sending facility does not provide at the time of transport but is requested by the receiving health care institution or other facility; and
    - e. Specify how a medical practitioner explains the risks and benefits of a transport to the patient or the patient's representative based on the:
      - i. Patient's condition, and
      - ii. Mode of transport; and
  2. Documentation in the patient's medical record includes:
    - a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;
    - b. The acceptance of the patient by and communication with an individual at the receiving health care institution or other facility;
    - c. The date and the time of the transport to the receiving health care institution or other facility;
    - d. The date and time of the patient's return to the sending facility, if applicable;
    - e. The mode of transportation; and
    - f. The type of personnel member assisting in the transport if an order requires that a patient be assisted during transport.
- P. For a transfer of a patient to a receiving health care institution or other facility, the administrator of the receiving facility shall require that:

1. Facility policies and procedures:
  - a. Specify the process by which the receiving facility personnel members coordinate the transfer and the behavioral health services and physical health services provided to a patient to protect the health and safety of the patient during the transfer;
  - b. Require an evaluation of the patient by a medical practitioner of the sending facility before the patient is transferred;
  - c. Specify how the sending facility personnel members communicate record information that is not provided at the time of the transfer; and
  - d. Specify how a medical practitioner explains the risks and benefits of a transfer to the patient or the patient's based on the:
    - i. Patient's condition, and
    - ii. Mode of transfer;
2. One of the following accompanies the patient during transfer:
  - 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 summary of services provided to the patient,
    - ii. A treatment plan containing up-to-date information,
    - iii. A record of medications administered to the patient for the seven days before the date of transfer,
    - iv. Medical practitioner 's orders in effect at the time of transfer, and
    - v. Any known allergy; and
3. Documentation in the patient's medical record includes:
  - a. Consent for transfer by the patient or the patient's representative or, if the patient is a child, by the patient's legal guardian, or the patient's representative, except in an emergency;
  - b. The acceptance of the patient by and communication with an individual at the receiving health care institution or other facility;
  - c. The date and the time of the transfer to the receiving health care institution or other facility;
  - d. The mode of transportation; and
  - e. The personnel member assisting in the transfer if an order requires that a patient be assisted during transfer.

### **R9-10-308. Patient Outings**

- A. An administrator shall ensure that a facility that uses a vehicle owned or leased by the facility to transport a patient shall ensure that:
1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit that meets the requirements in **R9-10-317(A)(18)**,
    - c. Contains drinking water sufficient to meet the needs of each patient present, and
    - d. Contains a working heating and air conditioning system;
  2. Documentation of vehicle insurance and a record of each maintenance or repair of the vehicle is maintained and provided to the Department within two hours after the Department's request;
  3. A driver of the vehicle:
    - a. Is 21 years of age or older;
    - b. Has a valid driver license;
    - c. Does not wear headphones or operate any hand-held wireless communication devices or hand-held electronic entertainment devices while operating the vehicle;
    - d. Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;
    - e. Does not leave in the vehicle an unattended:
      - i. Child;
      - ii. Patient who may be a threat to the health, safety, or welfare of the patient or another individual; or
      - iii. Patient who is incapable of independent exit from the vehicle; and
    - f. Ensures the safe and hazard-free loading and unloading of patients;
  4. Transportation safety is maintained as follows:
    - a. Each individual in the vehicle wears a working seat belt while the vehicle is in motion,
    - b. Each seat in a vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body, and
    - c. Each individual in the vehicle is sitting in a seat while the vehicle is in motion; and
  5. There are a sufficient number of personnel members present to ensure each patient's health, safety, and welfare.
- B. An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each patient participating in the outing.
- C. An administrator shall ensure that:

1. There are a sufficient number of personnel members present to ensure each patient's health, safety, and welfare on an outing;
2. There are at least two personnel members present on an outing;
3. Each personnel member on the outing has documentation of current training in CPR according to R9-10-303(C)(1)(d) and first aid training, as required in R9-10-306(I).
4. Documentation is developed before an outing that includes:
  - a. The name of each patient participating in the outing;
  - b. A description of the outing;
  - c. The date of the outing;
  - d. The anticipated departure and return times;
  - e. The name, address, and, if available, telephone number of the outing destination; and
  - f. The license plate number of each vehicle used to transport a patient;
5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained on the premises for at least 12 months after the date of the outing; and
6. Emergency information for each patient participating in the outing is maintained in the vehicle used to transport the patient and includes:
  - a. The patient's name;
  - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the patient during the anticipated duration of the outing;
  - c. The patient's allergies; and
  - d. The name and telephone number of the individual to notify at the facility in case of medical emergency or other emergency.

#### **R9-10-309. Patient Rights**

- A. An administrator shall ensure that at the time of admission, a patient or the patient's representative receive a written copy of the patient rights in subsection (D).
- B. An administrator shall ensure that a patient:
  1. Is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;

- f. Retaliation for submitting a complaint to the Department or another entity;
- g. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative; or
- h. Treatment that involves the denial of:
  - i. Food,
  - ii. The opportunity to sleep,
  - iii. The opportunity to use the toilet; or
  - vi. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation; and

2. Except as provided in subsection (C) is allowed to:

- a. Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the facility and conspicuously posted in the facility;
- b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
- c. Unless restricted by a court order, send and receive uncensored and unopened mail, unless restricted by court order.

C. If a medical director or clinical director determines that a patient's treatment requires the facility to restrict the patient's ability to participate in the activities in subsection (B)(2), the medical director or clinical director shall:

- 1. Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity,
- 2. Inform the patient of the reason why the activity is being restricted, and
- 3. Inform the patient of the patient's right to file a grievance and the procedure for filing a grievance.

D. A patient has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
- 2. To receive treatment that:
  - a. Supports and respects the patient's individuality, choices, strengths, and abilities;
  - b. Supports the patient's personal liberty and only restricts the patient's personal liberty according to a court order; by the patient's general consent; or as permitted in this Chapter; and
  - c. Is provided in the least restrictive environment that meets the patient's treatment needs;

3. Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is unable to exercise a specific right or category of rights;
4. To submit grievances to facility personnel members and complaints to outside entities and other individuals without constraint or retaliation;
5. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights;
6. To have the patient's information and records kept confidential and released only as permitted under R9-20-211(A)(3) and (B);
7. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
  - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
  - b. For a patient receiving treatment according to A.R.S. Title 36, Chapter 37;
  - c. For video recordings used for security purposes that are maintained only on a temporary basis; or
  - d. As provided in R9-20-602(A)(5);
8. To review, upon written request, the patient's own medical record during the facility's hours of operation or at a time agreed upon by the clinical director, except as described in R9-20-211(A)(6);
9. To receive a referral to another facility if the facility is unable to provide a physical health services or behavioral health service that the patient requests or that is in the patient's treatment plan;
10. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the patient's life or physical health, or is provided according to A.R.S. § 36-512;
11. To participate or have the patient's representative participate in the development and periodic review and revision of the patient's treatment plan;
12. To participate or refuse to participate in research or experimental treatment;
13. To be provided locked storage space for the patient's belongings while the patient receives treatment;
14. If stated in the patient's treatment plan, to have opportunities for social contact and daily social, recreational, or rehabilitative activities; and

15. To be informed of the requirements necessary for the patient's discharge or transfer to a less restrictive physical environment.

#### **R9-10-310. Patient Records**

- A. An administrator shall ensure 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 facility policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner according to facility policies and procedures; and
    - c. Authenticated in the medical record by the individual issuing the order if the order is a verbal order;
  4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
  5. A medical record is available to personnel members and medical practitioners authorized by facility 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 facility policies and procedures, or
    - b. Who consults with an individual qualified according to facility policies and procedures;
  8. There are facility policies and procedures that include:
    - a. The length of time a medical record is maintained on the facility premises; and
    - b. The maximum time-frame to retrieve an onsite or off-site medical record at the request of a medical practitioner or authorized personnel member;
  9. A patient's medical record is provided to the Department:
    - a. Not more than two hours after the Department's request if the patient is a current patient or was discharged within 12 months before 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 before the date of the Department's request; and
10. A medical record is:
- a. Protected from loss, damage, or unauthorized use; and
  - b. According to A.R.S. § 12-2297.
- B. If a facility maintains medical records electronically, an administrator shall ensure that:
- 1. There are safeguards to prevent unauthorized access; and
  - 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a facility's medical record for a patient 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 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; and
      - iv. Any adverse reaction the patient has to the medication;
  - 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 or the patient's representative;
  - 6. An admitting diagnosis;
  - 7. Name of the admitting medical practitioner;
  - 8. Medical practitioner orders;
  - 9. Assessment and treatment plans;
  - 10. Documentation of behavioral health services provided to the patient;

11. Documentation of physical health services provided to the patient;
12. Progress notes;
13. Disposition of the patient after discharge;
14. Discharge plan;
15. A discharge summary; and
16. If applicable:
  - a. A laboratory report,;
  - b. A radiologic report,
  - c. A diagnostic report,
  - d. Documentation of restraint or seclusion, and
  - e. A consultation report.

**R9-10-311. Physical Health Services**

An administrator shall ensure that:

1. Medical services are provided under the direction of a physician; and
2. Nursing services are provided under the direction of a registered nurse.

**R9-10-312. Behavioral Health Services**

A. An administrator shall ensure that counseling is:

1. Offered as described in the facility's program description;
2. Provided according to the frequency and number of hours identified in the patient's treatment plan; and
3. Provided by a behavioral health professional or a behavioral health technician.

B. An administrator shall ensure that a personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue, and the personnel member's skills and knowledge are verified and documented in the personnel member's personnel record.

C. An administrator shall ensure that each counseling session is documented in the patient's medical record to include:

1. The date of the counseling session;
2. The amount of time spent in the counseling session;
3. Whether the counseling was individual counseling, family counseling, or group counseling;
4. The treatment goals addressed in the counseling session; and
5. The signature who provided the counseling and the date signed.

D. An administrator that provides pre-petition screening shall ensure pre-petition screening is provided according to the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.

- E. An administrator shall that provides court-ordered evaluation shall ensure that court-ordered evaluation is provided according to the court-evaluation requirements in A.R.S. Title 36, Chapter 5.
- F. An administrator is not required to comply with the following provisions in this Chapter for a patient receiving court-ordered evaluation:
1. Admission requirements in R9-10-307,
  2. Patient assessment requirements in R9-10-307,
  3. Treatment plan requirements in R9-10-307, and
  4. Discharge requirements in R9-10-307.
- G. An administrator of a facility that provides court-ordered treatment shall ensure that court-ordered treatment is provided according to the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5.
- H. An administrator of a facility that provides restraint or seclusion shall ensure that:
1. Restraint is only used in an emergency situation when needed to ensure a patient's physical safety and less restrictive interventions have not been effective;
  2. Seclusion is only used for the management of a patient's violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient or other individuals;
  3. Restraint or seclusion is not used as a means of coercion, discipline, convenience, or retaliation;
  4. Restraint or seclusion is:
    - a. Only ordered by a physician or a nurse practitioner, and
    - b. Not written as a standing order or on an as-needed basis;
  5. An order for restraint or seclusion includes:
    - a. The name of the individual ordering the restraint or seclusion;
    - b. The date and time that the restraint or seclusion was ordered;
    - c. The specific restraint or seclusion ordered;
    - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
    - e. The specific criteria for release from restraint or seclusion without an additional order; and
    - f. The maximum duration authorized for the restraint or seclusion;
  6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
    - a. Three continuous hours for a patient who is 18 years of age or older;
    - b. Two continuous hours for a patient who is between the ages of nine and 17; or
    - c. One continuous hour for a patient who is younger than nine;
  7. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:

- a. Face-to-face monitoring by a medical practitioner or personnel member, or
  - b. Video and audio monitoring by a medical practitioner or personnel member who is in close proximity to the patient;
8. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;
9. A medical practitioner or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion and a physician or nurse practitioner does not order restraint or seclusion until the medical practitioner, or personnel member, completes education and training that:
  - a. Includes:
    - i. Techniques to identify medical practitioner, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
    - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
    - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
    - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
    - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to facility policies and procedures; and
    - vii. Training exercises in which medical practitioner and personnel members successfully demonstrate the techniques that the medical practitioner and personnel members have learned for managing emergency situations; and
  - b. Is provided by individuals qualified according the facility policies and procedures;
10. When a patient is placed in restraint or seclusion:
  - a. The restraint or seclusion is conducted according to facility policies and procedures;
  - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
    - i. Chronological and developmental age;
    - ii. Size;

- iii. Gender;
  - iv. Physical condition;
  - v. Medical condition;
  - vi. Psychiatric condition; and
  - vii. Personal history, including any history of physical or sexual abuse;
- c. The physician or nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
  - d. A patient is monitored and assessed according to facility policies and procedures;
  - e. A physician or other personnel member authorized by facility policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
    - i. The patient's current behavior,
    - ii. The patient's reaction to the restraint or seclusion used,
    - iii. The patient's medical and behavioral condition; and
    - iii. Whether to continue or terminate the restraint or seclusion; and
  - f. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
11. If a patient is placed in seclusion, the room used for seclusion:
- a. Is approved for use as a seclusion room by the Department;
  - b. Is not used as a patient's bedroom or a sleeping area;
  - c. Allows full view of the patient in all areas of the room;
  - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
  - e. Contains at least 60 square feet of floor space; and
  - f. Contains a metal-framed bed that is bolted to the floor;
12. A medical practitioner or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
- a. The emergency situation that required the patient to be restrained or put in seclusion;
  - b. The times the patient's restraint or seclusion actually began and ended;
  - c. The time of the face-to-face assessment required in subsection (H)(10);
  - d. The monitoring required in subsection (H)(10), as applicable; and
  - e. The name of the medical practitioner and personnel members with direct patient contact while the patient was in the restraint or seclusion;

13. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to facility policies and procedures and includes:
    - a. The specific criteria for release from restraint or seclusion without an additional order; and
    - b. The maximum duration authorized for the restraint or seclusion; and
  14. A patient is evaluated after restraint or seclusion is no longer being used for the patient.
- I. An administrator shall ensure that if a facility provides inpatient services or observation/stabilization services to individuals 18 years of age or older and individuals younger than 18 years old:
1. The inpatient services or observation/stabilization services are provided in separate areas of the facility, and
  2. The separation between the service areas prohibits sight or sound of the separate service area.

**R9-10-313. Observation/Stabilization Services**

- A. An administrator shall ensure that observation/stabilization services are available at all times.
- B. An administrator shall ensure that:
1. An individual who arrives at the facility is screened within 30 minutes after entering the facility to determine whether the individual is in need of immediate physical health services;
  2. If a screening indicates that an individual needs immediate physical health services, the individual is examined by a medical practitioner within 30 minutes after being screened and is admitted to the facility or transferred to an entity capable of meeting the individual's immediate physical health needs; and
  3. Within 24 hours after an individual has arrived at the facility, a medical practitioner determines whether the individual will be:
    - a. Admitted to an inpatient bed in the facility,
    - b. Transferred to another facility capable of meeting the individual's needs, or
    - c. Provided a referral to another entity capable of meeting the individual's needs.

**The Department is in the process of drafting additional standards for providing outpatient (less than 24 hours) observation/stabilization services (chairs/lounge chairs). The Department anticipates having standards for assessment, treatment plan, staffing, spacing, observation, documentation, etc. Please submit any information or comments you may have related to these services.**

**R9-10-314. Detoxification Services**

- A. An administrator shall ensure that:
1. Detoxification services are available at all times;

2. A behavioral health professional who provides detoxification services has the skills and knowledge necessary to provide detoxification services and the behavioral health professional's skills and knowledge are verified and documented; and
  3. The facility policies and procedures state:
    - a. Whether the facility provides involuntary, court-ordered alcohol treatment;
    - b. Whether the facility includes a local alcoholism reception center, as defined in A.R.S. § 36-2021;
    - c. The types of substances for which the facility provides detoxification services, and
    - d. The detoxification process or processes used by the facility.
- B. An administrator shall ensure that:
1. A psychiatrist or physician with skills and knowledge in providing detoxification services is present at the facility or on-call at all times; and
  2. A registered nurse is present at the facility at all times.
- C. An administrator shall ensure that a patient in need of immediate medical services is admitted to the facility or transferred to a facility capable of meeting the patient's immediate medical needs.

**R9-10-315. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
1. Are reviewed and approved by a pharmacist or medical practitioner;
  2. Specify the individuals who may:
    - a. Order medication, and
    - b. Administer medication;
  3. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication; and
  4. Include:
    - a. A process for providing each patient instruction in the use of the patient's prescribed medication and information regarding:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting a medication error, an adverse response to a medication, or a medication overdose;

- c. Procedures to ensure that medication is administered to a patient only as prescribed and that a patient's refusal to take prescribed medication is documented in the patient record;
- d. A requirement that verbal orders for medication services be taken only by a nurse, unless otherwise provided by law;
- e. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's treatment needs;
- f. Procedures for documenting medication services;
- g. Procedures for assisting a patient in obtaining medication; and
- h. Procedures for providing medication services off the premises, if applicable.

B. An administrator shall ensure that:

- 1. A current drug reference guide is available for use by personnel members,
- 2. A current toxicology reference book is available for use by personnel members;
- 3. If pharmaceutical services are provided:
  - a. The pharmaceutical services are provided under the direction of a pharmacist;
  - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - c. A copy of the pharmacy license is provided to the Department upon request;
- 4. A medication administered to a patient:
  - a. Is administered in compliance with an order, and
  - b. Is documented as required in **R9-10-1009(C)(5)**;
- 5. A medication is administered in compliance with an order; and
- 6. 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.

**R9-10-316. 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 facility's food establishment license required in subsection (A)(1) is provided to the Department for review upon the Department's request;
- 3. If a facility contracts with a food establishment as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility, a copy of the contracted food establishment's license is:
  - a. Maintained on the facility's premises, and
  - b. Provided to the Department for review upon the Department's request;

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

8. Water is available and accessible to patients at all times.
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  2. Food is protected from potential contamination;
  3. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - 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;
  4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
  5. Frozen foods are stored at a temperature of 0° F or below; and
  6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**R9-10-317. Environmental Standards**

- A. An administrator shall ensure that:
1. The facility 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;
  2. A pest control program is used to control insects and rodents;
  3. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to A.A.C. Title 18, Chapter 13, Article 14 and facility policies and procedures;
  4. Equipment used to provide facility 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 facility policies and procedures; and

- c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained on the facility premises for 12 months after the date of the testing, calibration, or repair and provided to the Department for review within two hours after the Department's request.
6. Garbage and refuse are:
  - a. Stored in covered containers lined with plastic bags, and
  - b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the facility at a temperature between 68° F to 85° F at all times;
8. Common areas are lighted to assure safety of patients and sufficient to allow personnel members to monitor patient activity;
9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a facility used by patients;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients;
11. A common bathroom has toilet paper; soap; and cloth towels, paper towels, or a mechanical air hand dryer accessible to patients;
12. Soiled linen and soiled clothing stored by the facility are stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are maintained in an upright position;
14. Poisonous or toxic materials stored by the facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications;
15. Combustible or flammable liquids and hazardous materials stored by a facility are stored in the original labeled containers or safety containers outside the facility or in an attached garage locked and inaccessible to patients;
16. Pets or animals are:
  - a. Controlled to prevent endangering the patients and to maintain sanitation;
  - b. Licensed consistent with local ordinances; and
  - 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;
17. If a non-municipal water source is used:
  - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;

- b. If necessary, corrective action is taken to ensure the water is safe to drink; and
- c. Documentation of testing is retained on the premises for 24 months after the date of the test; and

18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:

- 1. Smoking or tobacco products are not permitted within a facility; and
- 2. Smoking or tobacco products may be permitted on the premises outside a facility if:
  - a. Signs designating smoking areas are conspicuously posted, and
  - b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. An administrator shall ensure that:

- 1. If a patient has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the patient; and
- 2. A facility's premises has:
  - a. A waiting area with seating for patients and visitors;
  - b. A room that provides privacy for a patient to receive treatment or visitors; and
  - c. Rooms or areas sufficient to accommodate the activities, treatment, and ancillary services stated in the facility's program description.

D. An administrator shall ensure that a facility has a bathroom that:

- 1. Is available for use by visitors during the facility's hours of operation;
- 2. Provides privacy; and
- 3. Contains:
  - a. A working sink with running water,
  - b. A working toilet that flushes and has a seat,
  - c. Toilet tissue,
  - d. Soap for hand washing,
  - e. Paper towels or a mechanical air hand dryer,
  - f. Lighting, and
  - g. A window that opens or another means of ventilation.

E. An administrator shall ensure that if a swimming pool is located on the premises:

- 1. The pool is enclosed by a wall or fence that:
  - a. Is at least five feet in height;
  - b. Has no vertical openings greater than two inches across;
  - c. Has no horizontal openings, except as described in subsection (E)(1)(e);

- d. Is not chain-link;
  - e. Does not have a space between the ground and the bottom fence rail that exceeds two inches in height;
  - f. Has a self-closing, self-latching gate that opens away from the pool and that has a latch located at least five feet from the ground; and
  - g. Is locked when the pool is not in use;
- 2. At least one personnel member with CPR training, as required in R9-10-303(C)(1)(d), is present in the pool area when a patient is in the pool area;
  - 3. At least two personnel members are present in the pool area if two or more patients are in the pool area; and
  - 4. A life preserver is available and accessible in the pool area.
- F. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (E)(1) is covered and locked when not in use.
- G. An administrator shall ensure that:
- 1. An evacuation path is conspicuously posted on each hallway of each floor of the facility; and
  - 2. A written disaster plan is developed and maintained on the premises.

**R9-10-318. Fire and Safety Requirements**

An administrator shall ensure that:

- 1. A fire drill for employees and patients on the premises is conducted at least once every three months on each shift;
- 2. Documentation of each fire drill is created and includes:
  - a. The date and time of the drill;
  - b. The amount of time taken for all employees and patients to evacuate the facility;
  - c. Any problems encountered in conducting the drill; and
  - d. Recommendations for improvement, if applicable;
- 3. Records of employee and patient 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 patients needing assistance for evacuation.
- 4. A written evacuation plan is developed and maintained on the premises; and
- 5. A written disaster plan, identifying a relocation plan for all patients from the facility, is developed and maintained on the premises.

**R9-10-319. Physical Plant Requirements**

A. An administrator shall ensure that:

- 1. A facility:

- a. 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**
  - b. Has an alternative method to ensure the patient's safety documented and approved by the local jurisdiction;
2. Unless a patient provides the patient's own furnishings, a facility provides the following furnishings for the patient:
- 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;
3. Each bathroom in a facility provides privacy when in use and contains:
- a. A mirror, unless the patient's treatment plan requires otherwise;
  - b. A window that opens or another means of ventilation;
  - c. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers; and
  - d. Grab bars for the toilet and tub or shower and other assistive devices, identified in the patient's treatment plan, to provide for patient safety; and
4. For a bathroom door locking from the inside, an employee has a key and access to the bathroom at all times.
- B. An administrator 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 according the timeframe established by the local fire department or the State Fire Marshal.
- C. An administrator shall maintain current reports of sanitation and fire inspections on the facility premises.

**The Department is in the process of drafting additional standards for physical plant to protect the health and safety of patients. Please submit any information or comments you may have related to physical plant standards.**

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