Nursing Care Institution Rules

Article 4

Definitions

- "Behavioral" care means:
  - Assistance with a resident's psychosocial interactions to manage the resident's behavior that can be performed by an individual without professional skills that may include direction provided by a behavioral health professional and medication ordered by a medical practitioner or behavioral health professional; or

Definitions

- Behavioral health services provided by a behavioral health professional on an intermittent basis to address a resident's significant psychological or behavioral response to an identifiable stressor or stressors.

Definitions

- "Care plan" means a documented description of medical services, nursing services, health-related services, and ancillary services expected to be provided to a resident, based on the resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.

Definitions

- “Intermittent” means not on a regular basis.
- “Resident” means a patient admitted to a nursing care institution with the expectation that the patient will be present in the nursing care institution for more than 24 hours.

Definitions

- "Secured" means the use of a method , device, or structure that:
  - a. prevents a resident from leaving an area of the NCI premises, or
  - b. Alerts a personnel member of a resident's departure from the NCI.

Definitions

- "Ventilator" means a device designed to provide, to a resident who is physically unable to breathe or who is breathing insufficiently, the mechanism of breathing by mechanically moving breathable air into and out of the resident's lungs.

Supplemental Application Requirements

- On the application whether it is requesting authorization to provide:
  - Dialysis services, or
  - Radiology services and diagnostic imaging services
  - Nutrition and feeding assistant training program;

Supplemental Application Requirements

- If requesting to operate authorization to operate a nutrition and feeding assistant training program, NCI shall include the information in R9-10-115(B)(1)(a), (B)(1)(c) and (B)(2).

Administration

- Establish, in writing, the nursing care institution's scope of services;
- Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;

Administration

- Designate an acting licensed administrator
  - Expected not to be on the nursing care institution's premises for more than 30 calendar days, or
  - Is not on the nursing care institution's premises for more than 30 calendar days;

Administration

- An administrator:
  - Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
  - Except as provided in subsection (A)(7), designates an individual, in writing, who is available and accountable for the nursing care institution when the administrator is not present on the nursing care institution's premises;

Administration

- An administrator
  - Ensures the nursing care institution complies with the requirements for the operation of a feeding and nutrition assistant training program in R9-10-115. If the nursing care institution provides feeding and nutrition assistant training.

Administration

- An administrator shall ensure that:
- Policies and procedures are established, documented, and implemented that:
  - Include job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;

Administration

- Cover orientation and in-service education for personnel members, employees, volunteers, and students;
- Include how a personnel member may submit a complaint relating to resident care;

Administration

- Cover cardiopulmonary resuscitation training including:
  - Which personnel members are required to obtain cardiopulmonary resuscitation training,
  - The method and content of cardiopulmonary resuscitation training,
  - The qualifications for an individual to provide cardiopulmonary resuscitation training,

Administration

- The time-frame for renewal of cardiopulmonary resuscitation training, and
- The documentation that verifies an individual has received cardiopulmonary resuscitation training;

- Cover first aid training;

Administration

- Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
- Cover resident rights including assisting a resident who does not speak English or who has a disability to become aware of resident rights;

Administration

- Cover specific steps and deadlines for:
  - A resident to file a complaint;
  - The nursing care institution to respond to a resident's complaint; and
  - The nursing care institution to obtain documentation of fingerprint clearance, if applicable;

Administration

- Cover health care directives;
- Cover medical records, including electronic medical records;
- Cover a quality management program, including incident reports and supporting documentation;
- Cover contracted services;

Administration

- Cover fees and refund policies;
- Cover misappropriation of resident property; and
- Cover when an individual may visit a resident in a nursing care institution;

Administration

- An administrator shall ensure that:
- Policies and procedures for physical health services and behavioral health services are established, documented, and implemented that:
  - Cover resident screening, admission, transport, transfer, discharge planning, and discharge;

Administration

- Cover the provision of physical health services and behavioral health services;
- Include when general consent and informed consent are required;
- Cover restraints that require an order, including the frequency of monitoring and assessing the restraint;

Administration

- Cover seclusion of a resident including:
  - The requirements for an order, and
  - The frequency of monitoring and assessing a resident in seclusion;
- Cover telemedicine, if applicable;
- Cover environmental services that affect resident care; and

Administration

- Policies and procedures are available to personnel members, employees, volunteers, and students; and

Administration

- Unless otherwise stated:
  - Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - When documentation or information is required by this Chapter to be submitted on behalf of a nursing care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing care institution.

Administration

- An administrator shall ensure that medical services, nursing services, health-related services, behavioral health services, or ancillary services provided by a nursing care institution are only provided to a resident.

Administration

- If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing care institution's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
  - 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620;

Administration

- If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred on the premises or while the resident is receiving services from a nursing care institution's employee or personnel member, an administrator shall:

Administration

- Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
- Immediately report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
  - For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  - For a resident under 18 years of age, according to A.R.S. § 13-3620;

Administration

- Document the action taken to stop the abuse, report as required and maintain this documentation for at least 12 months after the date of the report;

Administration

- Investigate the alleged or suspected abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report as required:
  - Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;

Administration

- Description of any injury to the resident and any change to the resident's physical, cognitive, functional, or emotional condition;
- Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
- Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;

Administration

- Submit a copy of the investigation report to the Department within 10 working days after reporting it;
- Maintain a copy of the investigation report for at least 12 months after the date of the report.

Administration

- An administrator shall:
  - Ensure that a monthly schedule of recreational activities for residents is developed, documented and implemented; and
  - conspicuously posted on the premises:

Administration

- Ensure that one of the following are conspicuously posted:
  - A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
  - A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.

Administration

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

Quality Management

- A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - The frequency of submitting a documented report required in subsection (2) to the governing authority;

Quality Management

- A documented report is submitted to the governing authority that includes:
  - An identification of each concern about the delivery of services related to resident care; and
  - Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and

Quality Management

- The report and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority

Contracted Services

No new rules.

Personnel

- An administrator shall ensure that:
  - A behavioral health technician is at least 21 years old, and
  - A behavioral health paraprofessional is at least 21 years old.

Personnel

- An administrator shall ensure that:
- The qualifications, skills, and knowledge required for each type of personnel member:
- Are based on:
  - The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
  - The acuity of the residents receiving physical health services or behavioral health services from the personnel member according to the established job description; and

Personnel

- 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 physical health services or behavioral health services listed in the established job description;

Personnel

- Include:
  - The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
  - 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 physical health services or behavioral health services listed in the established job description, and

Personnel

- A personnel member's skills and knowledge are verified and documented:
  - Before the personnel member provides physical health services or behavioral health services, and
  - According to policies and procedures; and

Personnel

- Personnel members are present on a nursing care institution's premises with the qualifications, skills, and knowledge necessary to:
  - Provide the services in the nursing care institution's scope of services,
  - Meet the needs of a resident, and
  - Ensure the health and safety of a resident.

Personnel

- An administrator shall ensure that an individual who is a licensed 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 4 A.A.C. 6, Article 1.

Personnel

- An administrator shall ensure that a personnel member or an employee or volunteer that has or is expected to have direct interaction with a resident for more than 8 hours a week provides evidence of freedom from infectious tuberculosis as specified in R9-10-112.

Personnel

- An administrator shall ensure that a personnel record is maintained for an employee, volunteer, and student that contains:
  - The individual's name, date of birth, home address, and contact telephone number;
  - The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

Personnel

- Documentation of:
  - The individual’s qualifications including skills and knowledge applicable to the individual's job duties;
  - The individual’s education and experience applicable to the individual's job duties;
  - The individual’s compliance finger print requirements

Personnel

- Orientation and in-service education as required by policies and procedures;
- The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
- If the individual is a behavioral health technician, clinical oversight required in R9-10-114

Personnel

- Cardiopulmonary resuscitation training, if required for the individual according to R9-10-403(C)(1)(d);
- First aid training, if required for the individual according to this Article or policies and procedures; and
- Evidence of freedom from infectious tuberculosis, if required for the individual

Personnel

- If the individual is a nutrition and feeding assistant,
  - Completion of the nutrition and feeding assistant training course required in R9-10-115, and
  - A nurse's observations that are required

Personnel

- An administrator shall ensure that personnel records are maintained:
  - Throughout the individual's period of providing services in or for the nursing care institution, and
  - For at least two years after the last date the individual provided services in or for the nursing care institution

Personnel

- An administrator shall ensure that:
  - A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  - A personnel member completes orientation before providing behavioral health services or physical health services;

Personnel

- An individual's orientation is documented, to include:
  - The individual's name,
  - The date of the orientation, and
  - The subject or topics covered in the orientation;

Personnel

- A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member.

Personnel

- A personnel member’s in-service education is documented, to include:
  - The personnel member's name,
  - The date of the training, and
  - The subject or topics covered in the training; and

Personnel

- An administrator shall designate a qualified individual to provide:
  - Social services, and
  - Recreational activities.

Admissions

- An administrator shall ensure that:
  - At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to ensure the resident's immediate needs for nursing care institution services are met.

Admissions

- A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10-112(1) if:

Admissions

- Fewer than 12 months have passed since the resident was screened for tuberculosis or since the date of the written statement; and
- The documentation of freedom from infectious tuberculosis accompanies the resident at the time of transfer; and

Discharge

No new rules

Transport; Transfer

- Except for a transport of a resident due to an emergency, an administrator shall ensure that:
- A personnel member coordinates the transport and the services provided to the resident;
- According to policies and procedures:
  - An evaluation of the resident is conducted before and after the transport,
  - Medical records are provided to a receiving health care institution, and
  - A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and

Transport; Transfer

- Documentation in the resident's medical record includes:
  - Communication with an individual at a receiving health care institution;
  - The date and time of the transport;
  - The mode of transportation; and
  - If applicable, the personnel member accompanying the resident during a transport

Transport; Transfer

- Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
- A personnel member coordinates the transfer and the services provided to the resident;
- According to policies and procedures:
  - An evaluation of the resident is conducted before the transfer,
  - Medical records including orders that are in effect at the time of the transfer are provided to a receiving health care institution, and
  - A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and

Transport; Transfer

- Documentation in the resident's medical record includes:
  - Communication with an individual at a receiving health care institution;
  - The date and time of the transfer;
  - The mode of transportation; and
  - If applicable, a personnel member accompanying the resident during a transfer.

Resident Right

- An administrator shall ensure that:
  - The requirements for resident rights are conspicuously posted on the premises;
  - At the time of admission, a resident or the resident's representative receives a written copy of resident rights

Resident Right

- That policies and procedures that include:
  - How and when a resident or the resident's representative is informed of resident rights, and
  - Where resident rights are posted as required.

Resident Right

- An administrator shall ensure that:
- A resident has privacy in:
  - Bathing and toileting,
- A resident is treated with dignity, respect, and consideration.

Resident Right

- A resident is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;

Resident Right

- h. Seclusion;
- i. Restraint, if not necessary to prevent imminent harm to self or others;
- j. Retaliation for submitting a complaint to the Department or another entity; or
- k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and

Resident Right

- A resident or the resident's representative:
  - Except in an emergency, either consents to or refuses treatment;
  - May refuse or withdraw consent to treatment before treatment is initiated;
  - Except in an emergency, is informed of proposed alternatives to psychotropic medication or a surgical procedure and the associated risks and possible complications of the psychotropic medication or surgical procedure;

Resident Right

- Is informed of the following:
  - The health care institution's policy on health care directives, and
  - The resident complaint process;
- Consents to photographs of the resident before a resident is photographed except that the resident may be photographed when admitted to a nursing care institution for identification and administrative purposes;

Resident Right

- A resident has the following rights
  - Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
  - To receive a referral to another health care institution if the nursing care institution is unable to provide physical health services or behavioral health services for the resident;
  - To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the resident's rights.

Medical Records

- An administrator shall ensure that:
- A medical record is established and maintained for a resident according to A.R.S. Title 12, Chapter 13, Article 7.1;

Medical Records

- An order is:
  - Dated when the order is entered in the resident's medical record and includes the time of the order;
  - Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;

Medical Records

- An administrator shall ensure that a resident's medical record contains:
  - Documentation of general consent and, if applicable, informed consent;
  - care plans;
  - Progress notes;
  - Disposition of the resident after discharge;
  - Discharge plan;

Medical Records

- Discharge summary;
- Transfer documentation;
- If applicable:
  - A laboratory report,
  - A radiologic report,
  - A diagnostic report,
  - Documentation of restraint or seclusion, and
  - A consultation report;

Medical Records

- Documentation of a medication administered to the resident that includes:
- For a medication administered for pain on a PRN basis:
  - An evaluation of the resident's pain before administering the medication, and
  - The effect of the medication administered;
- For a psychotropic medication administered on a PRN basis:
  - An evaluation of the resident's behavior before administering the psychotropic medication, and
  - The effect of the psychotropic medication administered;

Medical Records

- If the resident has been assessed for receiving nutrition and feeding assistance, documentation of the assessment and the determination of eligibility;

Medical Records

- If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

Nursing Services

- A director of nursing shall ensure that:
  - A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution's scope of services;
  - Sufficient nursing personnel, are on the nursing care institution premises to meet the needs of a resident for nursing services;

Medical Services

No new rules

Comprehensive Assessment; Care Plan

- A director of nursing shall ensure that:
- A comprehensive assessment of a resident
  - Is conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team;
  - Is completed for the resident within 14 calendar days after the resident's admission to a nursing care institution;

Comprehensive Assessment; Care Plan

- Is reviewed and updated:
  - No later than 12 months after the date of the resident's last comprehensive assessment, and
  - When the resident experiences a significant change;

Comprehensive Assessment; Care Plan

- Includes the following information for the resident:
  - Identifying information;
  - An evaluation of the resident's hearing, speech, and vision;
  - An evaluation of the resident's ability to understand and recall information;
  - An evaluation of the resident's mental status;

Comprehensive Assessment; Care Plan

- Whether the resident's mental status or behaviors:
  - Put the resident at risk for physical illness or injury,
  - Significantly interfere with the resident's care,
  - Significantly interfere with the resident's ability to participate in activities or social interactions,
  - Put other residents or personnel members at significant risk for physical injury,
  - Intrude on another resident's privacy, and
  - Significantly disrupt care for another resident;

Comprehensive Assessment; Care Plan

- Preferences for customary routine and activities;
- An evaluation of the resident's ability to perform activities of daily living;
  - Need for a mobility device;
  - An evaluation of the resident's ability to control the resident's bladder and bowels;
  - Any diagnosis that impacts nursing care institution services that the resident may require;

Comprehensive Assessment; Care Plan

- Any medical conditions that impact the resident's functional status, quality of life, and need for nursing care institution services;
- An evaluation of the resident's ability to maintain adequate nutrition and hydration;
- An evaluation of the resident's oral and dental status;
- An evaluation of the condition of the resident's skin;

Comprehensive Assessment; Care Plan

- Identification of any medication or treatment administered to the resident during a seven day calendar period that the comprehensive assessment was conducted;
- Identification of any treatment or medication ordered for the resident;
- Whether any restraints have been used for the resident during a seven day calendar period that includes the time the comprehensive assessment was conducted;

Comprehensive Assessment; Care Plan

- A description of the resident or resident's representative's participation in the comprehensive assessment;
- The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
- Potential for rehabilitation; and
- Potential for discharge; and
- Is signed and dated by the registered nurse who conducts or coordinates the comprehensive assessment or review;

Comprehensive Assessment; Care Plan

- A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
- A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and revised if there is a significant change in the resident's condition.

Comprehensive Assessment; Care Plan

- An administrator shall ensure that a care plan for a resident:
- Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment;
- Is reviewed and revised based on any change to the resident's comprehensive assessment; and

Comprehensive Assessment; Care Plan

- Ensures that a resident is provided nursing care institution services that:
  - Address any medical condition or behavioral health issue identified in the resident's comprehensive assessment; and
  - Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

Behavioral Health Services

- Except for behavioral care, if a nursing care institution provides behavioral health services, an administrator shall ensure that:
- The behavioral health services are provided:
  - Under the direction of a behavioral health professional, and
  - In compliance with the requirements:
    - For behavioral health paraprofessionals and behavioral health technicians, in R9-10-114; and
    - For an assessment

Behavioral Health Services

- Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident; and

Behavioral Health Services

- If the nursing care institution provides assistance in the self-administration of medication to a resident receiving behavioral health services:
  - The resident's interdisciplinary team determines that the resident is capable of self-administration and the attending physician documents authorization for medication self-administration in the resident's medical records;
  - A resident's medication is stored by the nursing care institution;

Behavioral Health Services

- The following assistance is provided to a resident:
  - A reminder when it is time to take the medication;
  - Opening the medication container for the resident;
  - Observing the resident while the resident removes the medication from the container

Behavioral Health Services

- Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
  - The resident taking the medication is the individual stated on the medication container label,
  - The dosage of the medication is the same as stated on the medication container label, and
  - The medication is being taken by the resident at the time stated on the medication container label; Observing the resident while the resident takes the medication;

Behavioral Health Services

- Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a nurse;
- Training for a personnel member, other than a medical practitioner, nurse, or medication assistant, in the self-administration of medication:
  - Is provided by a medical practitioner or nurse or an individual trained by a medical practitioner or nurse; and

Behavioral Health Services

- Includes:
  - A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
  - Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
  - Process for notifying the appropriate entities when an emergency medical intervention is needed;

Behavioral Health Services

- A personnel member, other than a medical practitioner or a registered nurse, completes the training before the personnel member provides assistance in the self-administration of medication; and
- Assistance with the self-administration of medication provided to a resident:
  - Is in compliance with an order, and
  - Is documented in the resident's medical record.

Clinical Laboratory Services

- If clinical laboratory services are provided on the premises of the nursing care institution, an administrator shall ensure that:
  - Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;

Clinical Laboratory Services

- A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver is provided to the Department for review upon the Department's request;
- A nursing care institution:
  - Is able to provide the clinical laboratory services delineated in the nursing care institution's scope of services when needed by the residents,
  - Obtains specimens for the clinical laboratory services delineated in the nursing care institution's scope of services without transporting the residents from the nursing care institution's premises, and
  - Has the examination of the specimens performed by a clinical laboratory;

Clinical Laboratory Services

- Clinical laboratory and pathology test results are:
  - Available to the ordering physician:
  - Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing care institution's premises, or
  - Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing care institution's premises; and
  - Documented in a resident's medical record;

Clinical Laboratory Services

- If a test result is obtained that indicates a resident may have an emergency medical condition, as defined in the nursing care institution's policies and procedures, personnel notify;
  - The ordering physician,
  - A registered nurse in the resident's assigned unit,
  - The nursing care institution's administrator, or
  - The director of nursing;

Clinical Laboratory Services

- If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
- If the nursing care institution provides blood or blood products, policies and procedures are established, documented, and implemented for:
  - Procuring, storing, transfusing, and disposing of blood or blood products;
  - Blood typing, antibody detection, and blood compatibility testing; and
  - Investigating transfusion adverse reactions that specify a process for review through the quality management program; and

Clinical Laboratory Services

- Expired laboratory supplies are discarded according to policies and procedures.

Dialysis Services

- If dialysis services are provided on the premises of the nursing care institution, an administrator shall ensure that the dialysis services are provided in compliance with the requirements.

Radiology Services and Diagnostic Imaging

- If radiology services or diagnostic imaging services are provided on the premises of the nursing care institution, an administrator shall ensure that:
  - Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 12 A.A.C. 1;

Radiology Services and Diagnostic Imaging

- A copy of a certificate documenting compliance is maintained by the nursing care institution;
- When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided on the nursing care institution's premises;

Radiology Services and Diagnostic Imaging

- Radiology services and diagnostic imaging services are provided:
  - Under the direction of a physician; and
  - According to an order that includes:
    - The resident's name,
    - The name of the ordering individual,
    - The radiological or diagnostic imaging procedure ordered, and
    - The reason for the procedure;

Radiology Services and Diagnostic Imaging

- A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
- A radiologic or diagnostic imaging report is prepared that includes:
  - The resident's name;
  - The date of the procedure;
  - A medical director, attending physician, or radiologist's interpretation of the image;
  - The type and amount of radiopharmaceutical used, if applicable; and
  - The adverse reaction to the radiopharmaceutical, if any; and

Radiology Services and Diagnostic Imaging

- A radiologic or diagnostic imaging report is included in the resident's medical record.

Respiratory Care Services

- If respiratory care services are provided on the premises of a nursing care institution, an administrator shall ensure that:
  - Respiratory care services are provided under the direction of a medical director or attending physician;

Respiratory Care Services

- Respiratory care services are provided according to an order that includes:
  - The resident's name;
  - The name and signature of the ordering individual;
  - The type, frequency, and, if applicable, duration of treatment;
  - The type and dosage of medication and diluent; and
  - The oxygen concentration or oxygen liter flow and method of administration;

Respiratory Care Services

- Respiratory care services provided to a resident are documented in the resident's medical record and include:
  - The date and time of administration;
  - The type of respiratory care services;
  - The effect of respiratory care services;
  - The adverse reaction to respiratory care services, if any; and
  - The authentication of the individual providing the respiratory care services; and

Respiratory Care Services

- Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-416.

Rehabilitation Services

- If rehabilitation services are provided on the premises of a nursing care institution, an administrator shall ensure that:
- Rehabilitation services are provided:
  - Under the direction of an individual qualified according to policies and procedures,
  - By an individual licensed to provide the rehabilitation services, and
  - According to an order; and

Rehabilitation Services

- The medical record of a resident receiving rehabilitation services includes:
  - An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
  - A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
  - The rehabilitation services provided,
  - The resident's response to the rehabilitation services, and
  - The authentication of the individual providing the rehabilitation services.

Medication Services

- Policies and procedures include:
- A process for providing information to a resident about medication prescribed for the resident including:
  - The prescribed medication's anticipated results,
  - The prescribed medication's potential adverse reactions,
  - The prescribed medication's potential side effects, and
  - Potential adverse reactions that could result from not taking the medication as prescribed;

Medication Services

- Procedures for preventing, responding to, and reporting:
  - A medication error,
  - An adverse response to a medication, or
  - A medication overdose;
- Procedures to ensure that a pharmacist reviews a resident's medications at least every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;

Medication Services

- Procedures for documenting medication services and assistance in the self-administration of medication; and
- Procedures for assisting a resident in obtaining medication; and
- Specify a process for review through the quality management program of:
  - A medication administration error, and
  - An adverse reaction to a medication.

Medication Services

- An administrator shall ensure that:
- Policies and procedures for medication administration:
  - Are reviewed and approved by the director of nursing;
  - Specify the individuals who may:
    - Order medication, and
    - Administer medication;
  - Ensure that medication is administered to a resident only as prescribed; and
  - A resident's refusal to take prescribed medication is documented in the resident's medical record;

Medication Services

- Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
- A medication administered to a resident:
  - Is administered in compliance with an order, and
  - Is documented in the resident's medical record;

Medication Services

- If a psychotropic medication is administered to a resident:
  - Is only administered to a resident for a diagnosed medical condition; and
  - Unless clinically contraindicated or otherwise ordered by an attending physician, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage;

Medication Services

- An administrator shall ensure that:
  - A current drug reference guide is available for use by personnel members;
- If pharmaceutical services are provided:
  - The pharmaceutical services are provided under the direction of a pharmacist;
  - The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - A copy of the pharmacy license is provided to the Department upon request;

Medication Services

- When medication is stored at a nursing care institution, an administrator shall ensure that:
  - There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
  - If medication is stored in a room or closet, a locked cabinet is used for medication storage;
  - Medication is stored according to the instructions on the medication container; and

Medication Services

- Policies and procedures are established, documented, and implemented for:
  - Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
  - Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
  - A medication recall and notification of residents who received recalled medication; and
  - Storing, inventorying, and dispensing controlled substances.

Medication Services

- An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and the nursing care institution's director of nursing.

Infection Control

- An administrator shall ensure that:
- An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - A method to identify and document infections occurring at the nursing care institution;

Infection Control

- Analysis of the types, causes, and spread of infections and communicable diseases at the nursing care institution;
- The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and

Infection Control

- Documentation of infection control activities including:
  - The collection and analysis of infection control data,
  - The actions taken related to infections and communicable diseases, and
  - Reports of communicable diseases to the governing authority and state and county health departments; Infection control documentation is maintained for at least twelve months after the date of the documentation;

Infection Control

- Policies and procedures are established, documented, and implemented that cover:
  - Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
  - Handling and disposal of biohazardous medical waste;
  - Sterilization, disinfection, and storage of medical equipment and supplies;

Infection Control

- Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
- Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
- Training of personnel members, employees, and volunteers in infection control practices; and

Infection Control

- Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
- Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas; and
- An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.

Food Services

- An administrator shall ensure that: If a nursing care institution contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution:
  - A copy of the contracted food establishment's license under 9 A.A.C. 8, Article 1 is maintained by the nursing care institution; and
  - The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;

Food Services

- A registered dietitian:
  - Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
  - Documents the review of a food menu, and
  - Is available for consultation regarding a resident's nutritional needs; and

Food Services

- A registered dietitian or director of food services shall ensure that:
- A food menu:
  - Is prepared at least one week in advance,
  - Includes the foods to be served on each day,
  - Is conspicuously posted at least one day before the first meal on the food menu will be served,
  - Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - Is maintained for at least 60 calendar days after the last day included in the food menu

Food Services

- Meals for each day are planned and served using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm;
- Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair;
- Water is available and accessible to residents.

Food Services

- If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:
- A nutrition and feeding assistant:
  - Is at least 16 years of age;
  - If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;
  - Completes a nutrition and feeding assistant training course within 12 months before initially providing nutrition and feeding assistance;

Food Services

- Provides nutrition and feeding assistance where nursing personnel are present;
- Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel; and
- If the nutrition and feeding assistant observes a change in a resident's physical condition or behavior, reports the change to a nurse or, if a nurse is not present in the common area, to nursing personnel;

Food Services

- A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:
  - Has difficulty swallowing,
  - Has had recurrent lung aspirations,
  - Requires enteral feedings,
  - Requires parenteral feedings, or
  - Has any other eating or drinking difficulty that may cause the resident's health or safety to be compromised if the resident receives nutrition and feeding assistance from a nutrition and feeding assistant;

Food Services

- Only an eligible resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
- A nurse determines if a resident is eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant, based on:
  - The resident's comprehensive assessment,
  - The resident's care plan, and
  - An assessment conducted by the nurse when making the determination;

Food Services

- A method is implemented that identifies eligible residents that ensures only eligible residents receive nutrition and feeding assistance from a nutrition and feeding assistant;
- When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes the nutrition and feeding assistant while the nutrition and feeding assistant is providing nutrition and feeding assistance to ensure that the nutrition and feeding assistant is providing nutrition and feeding assistance appropriately;

Food Services

- A nurse documents the nurse's observations; and
- A nutrition and feeding assistant is provided additional training:
  - According to the nursing care institution's policies and procedures, and
  - If a nurse identifies a need for additional training based on the nurse's observation.

Emergency and Safety Standards

- A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
- When, how, and where residents will be relocated, including:
  - Instructions for the evacuation, transport, or transfer of residents;
  - Assigned responsibilities for each employee and personnel member; and
  - A plan for continuing to provide services to meet a resident's needs;

Emergency and Safety Standards

- How a resident's medical record will be available to individuals providing services to the resident during a disaster;
- A plan to ensure a resident's medication will be available to administer to the resident during a disaster;
- A plan to ensure a resident is provided nursing services and other services required by the resident during a disaster; and
- A plan for obtaining food and water for individuals present in the nursing care institution or the nursing care institution's relocation site during a disaster;

Emergency and Safety Standards

- The disaster plan is reviewed at least once every 12 months;
- Documentation of a disaster plan review is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - The date and time of the disaster plan review;
  - The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - A critique of the disaster plan review; and
  - If applicable, recommendations for improvement;

Emergency and Safety Standards

- Documentation of each drill is created, is maintained for at least 12 months after the date of the drill, and includes:
- a. The date and time of the drill;
- b. Whether the drill was for employees only or for both employees and residents;

Emergency and Safety Standards

- If applicable:
  - The amount of time taken for employees and residents to evacuate,
  - An identification of residents needing assistance for evacuation, and
  - An identification of residents who were not evacuated;
  - Any problems encountered in conducting the drill; and
  - Recommendations for improvement, if applicable; and
- An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.

Emergency and Safety Standards

- An administrator shall:
  - Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - Make any repairs or corrections stated on the fire inspection report, and
  - Maintain documentation of a current fire inspection.

Environmental Standards

- An administrator shall ensure that:
- A pest control program is implemented and documented;
- Equipment used to provide direct care is:
  - Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and

Environmental Standards

- Garbage and refuse are:
  - In areas used for food storage, food preparation, or food service, stored in covered containers lined with plastic bags, and
  - In areas not used for food storage, food preparation, or food service, stored:
    - According to the requirements, or
    - In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
  - Removed from the premises at least once a week

Environmental Standards

- Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F at all times;
- Common areas:
  - Are lighted to assure the safety of residents, and
  - Have lighting sufficient to allow personnel members to monitor resident activity;
  - 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

Environmental Standards

- Oxygen containers are secured in an upright position;
- Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to residents; Combustible or flammable liquids stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area outside the nursing care institution and inaccessible to residents;

Environmental Standards

- If pets or animals are allowed in the nursing care institution, pets or animals are:
  - Controlled to prevent endangering the residents and to maintain sanitation;
  - Licensed consistent with local ordinances; and
- Vaccinated as follows:
  - A dog is vaccinated against rabies; and
  - A cat is vaccinated against rabies;

Environmental Standards

- If a water source that is not regulated under 18 A.A.C. 4 by Arizona Department of Environmental Quality is used:
  - The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - If necessary, corrective action is taken to ensure the water is safe to drink; and
  - Documentation of testing is retained for at least 12 months after the date of the test; and
- 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.

Environmental Standards

- An administrator shall ensure that:
  - Smoking and the use of tobacco products may be permitted outside a nursing care institution if:
  - Signs designating smoking areas are conspicuously posted, and
  - Smoking is prohibited in areas where combustible materials are stored or in use.

Physical Plant Standards

- An administrator shall ensure that:
- The applicable physical plant health and safety codes and standards are in effect on the date the nursing care institution submitted architectural plans and specifications to the Department for approval; and The premises and equipment are sufficient to accommodate:
  - The services stated in the nursing care institution's scope of services; and
  - An individual accepted as a resident by the nursing care institution;

Physical Plant Standards

- If a swimming pool is located on the premises, an administrator shall ensure that:
  - The swimming pool is enclosed by a wall or fence that: Has no vertical openings greater than four inches across;
  - Has no horizontal openings, except as described in subsection (B)(1)(e);
  - Is not chain-link;
  - Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and

Physical Plant Standards

- Has a self-closing, self-latching gate that:
  - Opens away from the swimming pool,
  - Has a latch located at least five feet from the ground, and
  - Is locked when the swimming pool is not in use; and
- A life preserver or shepherd's crook is available and accessible in the pool area.
- An administrator shall ensure that a spa that is not enclosed by a wall or fence is covered and locked when not in use.

Health Care Institutions: Licensing - General

Article 1

New Integrated Rules

- Integrate physical and behavioral health services
- Regulatory consistency for all health care institutions
- Focus on health and safety

Article 1

- Includes most of the definitions for health care institutions and their general requirements

Article 1

- **R9-10-101. Definitions**
- 1. “Abuse” means:
- a. The same:
  - i. For an adult, as in A.R.S. § 46-451; or
  - ii. For a child, as in A.R.S. § 8-201;
  - b. A pattern of ridiculing or demeaning a patient;
  - c. Making derogatory remarks or verbally harassing a patient; or
  - d. Threatening to inflict physical harm on a patient.

Article 1

- **R9-10-112. Tuberculosis Screening**
- A health care institution's chief administrative officer shall ensure that the health care institution complies with the following if tuberculosis screening is required at the health care institution:
- 1. For each individual required to be screened for infectious tuberculosis, the health care institution obtains from the individual:

Article 1

- On or before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution, one of the following as evidence of freedom from infectious tuberculosis:
- i. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within six months before the date the individual begins providing services…that includes the date and the type of tuberculosis screening test; or

Article 1

- If the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within six months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and

Article 1

- Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis:

Article 1

- Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the CDC administered to the individual within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or

Article 1

- If the individual has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement…”

New Integrated Rules

- New rules are effective October 1, 2013

- Web-site for this power point is:
  - http://www.azdhs.gov/als/long-term-care/rules.htm

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