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TITLE 9. HEALTH SERVICES
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ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

R9-10-701. Definitions

1. “Admission” means written acceptance by a health care institution to provide medical services, nursing services, or health-related services to an individual.
2. “Ancillary services” means services other than behavioral health services or physical health services provided to a resident by or at a facility.
3. “Assessment” means an analysis of a resident’s need for medical services, nursing services, and health-related services to determine which services a health care institution will provide to the resident.
4. “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.
5. “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.
6. “Behavioral health paraprofessional” means an individual who is qualified according to a facility’s policies and procedures to provide at or for a facility:
 - a. Behavioral health services under the supervision of a behavioral health professional and
 - b. Ancillary services.
7. “Behavioral health professional” means an individual licensed under A.R.S. Title 32 whose scope of practice allows the individual to:
 - a. Independently provide behavioral health services, or
 - b. Provide behavioral health services under direct supervision as defined in A.A.C. R4-6-101.
8. “Behavioral health residential facility” means a health care institution residential agency that provides treatment to an individual experiencing a behavioral health issue that:

- a. Limits the individual's ability to be independent, or
 - b. Causes the individual to need treatment to maintain or enhance independence.
9. "Behavioral health services" means the medical services, nursing services, or health-related services provided to an individual to address the individual's behavioral health issue.
10. "Behavioral health technician" means an individual who is qualified according to a facility's policies and procedures to provide at or for a facility:
- a. Behavioral health services under clinical oversight by a behavioral health professional, and
 - b. Ancillary services.
11. "Clinical oversight" means:
- a. Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures,
 - b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services,
 - c. Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services, and
 - d. Recommending training for a behavior health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.
12. "Current" means up-to-date and extending to the present time.
13. "Discharge" means a documented termination of the medical services, nursing services, or health-related services provided by a health care institution to a resident.
14. "Employee" means an individual compensated by a facility to work for the facility.
15. "Emergency safety response" means physically holding a resident to safely manage a sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.
16. "General consent" means a written agreement for a resident to receive services signed by the resident or the resident's representative.
17. "Incident" means an unexpected occurrence that harms or has the potential to harm a resident.
18. "Interval note" means documentation updating a resident's medical condition after a medical history and physical examination are performed.

"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)

19. “Medical history” means an account, based on information provided by a resident or the resident’s representative, of the resident’s past and present medical conditions.
20. “Medical practitioner” means a physician, physician assistant, or a registered nurse practitioner.
21. “Nurse” has the same meaning as “registered nurse” or “practical nurse” in A.R.S. § 32-1601.
22. “Outing” means a planned activity that:
 - a. Occurs away from the facility premises, and
 - b. Is not part of a facility’s daily routine.
23. “Personnel member” means an individual who provides behavioral health services or physical health services at or on behalf of a facility.
24. “Physical health services” means medical services, nursing services, or health- related services provided to an individual that are not intended to treat the individual’s behavioral health issue.
25. “Progress note” means documentation of:
 - a. A behavioral health service, nursing service, or medical service provided to a resident and the resident’s response that is observed;
 - b. A resident’s significant change in condition; or
 - c. A personnel member’s observation of a resident’s behavior.
26. “Registered nurse” means an individual licensed to practice professional nursing under A.R.S. Title 32, Chapter 15.
27. “Resident” means an individual admitted to the facility to receive behavioral health services.
28. “Resident’s representative” means
 - a. The resident’s legal guardian,
 - b. If the resident is under 18 years of age and not an emancipated minor, the resident’s parent;
 - c. If the resident is 18 years of age or older or an emancipated minor, an individual acting on behalf of the resident with the written consent of the resident or the resident’s legal guardian; or
 - d. A surrogate as defined in A.R.S. § 36-3201.
29. “Scope of services” means a list of the behavioral health services, physical health services, and ancillary services the governing authority has designated as being available to a resident of the facility.
30. “Screening” means an evaluation of an individual’s current emotional, social, psychological, and medical condition to determine if the individual’s meets the facility’s criteria for admission.
“Supervision” means direct overseeing and inspection of the act of accomplishing a function or activity.

31. “Transfer” means a facility discharging a resident and sending the resident to another licensed health care institution as an inpatient or resident without intending that the resident be returned to the sending facility.
32. “Transport” means a facility sending a resident to another health care institution for outpatient services with the intent of returning the resident to the sending facility.
33. “Treatment plan” means a description of the specific services that a facility will provide to a resident that is documented in the resident’s record.

R9-10-702. Supplemental Application Requirements

In addition to the requirements in 9 A.A.C. 10, Article 1, an administrator shall submit a request to provide any of the following services with an initial application:

1. Behavioral health residential services to individual under 18 years of age including the licensed capacity requested,
2. Behavioral health residential services to individuals 18 years of age and older including the licensed capacity requested,
3. Residential services to individuals 18 years of age or older whose behavioral health issue limits the individuals’ ability to function independently,
4. Personal care services, or
5. Physical health services.

R9-10-703. Administration

- A. A governing authority shall:
 1. Consist of one or more individuals accountable for the organization, operation, and administration of a facility;
 2. Designate the scope of services provided by or at the facility;
 3. Designate an administrator who meets the qualifications established by the governing authority;
 4. Approve facility policies and procedures or designate an individual to approve facility policies and procedures;
 5. Approve contracted services or designate an individual to approve contracted services;
 6. Adopt a quality management program according to R9-10-704;
 7. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 8. Appoint an acting administrator, in writing, if the administrator is expected to be absent for more than 30 days; and

9. Except as provided in subsection (A)(8) notify the Department according to § A.R.S. 36-425(I) when there is a change in the administrator.
- B. An administrator:
1. Is directly accountable to the governing authority for all services provided by or at the facility;
 2. Has the authority and responsibility to manage the facility;
 3. Acts as a liaison between the governing authority and personnel members and employees;
and
 4. Except as provided in subsection (A)(8) designates, in writing, an individual who is available and accountable for the operation of the facility when the administrator is not available.
- C. An administrator shall ensure that:
1. Facility policies and procedures are established, documented, and implemented that:
 - a. Include personnel job descriptions, duties, and qualifications, including required skills and knowledge for employees;
 - b. Cover orientation and training for employees;
 - c. Include how an employee may submit a complaint relating to services provided to a resident;
 - d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training;
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training;
and
 - iv. The documentation that verifies that the employee have received cardiopulmonary resuscitation training;
 - e. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - f. Cover first aid training;
 - g. Cover resident rights including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
 - h. Cover resident and resident medical records, including electronic medical records;
 - i. Cover quality management program; and

- j. Cover when individuals may visit residents in the facility;
- 2. Facility policies and procedures for facility services are established, documented, and implemented that:
 - a. Cover resident screening admission, assessment, treatment plan, transport, transfer, discharge plan, and discharge;
 - b. Cover resident outings;
 - c. Include when general consent and informed consent is required;
 - d. Cover the provision of behavioral services, ancillary services, and physical health services;
 - e. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - f. Cover infection control;
 - g. Cover resident time out;
 - h. Cover environmental services that affect resident care;
 - i. Cover specific steps and deadlines for:
 - i. A resident to file a complaint,
 - ii. The facility to respond to and resolve a resident complaint; and
 - iii. The facility to obtain documentation of fingerprint clearance, if applicable;
 - j. Cover how incidents listed in R9-10-703(F) are reported and investigated;
 - k. 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 residents or the public;
 - l. If animals are used as part of a therapeutic program, cover:
 - i. Inoculation/vaccination requirements; and
 - ii. Methods to minimize risks to resident's health and safety;
 - m. Cover the process for receiving a fee from and refunding a fee to an adult resident or the resident's representative;
 - n. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - o. Cover the security of a resident's possessions that are allowed on the premises;
 - p. Cover smoking and use of tobacco products on the premises;

- q. Cover how the facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
 3. Facility policies and procedures are reviewed at least once every 24 months and updated as needed;
 4. Facility policies and procedures are available to employees; and
 5. Unless otherwise stated, documentation required by this Chapter is provided to the Department within two hours after a Department request.
- D. An administrator shall ensure that facility policies and procedures are established, documented, and implemented that:
 1. For a behavioral health paraprofessional:
 - a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for a facility;
 - b. 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, ensure that the behavioral health paraprofessional is under the supervision of an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health paraprofessional; and
 - c. Establish the qualifications for individuals providing supervision to a behavioral health paraprofessional; and
 2. For a behavioral health technician:
 - a. Delineate the services a behavioral health technician is allowed to provide at or for a facility;
 - b. Establish the qualifications for individuals providing clinical oversight to a behavioral health technician;
 - c. If the behavioral 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, ensure that the behavioral health technician is under the clinical oversight of an individual licensed pursuant to A.R.S. Title 32, Chapter

33 to provide the specific service being provided by the behavioral health technician;

- d. Delineate the methods used to provided clinical oversight including when clinical oversight is provided on an individual basis or in a group setting;
- e. If clinical oversight is provided electronically, ensure that:
 - i. The clinical oversight is provided verbally with direct and immediate interaction between the individual providing and the individual receiving the clinical oversight;
 - ii. A secure connection is used; and
 - iii. The identities of the individual providing and the individual receiving the clinical oversight are verified before clinical oversight is provided;
- f. For each week that a behavioral health technician provides services related to resident care at a facility, ensure that the behavioral health technician receives clinical oversight at least once during that week;
- g. Establish the duration of clinical oversight provided to a behavioral health technician to ensure that resident needs are met based on, for each behavioral health technician:
 - i. The scope and extent of the services provided;
 - ii. The acuity of the residents receiving services; and
 - iii. The number of residents receiving services; and
- h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the individual who is responsible for clinical oversight of the behavioral health technician.

E. If an applicant requests or a facility has a licensed capacity of 10 or more residents, an administrator shall designate a clinical director who:

- 1. Provides direction for behavioral health services provided at the facility; and
- 2. Is a behavioral health professional.

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

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

G. An administrator shall ensure that:

1. A written plan is developed and implemented to provide orientation specific to the duties of the employee;
 2. A personnel member completes orientation before providing services related to resident care;
 3. An employee's orientation is documented, to include:
 - a. The personnel member's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 4. In addition to the training required in subsection (G)(5), a written plan is developed and implemented to provide a personnel member training specific to the duties of the personnel member;
 5. A personnel member receives training in crisis intervention according to subsection (G)(6):
 - a. Before providing services related to resident care, and
 - b. At least once every twelve months after the date of the personnel member began providing services related to resident care;
 6. Training in crisis intervention includes, at a minimum: (reference to a standard that can be cited)
 - a. Methods to identify personnel member and resident behaviors, events, and environmental factors that may cause the need for an emergency safety response;
 - b. Nonphysical intervention, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods that may use in response to a crisis to minimize or eliminate the need for using an emergency safety response; and
 - c. Safe techniques for using an emergency safety response, including the recognition and appropriate responses to signs of a resident's physical distress while an emergency safety response is used with the resident;
 7. A personnel member's training is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- H. If abuse, neglect, or exploitation of a resident is alleged or suspected, an administrator shall:
1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;

2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the resident:
 - a. To the local law enforcement agency; and
 - b. As follows:
 - i. For an individual 18 years of age or older, to Adult Protective Services in the Department of Economic Security according to A.R.S. § 46-454; or
 - ii. For an individual under 18 years of age, to Child Protective Services in the Department of Economic Services according to A.R.S. § 13-3620;
 3. Document the action in subsection (H)(1) and the report in subsection (H)(2) and maintain the documentation for 12 months after the date of the report;
 4. Investigate the suspected or alleged abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in (H)(1) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. Description of any injury to the resident and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
 5. Submit a copy of the investigation report required in subsection (H)(4) to the Department within 48 hours after submitting the report in subsection (H)(2); and
 6. Maintain a copy of the investigation report required in subsection (H)(4) for 12 months after the date of the report.
- I. An administrator shall:
1. Establish and document requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
 2. Establish and document guidelines for meeting the needs of an individual residing at an agency with a resident, such as a child accompanying a parent in treatment, if applicable;
 3. If children, under the age of 12, who are not admitted to a facility are residing at the facility and being cared for by employees or personnel members, ensure that:

- a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the age of children being cared for; and
 - b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained based on the age of the youngest child in the group;
 4. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services; and
 5. Establish and document the criteria for determining when a resident's absence is unauthorized including whether the resident was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3, is absent against medical advice, or is under the age of 18.
- J. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, or resident or a resident's representative:
1. The resident rights listed in R9-10-713,
 2. The facility's current license,
 3. The location at which inspection reports required in subsection (C)(2)(b) to be on the premises of the agency are available for review or can be made available for review;
 4. The days and times where a resident may accept visitors and make telephone calls.
- K. An administrator shall ensure that:
1. Labor performed by a resident for the facility is consistent with A.R.S. § 36-510 ;
 2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
 3. A administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
 4. A resident who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled is assisted in enlisting a resident's representative to act upon the resident's behalf.
- L. An administrator shall:
1. If the administrator determines that a resident is incapable of handling the resident's financial affairs:
 - a. Notify the resident's representative or contacts a public fiduciary or a trust officer to take responsibility of a resident's financial affairs;

- b. Maintain documentation of the notification required in subsection (L)(1)(a) in the resident's medical record for 12 months from the date of the notification; and
 - 2. If a resident refuses medical services or nursing services:
 - a. Notify the resident's primary care provider or other medical practitioner, and
 - b. Maintain documentation of the notification required in subsection (L)(2)(a) in the resident's medical record for at least 12 months from the date of notification;
- M. If an administrator manages a resident's money through a personal funds account, the administrator shall ensure:
 - 1. Facility policies and procedure are established, developed, and implemented for:
 - a. Using resident funds in a personal funds account;
 - b. Protecting resident funds in a personal funds account;
 - c. Investigating a complaint about the use of resident funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account;
 - e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
 - f. Processing each deposit into and withdrawal from a personal funds account.
 - 2. The personal funds account is only initiated after receiving a written request that:
 - a. Is provided:
 - i. Voluntarily by the resident,
 - ii. By the resident's representative, or
 - iii. By a court of competent jurisdiction;
 - b. May be withdrawn at any time; and
 - c. Is maintained in the resident record

R9-10-704. Quality Management

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents, including contracted services;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;

- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care; and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care;
 3. The report required in subsection (2) and the supporting documentation for the report is:
 - a. Maintained on the facility 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 within two hours after the Department's request.

R9-10-705. Contracted Services

An administrator shall ensure that:

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

R9-10-706. Personnel and Staffing

A. An administrator shall ensure that:

1. A personnel member 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 personnel members with the qualifications, education, experience, skills, and knowledge necessary to

1. Provide the behavioral health services, physical health services, and ancillary services in the facility's scope of services;
2. Meet the needs of a resident; and
3. Ensure the health and safety of a resident.

- 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 A.A.C. R4-6-101.
- D. An administrator of a facility shall ensure that at the starting date of employment, volunteer service, or internship and every 12 months after, an individual 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 member or employee record is maintained for each that contains:
1. The individual's name, date of birth, home address, and home telephone number;
 2. The name and telephone number of an individual to be notified in case of an emergency;
 3. The starting date of employment or contract service and, if applicable, the ending date; and
 4. If applicable, documentation of:
 - a. The individual's qualifications including education, experience, skills and knowledge applicable to the individual's job duties;
 - b. The individual's work experience;
 - c. If the facility provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
 - d. The clinical oversight required in this R9-10-703(D), if applicable;
 - e. The individual's completion of the orientation required in R9-10-703(C);
 - f. The individual's completion of the training required in R9-10-703(C);
 - g. The individual's documentation of CPR according to R9-10-703(C) and first aid training, as required in R9-10-703(H).
 - h. The individual's freedom from infectious tuberculosis required in subsection (D).
- F. An administrator shall ensure that personnel records are maintained:
1. Throughout an individual's period of employment, contract service, volunteer service, or internship; and
 2. For at least two years after the last date of the individual's employment, contract services, volunteer service, or internship.

- G. An administrator shall ensure that:
1. A written plan is developed and implemented to provide personnel orientation specific to the duties of the personnel member;
 2. A personnel member completes orientation before providing services related to resident care;
 3. A personnel member's orientation is documented, to include:
 - a. The personnel member's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation.
 4. A written plan is developed and implemented to provide a personnel member training specific to the duties of the personnel member; and
 5. A personnel member's training is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- H. 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.
- I. An administrator shall ensure that:
1. At least one personnel member is present and awake at the facility at all times when a resident is on the premises,
 2. In addition to the personnel member in subsection (J)(1), at least one personnel member is on-call and available to come to the facility if needed,
 3. The facility has sufficient personnel members to provide general resident supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each resident;
 4. There is a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 - b. Includes documentation of the employees who work each day and the hours worked by each employee;
 - c. Is maintained for 12 months after the last date on the documentation; and

- d. Is provided to the Department for review within two hours of the Department's request;
5. A behavioral health professional is present at the facility or on-call at all times;
6. A registered nurse is present at the facility or on-call at all times;
7. If a resident requires services that the facility is not licensed or able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided; and
8. The facility has a written agreement with a hospital near the facility's location to provide medical services for residents who require medical services that the facility is not licensed or able to provide.

R9-10-707. Resident Admission; Assessment

An administrator shall ensure that:

1. A resident is admitted based upon the resident's presenting behavioral health 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 resident's treatment needs;
2. A behavioral health professional, authorized by facility policies and procedures to accept a resident for admission, is available at all times;
3. General consent is obtained from an adult resident or the resident's representative before or at the time of admission;
4. The general consent obtained in subsection (3) is documented in the resident's medical record;
5. A medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 days before admission or within 48 hours after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within 48 hours after admission;
6. If a medical practitioner performs a medical history and physical examination on a resident before admission, the medical practitioner enters an interval note into the resident's medical record at the time of admission.
7. An assessment for a resident is completed before treatment for the resident is initiated;
8. If an assessment is conducted by a:

- a. Behavioral health technician, within 24 hours a behavioral health professional reviews and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident; or
 - b. Behavioral health paraprofessional, a behavioral health professional supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the physical health services needed by the resident.
10. An assessment:
- a. Documents a resident's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation,
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history; and
 - ix. Symptoms reported by the resident and referrals needed by the resident, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the resident's needs;
 - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed; and
 - iii. The signature and date signed of the personnel member conducting the assessment;
 - c. Is documented in resident's medical record; and
11. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition.
- D. An administrator shall ensure that:

1. A request for participation in a resident's assessment is made to the resident or the resident's representative,
 2. An opportunity for participation in the resident's assessment is provided to the resident or the resident's representative, and
 3. Documentation of the request in subsection (D)(1) and the opportunity in subsection (D)(2) is in the resident's medical record.
- E. An administrator shall ensure that a resident's assessment information is documented in the medical record within 48 hours after completing the assessment.
- F. An administrator shall ensure that:
1. A resident's assessment information is reviewed and updated when additional information that affects the resident's assessment is identified, and
 2. A review and update of a resident's assessment information is documented in the medical record within 48 hours after the review is completed.

R9-10-708. Treatment Plan

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

5. If the treatment plan was completed by a behavioral health technician, reviewed and signed by a behavioral health professional within 24 hours to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and
 6. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changes,
 - c. When additional information that affects the resident's assessment is identified, and
 - d. When a resident has a significant change in condition or experiences an event that affects treatment.
- B. An administrator shall ensure that:
1. A request for participation in developing a resident's treatment plan is made to the resident or the resident's representative,
 2. An opportunity for participation in developing the resident's treatment plan is provided to the resident or the resident's representative, and
 3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the resident's medical record.

R9-10-709. Discharge

- A. An administrator shall ensure that a discharge plan for a resident is:
1. Developed that:
 - a. Identifies any specific needs of the resident after discharge,
 - b. Is completed before discharge occurs,
 - c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge, and
 - d. Is documented in the resident's medical record within 48 hours after the discharge plan is completed; and
 2. Provided to the resident or the resident's representative before the discharge occurs.
- B. An administrator shall ensure that:
1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
 2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
 3. Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the resident's medical record.

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

opioid treatment before the resident is discharged from the facility if a medical practitioner for the facility will not be prescribing the medication for the resident at or after discharge.

R9-10-710. Transport; Transfer

- A. For a transport of a resident, 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 resident to protect the health and safety of the resident;
 - b. Require an evaluation of the resident by a medical practitioner or registered nurse before transporting the resident and after the resident's return;
 - c. Specify the sending facility's resident medical records that are required to accompany the resident, including the medical records related to the services to be provided to the resident at the receiving health care institution or other facility;
 - d. Specify how the sending facility communicates resident 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 or registered nurse practitioner explains the risks and benefits of the transport to the resident or the resident's representative based on the:
 - i. Resident's condition, and
 - ii. Mode of transport; and
 2. Documentation in the resident's medical record includes:
 - a. Consent for transport by the resident or the resident's representative or why consent could not be obtained;
 - b. The acceptance of the resident 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 resident'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 resident be assisted during transport.
- B. For a transport of a resident, an administrator of the receiving facility shall ensure that:

1. Facility policies and procedures:
 - a. Specify the process by which the receiving facility personnel members coordinate the transport and the services provided to a resident to protect the health and safety of the resident;
 - b. Require an evaluation of the resident by a medical practitioner or registered nurse upon the arrival of the resident and before the resident is returned to the sending facility;
 - c. Specify the receiving facility's resident medical records required to accompany the resident when the resident is returned to the sending facility, if applicable;
 - d. Specify how the receiving facility's personnel members communicate resident medical record information to the sending facility that is not provided at the time of the resident's return; and
 2. Documentation in the resident's medical record includes:
 - a. The date and the time the resident arrives at the receiving facility;
 - b. The services provided to the resident at the receiving facility;
 - c. Any adverse reaction or negative outcome the resident experiences at the receiving facility;
 - d. The date and time of the receiving facility returns the resident return to the sending facility, if applicable;
 - e. The mode of transportation to return the resident to the sending hospital, if applicable; and
 - f. The type of personnel member assisting in the transport if an order requires that a resident be assisted during transport.
- C. For a transfer of a resident to a receiving health care institution, the administrator of the sending facility shall ensure that:
1. Facility policies and procedures:
 - a. Specify the process by which the sending facility personnel members coordinate the transfer and the services provided to a resident to protect the health and safety of the resident during the transfer;
 - b. Require an evaluation of the resident by a medical practitioner or registered nurse of the sending facility before the resident is transferred;
 - c. Specify how the sending facility communicates resident 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

- d. Specify how a medical practitioner or registered nurse practitioner explains the risks and benefits of the transfer to the resident or the resident's representative based on the:
 - i. Resident's condition, and
 - ii. Mode of transport; and
- 2. One of the following accompanies the resident during the transfer:
 - a. A copy of the resident's medical record for the current admission; or
 - b. All of the following for the current admission:
 - i. A medical practitioner's or behavioral health professional's summary of behavioral health and physical health services provided to the resident;
 - ii. A treatment plan containing current information;
 - iii. A record of medications administered to the resident for seven days before the date of the transfer;
 - iv. Medical practitioner's orders in effect at the time of transfer; and
 - v. Any known allergy; and
- 3. Documentation in the resident's medical record includes:
 - a. Consent for transfer by the resident or the resident's representative, except in an emergency;
 - b. The acceptance of the resident by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transfer to the receiving health care;
 - d. The mode of transportation; and
 - e. The type of personnel member assisting in the transfer if an order requires that a resident be assisted during transfer.

R9-10-711. Resident Outings

- A. An administrator shall ensure that:
 - 1. A vehicle owned or lease by a facility to transport a resident:
 - a. Is safe and in good repair,
 - b. Contains a first aid kit,
 - c. Contains drinking water sufficient to meet the needs of each resident present, and
 - d. Contains a working heating and air conditioning system;
 - 2. Documentation of current vehicle insurance for a vehicle owned or leased by the facility is maintained;
 - 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. Resident who may be a threat to the health and safety of the resident or another individual; or
 - iii. Resident who is incapable of independent exit from the vehicle; and
 - f. Ensures the safe and hazard-free loading and unloading of residents;
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 resident's body; and
 - c. Each individual in the vehicle is sitting in a seat while the vehicle is in motion.
- B. An administrator shall ensure that:
- 1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing.
 - 2. There are at least two personnel members present on an outing;
 - 3. In addition to the personnel members required in subsection (C)(1), there are a sufficient number of personnel members present to ensure each resident's health and safety on an outing;
 - 4. Documentation is developed before an outing that includes:
 - a. The name of each resident participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and

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

R9-10-712. Resident Time Out

An administrator shall ensure that a time out:

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

R9-10-713. Resident Rights

- A. An administrator shall ensure that at the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsections (B) and (C) and the resident rights in subsection (D).

- B. An administrator shall ensure that a resident:
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 resident's treatment needs, except as established in a fee agreement signed by the resident or the resident's representative;
 - h. Treatment that involves:
 - i. The denial of:
 - (1) Food,
 - (2) The opportunity to sleep, or
 - (3) The opportunity to use the toilet; or
 - ii. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation; and
 2. Except as provided in subsection (C), is allowed to:
 - a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the facility and conspicuously posted in the facility;
 - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, to send and receive uncensored and unopened mail.
- C. If a medical director or clinical director determines that a resident's treatment requires the facility to restrict the resident'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 resident's medical record that justifies restricting the resident from the activity,
 2. Inform the resident of the reason why the activity is being restricted, and
 3. Inform the resident of the resident's right to file a grievance and the procedure for filing a grievance.

- D. A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
 2. To receive treatment that:
 - a. Supports and respects the resident's individuality, choices, strengths, and abilities;
 - b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the resident's treatment needs;
 3. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is unable to exercise a specific right or category of rights;
 4. To submit complaints to facility personnel members and complaints to outside entities and other individuals without constraint or retaliation;
 5. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the resident's rights;
 6. To have the resident's information and records kept confidential and released only as permitted under R9-10-714(A);
 7. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
 - b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
 8. To review, upon written request, the resident's own medical record except as described in R9-10-714(A)(7);
 9. To receive a referral to another health care institution if the facility is unable to provide a physical health services or behavioral health service that the resident requests or that is in the resident'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;

11. To participate or have the resident's representative participate in the development and periodic review and revision of the resident's treatment plan;
12. To be provided locked storage space for the resident's belongings while the resident receives treatment;
13. As stated in the resident's treatment plan, to have opportunities for social contact and daily social, recreational, or rehabilitative activities; and
14. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment.

R9-10-714. Resident 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. 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 medical practitioner 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 resident or the resident's representative or as permitted by law;
7. A resident's medical record is available for review by the resident or the resident's representative upon written request by the resident or the resident's representative unless the resident's medical practitioner:

- a. Determines that the resident or resident's representative's review of the medical record is contraindicated, and
 - b. Documents the reason for the determination in the resident's medical record;
 8. A medical record is maintained under the direction of an individual:
 - a. Who is qualified to maintain the medical record according to facility policies and procedures, or
 - b. Who consults with an individual qualified according to facility policies and procedures;
 9. 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 a medical record at the request of a medical practitioner or authorized personnel member;
 10. A resident's medical record is provided to the Department:
 - a. Not more than two hours after the Department's request if the resident is a current resident 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 resident was discharged 12 or more months before the date of the Department's request; and
 11. A medical record is:
 - a. Protected from loss, damage, or unauthorized use; and
 - b. According to A.R.S. § 12-2297.
- B. If a facility maintains 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 resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's address;
 - c. The resident's date of birth;
 - d. The name and contact information of the resident's designated resident representative, if applicable; and
 - e. Any known allergy including medication or biological allergies or sensitivities;
 2. Medication information that includes:

- a. The resident's weight;
- b. Each medication or biological ordered for the resident; and
- c. Each medication administered to the resident 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 resident has to the medication;
3. Documented general and informed consent for treatment by the resident or the resident's representative except in an emergency;
4. The resident's medical history and results of a physical examination or an interval note;
5. If the resident provides a health care directive, the health care directive signed by the resident or the resident's representative;
6. An admitting diagnosis;
7. The name of the admitting medical practitioner;
8. Medical practitioner orders;
9. Assessments and treatment plans;
10. Documentation of behavioral health services provided to the resident;
11. Documentation of physical health services provided to the resident;
12. Progress notes;
13. Disposition of the resident after discharge;
14. Discharge plan;
15. A discharge summary; and
16. If applicable:
 - a. Laboratory reports;
 - b. Radiologic report;
 - c. Diagnostic reports;
 - d. Documentation of restraint or seclusion; and
 - e. Consultation reports.

R9-10-715. Physical Health Services

An administrator shall ensure that:

1. Medical services are provided under the direction of a physician;
2. Nursing services are provided under the direction of a registered nurse; and
3. If a facility is licensed to provide:

- a. Personal care services:
 - i. Personnel members who provide personal care services comply with the training requirements R9-10-707(B) and R9-10-722(B) in [Reference will be changed to new Assisted Living-new Article 8]; and
 - ii. Residents receive personal care services according to the requirements in R9-10-722(A), (C), (D), and (E) [Reference will be changed to new Assisted Living-new Article 8]; or
- b. Physical health services, a registered nurse who provides direction for the physical health services provided at the facility is present at the facility at least 40 hours every week.

R9-10-716. Behavioral Health Services

A. An administrator shall ensure that:

- 1. If a facility is licensed to provide behavioral health residential services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to be function independently, a resident admitted to the facility with limited ability to function independently receives, in addition to behavioral health services, physical health services, and ancillary services in the resident's treatment plan, the following as stated in the resident's treatment plan:
 - a. Continuous protective oversight;
 - b. Age-appropriate training or skill building in:
 - i. Communication, and
 - ii. The development and maintenance of productive interpersonal relationships, and
 - c. Occupational or recreational activities to prepare the resident to function independently;
- 2. A resident admitted to the facility who needs behavioral health services to maintain or enhance the resident's ability to function independently participates, in addition to receiving behavioral health services, physical health services, and ancillary services in the resident's treatment plan, in activities designed to maintain and enhance the resident's ability to function independently while caring for the resident's health, safety, or personal hygiene or performing homemaking functions;
- 3. Behavioral health services are provided to meet the needs of a resident;
- 4. Behavioral health services or ancillary services:

- a. Listed in the facility's scope of services, are provided on the facility premises; and
 - b. Provided in a setting or activity with more than one resident participating, the residents participating have similar diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history including any history of physical or sexual abuse to ensure that the:
 - i. Health and safety of each resident is protected, and
 - ii. Treatment needs of each resident participating are being met; and
5. A resident does not:
- a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
 - b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.
- B. An administrator shall ensure that counseling is:
- 1. Offered as described in the facility's scope of services,
 - 2. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
 - 3. Provided by a behavioral health professional or a behavioral health technician.
- C. An administrator shall ensure that:
- 1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue, and
 - 2. The personnel member's skills and knowledge are verified and documented in the personnel member's personnel record.
- D. An administrator shall ensure that each counseling session is documented in the resident'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 of the personnel member who provided the counseling and the date signed.
- E. An administrator of a facility that provides in resident services to individuals under 18 years of age:
1. May continue to provide behavioral health services to a resident who is 18 years of age or older:
 - a. If the resident was admitted to the facility before the resident's 18th birthday and is:
 - i. Completing high school or a high school equivalency diploma, or
 - ii. Participating in a job training program; or
 - b. Through the last day of the month of the resident's 18th birthday; and
 2. Shall ensure that:
 - a. A resident does not receive the following from other residents at the facility:
 - i. Threats,
 - ii. Ridicule,
 - iii. Verbal harassment,
 - iv. Punishment, or
 - v. Abuse;
 - b. The interior of the facility has furnishings and decorations appropriate to the ages of the resident receiving services at the facility;
 - c. A resident older than three years of age does not sleep in a crib;
 - d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each individual's needs and are appropriate to each resident's age, developmental level, and treatment needs;
 - e. A resident's educational needs are met by establishing and providing an educational component, approved in writing by the Arizona Department of Education.
- F. An administrator shall ensure that an emergency safety response is:
1. Only used:
 - a. For the management of a resident's violent or self-destructive behavior,
 - b. When less restrictive interventions have been determined to be ineffective, and
 - c. To ensure the immediate physical safety of the resident or to stop physical harm to another individual;

2. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
3. Documented as follows:
 - a. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
 - i. The date and time the emergency safety response was used;
 - ii. The name of each personnel member who used an emergency safety response;
 - iii. The specific emergency safety response used;
 - iv. Personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - v. Any injury that resulted from the emergency safety response;
 - b. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical director reviews the information in subsection (F)(3)(a); and
 - c. After the review required in subsection (F)(3)(b), the following information is entered into the resident medical record:
 - i. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident;
 - ii. A determination of whether the resident is appropriately placed at the facility; and
 - iii. Whether the resident's treatment plan was reviewed or needs to be reviewed and amended to ensure that the resident's treatment plan is meeting the resident's treatment needs.

R9-10-717. 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. Include:
 - a. A process for providing each resident instruction in the use of the resident'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 resident only as prescribed and that a resident's refusal to take prescribed medication is documented in the medical 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 resident's medication regimen is reviewed by a medical practitioner and meets the resident's treatment needs;
 - f. Procedures for documenting medication services;
 - g. Procedures for assisting a resident in obtaining medication; and
 - h. Procedures for providing medication services off the premises, if applicable; and
 - 4. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
- 1. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented as required in R9-10-714(C)(2); and
 - 2. If pain medication is administered to a resident, documentation in the resident's medical record includes:
 - a. An assessment of the resident's pain before administering the medication; and
 - b. The effect of the pain medication administered.
- C. An administrator shall ensure that:
- 1. There is a separate room or closet used for medication storage that includes a lockable door,
 - 2. A locked cabinet or container is used for medication storage, and
 - 3. Medication is stored according to the manufacturer's recommendations.

R9-10-718. 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 permit required in subsection (A)(1) is provided to the Department for review upon the Department's request;
 3. If a facility contracts with a food establishment as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility, a copy of the contracted food establishment's permit is:
 - a. Maintained on the facility's premises, and
 - b. Provided to the Department for review upon the Department's request;
 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the 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 and conspicuously posted;
 3. If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs;
 4. Meals and snacks provided by the facility are served according to posted menus;
 5. Meals for each day are planned using meal planning guides from (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;
 6. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(6)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(6)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A resident agrees; and

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

14. Poisonous or toxic materials stored by the facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to residents;
 15. Combustible or flammable liquids and hazardous materials stored by a facility are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to residents;
 16. Pets or other animals:
 - a. Are controlled to prevent endangering individuals at the facility and to maintain sanitation; and
 - b. Other than a service animal as defined in A.R.S. § 11-1024, are:
 - i. Licensed consistent with local ordinances;
 - ii. Vaccinated as follows:
 - (1) A dog is vaccinated against rabies, leptospirosis, distemper, hepatitis, and parvo; and
 - (2) 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 and corrective action is taken to ensure the water is safe to drink, and
 - b. Documentation of testing is retained for 24 months after the date of the test; and
 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 resident 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 resident; and
 2. A facility has:
 - a. A room that provides privacy for a resident to receive treatment or visitors;
 - b. A common area and a dining area that:

- i. Are not converted, partitioned, or otherwise used as a sleeping area; and
- ii. Contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the facility.

D. An administrator shall ensure that:

1. For every six residents, there is at least one working toilet that flushes and one sink with running water;
2. For every eight residents, there is at least one working bathtub or shower;
3. A resident bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror, unless the resident's treatment plan requires otherwise;
 - b. A window that opens or another means of ventilation; and
 - c. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;
4. Each resident is provided a bedroom for sleeping;
5. A resident bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Contains a door that opens into a hallway, common area, or outdoors;
 - c. In addition to the door in subsection (D)(6)(b), contains another means of egress;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide resident privacy;
 - f. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 - g. Has floor to ceiling walls;
 - h. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than eight residents;
 - (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - (3) Provides at least three feet of floor space between beds or bunk beds;
 - i. Contains for each resident occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and

- ii. Individual storage space for personnel effects and clothing such as a dresser or chest;
 - j. Has sufficient lighting for resident occupying the bedroom to read; and
 - k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.
- E. An administrator shall ensure that if a swimming pool is located on the premises:
 - 1. Contains water that meets one of the following chemical disinfection standards:
 - a. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
 - b. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
 - c. An oxidation-reduction potential equal to or greater than 650 millivolts; and
 - 2. Is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools;
 - b. An operational vacuum cleaning system; and
 - c. The following items, which shall be accessible whenever the swimming pool is in use:
 - i. A ring buoy attached to a 1/2 inch diameter rope at least 25 feet in length, and
 - ii. A shepherd's crook;
 - 3. At least one employee member with cardiopulmonary resuscitation training, as required in R9-10-703(C) is present in the swimming pool area when a resident is in the pool area; and
 - 4. At least two employees are present in the pool area if two or more residents are in the pool area.
- F. An administrator shall ensure that a swimming pool is enclosed by a wall or fence that:
 - 1. Separates the swimming pool from other outdoor activity areas;

2. Is not a chain-link fence;
 3. Is secured to the ground;
 4. Is at least 5 feet high;
 5. Has a self-closing, self-latching, lockable gate;
 6. Does not have any vertical or horizontal open space that exceeds 4 inches at any point, including any space on a gate
- G. An administrator shall ensure that:
1. On each day a resident uses the swimming pool, an employee tests the swimming pool's water quality at least once for compliance with subsection (E)(1), and records the results of the water quality tests in a log that includes each testing date and test result;
 2. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (E)(1); and
- H. 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.

R9-10-720. Fire and Safety Requirements

An administrator shall ensure that:

1. A fire drill for employees and residents 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 residents to evacuate the facility;
 - c. Any problems encountered in conducting the drill; and
 - d. Recommendations for improvement, if applicable;
3. Records of employee and resident fire drills are maintained on the premises for 12 months after the date of the drill and include the date and time of the drill, names of employees participating in the drill, and identification of residents needing assistance for evacuation;
4. A written evacuation plan is developed and maintained on the premises;
5. An evacuation path is conspicuously posted on each hallway of each floor of the facility; and
6. A written disaster preparedness plan is developed and maintained on the premises that includes:
 - a. When, how, and where residents will be relocated;

- b. How each resident's medical record will be available to personnel providing services to the resident during a disaster;
- c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
- d. A plan for obtaining food and water for individuals present in the facility or the facility's relocation site during a disaster.

R9-10-721. Physical Plant Requirements

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