R9-10-906. NURSING SERVICES

...B. A director of nursing shall ensure that:

...14. A resident is free from significant medication errors; and

15. An unnecessary drug is not administered to a resident.

R9-10-910. MEDICAL SERVICES

...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;

...e. Psychosocial services;

...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.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).
R9-10-911. MEDICATION

B. An administrator shall ensure that:

...3. The medication error rate at the nursing care institution, as determined by the Department during a license survey, is less than five percent;

C. A director of nursing shall ensure that:

...3. A medication administration error or an adverse reaction to a medication or biological is reported to a resident’s attending physician or the attending physician's designee and documented in the resident’s medical records;

4. An antipsychotic medication:

a. Is only administered to a resident for a diagnosed medical condition;

b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician’s designee, 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 antipsychotic medication unless a dose reduction is attempted and the resident displays behavior justifying the need for the antipsychotic medication, and the attending physician documents the necessity for the continued use and dosage; and

c. Is documented as required in R9-10-913 and includes the resident’s response to the medication.