

**TITLE 9. HEALTH SERVICES**

**CHAPTER 10. HEALTH CARE INSTITUTIONS: LICENSING**

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## TITLE 9. HEALTH SERVICES

### CHAPTER 10. HEALTH CARE INSTITUTIONS: LICENSING

#### ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES

##### **R9-10-1401. Definitions**

1. "Emergency medical care technician" has the same meaning as in A.R.S. § 36-2201.
2. "Participant" means a patient admitted to a substance abuse transitional facility.
3. "Participant's representative" means
  - a. A participant's legal guardian,
  - b. If a participant is under 18 years of age and not an emancipated minor, the participant's parent;
  - c. If a participant is 18 years of age or older or an emancipated minor, an individual acting on behalf of the participant with the written consent of the participant or the participant's legal guardian; or
  - d. A surrogate as defined in A.R.S. § 36-3201.

##### **R9-10-1402. Supplemental Application Requirements**

In addition to the requirements in 9 A.A.C. 10, Article 1, an administrator shall submit a request with an initial application for the licensed capacity:

1. The requested licensed capacity for providing behavioral health services to individuals under 18 years of age; and
2. The requested licensed capacity for providing behavioral health services to individuals 18 years of age and older.

##### **R9-10-1403. Administration**

- A. A governing authority shall:
1. Consist of one or more individuals accountable for the organization, operation, and administration of a facility;
  2. Establish, in writing:
    - a. A substance abuse transitional facility's scope of services,
    - b. Qualifications for an administrator,
  3. Designate an administrator who meets the qualifications established in subsection (A)(2);
  4. Approve a substance abuse transitional facility's policies and procedures;
  5. Adopt a quality management program according to R9-10-1404;

6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  7. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on a substance abuse transitional facility's premises for more than 30 calendar days, or
    - b. Not present on a substance abuse transitional facility's premises for more than 30 calendar days; and
  8. Except as provided in subsection (A)(7) notify the Department according to § A.R.S. 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
1. Is directly accountable to the governing authority for all services provided by or at the substance abuse transitional facility;
  2. Has the authority and responsibility to manage the substance abuse transitional facility; and
  3. Except as provided in subsection (A)(7) designates, in writing, an individual who is present on a substance abuse transitional facility's premises and accountable for the services provided at or by the substance abuse transitional facility when the administrator is not present on the substance abuse transitional facility's premises.
- C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
    - a. Include job descriptions, duties, and qualifications, including required skills and knowledge for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to services provided to a participant;
    - 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 participant to ensure the participant receives physical health services and behavioral health services as ordered;
  - f. Cover first aid training;
  - g. Cover participant rights including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;
  - h. Cover medical records, including electronic medical records;
  - i. Cover quality management, including incident documentation; and
  - j. Cover when individuals may visit participants in the substance abuse transitional facility;
2. Policies and procedures for services are established, documented, and implemented that:
- a. Cover participant screening admission, assessment, treatment plan, transport, transfer, discharge plan, and discharge;
  - b. Include when general consent and informed consent are required;
  - c. Cover the provision of behavioral health services and physical health services;
  - d. Cover administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - e. Cover environmental services that affect participant care;
  - f. Cover specific steps and deadlines for:
    - i. A participant to file a complaint,
    - ii. The facility to respond to and resolve a participant complaint, and
    - iii. The facility to obtain documentation of fingerprint clearance, if applicable;
  - g. Cover the process for receiving a fee from and refunding a fee to an adult participant or the participant's representative;
  - h. Cover the security of a participant's possessions that are allowed on the premises;
  - i. Cover the smoking and use of tobacco products on the premises;
  - j. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
  - k. Cover how often periodic monitoring occurs based on a participant's condition;

3. Policies and procedures are reviewed at least once every 24 months and updated as needed;
  4. Policies and procedures are available to employees; and
  5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a substance abuse transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the substance abuse transitional facility.
- D. An administrator shall provide written notification to the Department:
1. Within one working day after a participant's death;
  2. Within two working days after a participant's suicide attempt or infliction of self-injury that results in the participant needing medical services;
  3. Within three working days after a participant has an accident, emergency, or serious injury that results in the participant needing medical services.
- E. If abuse, neglect, or exploitation of a participant 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 participant:
    - a. To the local law enforcement agency; or
    - 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 (E)(1) and the report in subsection (E)(2) and maintain the documentation for 12 months after the date of the report;
  4. Investigate the alleged or suspected abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in (E)(2) that includes:
    - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;

- c. The names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
    - d. The 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 (E)(4) to the Department within five working days after submitting the report in subsection (E)(2); and
  6. Maintain a copy of the investigation report required in subsection (E)(4) for 12 months after the date of the investigation report.
- F. An administrator shall establish, document, and implement a process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services.
- G. 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, participant, or a participant's representative:
  1. The participant rights listed in R9-10-1410,
  2. The facility's current license,
  3. The location at which inspection reports are available for review or can be made available for review; and
  4. The days and times where a participant may accept visitors and make telephone calls.

**R9-10-1404. 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 participants, including contracted services;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant 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 participant 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 participant 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 participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for 12 months after the date the report is submitted to the governing authority.

**R9-10-1405. Contracted Services**

An administrator shall ensure that:

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

**R9-10-1406. Personnel**

A. An administrator shall ensure that:

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

B. An administrator shall ensure that:

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

- iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description; and
2. A personnel member's skills and knowledge are verified by a behavioral health professional according to a substance abuse transitional facility's policies and procedures;
3. An emergency medical care technician complies with the requirements in 9 A.A.C. 25 for certification and medical direction;
4. A substance abuse transitional facility has personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
  - a. Provide the behavioral health services and physical health services in the substance abuse transitional facility's scope of services;
  - b. Meet the needs of a participant; and
  - c. Ensure the health and safety of a participant.
5. A written plan is developed and implemented to provide orientation specific to the duties of the personnel member;
6. 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;
7. In addition to the training required in subsections (G)(1) and (G)(5), a written plan is developed and implemented to provide personnel member in-service education specific to the duties of the personnel member;
8. A personnel member receives training in crisis intervention described in subsection (G)(9):
  - a. Before providing services related to participant care, and
  - b. At least once every twelve months after the date of the personnel member began providing services related to participant care;
9. Training in crisis intervention includes, at a minimum:
  - a. Methods to identify personnel member and participant 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 be used 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 participant's physical distress while an emergency safety response is used with the participant;
10. The materials used to provide training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for 12 months after each personnel member who received training using the materials no longer provides services at the facility; and
  11. An individual's in-service education and, if applicable, training in crisis intervention 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.
- 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 receives direct supervision as defined in A.A.C. R4-6-101.
- D. An administrator shall ensure that a personnel member or an employee, volunteer, or student who has direct interaction with a participant provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.
- E. An administrator shall ensure that a personnel record is maintained for a personnel member, employee, volunteer, or student that contains:
1. The individual's name, date of birth, home address, and home telephone number;
  2. The starting date of employment, volunteer service, or contract service and, if applicable, the ending date; and
  3. If applicable, documentation of:
    - a. The individual's qualifications including education, experience, skills and knowledge applicable to the individual's job duties;
    - b. Verification of the individual's skills and knowledge;
    - 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 R9-10-1403(D), if applicable;
    - e. The individual's completion of the orientation;
    - f. The individual's completion of the crisis intervention training;



1. A participant is admitted based upon the participant's presenting issue and treatment needs and the substance abuse transitional facility's ability and authority to provide physical health services or behavioral health services consistent with the participant's needs;
2. General consent is obtained from an:
  - a. An adult participant or the participant's representative before or at the time of admission, or
  - b. A participant's representative, if the participant is not an adult;
3. The general consent obtained in subsection (3) is documented in the participant's medical record;
4. An assessment of a participant is completed or updated by an emergency medical care technician or by a registered nurse;
5. If an assessment is completed or updated by an emergency medical care technician, a registered nurse reviews the assessment within 24 hours after the completion of the assessment to ensure that the assessment identifies the behavioral health services needed by the participant;
6. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the substance abuse transitional facility or the substance abuse transitional facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
  - a. The participant's assessment information is reviewed and updated if additional information that affects the participant's assessment is identified, and
  - b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed.
5. An assessment:
  - a. Documents a participant's:
    - i. Presenting issue;
    - ii. Substance abuse history;
    - iii. Co-occurring disorder;
    - iv. Medical condition and history;
    - v. Legal history, including:
      - (1) Custody,

- (2) Guardianship, and
      - (3) Pending litigation,
    - vi. Criminal justice record;
    - vii. Family history;
    - viii. Behavioral health treatment history;
    - ix. Symptoms reported by the participant; and
    - x. Referrals needed by the participant, if any;
  - b. Includes:
    - i. Recommendations for further assessment or examination of the participant's needs,
    - ii. The behavioral health services and physical health services that will be provided to the participant, and
    - iii. The signature and date signed of the personnel member conducting the assessment;
  - c. Is documented in participant's medical record;
9. A participant is referred to a medical practitioner if a determination is made that the participant requires immediate physical health services or the participant's behavioral health issue may be related to the participant's medical condition;
  10. If a participant requires behavioral health services that the substance abuse transitional facility is not licensed or able to provide, a personnel member arranges for the participant to be provided transportation to transfer to another health care institution where the behavioral health services can be provided.
  11. A request for participation in a participant's assessment is made to the participant or the participant's representative,
  12. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative,
  13. Documentation of the request in subsection (11) and the opportunity in subsection (13) is in the participant's medical record; and
  14. A participant's assessment information is:
    - a. Documented in the medical record within 48 hours after completing the assessment; and
    - b. Reviewed and updated when additional information that affects the participant's assessment is identified.

**R9-10-1408. Discharge**

- A. An administrator shall ensure that:
1. If a participant is not being transferred to another health care institution, before discharging the participant from a substance abuse transitional facility, a personnel member:
    - a. Identifies the specific needs of the participant after discharge necessary to assist the participant to address the participant's substance abuse issues;
    - b. Identifies any resources including family members, community social services, peer support services, and Regional Behavioral Health Agency staff that may be available to assist the participant; and
    - c. Documents the information in subsection (A)(1)(a) and the resources in subsection (A)(1)(b) in the participant's medical record;
  2. When an individual is discharged:
    - a. Provides the participant with discharge information that includes:
      - i. The identified specific needs of the participant after discharge, and
      - ii. Resources that may be available for the participant; and
    - b. Contacts any resources identified as required in subsection (A)(1)(b);
- D. An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is discharged unless the participant leaves the facility against a medical practitioner's advice.
- E. An administrator shall ensure that, at the time of discharge, a participant receives a referral for behavioral health services that the participant may need after discharge, if applicable.
- F. An administrator shall ensure that a discharge summary:
1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
  2. Includes the following information completed by an individual authorized by policies and procedures:
    - a. The participant's presenting issue and other physical health and behavioral health issues identified in the participant's assessment;
    - b. A summary of behavioral health services provided to the participant;
    - c. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
    - d. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.

- G. An administrator shall ensure that a participant 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 participant is discharged.

**R9-10-1409. Transfer**

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
  - a. Specify the process by which personnel members coordinate the transfer and the services provided to a participant to protect the health and safety of the participant during the transfer;
  - b. Establish the criteria for determining what a participant evaluation includes based on the participant's psychological condition, medical condition, and the type of services the participant is expected to be provided at the receiving health care institution;
  - c. Require an evaluation of the participant by an individual qualified according to policies and procedures before the participant is transferred;
  - c. Specify how medical record information for a participant that is not provided at the time of transport but is requested by the receiving health care institution is provided to the receiving health care institution; and
  - d. Specify how an individual qualified according to policies and procedures explains the risks and benefits of the transfer to the participant or the participant's representative based on the:
    - i. Participant's condition, and
    - ii. Mode of transport;
2. One of the following accompanies the participant during the transfer:
  - a. A copy of the participant's medical record for the current admission; or
  - b. All of the following for the current admission:
    - i. A summary of behavioral health and physical health services provided to the participant,
    - ii. An assessment containing current information,
    - iii. A record of medications administered to the participant;
    - iv. Medical practitioner's orders in effect at the time of transfer, and
    - v. Any known allergy; and
3. Documentation in the participant's medical record includes:
  - a. Consent for transfer by the participant or the participant's representative;

- b. The acceptance of the participant 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 institution;
- d. The mode of transportation; and
- e. The type of personnel member assisting in the transfer if an order or recommendation for transport requires that a participant be assisted during transfer.

**R9-10-1410. Participant Rights**

- A. An administrator shall ensure:
  - 1. The requirements in subsection (B) and the participant rights in subsection (E) are conspicuously posted on the premises;
  - 2. At the time of admission, a participant or the participant 's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (E); and
  - 3. There are policies and procedures that include:
    - a. How and when a participant or the participant's representative is informed of participant rights in subsection (E); and
    - b. Where participant rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that a participant:
  - 1. Is not subjected to:
    - a. The intentional infliction of physical, mental or emotional pain unrelated to the participant's condition;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse according to A.R.S. § 13-1404;
    - g. Sexual abuse according to A.R.S. § 13-1406;
    - h. Seclusion or restraint if not necessary to prevent harm to self or others;
    - i. Retaliation for submitting a complaint to the Department or another entity;
    - j. Misappropriation of personal and private property by a substance abuse transitional facility's personnel members, employees, volunteers, or students;

- k. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative;
- l. Treatment that involves:
  - i. The denial of:
    - (1) Food,
    - (2) The opportunity to sleep, or
    - (3) The opportunity to use the toilet, and
- 3. A participant or the participant's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent to treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;
  - d. Is informed of the following:
    - i. The facility's policy on health care directives; and
    - ii. The participant complaint process; and
  - e. Except as otherwise permitted by law, provides written consent to the release of the participant's:
    - i. Medical records, and
    - ii. Financial records.
- C. A participant 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 participant's individuality, choices, strengths, and abilities;
    - b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or participant's representative's general consent, or as permitted in this Chapter; and
    - c. Is provided in the least restrictive environment that meets the participant's treatment needs;
  - 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without general consent, except:

- a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
  - b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or
  - c. For video recordings used for security purposes that are maintained only on a temporary basis;
- 4. To review, upon written request, the participant's own medical record according to A.R.S. §§12-2293; 12-2294, and 12-2294.01;
  - 5. To receive a referral to another health care institution if a substance abuse transitional facility is unable to provide physical health services or behavioral health services for the patient;
  - 6. To participate or have the participant's representative participate in the development of, or decisions concerning treatment;
  - 7. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the participant's rights;
  - 8. To be provided locked storage space for the participant's belongings while the participant receives services; and
  - 9. To be informed of the requirements necessary for the participant's discharge.

**R9-10-1412. Medical Records**

- A. An administrator shall ensure that:
  - 1. A medical record is established and maintained for each participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a participant's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;

4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
  5. A participant's medical record is available to individuals authorized by policies and procedures;
  6. Information in a participant's medical record is disclosed to an individual not authorized under subsection (5) only with the written consent of a participant or the participant's representative or as permitted by law; and
  8. A participant's medical record is protected from loss, damage, or unauthorized use.
- B. If a substance abuse transitional agency maintains participant's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a participant's medical record contains:
1. Participant information that includes:
    - a. The participant's name;
    - b. The participant's address;
    - c. The participant's date of birth;
    - d. The name and contact information of the participant's representative, if applicable; and
    - e. Any known allergies including medication or biological allergies;
  2. A participant's presenting behavioral health issue;
  3. Documentation of general consent, and if applicable informed consent, for treatment by the participant or the participant's representative except in an emergency;
  4. Documentation of medical history and results of a physical examination;
  5. Copy of participant's health care directive, if applicable;
  6. Orders;
  7. Assessment;
  8. Progress notes;
  9. Documentation of substance abuse transitional agency services provided to the participant;
  10. Disposition of the participant upon discharge;
  11. Discharge plan;

12. A discharge summary, if applicable; and
13. Documentation of a medication or a biological administered to the patient that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain:
    - i. An assessment of the patient's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication:
    - i. An assessment of the patient's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The signature of the individual administering or observing the self-administration of the medication or biological; and
  - f. Any adverse reaction a patient has to the medication or biological.

**R9-10-1413. Behavioral Health Services**

- A. An administrator shall ensure that
  1. Counseling is:
    - a. Offered as described in the substance abuse transitional facility's scope of services,
    - b. Provided according to the frequency and number of hours identified in the participant's treatment plan, and
    - c. Provided by a behavioral health professional.
- B. An administrator shall ensure that:
  1. A behavioral health professional providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue, and
  2. Each counseling session is documented in a participant's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and

- e. The signature of the personnel member who provided the counseling and the date signed.
- C. An administrator of a facility that provides behavioral health services to individuals under 18 years of age shall ensure that:
  1. A participant does not receive the following from other participants at the facility:
    - a. Threats,
    - b. Ridicule,
    - c. Verbal harassment,
    - d. Punishment, or
    - e. Abuse;
  2. The interior of the facility has furnishings and decorations appropriate to the ages of the participant receiving services at the facility.
- D. An administrator shall ensure that an emergency safety response is:
  1. Only used:
    - a. By a personnel member trained to use an emergency safety response,
    - b. For the management of a participant's violent or self-destructive behavior, and
    - c. When less restrictive interventions have been determined to be ineffective;
  2. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
  3. Documented as follows:
    - a. Within 24 hours after an emergency safety response is used for a participant, the following information is entered into the participant 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 participant 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 participant, the administrator or clinical director reviews the information in subsection (E)(3)(a); and
    - c. After the review required in subsection (E)(3)(b), the following information is entered into the participant's medical record:

- i. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the participant;
    - ii. A determination of whether the participant is appropriately placed at the facility; and
    - iii. Whether the participant's treatment plan was reviewed or needs to be reviewed and amended to ensure that the participant's treatment plan is meeting the participant's treatment needs.
- E. An administrator shall ensure that a personnel member whose job description includes the ability to use an emergency safety response completes training in crisis intervention:
  1. Before providing behavioral health services, and
  2. At least once every 12 months after the date the personnel member completed the initial training.

**R9-10-1414. Medication Services**

- A. If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:
  1. Include:
    - a. A process for providing information to a participant about medication prescribed for the participant including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner and meets the participant's needs;
    - d. Procedures for documenting medication services and assistance in the self-administration of medication;
    - e. Procedures for assisting a patient in obtaining medication; and
    - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and

2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication;
- B. If substance abuse transitional facility provides medication administration, an administrator shall ensure that:
  1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a participant only as prescribed;
    - d. A participant's refusal to take prescribed medication is documented in the participant's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  3. A medication administered to a participant:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the participant's medical record and
  4. If pain medication is administered to a participant, documentation in the participant's medical record includes:
    - a. An identification of the participant's pain before administering the medication, and
    - b. The effect of the pain medication administered.
- C. If a substance abuse transitional facility provides assistance in the self-administration of medication, an administrator shall ensure that:
  1. A participant's medication is stored by the facility;
  2. The following assistance is provided to a participant:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the participant;
    - c. Observing the participant while the participant removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:

- i. The participant taking the medication is the individual stated on the medication container label,
    - ii. The dosage of the medication is the same as stated on the medication container label, and
    - iii. The medication is being taken by the participant at the time stated on the medication container label; or
  - e. Observing the participant while the participant takes the medication; and
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
- 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
  - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse;
  - b. Includes:
    - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
    - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
    - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication;
- 6. Assistance with the self-administration of medication provided to a participant:
  - a. Is in compliance with an order, and
  - b. Is documented in the participant's medical record.
- D. An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members; and
  - 2. A current toxicology reference guide is available for use by personnel members.
- E. When medication is stored at the facility, an administrator shall ensure that:
  - 1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
  - 2. If medication is stored in separate room or closet, a locked cabinet or container is used for medication storage;
  - 3. Medication is stored according to the manufacturer's recommendations; and

4. Policies and procedures are established, documented, and implemented for:
  - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
  - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
  - c. A medication recall and notification of participants who received recalled medication;
  - d. Storing, inventorying, and dispensing controlled substances; and
  - e. Documenting the maintenance of a medication requiring refrigeration.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a participant's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the facility's clinical director.

**R9-10-1415. Food Services**

- A. An administrator shall ensure that:
  1. If a facility has more than 10 participants, 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 participants.
- 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 participant 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 [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 participant is provided:
  - a. A diet that meets the participant's nutritional needs as specified in the participant'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. The participant agrees; and
    - ii. The participant 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 participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to participants at all times, unless otherwise stated in a participant's treatment plan.
- 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;
    - b. Cooked to the following temperatures:
      - i. Ground beef and any food containing ground beef cooked to heat all parts of the food to at least 160° F;
      - ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 160° F;
      - iv. Raw shell eggs and any food containing raw shell eggs cooked to heat all parts of the food to at least 145° F for 15 seconds; and

- v. If the facility serves a population that is not a highly susceptible population, rare roast beef can be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak can be served cooked on both top and bottom to a surface temperature of at least 145° F;
- c. Leftovers are reheated to a temperature of 165° F;
- 5. A refrigerator contains a thermometer, located at the warmest part of the refrigerator;
- 6. Frozen foods are stored at a temperature of 0° F or below; and
- 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**R9-10-1416. Environmental Standards**

- A. An administrator shall ensure that:
  - 1. The 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 a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
    - b. Clean,
    - c. Free of insects and rodent; and
    - d. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
  - 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 participants and sufficient to allow personnel members to monitor participant activity;
  10. Hot water temperatures are maintained between 95° F and 120° F in the areas of a facility used by participants;
  11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants 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 are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to participants;
  15. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to participants;
  16. If a non-municipal water source is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coli form or *E. coli* bacteria and corrective action is taken to ensure the water is safe to drink, and
    - b. Documentation of testing is retained for 24 months after the date of the test; and
  17. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B. An administrator shall ensure that:
1. Smoking or the use of tobacco products 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 participant 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 participant; and
  2. A facility has:
    - a. A room that provides privacy for a participant 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 participants and other individuals in the facility.
- D. An administrator shall ensure that:
- 1. For every six participants, there is at least one working toilet that flushes and one sink with running water;
  - 2. For every eight participants, there is at least one working bathtub or shower;
  - 3. A participant bathroom provides privacy when in use and contains:
    - a. A shatter-proof mirror;
    - 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 participant is provided a bedroom for sleeping;
  - 5. A participant 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)(5)(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 participant 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 participants;
        - (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 participant 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; and
- j. Has sufficient lighting for participant occupying the bedroom to read.

**R9-10-1417. Fire and Safety Requirements**

An administrator shall ensure that:

- 1. A fire drill for employees and participants 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 participants to evacuate the facility;
  - c. Any problems encountered in conducting the drill; and
  - d. Recommendations for improvement, if applicable;
- 3. Records of employee and participant 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 participants 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 participants will be relocated;
  - b. How each participant's medical record will be available to personnel providing services to the participant during a disaster;
  - c. A plan to ensure each participant's medication will be available to administer to the participant 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.

**R9-10-1418. 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 participant safety documented and approved by the local jurisdiction.
- B. An administrator shall obtain a fire inspection of the facility conducted according to the time-frame established by the local fire department or the State Fire Marshal and make any repairs or corrections stated on the inspection report.
- C. An administrator shall maintain a current fire inspection report on the premises.

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