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.

R9-10-905. STAFF AND VOLUNTEERS

A. An administrator shall ensure that:
   1. A staff member who provides direct care is available to meet the needs of a resident based on the resident’s comprehensive assessment;
   2. A staff member who provides direct care demonstrates and maintains competency and proficiency according to criteria established in the nursing care institution policies and procedures;
   4. A staff member who provides direct care attends at least 12 hours of in-service education every 12 months from the starting date of employment.
   5. A nursing care institution policy and procedure is established to provide criteria for in-service education;
   6. Documentation of in-service education required in subsection (A)(4) includes:
      a. The date of the in-service education,
      b. The subject matter of the in-service education,
      c. The number of clock hours of the in-service education,
      d. The instructor’s name, and
      e. The signature of the staff member participating in the in-service education.
   7. Orientation for a staff member or a volunteer begins in the first week of employment or volunteer service and covers:
      a. Nursing care institution policies and procedures;
      b. Resident rights;
      c. Infection control including:
         i. Hand washing,
         ii. Linen handling, and
         iii. Prevention of communicable diseases, and
      d. Disaster plans;
   11. A staff member or volunteer record required under subsection (A)(10) and in-service education documentation required under subsection (A)(6) are provided to the Department for review:
      a. For a current staff member or volunteer, as soon as possible but not more than two hours from the time of the Department’s request; and
      b. For a staff member or volunteer who is not currently working or providing volunteer services in the nursing care institution, within two hours from the Department’s request; and
   12. A staff member or volunteer record and in-service education documentation are maintained by the nursing care institution for at least two years after the last date of volunteer service or work.

R9-10-906. NURSING SERVICES

A. An administrator shall ensure that:
3. The director of nursing or an individual designated by the administrator participates in the quality management program.

R9-10-910. MEDICAL SERVICES

A. A governing authority shall appoint a medical director.
B. A medical director shall ensure that:
1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident at least once every 12 months from the date of admission by an individual listed in R9-10-908(5);
5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
a. The attending physician provides documentation that the vaccination is medically contraindicated;
b. The resident or the resident’s representative refuses the vaccination or vaccinations and documentation is maintained in the resident’s medical records that the resident or the resident’s representative has been informed of the risks and benefits of each vaccination refused; or
c. The resident or the resident’s representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
6. A resident is assisted in obtaining, at the resident’s expense:
a. Vision services;
b. Hearing services;
c. Dental services;
d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
e. Psychosocial services;
f. Physical therapy;
g. Speech therapy;
h. Occupational therapy;
i. Behavioral health services; and
j. Services for an individual who has a developmental disability as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

R9-10-913. MEDICAL RECORDS

A. An administrator shall ensure that:
1. A medical record is established and maintained for each resident;
2. An entry in a medical record is:
a. Documented only by a staff member authorized by nursing care institution policies and procedures;
b. Dated, legible, and authenticated; and
c. Not changed to make the initial entry illegible;
3. 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 responsible for the use of the stamp or the electronic code;
4. A medical record is available to staff, physicians, and physicians' designees authorized by nursing care institution policies and procedures;
5. Information in a medical record is disclosed only with the written consent of a resident or the resident's representative or as permitted by law;
6. If a nursing care institution terminates operations:
   a. A resident and the resident's medical records are transferred to another health care institution; and
   b. The location of all other records and documents not transferred with residents is submitted in writing to the Department not less than 30 days before the nursing care institution services are terminated;
7. If the nursing care institution has a change of ownership, all nursing care institution records and documents, including financial, personnel, and medical records, are transferred to the new owner;
8. A medical record is:
   a. Protected from loss, damage or unauthorized use;
   b. Maintained in compliance with A.R.S. § 12-2297(D) for five years after the date of the resident’s discharge unless the resident is less than 18 years of age, in which case the record is maintained for three years after the resident reaches 18 years of age or for three years after the date of the resident’s transfer or discharge, whichever date occurs last; and
   c. Provided to the Department within two hours of the Department’s request;
B. If a nursing care institution keeps 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 medical record is recorded by the computer’s internal clock.
C. An administrator shall require that medical records for a resident contains:
   1. Resident information that includes:
      a. The resident's name;
      b. The resident's date of birth;
      c. The resident's weight;
      d. The resident's social security number;
      e. The resident's last known address;
      f. The home address and telephone number of a designated resident representative; and
      g. Any known allergies or sensitivities to a medication or a biological;
   2. The admission date and physician admitting orders;
   3. The admitting diagnosis;
   4. The medical history and physical examination required in R9-10-908(5);
   5. A copy of the resident’s living will, health care power of attorney, or other health care directive, if applicable;
   6. The name and telephone number of the resident’s attending physician;
   7. Orders;
   8. Care plans;
9. A record of medical services, nursing services, and medically-related social services provided to a resident;
10. Documentation of any incident involving the resident;
11. Notes by a physician, the physician's designee, nursing personnel, and any other individual providing nursing care institution services to the resident;
12. Documentation of freedom from infectious pulmonary tuberculosis required in R9-10-908; and
13. Documentation of a medication or a biological administered to the resident that includes:
   a. The date and time of administration;
   b. The name, strength, dosage, and route of administration;
   c. The type of vaccine, if applicable;
   d. The signature and professional designation of the individual administering or observing the self-administration of the medication or biological; and
   e. Any adverse reaction a resident has to the medication or biological.

R9-10-916. SAFETY STANDARDS.

A. An administrator shall ensure that:
   1. A disaster plan is developed, documented, and implemented that includes:
      a. Procedures for protecting the health and safety of residents and other individuals;
      b. Assigned responsibilities for each staff member;
      c. Instructions for the evacuation, transport, or transfer of residents,
      d. Maintenance of medical records, and
      e. Arrangements to provide any other nursing care institution services to meet the resident’s needs;
   2. If applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use;
   3. A plan exists for back-up power and water supply;
   4. A fire drill is performed on each shift at least once every three months;
   5. A disaster drill is performed at least once every six months;
   6. Documentation of a fire drill required in subsection (A)(4) and a disaster drill required in subsection (A)(5) includes:
      a. The date and time of the drill;
      b. The names of each staff member participating in the drill;
      c. A critique of the drill; and
      d. Recommendations for improvement, if applicable;
   7. Documentation of a fire drill or a disaster drill is maintained by the nursing care institution for 18 months from the date of the drill and provided to the Department for review within two hours of the Department's request.
B. A fire safety inspection is conducted in the nursing care institution every 12 months by the fire authority having jurisdiction.
C. Documentation of the fire safety inspection is provided to the Department for review within two hours of the Department's request.

R9-10-918. QUALITY MANAGEMENT
A. A governing authority shall ensure that a quality management program is established and implemented that evaluates the quality of nursing care institution services including contracted services provided to residents.

B. An administrator shall require that:
   1. A plan is established, documented, and implemented for a quality management program that at a minimum includes a method to:
      a. Identify, document, and evaluate incidents;
      b. Collect data to evaluate nursing care institution services provided to residents;
      c. Evaluate the data collected to identify a concern about the delivery of nursing care institution services;
      d. Make changes or take action as a result of the identification of a concern about the delivery of nursing care institution services; and
      e. Monitor and evaluate actions taken; and
   2. Documentation of the quality management program is maintained on the nursing care institution premises for 18 months and provided to the Department within two hours of the Department’s request.