R9-10-101. Definitions

24. "Health care institution" means every place, institution, building or agency, whether organized for profit or not, which provides facilities with medical services, nursing services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies as defined in A.R.S. § 36-151 and hospice service agencies.

R9-10-103. Licensure Exceptions

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

B. A health care institution license is required for each health care institution except:

1. A facility exempt from licensure under A.R.S. § 36-402, or

2. A health care institution's administrative office.

C. The Department does not require a separate health care institution license for:

1. An accredited facility of an accredited hospital under A.R.S. § 36-422(F) or (G);

2. A facility operated by a licensed health care institution that is:

   a. Adjacent to the licensed health care institution; or

   b. Not adjacent to the licensed health care institution but is connected to the licensed health care institution by an all-weather enclosure and that is:

      i. Owned by the health care institution, or

      ii. Leased by the health care institution with exclusive rights of possession; or

3. A mobile clinic operated by a licensed health care institution.

R9-10-904. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;

2. Approve or designate an individual to approve the nursing care institution policies and procedures required in subsection (E);

3. Comply with applicable federal and state laws, rules, and local ordinances governing operations
of a nursing care institution;

4. Appoint a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;

5. Appoint an acting licensed administrator if the administrator is absent for more than 30 consecutive days;

6. Except as permitted in subsection (A)(5), when there is a change of administrator, submit a copy of the new administrator’s license under A.R.S. Title 36, Chapter 4, Article 6 to the Department;

7. Adopt a quality management program according to R910-918;

8. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

9. Approve contracted services or designate an individual to approve contracted services;

10. Notify the Department immediately if there is a change in administrator according to A.R.S. § 36-425(E);

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

12. Notify the Department of a planned change in ownership at least 30 days before the change according to A.R.S. § 36-422(D).

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

C. A single governing authority may appoint an administrator to provide direction in:

1. Both a hospital and a hospital-based nursing care institution if the licensed capacity in the hospital-based nursing care institution does not exceed 60; or

2. Not more than two nursing care institutions if:
   a. The distance between the two nursing care institutions does not exceed 25 miles; and
   b. Neither nursing care institution is operating under a provisional license issued by the Department under A.R.S. § 36-425;

D. An administrator shall:

1. Be responsible to the governing authority for the operation of the nursing care institution;

2. Have the authority and responsibility to administer the nursing care institution;

3. Designate an individual, in writing, who is available and responsible for the nursing care institution when the administrator is not available; and

4. Ensure the nursing care institution's compliance with the fingerprinting requirements in A.R.S. § 36-411.
E. An administrator shall ensure that:

1. Nursing care institution policies and procedures are established, documented, and implemented that cover:
   a. Abuse of residents and misappropriation of resident property;
   b. Health care directives;
   c. Job descriptions, qualifications, duties, orientation, and in-service education for each staff member;
   d. Orientation and duties of volunteers;
   e. Admission, transfer, and discharge;
   f. Disaster plans;
   g. Resident rights;
   h. Quality management including incident documentation;
   i. Personal accounts;
   j. Petty cash funds;
   k. The nursing care institution’s refund policy;
   l. Food services;
   m. Nursing services;
   n. Dispensation, administration, and disposal of medication and biologicals;
   o. Infection control; and
   p. Medical records including oral, telephone, and electronic records;

2. An allegation of abuse of a resident or misappropriation of resident property is:
   a. Investigated by an individual designated by the administrator;
   b. Reported to the Department within five calendar days of the allegation; and
   c. Reported to Adult Protective Services of the Department of Economic Security if required by A.R.S. § 46-454;

3. During an investigation conducted according to subsection (E)(2), further abuse of a resident or misappropriation of resident property is prevented;

4. Nursing care institution policies and procedures are reviewed at least once every 24 months and updated as needed;

5. Nursing care institution policies and procedures are available to each staff member;

6. A known criminal conviction of a staff member who is licensed, certified, or registered in this state is reported to the appropriate licensing or regulatory agency;

7. An injury to a resident from an unknown source that requires medical services, a disaster, or an incident is investigated by the nursing care institution and reported to the Department within 24 hours or the first business day after the injury, disaster, or incident occurs;

8. A resident advocate assists a resident, the resident’s representative, or a resident group with a request or recommendation, and responds in writing to any complaint submitted to the nursing care institution;

9. The following are conspicuously posted on the premises:
a. The current nursing care institution license and quality rating issued by the Department;

b. The name, address, and telephone number of:
   i. The Department’s Office of Long Term Care,
   ii. The State Long Term Care Ombudsman Program, and
   iii. Adult Protective Services of the Department of Economic Security;

c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;

d. A map for evacuating the facility; and

e. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect.

F. If an administrator administers a resident’s personal account at the request of the resident or the resident’s representative, the administrator shall:

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

G. If a petty cash fund is established for use by residents, the administrator shall ensure that:

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