

# Arizona Department of Health Services Rules

## Title 9 Chapter 10 Articles 1 and 7

### Assisted Living Facility Managers

#### ARTICLE 1. GENERAL

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#### ARTICLE 1. GENERAL

##### **R9-10-101. Definitions**

In addition to the definitions in A.R.S. § 36-401(A), the following definitions apply in this Chapter unless otherwise specified:

1. "Accredited" means accredited by a nationally recognized accreditation organization.
2. "Administrative completeness review time-frame" means the number of days from agency receipt of an application for a license until the agency determines that the application contains all components required by statute or rule, including all information required to be submitted by other government agencies. The administrative completeness review time-frame does not include the period of time during which an agency provides public notice of the license application or performs a substantive review of the application.
3. "Adjacent" means not intersected by:
  - a. Property owned or operated by a person other than the applicant or licensee, or
  - b. A public thoroughfare.
4. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, or health-related services.
5. "Adult day health care facility" means a facility providing adult day health services during a portion of a continuous twenty-four hour period for compensation on a regular basis for five or more adults not related to the proprietor.
6. "Applicant" means a governing authority requesting:
  - a. Approval of architectural plans and specifications of a health care institution,
  - b. Licensure of a health care institution, or
  - c. A change in a health care institution's license.
7. "Application packet" means the information, documents, and fees required by the Department for the:
  - a. Approval of a health care institution's modification or construction, or
  - b. Licensure of a health care institution.
8. "Assisted living center" means an assisted living facility that provides resident rooms or residential units to eleven or more residents.
9. "Assisted living facility" means a residential care institution, including adult foster care, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuing basis.
10. "Behavioral health service agency" has the same meaning as "agency" in A.A.C. R9-20-101.
11. "Certification" means a written statement that an item or a system complies with the applicable requirements incorporated by reference in R9-1-412.

12. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
13. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
14. "Chief administrative officer" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
15. "Contractor" has the same meaning as in A.R.S. § 32-1101.
16. "Construction" means the building, erection, fabrication, or installation of a health care institution.
17. "Day" means calendar day.
18. "Department" means the Arizona Department of Health Services.
19. "Directed care services" means programs and services, including personal care services, provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.
20. "Equipment" means an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in R9-1-412.
21. "Facilities" means buildings used by a health care institution for providing any of the types of services as defined in A.R.S. Title 36, Chapter 4.
22. "Factory-built building" has the same meaning as in A.R.S. § 41-2142.
23. "Governing authority" means the individual, agency, group or corporation, appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.
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.
25. "Health-related services" means services, other than medical, pertaining to general supervision, protective, preventive and personal care services, supervisory care services or directed care services.
26. "Home health agency" means an agency or organization, or a subdivision of such an agency or organization, which meets all of the following requirements:
  - a. Is primarily engaged in providing skilled nursing services and other therapeutic services.
  - b. Has policies, established by a group of professional personnel, associated with the agency or organization, including one or more physicians and one or more registered professional nurses, to govern the services referred to in subdivision (a), which it provides, and provides for supervision of such services by a physician or registered professional nurse.
  - c. Maintains clinical records on all patients.
27. "Hospice" means a hospice service agency or the provision of hospice services in an inpatient facility.
28. "Hospital" has the same meaning as in 9 A.A.C. 10, Article 2.
29. "Inpatient beds" or "resident beds" means accommodations with supporting services, such as food, laundry and housekeeping, for patients or residents who generally stay in excess of twenty-four hours.
30. "Leased facility" means a facility occupied or used during a set time in exchange for compensation.
31. "License" means:
  - a. Written approval issued by the Department to a person to operate a class or subclass of a health care institution, except for a behavioral health service agency, at a specific location;
  - b. Written approval issued by the Department to a person to operate one or more behavioral health service agency subclasses at a specific location; or
  - c. Written approval issued to an individual to practice a profession in this state.
32. "Licensee" means an owner approved by the Department to operate a health care institution.
33. "Medical services" means the services pertaining to medical care that are performed at the direction of a physician on behalf of patients by physicians, dentists, nurses and other professional and technical personnel.
34. "Mobile clinic" means a movable structure that:
  - a. Is not physically attached to a health care institution's facility,
  - b. Provides outpatient medical services under the direction of the health care institution's personnel, and
  - c. Is not intended to remain in one location indefinitely.
35. "Modification" means the substantial improvement, enlargement, reduction, alteration of or other change in a health care institution.
36. "Nursing care institution" means a health care institution providing inpatient beds or resident beds and nursing services to persons who need nursing services on a continuing basis but who do not require hospital care or direct daily care from a physician.
37. "Nursing services" means those services pertaining to the curative, restorative and preventive aspects of nursing care that are performed at the direction of a physician by or under the supervision of a registered nurse licensed in this state.
38. "Outpatient surgical center" means a type of health care institution with facilities and limited hospital services for the diagnosis or treatment of patients by surgery whose recovery, in the concurring opinions of the surgeon and the anesthesiologist, does not require inpatient care in a hospital.
39. "Outpatient treatment center" means a health care institution class without inpatient beds that provides medical services for the diagnosis and treatment of patients.
40. "Overall time-frame" means the number of days after receipt of an application for a license during which an agency determines whether to grant or deny a license. The overall time-frame consists of both the administrative completeness review time-frame and the substantive review time-frame.
41. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
42. "Patient" means an individual receiving medical services, nursing services, or health-related services from a health care institution.
43. "Person" has the same meaning as in A.R.S. § 1-215 and includes a governmental agency.

44. "Personal care services" means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments by a nurse who is licensed pursuant to Title 32, Chapter 15 or as otherwise provided by law.
45. "Personnel" means, except as defined in specific Articles in this Chapter or 9 A.A.C. 20, an individual providing medical services, nursing services, or health-related services to a patient.
46. "Premises" means property that is licensed by the Department as part of the health care institution where medical services, nursing services, or health-related services are provided to a patient.
47. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
48. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
49. "Recovery care center" means a health care institution or subdivision of a health care institution that provides medical and nursing services limited to recovery care services.
50. "Residential care institution" means a health care institution other than a hospital or a nursing care institution which provides resident beds or residential units, supervisory care services, personal care service, directed care services or health-related services for persons who do not need inpatient nursing care.
51. "Room" means space contained by walls from and including the floor to ceiling with at least one door.
52. "Satellite facility" means an outpatient facility at which the hospital provides outpatient medical services.
53. "Substantial" when used in connection with a modification means:
  - a. An addition or deletion of an inpatient bed or a change in the use of one or more of the inpatient beds;
  - b. A change in a health care institution's licensed capacity;
  - c. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
  - d. A change in a health care institution that affects compliance with applicable physical plant codes and standards incorporated by reference in R9-1-412.
54. "Substantial compliance" means that the nature or number of violations revealed by any type of inspection or investigation of a licensed health care institution does not pose a direct risk to the life, health or safety of patients or residents.
55. "Substantive review time-frame" means the number of days after the completion of the administrative completeness review time-frame during which an agency determines whether an application or applicant for a license meets all substantive criteria required by statute or rule. Any public notice and hearings required by law shall fall within the substantive review time-frame.
56. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
57. "System" means interrelated, interacting, or interdependent elements forming a whole.
58. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Services.
59. "Treatment" means a procedure or method to cure, improve, or palliate an injury, an illness, or a disease.
60. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule that provides medical services, nursing services, or health-related services.

**R9-10-102. Health Care Institution Classes and Subclasses; Requirements**

- A. A person may apply for a license as an unclassified health care institution; a health care institution class or subclass in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10; or one of the following classes or subclasses:
  1. General hospital,
  2. Rural general hospital,
  3. Special hospital,
  4. Adult day health care facility,
  5. Adult foster care,
  6. Assisted living center,
  7. Assisted living home,
  8. Home health agency,
  9. Hospice,
  10. Hospice inpatient facility,
  11. Nursing care institution,
  12. Home health agency,
  13. Abortion clinic,
  14. Recovery care center,
  15. Outpatient surgical center, or
  16. Outpatient treatment center.
- B. A health care institution shall comply with the requirements in R9-10-115 if:
  1. There are no specific rules in 9 A.A.C. 10 or 9 A.A.C. 20 for the health care institution's class or subclass, or
  2. The Department determines that the health care institution is an unclassified health care institution.

**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.

**R9-10-104. Approval of Architectural Plans and Specifications**

- A. For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-1-412, an applicant shall submit to the Department an application packet including:
1. An application form provided by the Department that contains:
    - a. For construction of a new health care institution:
      - i. The health care institution's name, street address, city, state, zip code, telephone number, and fax number;
      - ii. The name and address of the health care institution's governing authority;
      - iii. The requested health care institution class or subclass; and
      - iv. The requested licensed capacity for the health care institution;
    - b. For modification of a licensed health care institution:
      - i. The health care institution's license number,
      - ii. The name and address of the licensee,
      - iii. The health care institution's class or subclass, and
      - iv. The health care institution's existing licensed capacity and the requested licensed capacity for the health care institution;
    - c. The health care institution's contact person's name, street address, city, state, zip code, telephone number, and fax number;
    - d. If the application includes architectural plans and specifications:
      - i. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10 and the health care institution is ready for an onsite inspection by a Department representative;
      - ii. The project architect's name, street address, city, state, zip code, telephone number, and fax number; and
      - iii. A statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the project architect has complied with A.A.C. R4-30-301 and the architectural plans and specifications are in substantial compliance with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10;
    - e. A narrative description of the project; and
    - f. If providing or planning to provide medical services, which require compliance with specific physical plant codes and standards incorporated by reference in R9-1-412, the number of rooms or inpatient beds designated for providing the medical services;
  2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
    - a. A building permit for the construction or modification issued by the local governmental agency; or
    - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
      - i. The health care institution's name, street address, city, state, zip code, and county;
      - ii. The health care institution's class or subclass and each type of medical services to be provided; and
      - iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
  3. The following information on architectural plans and specifications that is necessary to demonstrate that the project described on the application form complies with applicable codes and standards incorporated by reference in R9-1-412:
    - a. A table of contents containing:
      - i. The architectural plans and specifications submitted,
      - ii. The physical plant codes and standards incorporated by reference in R9-1-412 that apply to the project or are required by a local governmental agency,
      - iii. An index of the abbreviations and symbols used in the architectural plans and specifications, and
      - iv. The facility's specific International Building Code construction type and International Building Code occupancy type;
    - b. If the facility is larger than 3,000 square feet and is or will be occupied by more than 20 individuals, the seal of an architect on the architectural plans and drawings according to the requirements in A.R.S. Title 32, Chapter 1;
    - c. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
    - d. For each facility, on architectural plans and specifications:
      - i. A floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
      - ii. A diagram of a section of the facility, drawn to scale, showing the vertical cross-section view from foundation to roof and specifying construction materials;
      - iii. Building elevations, drawn to scale, showing the outside appearance of each facility;
      - iv. The materials used for ceilings, walls, and floors;
      - v. The location, size, and fire rating of each door and each window and the materials and hardware used, including safety features such as fire exit door hardware and fireproofing materials;
      - vi. A ceiling plan, drawn to scale, showing the layout of each light fixture, each fire protection device, and each element of the mechanical ventilation system;

- vii. An electrical floor plan, drawn to scale, showing the wiring diagram and the layout of each lighting fixture, each outlet, each switch, each electrical panel, and electrical equipment;
  - viii. A mechanical floor plan, drawn to scale, showing the layout of heating, ventilation, and air conditioning systems;
  - ix. A plumbing floor plan, drawn to scale, showing the layout and materials used for water and sewer systems including the water supply and plumbing fixtures;
  - x. A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;
  - xi. A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and
  - xii. Technical specifications describing installation and materials used in the health care institution;
4. The estimated total project cost including the costs of:
- a. Site acquisition,
  - b. General construction,
  - c. Architect fees,
  - d. Fixed equipment, and
  - e. Movable equipment;
5. The following, as applicable:
- a. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
    - i. A copy of the Certificate of Occupancy,
    - ii. Documentation that the facility was approved for occupancy, or
    - iii. Documentation that a certificate of occupancy for the facility is not available;
  - b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable licensure requirements in A.R.S. Title 36, Article 4 and 9 A.A.C. 10 signed by the project architect, the contractor, and the owner;
  - c. A written description of any work necessary to complete the construction or modification submitted by the project architect;
  - d. If the construction or modification affects the health care institution's fire alarm system, a contractor certification and description of the fire alarm system on a form provided by the Department;
  - e. If the construction or modification affects the health care institution's automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system on a form provided by the Department;
  - f. If the construction or modification affects the health care institution's heating, ventilation, or air conditioning, a copy of the heating, ventilation, air conditioning, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning systems;
  - g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer's certification of flame spread for the draperies, cubicle curtains, or floor coverings;
  - h. For a health care institution using inhalation anesthetics or nonflammable medical gas, a copy of the Compliance Certification for Inhalation Anesthetics or Nonflammable Medical Gas System required in the National Fire Codes incorporated by reference in R9-1-412;
  - i. If a generator is installed, a copy of the installation acceptance required in the National Fire Codes incorporated by reference in R9-1-412;
  - j. For a health care institution providing radiology, a written report from a certified health physicist of the location, type, and amount of radiation protection; and
  - k. If a factory-built building is used by a health care institution:
    - i. A copy of the installation permit and the copy of a certificate of occupancy for the factory-built building from the Office of Manufactured Housing; or
    - ii. A written report from an individual registered as an architect or a professional structural engineer under 4 A.A.C. 30, Article 2, stating that the factory-built building complies with applicable design standards;
6. A statement signed by the project architect that final architectural drawings and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution; and
7. The applicable fee required by R9-10-122.
- B. Before an applicant submits an application for approval of architectural plans and specifications for the construction or modification of a health care institution, an applicant may request an architectural evaluation by submitting the documents in subsection (A)(3) to the Department.
- C. The Department shall approve or deny an application for approval of architectural plans and specifications of a health care institution in this Section according to R9-10-108.
- D. In addition to obtaining an approval of a health care institution's architectural plans and specifications, a person shall obtain a health care institution license before operating the health care institution.

**R9-10-105. Initial License Application**

- A. A person applying for a health care institution license shall submit to the Department an application packet that contains:
- 1. An application form provided by the Department including:
    - a. The health care institution's:
      - i. Name, street address, mailing address, telephone number, fax number, and e-mail address;
      - ii. Tax ID number; and
      - iii. Class or subclass listed in R9-10-102 for which licensure is requested;
    - b. Except for a home health agency or a hospice, whether the health care institution is located within 1/4 mile of agricultural land;
    - c. Whether the health care institution is located in a leased facility;
    - d. Whether the health care institution is ready for a licensing inspection by the Department;
    - e. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;

- f. Owner information including:
  - i. The owner's name, address, telephone number, and fax number;
  - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
  - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
  - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
  - v. If the owner is a corporation, the name and title of each corporate officer;
  - vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;
  - vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
  - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
  - ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
- g. The name and address of the governing authority;
- h. The chief administrative officer's:
  - i. Name,
  - ii. Title,
  - iii. Highest educational degree, and
  - iv. Work experience related to the health care institution class or subclass for which licensure is requested; and
- i. Signature required in A.R.S. § 36-422(B) that is notarized;
- 2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility;
- 3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;
- 4. If applicable, the name and address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);
- 5. Except for a home health agency or a hospice, one of the following:
  - a. If the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-1-412, documentation of the health care institution's architectural plans and specifications approval in R9-10-104; or
  - b. If the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-1-412:
    - i. Documentation from the local jurisdiction of compliance with all applicable local building codes and zoning ordinances;
    - ii. The licensed capacity requested by the applicant for the health care institution;
    - iii. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care premises, and, if applicable, each swimming pool on the health care premises; and
    - iv. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; and
- 6. The applicable application fee required by R9-10-122.
- B. In addition to the initial application requirements in this Section, an applicant shall comply with the initial application requirements in specific rules in 9 A.A.C. 10 for the health care institution class or subclass for which licensure is requested.
- C. The Department shall approve or deny an application in this Section according to R9-10-108.

**R9-10-106. Reserved**

**R9-10-107. Renewal License**

- A. A licensee applying to renew a health care institution license shall submit an application packet to the Department at least 60 days but not more than 120 days before the expiration date of the current license that contains:
  - 1. A renewal application on a form provided by the Department including:
    - a. The health care institution's:
      - i. Name, license number, mailing address, telephone number, fax number, and e-mail address; and
      - ii. Class or subclass;
    - b. Owner information including:
      - i. The owner's name, address, telephone number, and fax number;
      - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
      - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
      - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;

- v. If the owner is a corporation, the name and title of each corporate officer;
  - vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the individual designated in writing by the individual in charge of the governmental agency;
  - vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
  - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
  - ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
- c. The name and address of the governing authority;
  - d. The chief administrative officer's:
    - i. Name,
    - ii. Title,
    - iii. Highest educational degree, and
    - iv. Work experience related to the health care institution class or subclass for which licensure is requested; and
  - e. Signature required in A.R.S. § 36-422(B) that is notarized;
2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility; and
  3. The applicable renewal application and licensure fees required by R9-10-122.
- B. In addition to the renewal application requirements in this Section, a licensee shall comply with the renewal application requirements in specific rules in 9 A.A.C. 10 or 9 A.A.C. 20 for the health care institution's class or subclass.
  - C. If a licensee submits a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite inspection of the health care institution as part of the substantive review for a renewal license.
  - D. The Department shall approve or deny a renewal license according to R9-10-108.
  - E. The Department shall issue a renewal license for:
    1. One year, if a licensee is in substantial compliance with the applicable statutes and this Chapter, and the licensee agrees to implement a plan acceptable to the Department to eliminate any deficiencies;
    2. Two years, if a licensee has no deficiencies at the time of the Department's licensure inspection; or
    3. The duration of the accreditation period, if:
      - a. A licensee's health care institution is a hospital accredited by a nationally recognized accreditation organization, and
      - b. The licensee submits a copy of the hospital's accreditation report.

**R9-10-108. Time-frames**

- A. The overall time-frame for each type of approval granted by the Department is listed in Table 1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- B. The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1. The administrative completeness review time-frame begins on the date the Department receives a complete application packet or a written request for a change in a health care institution license according to R9-10-109(E):
  1. The application packet for an initial health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.
  2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
  3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
  4. For an initial health care institution application, the Department shall consider the application withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 180 days from the date of the notice described in subsection (B)(2).
  5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame is listed in Table 1 and begins on the date of the notice of administrative completeness.
  1. The Department may conduct an onsite inspection of the facility:
    - a. As part of the substantive review for approval of architectural plans and specifications;
    - b. As part of the substantive review for issuing a health care institution initial or renewal license; or
    - c. As part of the substantive review for approving a change in a health care institution's license.
  2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
  3. The Department shall send a written notice of approval or a license to an applicant who is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10.

4. After an applicant for an initial health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable license fee in R9-10-122 to the Department within 60 days of the date of the written notice of approval.
5. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
  - a. For an initial health care institution application, submit the information or documentation in subsection (C)(2) within 120 days of the Department's written request to the applicant;
  - b. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10; or
  - c. Submit the fee required in R9-10-122.
6. An applicant may file a written notice of appeal with the Department within 30 days after receiving the notice described in subsection (C)(5). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
7. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next business day to be the time-frame's last day.

**Table 1**

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Approval of architectural plans and specifications R9-10-104	A.R.S. §§ 36-405, 36-406(1)(b), and 36-421	105 days	45 days	60 days
Health care institution initial license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 days	30 days	90 days
Health care institution renewal license R9-10-107	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	180 days	30 days	150 days
Approval of a change to a health care institution license R9-10-109(E)	A.R.S. §§ 36-405, 36-407, and 36-422	75 days	15days	60 days

**R9-10-109. Changes Affecting a License**

- A. A licensee shall ensure that the Department is notified in writing at least 30 days before the effective date of:
  1. A change in the name of:
    - a. A health care institution, or
    - b. The licensee; or
  2. A change in the address of a health care institution that does not provide medical services, nursing services, or health-related services on the premises.
- B. A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-1-412 shall submit an application for approval of architectural plans and specifications for a modification of the health care institution.
- C. A governing authority shall submit a license application required in R9-10-105 for:
  1. A change in ownership of a health care institution;
  2. A change in the address or location of a health care institution that provides medical services, nursing services, or health-related services on the premises; or
  3. A change in a health care institution's class or subclass.
- D. A governing authority is not required to submit documentation of a health care institution's architectural plans and specifications required in R9-10-105(A)(5) if:
  1. The health care institution has not ceased operations for more than 30 days,
  2. A modification has not been made to the health care institution,
  3. The services the health care institution is authorized by the Department to provide are not changed, and
  4. The location of the health care institution's premises is not changed.
- E. A licensee of a health care institution that is not required to comply with the physical plant codes and standards incorporated by reference in R9-1-412 shall submit a written request for a change in the services the health care institution is authorized by the Department to provide or a modification of the health care institution including documentation of compliance with requirements in this Chapter for the change or the modification that contains:
  1. The health care institution's name, address, and license number;
  2. A narrative description of the change or modification;
  3. The governing authority's name and dated signature; and
  4. Any documentation that demonstrates that the requested change or modification complies with applicable requirements in this Chapter.
- F. The Department shall approve or deny a request for a change or modification in this Section according to R9-10-108.
- G. A licensee shall not implement a change or modification described in this Section until an amended license or a new license is issued by the Department.

**R9-10-110. Enforcement Actions**

- A. If the Department determines that an applicant or licensee is not in substantial compliance with applicable laws and rules, the Department may:
1. Issue a provisional license to the applicant or licensee under A.R.S. § 36-425,
  2. Assess a civil penalty under A.R.S. § 36-431.01,
  3. Impose an intermediate sanction under A.R.S. § 36-427,
  4. Remove a licensee and appoint another person to continue operation of the health care institution pending further action under A.R.S. § 36-429,
  5. Suspend or revoke a license under R9-10-111 and A.R.S. § 36-427,
  6. Deny a license under R9-10-111, or
  7. Issue an injunction under A.R.S. § 36-430.
- B. In determining which action in subsection (A) is appropriate, the Department shall consider the threat to the health, safety, and welfare of patients in the health care institution based on:
1. Repeated violations of statutes or rules,
  2. Pattern of non-compliance,
  3. Types of violation,
  4. Severity of violation, and
  5. Number of violations.

**R9-10-111. Denial, Revocation, or Suspension of License**

The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a person with a business interest of 10% or more in the health care institution:

1. Provides false or misleading information to the Department;
2. Has had in any state or jurisdiction any of the following:
  - a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process within a required time-frame; or
  - b. A health care professional license or certificate denied, revoked, or suspended; or
3. Has operated a health care institution, within the ten years preceding the date of the license application, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, endangering the health and safety of patients.

**R9-10-112. Clinical Practice Restrictions for Hemodialysis Technician Trainees**

A. The following definitions apply in this Section:

1. "Assess" means collecting data about a patient by:
  - a. Obtaining a history of the patient,
  - b. Listening to the patient's heart and lungs, and
  - c. Checking the patient for edema.
2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.
3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.
4. "Central line catheter" means a vascular access created by surgically implanting a tube into a large vein.
5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
6. "Conductivity test" means a determination of the electrolytes in a dialysate.
7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.
8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
9. "Dialyzer" means a blood filter used in hemodialysis to remove wastes and excess fluid from a patient's blood.
10. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
11. "Direct supervision" means a nurse or a physician is physically present within sight or hearing of the patient and readily available to provide care to a patient.
12. "Electrolytes" means compounds, such as sodium, potassium, and calcium that break apart into electrically charged particles when dissolved in water.
13. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
14. "Fistula" means a vascular access created by a surgical connection between an artery and vein.
15. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:
  - a. Dialyzer size,
  - b. Blood-flow rate,
  - c. Dialysate-flow rate, and
  - d. Hemodialysis duration.
16. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
17. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
18. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
19. "Hemodialysis" means a process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
20. "Hemodialysis machine" means a mechanical pump that controls:
  - a. The blood-flow rate,
  - b. The mixing and temperature of dialysate,

- c. The dialysate-flow rate,
  - d. The addition of anticoagulant, and
  - e. The fluid-removal rate.
21. "Hemodialysis technician" has the same meaning as in A.R.S. § 36-423.
  22. "Hemodialysis technician trainee" means an individual who is working in a health care institution after March 31, 2003 to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
  23. "Inexperienced hemodialysis technician trainee" means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
  24. "Medical person" means:
    - a. A doctor of medicine licensed under A.R.S. Title 32, Chapter 13, and experienced in dialysis;
    - b. A doctor of osteopathy licensed under A.R.S. Title 32, Chapter 17, and experienced in dialysis;
    - c. A registered nurse practitioner licensed under A.R.S. Title 32, Chapter 15, and experienced in dialysis;
    - d. A nurse licensed under A.R.S. Title 32, Chapter 15, and experienced in dialysis;
    - e. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
    - f. An experienced hemodialysis technician trainee approved by the governing authority.
  25. "Medical records" has the same meaning as in A.R.S. § 12-2291.
  26. "Nephrologist" means a physician who specializes in the structure, function, and diseases of the kidney.
  27. "Not established" means not approved for use by the patient's nephrologist.
  28. "Patient" means an individual who receives hemodialysis.
  29. "pH test" means a determination of the acidity of a dialysate.
  30. "Preceptor course" means a health care institution's instruction and evaluation provided to a nurse or a hemodialysis technician trainee that enables the nurse or the hemodialysis technician trainee to provide direct observation and education to other hemodialysis technician trainees.
  31. "Respond" means to mute, shut off, reset, or troubleshoot an alarm.
  32. "Safety check" means successful completion of all tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.
  33. "Vascular access" means the point created on a patient's body where blood lines are connected for hemodialysis.
  34. "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.
- B. An experienced hemodialysis technician trainee may:
1. Perform hemodialysis under direct supervision after passing all didactic, skills and competency examinations; and
  2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.
- C. An experienced hemodialysis technician trainee shall not access a patient's:
1. Fistula that is not established; or
  2. Graft that is not established;
- D. An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:
1. Access a patient's central line catheter;
  2. Respond to a hemodialysis-machine alarm;
  3. Draw blood for laboratory tests;
  4. Perform a water-contaminant test on a water system used for hemodialysis;
  5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
  6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
  7. Prime a dialyzer;
  8. Test a hemodialysis machine for germicide presence;
  9. Perform a hemodialysis machine safety check;
  10. Prepare a dialysate;
  11. Perform a conductivity test and a pH test on a dialysate;
  12. Assess a patient;
  13. Check and record a patient's vital signs, weight, and temperature;
  14. Determine the amount and rate of fluid removal from a patient;
  15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
  16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
  17. Initiate or discontinue a patient's hemodialysis;
  18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or
  19. Prepare a blood, water, or dialysate culture to determine microorganism presence;
- E. An inexperienced hemodialysis technician trainee may perform, under direct supervision, any of the hemodialysis tasks listed in subsection (D) after the inexperienced hemodialysis technician trainee has passed the didactic, skills and competency examination applicable to the hemodialysis task.
- F. An inexperienced hemodialysis technician trainee shall not:
1. Access a patient's:
    - a. Fistula that is not established, or
    - b. Graft that is not established; or
  2. Provide direct observation.
- G. When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:
1. The name of the hemodialysis technician trainee,
  2. The date, time, and hemodialysis task performed,
  3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee, and

- 4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.
- H. If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-110.
- I. The effective date of this Section is April 1, 2003.

**R9-10-113. Repealed**

**R9-10-114. Repealed**

**R9-10-115. Unclassified Health Care Institutions**

Implementation of the provisions of R9-10-114(B) shall be at the sole discretion of the Director or the Director's representative. Health care institutions not otherwise classified or subclassified in R9-10-114(A) shall include but need not be limited to the following:

1. Be adequately equipped and staffed by qualified personnel to meet the needs and assure the safety of persons attending the facility and conform to all applicable statutory requirements for the provision of health care.
2. Establish and maintain a record of each inpatient and outpatient documenting the assessment of the patient's health needs and all health care service the patient receives.
3. Maintain all parts of the facility, including its premises and equipment, neat, clean, free of insects, rodents, litter and rubbish. Policies and procedures shall be established and implemented for cleaning, sanitizing or sterilizing equipment and supplies.
4. Cause the facility's physical plant and equipment to be periodically inspected and, where appropriate, tested, calibrated, serviced or repaired to assure that they are functioning properly and reliably. Records shall be maintained to assure that appropriate inspections and maintenance of equipment is periodically accomplished by an appropriately qualified person.
5. Comply with applicable regulations adopted pursuant to A.R.S. § 36-136(G) for the control of communicable disease and maintenance of proper sanitation.
6. Comply with applicable fire and building codes.
7. Adopt policies and procedures that delineate the scope of services offered, hours of operation, admission and discharge criteria and type of staff provided.
8. Obtain certificates of need and/or permits, if applicable.

**R9-10-116. Repealed**

**R9-10-117. Repealed**

**R9-10-118. Reserved**

**R9-10-119. Reserved**

**R9-10-120. Reserved**

**R9-10-121. Repealed**

**R9-10-122. Fees**

- A. An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural drawing review fee as follows:
  1. Fifty dollars for a project with a cost of less than \$100,000;
  2. One hundred dollars for a project with a cost of \$100,000 but less than \$500,000; or
  3. One hundred fifty dollars for a project with a cost of \$500,000 or more.
- B. An applicant submitting an initial application or a renewal application for a health care institution license shall submit to the Department an application fee of \$50.00.
- C. Except as provided in subsection (D) or (E), an applicant submitting an initial application or a renewal application for a health care institution license shall submit to the Department a license fee as follows:
  1. For a facility with no licensed capacity, \$100.00;
  2. For a facility with a licensed capacity of one to 59 beds, \$100.00, plus the licensed capacity times \$10.00;
  3. For a facility with a licensed capacity of 60 to 99 beds, \$200.00 plus the licensed capacity times \$10.00;
  4. For a facility with a licensed capacity of 100 to 149 beds, \$300.00, plus the licensed capacity times \$10.00; or
  5. For a facility with a licensed capacity of 150 beds or more, \$500.00, plus the licensed capacity times \$10.00.
- D. A person who has paid a health care institution license fee for a facility and submits a behavioral health service agency application for the same facility shall submit an application fee but is not required to submit an additional license fee.
- E. Subsection (C) does not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.
- F. All fees are nonrefundable except as provided in A.R.S. § 41-1077.

**R9-10-123. Repealed**

**R9-10-124. Repealed**

## ARTICLE 7. ASSISTED LIVING FACILITIES

### Section

- R9-10-701. Definitions
- R9-10-702. Licensing Classifications
- R9-10-703. Administration
- R9-10-704. Abuse, Neglect, and Exploitation Prevention and Reporting
- R9-10-705. Limitations on Level of Services
- R9-10-706. Personnel Qualifications and Records
- R9-10-707. Employee Orientation and Ongoing Training
- R9-10-708. Personnel Requirements
- R9-10-709. Residency Agreements
- R9-10-710. Resident Rights
- R9-10-711. Requirements for Service Plans and Health-Related Services
- R9-10-712. Activity Programs
- R9-10-713. Medications
- R9-10-714. Resident Records
- R9-10-715. Food Services
- R9-10-716. Physical Plant Requirements
- R9-10-717. Fire and Safety Requirements
- R9-10-718. Environmental Services
- R9-10-719. Supplemental Requirements for an Assisted Living Home
- R9-10-720. Supplemental Requirements for an Assisted Living Center
- R9-10-721. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Supervisory Care Services
- R9-10-722. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Personal Care Services
- R9-10-723. Supplemental Requirements for an Assisted Living Facility Licensed to Provide directed Care Services
- R9-10-724. Supplemental Requirements for Training Programs

## ARTICLE 7. ASSISTED LIVING FACILITIES

### **R9-10-701. Definitions**

The following definitions apply in this Article unless otherwise specified:

1. "Abuse" means the intentional infliction of physical harm; injury caused by negligent acts or omissions; unreasonable confinement; sexual abuse or sexual assault; or a pattern of ridiculing or demeaning a resident, making derogatory remarks, verbally harassing, or threatening to inflict physical harm on a resident.
2. "Accept" or "acceptance" means:
  - a. An individual begins living in and receiving services at an assisted living facility; or
  - b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
3. "Accident" means an unexpected occurrence that causes harm to a resident.
4. "Activities of daily living" means bathing, dressing, grooming, eating, mobility, transfer, and toileting.
5. "Adult day health care services" means a program that provides planned care supervision and activities, personal care, personal living skills training, meals and health monitoring in a group setting during a portion of a continuous twenty-four hour period. Adult day health services may also include preventive, therapeutic and restorative health related services that do not include behavioral health services.
6. "Adult foster care" means a residential setting which provides room and board and adult foster care services for at least one and no more than four adults who are participants in the Arizona long-term care system pursuant to Chapter 29, Article 2 of this title and in which the sponsor or the manager resides with the residents and integrates the residents who are receiving adult foster care into that person's family.
7. "Applicant" means an individual, firm, partnership, association, or corporation that has submitted an application for:
  - a. An assisted living facility license;
  - b. Department approval of an exemption in R9-10-702; or
  - c. Department approval of an assisted living training program.
8. "Assessment" means a written analysis of a resident's abilities; preferences; and need for supervisory care services, personal care services, or directed care services.
9. "Assistance" means the help or aid necessary to complete a function or a task.
10. "Assistant caregiver" means an individual who assists in providing supervisory care services, personal care services, or directed care services under the direct supervision of a manager or caregiver.
11. "Assisted living center" or "center" means an assisted living facility that provides resident rooms or residential units to eleven or more residents.
12. "Assisted living facility" means a residential care institution, including adult foster care, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuing basis.
13. "Assisted living home" or "home" means an assisted living facility that provides resident rooms to ten or fewer residents.
14. "Bathing" means washing, rinsing, and drying all parts of an individual's body.
15. "Bedbound" means confined to a bed or chair because of an inability to ambulate even with assistance.
16. "Bedroom" or "room" means a portion of a facility that is wall-enclosed with a door where a resident sleeps and maintains personal items.

17. "Behavioral health residential services" means a therapeutic regimen of screening, evaluation, treatment, or rehabilitation provided on a 24-hour basis to individuals suffering from mental disorders, emotional conditions, or the effects of substance abuse.
18. "Board of Examiners" means the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers.
19. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to residents.
20. "Charge" means a one-time payment or a payment that is not incurred in fixed, regular intervals.
21. "Chemical restraint" means any medication that is administered for purposes of discipline or convenience and is not required to treat a resident's medical symptoms.
22. "Clean" means free of dirt or debris by such methods as washing with soap and water, vacuuming, wiping, dusting, or sweeping.
23. "Common areas" means portions of a facility or facility grounds accessible to residents.
24. "Communicable disease" means the same as defined in A.A.C. R9-6-101.
25. "Conspicuously posted" means placed at a location within a facility that is accessible and visible to residents and the public.
26. "Continuous" means available at all times without cessation, break, or interruption.
27. "CPR" means cardiopulmonary resuscitation.
28. "Current" means up-to-date, extending to the present time.
29. "Day" means calendar day.
30. "Department" means the department of health services.
31. "Deposit" means monies or property given to a licensee to assure payment or performance.
32. "D.E.S." means the Arizona Department of Economic Security.
33. "Directed care services" means programs and services, including personal care services, provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.
34. "Direction" means authoritative policy or procedural guidance for the accomplishment of a function or activity.
35. "Direct self-care" means a resident is able to recognize danger, summon assistance, express need, and make basic care decisions.
36. "Direct supervision" means the physical presence of a manager or caregiver providing direction to an assistant caregiver or volunteer in a facility or during an activity outside the facility.
37. "Documentation" means written supportive information.
38. "Door" means a movable hard-surfaced barrier for opening or closing an entranceway that swings on hinges or slides in grooves and is capable of being closed for privacy and fire safety.
39. "Dressing" means choosing, putting on, securing fasteners, and removing clothing, footwear, artificial limbs, braces, and other appliances including those appropriate for current weather conditions.
40. "Eating" means putting food and fluids into the digestive system.
41. "Employee" means a licensee, manager, caregiver, or assistant caregiver who provides or assists in the provision of supervisory care services, personal care services, or directed care services to residents.
42. "Exploitation" means the illegal use of a resident's resources for another's profit or advantage according to A.R.S. Title 46, Chapter 4, or A.R.S. Title 13, Chapter 18, 19, 20, or 21.
43. "Facility" or "facilities" means buildings used by a health care institution for providing any types of services as defined in this chapter.
44. "Facility grounds" means the outdoor area, adjacent to the facility, designated by an applicant or licensee for use by residents.
45. "Fees" means payments in fixed, regular intervals.
46. "Food" means any raw, cooked or processed edible substance, ice, beverage or ingredient used or intended for use or for sale, in whole or in part, for human consumption.
47. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in an assisted living facility.
48. "General supervision" means guidance of a resident by an employee as required by the needs of the resident including the following: being aware of a resident's general whereabouts, monitoring the activities of the resident while on the premises to ensure the health, safety, and welfare of the resident; reminding the resident to carry out activities of daily living; and reminding the resident of activities or appointments.
49. "Grooming" means combing or brushing hair, washing face and hands, shaving, caring for nails, oral hygiene including denture care, and menstrual care.
50. "Guardian" means an individual appointed by a court according to A.R.S. Title 14, Chapter 5, Article 3.
51. "Hazard" means a condition or situation where a resident may suffer physical injury.
52. "Health care directive" means the same as defined in A.R.S. § 36-3201.
53. "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, directed care services and includes home health agencies as defined in section 36-151 and hospice service agencies.
54. "Health-related experience" means work in a health care institution, the professional fields of nursing, social work, gerontology, or other closely-related field, or providing health or health-related services to one or more adults.
55. "Health-related services" means services, other than medical, pertaining to general supervision, protective, preventive and personal care services, supervisory care services or directed care services.
56. "Home health agency" means an agency or organization, or a subdivision of such an agency or organization, which meets all of the following requirements.
  - a. Is primarily engaged in providing skilled nursing services and other therapeutic services.
  - b. Has policies, established by a group of professional personnel, associated with the agency or organization, including one or more physicians and one or more registered professional nurses, to govern the services referred to in subdivision (a), which it provides, and provides for supervision of such services by a physician or registered professional nurse.
  - c. Maintains clinical records on all patients.
57. "Hospice service agency" means an agency or organization, or a subdivision of that agency or organization, which is engaged in providing hospice services at the place of residence of its clients.
58. "Hour" means 60 minutes.
59. "Incident" means an occurrence or event that has the potential to cause harm to a resident.

60. "Independent" means able to complete a function or task without assistance.
61. "Intermittent" means periodically scheduled and predictable.
62. "Internal facility requirements" means guidelines and standards developed by a licensee that govern a resident's use and occupancy of an assisted living facility.
63. "Key" means a mechanical device used for holding or locking.
64. "Laundry service" means the process of cleaning linens and clothing.
65. "Learning objective" means the specific and measurable behavior, knowledge, or skill an individual demonstrates.
66. "Licensee" means the individual, firm or partnership, association, or corporation licensed by the Department to operate an assisted living facility.
67. "Manager" means an individual designated by the licensee to act on the licensee's behalf in the onsite management of the assisted living facility.
68. "Medical practitioner" means any physician, dentist, podiatrist, or other individual licensed and authorized by law to use and prescribe drugs and devices for the treatment of sick and injured human beings, or for the diagnosis or prevention of sickness in human beings in this state or any state, territory, or district of the United States.
69. "Medication" means a prescription medication as defined in A.R.S. § 32-1901 or a nonprescription drug as defined in A.R.S. § 32-1901 used to maintain health or to prevent or treat an illness, injury, or disease.
70. "Medication administration" or "administration of medication" means the application of a medication to its ultimate destination on the body of a resident.
71. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
72. "Mobility" means the ability to move within a residential environment.
73. "Neglect" means a pattern of conduct, without a resident's or the resident's informed consent as defined in A.R.S. § 46-451, resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.
74. "Nurse" means an individual licensed and in good standing as a registered nurse or a practical nurse as prescribed in A.R.S. Title 32, Chapter 15.
75. "Nurse practitioner" means an individual licensed as a registered nurse practitioner as prescribed in A.R.S. Title 32, Chapter 15.
76. "Nursing services" means those services pertaining to the curative, restorative and preventive aspects of nursing care that are performed at the direction of a physician by or under the supervision of a registered nurse licensed in this state.
77. "Personal care services" means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments by a nurse who is licensed pursuant to Title 32, Chapter 15 or as otherwise provided by law.
78. "Personnel" means employees, support staff, and volunteers.
79. "Pharmacist" means an individual licensed as prescribed in A.R.S. Title 32, Chapter 18.
80. "Physical restraint" means the confinement of a resident or the use of any article, device, or garment that cannot be removed by a resident, used to restrict movement, and control the resident's behavior.
81. "Physician" means an individual licensed as prescribed in A.R.S. Title 32, Chapter 13 or Chapter 17.
82. "Physician assistant" means an individual licensed as prescribed in A.R.S. Title 32, Chapter 25.
83. "Poisonous or toxic materials" means chemicals such as insecticides, rodenticides, hazardous cleaning agents, and caustic acids.
84. "Potentially hazardous foods" means the same as defined in A.A.C. R9-8-112.
85. "Premises" means a facility, the facility's grounds and each building or grounds on contiguous property used for administering and operating an assisted living facility.
86. "Primary care provider" means a physician, a physician's assistant, or a nurse practitioner who directs a resident's medical care.
87. "Private duty nurse" means a nurse who provides nursing services to a resident that are arranged, paid for, and overseen by the resident, the representative, or the resident's relatives.
88. "PRN" means pro re nata or medication given as needed.
89. "RN" means a registered nurse licensed as prescribed in A.R.S. Title 32, Chapter 15.
90. "Regular basis" means at recurring, fixed, or uniform intervals.
91. "Relative" means a child, parent, sibling, spouse, grandparent, grandchild, uncle, aunt, niece, nephew, or any individual of the same affiliation through marriage or adoption.
92. "Representative" means a resident's guardian or an individual designated in writing by a resident or by the resident's guardian to aid a resident or act on the resident's behalf.
93. "Residency agreement" means a document signed by a resident or the representative and a licensee or the licensee's designee, detailing the terms of residency as agreed upon by the resident or the representative and the licensee.
94. "Resident" means an individual who is not a relative of the licensee and who:
  - a. Lives in an assisted living facility and receives supervisory care services, personal care services or directed care services; or
  - b. Receives adult day health care services, or respite care services from an assisted living facility.
95. "Residential unit" or "unit" means a private apartment, unless otherwise requested by a resident, that includes a living and sleeping space, kitchen area, private bathroom, and storage area.
96. "Respite care services" means services provided by a licensed health care institution to persons otherwise cared for in foster homes and in private homes to provide an interval of rest or relief of not more than thirty days to operators of foster homes or to family members.
97. "Secure" means to control, or alert employees of, the egress of a resident from the facility or facility grounds through the use of a method, device, or structure that ensures resident safety.
98. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, or directed care services and the specific services to be provided to the resident.
99. "Short term" means 14 days or less.

100. "Significant change" means an observable deterioration or improvement in a resident's physical, cognitive, behavioral, or functional condition.
101. "Supervisory care services" means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications.
102. "Supervision" means direct overseeing and inspection of the act of accomplishing a function or activity.
103. "Support staff" means any individual who receives compensation from a licensee, but who does not provide supervisory care services, personal care services, or directed care services at an assisted living facility.
104. "Swimming pool" means a contained body of water that is 18 inches or more in depth at any point and wider than eight feet at any point and intended for swimming.
105. "Termination of residency" or "terminate residency" means a resident is no longer receiving services from an assisted living facility.
106. "Therapeutic diet" means foods prescribed by a physician or an individual authorized by law to prescribe foods.
107. "Toileting" means the discharge and disposal of body waste from bowel or bladder.
108. "Training program" means an individual or an organization that has received written approval from the Department to provide training to assisted living facility personnel and to verify that individuals demonstrate specific skills and knowledge in a level of training.
109. "Transfer" means the movement of an individual's body from a surface to another surface.
110. "Treatment" means a specific procedure used for the prevention, cure, or the improvement of a disease, injury, or illness.
111. "Volunteer" means an individual who provides supervisory care services, personal care services, or directed care services to a resident on a regular basis under the direct supervision of a manager or caregiver at all times but does not receive compensation.

### **R9-10-702. Licensing Classifications**

- A. The Department shall sub-classify an assisted living facility according to facility size as follows:
  1. An assisted living facility providing services to 10 or fewer residents is an assisted living home;
  2. An assisted living facility providing services to 11 or more residents is an assisted living center; or
  3. An assisted living facility that meets the definition of adult foster care in A.R.S. § 36-401 is an adult foster care.
- B. An adult foster care shall comply with the requirements for an assisted living home except as provided by statute and this Article.
- C. The Department shall license an assisted living facility to provide one of the following levels of service:
  1. Supervisory care services,
  2. Personal care services, or
  3. Directed care services.
- D. To change an assisted living facility's sub-classification, a licensee shall submit an application for licensure as required by A.R.S. §§ 36-421 and 36-422.
- E. To change the level of service an assisted living facility is licensed to provide, a licensee shall submit to the Department a written request for a change in level of service and documentation of the assisted living facility's compliance with requirements in this Article for the requested level of service.
  1. Within 60 days from the date of receipt of the request, the Department shall review the requested change and send written notice to the licensee. The Department may conduct an onsite review of the assisted living facility to determine compliance.
    - a. If an assisted living facility does not comply with this Article and the requirements for the requested level of service, the Department shall provide the licensee with written notice stating the requirements necessary for compliance with this Article and the requirements for the requested level of service.
    - b. When the assisted living facility complies with the requirements of this Article and the requirements for the requested level of service, the Department shall send the licensee an amended license that incorporates the requested level of service but retains the expiration date of the current license.
  2. A licensee shall not provide services at the requested level of service until an amended license is issued.
- F. The Department may grant an exception from the requirements in R9-10-716(C)(1)(a), R9-10-720(A)(1), R9-10-720(C)(1)(c), or R9-10-720(C)(2)(c) if a licensee or applicant can demonstrate that an alternate method is available to ensure the residents' health, safety, and welfare.
  1. The Department shall not grant an exception:
    - a. From local building codes, local ordinances, local fire codes, or local zoning requirements;
    - b. To a licensee operating on a provisional license; or
    - c. If the Department determines that an exception will not protect the health, safety, or welfare of a resident.
  2. An applicant or licensee shall submit a written request for an exception on a Department-provided form that includes:
    - a. The applicant's or licensee's name;
    - b. The name, address, and license number if applicable, of the assisted living facility;
    - c. The specific rule the applicant or licensee is requesting an exception from;
    - d. The reason or reasons an applicant is not able to comply with the rule; and
    - e. An alternative method that ensures that the health, safety, and welfare of residents is protected by the exception.
  3. The Department shall evaluate a request for an exception as follows:
    - a. Review the written request;
    - b. Verify submitted documentation;
    - c. If the requested exception involves a physical plant requirement, inspect the assisted living facility; and
    - d. If applicable, discuss the exception with the assisted living facility's manager or manager's designee, residents or representatives, or any individual the Department determines is necessary to evaluate the request.
- G. The Department shall approve or deny an exception as follows:
  1. The overall time-frame described in A.R.S. § 41-1072(2), is 90 days.
  2. The administrative completeness review described in A.R.S. § 41-1072(1) is 60 days and begins on the date the Department receives a request.

- a. If any of the documents is missing or if information on the documents is deficient, the Department shall provide to the applicant a written notice of incompleteness that states each deficiency and the information or documents needed to complete the request. The 60 day time-frame for the Department to finish the administrative completeness review is suspended from the date the Department provides the notice of incompleteness to the applicant until the date the Department receives the required information or missing document.
  - b. If all of the documents are submitted and the information on the documents is complete, the Department shall provide a written notice of administrative completeness to the applicant.
  - c. If the documents or information are not submitted within 120 days from the date of notice of incompleteness, the Department shall consider the request withdrawn.
  - d. If the Department grants an exception during the time provided to assess administrative completeness, the Department shall not provide a separate written notice of administrative completeness.
3. The substantive review time-frame described in A.R.S. § 41-1072(3) is 30 days and begins on the date the Department provides written notice of administrative completeness to the applicant.
- a. If the applicant does not meet the requirements of this Article the Department shall provide a written request for additional information to the applicant. The 30 day time-frame for the Department to finish the substantive review is suspended from the date the Department provides the written request to the applicant until the Department receives the additional information.
  - b. The applicant shall submit to the Department the information or documents identified in the written request for additional information within 30 days of the receipt of the written request.
  - c. The Department shall provide the applicant with a written notice of denial if:
    - i. The applicant does not submit the additional information within the time-frame in subsection (D)(3)(b); or
    - ii. Upon receipt of the additional information from the applicant, the Department determines that the applicant does not meet the requirements of this Article.
  - d. An applicant may appeal the Department's determination according to A.R.S. Title 41, Chapter 6.
4. If an applicant meets the requirements of this Article, the Department shall provide a written notice of Department approval to the applicant.
5. The Department shall withdraw an exception if:
- a. A licensee is operating on a provisional license;
  - b. A licensee does not comply with the conditions of the exception as approved by the Department; or
  - c. The Department determines that the health, safety, or welfare of residents is not protected by the exception.

**R9-10-703. Administration**

- A. A licensee is responsible for the organization and management of an assisted living facility. A licensee shall:
1. Ensure compliance with federal and state laws, rules, and local ordinances;
  2. Designate an onsite manager who has the authority and responsibility to operate the assisted living facility. The manager and the licensee may be the same individual;
  3. Permit an individual to manage no more than two health care institutions that may be located not more than 40 miles apart;
  4. Designate another manager when the manager is absent from the premises for more than 30 consecutive days;
  5. Notify the Department, in writing, of the following:
    - a. A change of ownership no later than 30 days before the effective date of the change;
    - b. A change in the name of the assisted living facility no later than 30 days before the effective date of the change;
    - c. A termination of operation no later than 30 days before the termination; and
    - d. The location and arrangements for the maintenance of resident records no later than 30 days before the assisted living facility ceases operation;
  6. Not act as a representative, agent, surrogate, health care power of attorney, power of attorney, guardian, or conservator of a resident who is not a relative and ensure that assisted living facility employees, support staff, or relatives of employees or support staff do not act as a representative, agent, surrogate, health care power of attorney, power of attorney, guardian, or conservator of a resident who is not a relative;
  7. Ensure that a manager and each manager's designee is able to read, write, understand, and communicate in English;
  8. Except when a resident's service needs change as documented in the resident's service plan as required in R9-10-711(A)(7), ensure that a resident receives at least 30 days written notice before any increase in a fee or charge;
  9. Ensure that an official of the following agencies is allowed immediate access to an assisted living facility:
    - a. The Department,
    - b. A county health department,
    - c. Adult Protective Services,
    - d. The D.E.S. Long-Term Care Ombudsman, or
    - e. A county or municipal fire department; and
  10. Ensure that the following individuals have immediate access to a resident:
    - a. The representative,
    - b. The resident's case manager, or
    - c. An individual assigned by a court of law to provide services to the resident.
- B. A licensee shall ensure that a manager of an assisted living facility:
1. Develops and implements written policies and procedures for the day-to-day operation of the assisted living facility including:
    - a. Depositing and refunding deposits, fees, and charges;
    - b. Resolving resident grievances;
    - c. Terminating residency;

- d. Obtaining information on resident preferences for:
    - i. Social, recreational, or rehabilitative activities; and
    - ii. Food;
  - e. Assisting residents with medication as required in R9-10-713, R9-10-722(D), and R9-10-723(E), as applicable;
  - f. Protecting and releasing resident records and maintaining confidentiality of resident records;
  - g. Ensuring the facility and facility grounds are safe and free from hazards based upon the physical, cognitive, and functional condition of the residents;
  - h. Ensuring resident safety in an assisted living facility with a swimming pool, spa, or other contained body of water on the premises, if applicable; and
  - i. Ensuring the safety of residents and other individuals and pet and animal sanitation, if pets or animals are maintained on the premises;
2. Conspicuously posts the following:
- a. Resident rights;
  - b. Current phone numbers of the Arizona Department of Health Services' Office of Assisted Living Licensure, D.E.S. Adult Protective Services, 911 or other local emergency response number, the D.E.S. Long-Term Care Ombudsman, the Arizona Center for Disability Law, and the Governor's Office for Americans with Disabilities;
  - c. Internal facility requirements; and
  - d. Each document, schedule, or calendar required by state law and this Article;
3. Ensures that each resident and each individual living in the facility provides documentation of freedom from pulmonary tuberculosis at least once every 12 months as required in R9-10-706(A)(1);
4. Designates, in writing, one or more individuals who are 21 years of age or older, who meet the qualifications for a caregiver in R9-10-706(C)(2) and (3) as the manager's designee. A manager's designee is physically present at the facility and in charge of the assisted living facility operations when the manager is not physically present at the facility;
5. Hires and directs employees and support staff as necessary to ensure compliance with this Article;
6. Ensures each assistant caregiver is under the direct supervision of a manager or caregiver at all times;
7. Ensures that an assistant caregiver, who is 16 or 17 years old, or a volunteer does not provide assistance to a resident for:
- a. Bathing,
  - b. Toileting,
  - c. Transfer,
  - d. Self-administration of medication,
  - e. Medication administration, or
  - f. Nursing services;
8. Ensures that a manager or caregiver does not provide direct supervision to more than two assistant caregivers at any time;
9. Ensures compliance with fingerprinting requirements contained in A.R.S. § 36-411;
10. Notifies a representative, or contacts a public fiduciary or a trust officer to take responsibility of a resident's financial affairs if the resident is incapable of handling financial affairs;
11. Notifies a resident's primary care provider or other medical practitioner if a resident or the representative refuses medical or nursing services, and maintains documentation of the notification in the resident's record for no less than 12 months from the date of notification;
12. When there is an accident, incident, or injury that effects the resident's health and safety:
- a. Immediately notifies the representative, and if applicable:
    - i. The primary care provider;
    - ii. An emergency response team;
    - iii. The resident's case manager;
    - iv. The resident's emergency contact; and
  - b. Documents the following:
    - i. Date and time of the accident, incident, or injury;
    - ii. Description of the accident, incident, or injury;
    - iii. Names of individuals who observed the accident, incident, or injury;
    - iv. Action taken by employees, support staff, or volunteers;
    - v. Individuals notified by employees, support staff, or volunteers; and
    - vi. Action taken to prevent the accident, incident, or injury from occurring in the future;
13. Ensures each resident is assisted in exercising the resident's rights listed in R9-10-710;
14. Maintains documentation on the premises of licensing and vaccination of pets or animals, if applicable, as required by R9-10-718(12); and
15. Ensures the health and safety of a resident is maintained during relocation of a resident and that the resident's records are relocated with the resident;
- C. A manager may, upon written authorization by a resident or the representative, administer a personal funds account, not to exceed \$500 each month for the resident. The resident or the representative may revoke, in writing, this authorization at any time. If a manager administers a resident's personal funds account, the manager shall:
- 1. Maintain a separate record for each resident's personal funds account including all receipts and expenditures;
  - 2. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
  - 3. Provide a copy of a resident's personal funds account record to the resident or representative at least once every three months.

**R9-10-704. Abuse, Neglect, and Exploitation Prevention and Reporting**

- A. A manager, employee, or volunteer shall immediately report or cause a report to be made to Adult Protective Services or local law enforcement of suspected or alleged abuse, neglect, or exploitation as required by A.R.S. § 46-454.
- B. A licensee shall:
  - 1. Notify the Department of suspected or alleged abuse, neglect, or exploitation within 24 hours of receiving the allegation;
  - 2. Document the initial report and maintain documentation of the report on the premises for 12 months from the date of the report;

3. Report suspected or alleged abuse, neglect, or exploitation to Adult Protective Services or to a local law enforcement agency as prescribed in A.R.S. § 46-454; and
4. Investigate suspected or alleged abuse, neglect, or exploitation and develop a written report within 14 days of the initial report of the suspected or alleged abuse, neglect, or exploitation. The licensee shall send the written report to the Department, Adult Protective Services, and any local law enforcement agency previously notified and maintain a copy of the written report on the premises for 12 months from the date of the report. A written report shall contain the following:
  - a. Dates, times, and description of the suspected or alleged abuse, neglect, or exploitation; description of any injury to the resident; change in the resident's physical, cognitive, functional, or emotional condition; actions taken by the licensee; individuals and agencies notified by the licensee; names of witnesses to the suspected or alleged abuse, neglect, or exploitation; and
  - b. Action taken by the licensee to prevent the suspected or alleged abuse, neglect, or exploitation from occurring in the future.

**R9-10-705. Limitations on Level of Services**

A licensee shall ensure that an assisted living facility does not accept or retain a resident who requires:

1. Physical restraints,
2. Chemical restraints,
3. Behavioral health residential services,
4. Services that the assisted living facility is not licensed to provide; or
5. Services that the assisted living facility is not able to provide.

**R9-10-706. Personnel Qualifications and Records**

A. A licensee shall ensure that:

1. At the starting date of employment or service and every 12 months from the starting date of employment or service, each support staff and volunteer who interacts with a resident on a regular basis and each employee submits one of the following as evidence of being free from pulmonary tuberculosis:
  - a. A report of a negative Mantoux skin test administered within six months of submitting the report; or
  - b. A written physician's statement dated within six months of submitting the statement, indicating freedom from pulmonary tuberculosis, if the individual has had a positive skin test for tuberculosis;
2. Each manager and caregiver:
  - a. Obtains first aid training specific to adults;
  - b. Obtains CPR training specific to adults which includes a demonstration of the individual's ability to perform CPR; and
  - c. Maintains current training in first aid and CPR.

B. A licensee shall ensure that a manager, at the starting date of employment as a manager, meets all of the following:

1. Is 21 years of age or older;
2. Is certified by the Board of Examiners as an assisted living facility manager as required in A.R.S. Title 36, Chapter 4, Article 6 or meets one of the following:
  - a. Is certified by the Board of Examiners as an adult care home manager before the effective date of this Article and maintains current certification by the Board of Examiners; or
  - b. Is exempt from certification under A.R.S. § 36-446.04;
3. Provides verification of completion of training from a training program as stated in R9-10-724(B) that states the individual has completed manager training or provides one of the following:
  - a. Documentation of adult care home manager training from a Board of Examiners approved training program before the effective date of this Article;
  - b. A license issued to the individual by the Board of Examiners as an administrator of a nursing care institution;
  - c. Documentation of sponsorship of an adult foster care on the effective date of this Article; or
  - d. Documentation of employment as a manager of an unclassified residential care institution, supportive residential living center, or supervisory care home on the effective date of this Article;
4. Provides verification of completion of training from a training program as stated in R9-10-724(B) that states the individual is trained in the level of service the assisted living facility is licensed to provide or documentation of one of the following:
  - a. For supervisory care services, employment of the individual as a manager or caregiver of a supervisory care home on the effective date of this Article;
  - b. For supervisory care services or personal care services, employment of the individual as a manager or caregiver of a supportive residential living center on the effective date of this Article;
  - c. For supervisory care services, personal care services, or directed care services, one of the following:
    - i. Documentation of training as a manager or caregiver from a Board of Examiners approved training program before the effective date of this Article;
    - ii. A nursing care institution license issued by the Board of Examiners;
    - iii. A nurse's license issued to the individual under A.R.S. Title 32, Chapter 15;
    - iv. Documentation of employment as a manager or caregiver of an unclassified residential care institution on the effective date of this Article;
    - v. Documentation of sponsorship of or employment as a caregiver in an adult foster care home on the effective date of this Article; or
    - vi. A certificate as a nursing assistant in good standing under A.R.S. Title 32, Chapter 15 and employment as a caregiver in an adult care home on the effective date of this Article; and
5. Has a minimum of 12 months of health-related experience.

C. A licensee shall ensure that a caregiver, at the starting date of employment as a caregiver, meets all of the following:

1. Is 18 years of age or older;
2. Meets the training requirements in subsection (B)(4); and

3. Has a minimum of three months of health-related experience; and
- D. A licensee shall ensure that an assistant caregiver, at the starting date of employment as an assistant caregiver, is 16 years of age or older.
- E. A licensee shall ensure that a file is maintained on the premises for each employee containing the following:
  1. The employee's name, date of birth, home address, and telephone number;
  2. Documentation of:
    - a. Freedom from pulmonary tuberculosis as required in subsection (A)(1);
    - b. Compliance with fingerprinting requirements in R9-10-703(B)(9);
    - c. Current training in CPR and first aid as required in subsection (A)(2);
    - d. Employee qualifications required in subsections (B), (C), or (D);
    - e. Employee orientation required in R9-10-707(A); and
    - f. Ongoing training required in R9-10-707(B), R9-10-722(B), and R9-10-723(C), as applicable;
  3. An employee's starting date of employment and ending date, if applicable; and
  4. For each employee hired after the effective date of this Article, at least two personal and two professional or work-related references, if the employee has previous work experience, and documentation of the licensee's good faith effort to contact each reference.
- F. A licensee shall ensure a file is maintained on the premises for each volunteer and support staff who has contact on a regular basis with residents that contains:
  1. The individual's name, home address, and telephone number; and
  2. Documentation of freedom from pulmonary tuberculosis as required in subsection (A)(1).
- G. A licensee shall ensure that all records required by this Section are maintained throughout the individual's period of employment or service and for at least 12 months from the individual's last date of employment or service.

**R9-10-707. Employee Orientation and Ongoing Training**

- A. A licensee shall ensure that a new employee completes orientation within 10 days from the starting date of employment that includes:
  1. Orientation to the characteristics and needs of the assisted living facility's residents;
  2. The assisted living facility's philosophy and goals;
  3. Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights;
  4. The significance and location of resident service plans, and how to read and implement a service plan;
  5. Internal facility requirements and the assisted living facility's policies and procedures;
  6. Confidentiality of resident records and resident information;
  7. Infection control;
  8. Food preparation, service, and storage, if applicable;
  9. Abuse, neglect, and exploitation prevention and reporting requirements;
  10. Accident, incident, and injury reporting; and
  11. Fire, safety, and emergency procedures.
- B. A licensee shall ensure that each manager and caregiver completes a minimum of six hours of ongoing training every 12 months from the starting date of employment, or for a manager or caregiver hired before the effective date of this Article, every 12 months from the effective date of this Article.
  1. The training shall include:
    - a. Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights;
    - b. Fire, safety, and emergency procedures;
    - c. Infection control;
    - d. Assistance in self-administration of medications; and
    - e. Abuse, neglect, and exploitation prevention and reporting requirements;
  2. Orientation for new employees, hours used in obtaining and maintaining current CPR and first aid, and hours used in obtaining initial training from a training program may count toward ongoing training for the first 12 months after the employee's starting date of employment.

**R9-10-708. Personnel Requirements**

- A. A licensee shall ensure there are sufficient personnel to provide the following unless Arizona Long-Term Care System contracts, as provided by A.R.S. Title 36, Chapter 29, Article 2, permit otherwise:
  1. Supervisory care services, personal care services, or directed care services, consistent with the level of service the assisted living facility is licensed to provide;
  2. Services established in each resident's service plan;
  3. Services to meet the needs of each resident including scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis 24 hours a day;
  4. Food services;
  5. Environmental services required in R9-10-718;
  6. Evacuations of residents during emergencies; and
  7. Ongoing social, recreational, or rehabilitative activities.
- B. A licensee shall ensure that a personnel schedule:
  1. Indicates the date, scheduled work hours, and name of each employee assigned;
  2. Reflects actual work hours; and
  3. Is maintained on the premises for at least 12 months from the last date on the schedule.

### **R9-10-709. Residency Agreements**

- A. The following requirements apply to a resident accepted into an assisted living facility after the effective date of this Article and to a resident who is not an enrolled member of the Arizona Long-Term Care System as provided by A.R.S. Title 36, Chapter 29, Article 2.
- B. A licensee shall ensure that there is a written agreement signed by the licensee and any individual submitting a deposit or other pre-payment of fees before the licensee receives a deposit or other pre-payment of fees.
- C. A licensee shall ensure that:
1. Each resident has a residency agreement that includes the:
    - a. Terms of occupancy, including resident responsibilities and obligations;
    - b. Services to be provided to the resident;
    - c. The amount and purpose of any fee, charge, and deposit, including any fee or charge for any days a resident is absent from the assisted living facility;
    - d. Services that are available at an additional fee or charge;
    - e. Assisted living facility's policy for refunding fees, charges, or deposits;
    - f. Assisted living facility's responsibility to provide at least 30 days written notice before the effective date of any change in a fee or charge. A licensee is not required to provide 30 day written notice of increase to a resident whose service needs change, as documented in the resident's service plan;
    - g. Assisted living facility's policy and procedure for termination of residency; and
    - h. Assisted living facility's grievance procedure;
  2. A residency agreement is signed and dated by the manager or the manager's designee and the resident or the representative within five days after the resident's acceptance into the assisted living facility;
  3. A copy of the residency agreement is given to the resident or the representative; and
  4. A residency agreement that has been signed, as stated in subsection (C)(2), is maintained on the premises throughout the resident's residency at the assisted living facility.
- D. If a licensee receives a deposit or pre-payment of fees from a resident or a representative, the licensee shall ensure that:
1. Except for a Life Care Contract regulated under A.R.S. Title 20, Chapter 8, a deposit does not exceed the amount of one month's fees;
  2. A deposit is maintained in a bank account separate from the assisted living facility's operating expenses;
  3. A deposit or portion of a deposit is not used for any purpose other than as stated in the resident's residency agreement; and
  4. Only the following are deducted from the deposit:
    - a. Damages to property caused by the resident, excluding normal wear and tear;
    - b. A fee or charge incurred by the resident; or
    - c. The resident's documented non-compliance with the residency agreement.
- E. A licensee or resident may terminate residency as follows:
1. A licensee may terminate residency of a resident without notice if:
    - a. The resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in the assisted living facility;
    - b. The resident's urgent medical or health needs require immediate transfer to another health care institution; or
    - c. The resident's care and service needs exceed the services the assisted living facility is licensed to provide;
  2. A licensee may terminate residency of a resident after providing 14 days written notice to the resident or the representative for one of the following reasons:
    - a. Documentation of failure to pay fees or charges;
    - b. Documentation of the resident's non-compliance with the residency agreement or internal facility requirements;
  3. Except as provided by subsections (E)(1) and (2), a licensee shall not terminate residency of a resident without providing the resident or the representative 30 days written notice;
  4. A resident or the representative may terminate residency of a resident without notice due to the following, as substantiated by a governmental agency:
    - a. Neglect;
    - b. Abuse;
    - c. Exploitation; or
    - d. Conditions of imminent danger to life, health, or safety; and
  5. A resident or the representative may terminate residency of a resident after providing 14 days written notice to the licensee for documentation of the licensee's failure to comply with the resident's service plan or residency agreement.
- F. A licensee shall ensure that a written notice of termination of residency includes:
1. The reason for the termination of residency;
  2. The effective date of the termination of residency;
  3. The resident's right to grieve the termination of residency;
  4. The assisted living facility's grievance procedure; and
  5. The assisted living facility's refund policy.
- G. A licensee shall provide the following to a resident or a representative upon issuing a written notice of termination of residency:
1. A copy of the resident's service plan;
  2. Documentation that the resident is free from pulmonary tuberculosis; and
  3. The phone numbers and addresses of the local area agency on aging and D.E.S. Long-Term Care Ombudsman.
- H. A licensee shall not request or retain fees as follows:
1. If a resident dies or if a resident or representative terminates residency as permitted in subsection (E)(4), a licensee shall not request or retain fees after the date of the resident's death or termination of residency;
  2. If termination of residency occurs as permitted in subsection (E)(1), (2), or (5), a licensee shall not request or retain fees for more than 14 days from the date the written notice was received by the assisted living facility; and

3. For reasons other than identified in subsections (H)(1) and (2), the licensee shall not request or retain fees for more than 30 days after termination of residency.
- I. Within 30 days after the date of termination of residency, a licensee shall provide to the resident, the representative, or the individual to be contacted in the event of a significant change in the resident's condition:
  1. A written statement that includes:
    - a. The disposition of the resident's personal property;
    - b. An accounting of all fees, personal funds, or deposits owed to the resident; and
    - c. An accounting of any deduction from fees or deposits; and
  2. All fees or deposits required by this Section and personal funds.

**R9-10-710. Resident Rights**

- A. A licensee shall ensure that a resident or representative is provided the following at the time the resident is accepted into an assisted living facility:
  1. A list of current resident rights;
  2. A copy of current internal facility requirements; and
  3. Current phone numbers of:
    - a. The Arizona Department of Health Services' Office of Assisted Living Licensure;
    - b. D.E.S. Adult Protective Services;
    - c. 911 or other local emergency response;
    - d. The D.E.S. Long-Term Care Ombudsman;
    - e. The Arizona Center for Disability Law;
    - f. The Governor's Office for Americans with Disabilities; and
    - g. An entity that provides information on health care directives.
- B. A licensee shall ensure that a resident or the representative acknowledges, in writing, receipt of the items in subsection (A).
- C. A licensee shall ensure that language barriers or physical disabilities do not prevent a resident or representative from becoming aware of internal facility requirements and the resident rights.
- D. A licensee shall ensure that a resident has the following rights:
  1. To live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice;
  2. To be treated with consideration and respect;
  3. To be free from abuse, neglect, exploitation, and physical restraints and chemical restraints;
  4. To privacy in correspondence, communications, visitation, financial and personal affairs, hygiene, and health-related services;
  5. To receive visitors and make private phone calls;
  6. To participate or allow the representative or other individual to participate in the development of a written service plan;
  7. To receive the services specified in the service plan, and to review and re-negotiate the service plan at any time;
  8. To refuse services, unless such services are court ordered or the health, safety, or welfare of other individuals is endangered by the refusal of services;
  9. To maintain and use personal possessions, unless such use infringes upon the health, safety, or welfare of other individuals;
  10. To have access to common areas in the facility;
  11. To request to relocate or refuse to relocate within the facility based upon the resident's needs, desires, and availability of such options;
  12. To have financial and other records kept in confidence. The release of records shall be by written consent of the resident or the representative, except as otherwise provided by law;
  13. To review the resident's own records during normal business hours or at a time agreed upon by the resident and the manager;
  14. To review a copy of this Article during normal business hours or at a time agreed upon by the resident and the manager;
  15. To review the assisted living facility's most recent survey conducted by the Arizona Department of Health Services, and any plan of correction in effect during normal business hours or at a time agreed upon by the resident and the manager;
  16. To be informed, in writing, of any change to a fee or charge at least 30 days before the change, unless the resident's service needs change, as documented in the resident's service plan as required in R9-10-711(A)(7);
  17. To submit grievances to employees, outside agencies, and other individuals without constraint or retaliation;
  18. To exercise free choice in selecting activities, schedules, and daily routines;
  19. To exercise free choice in selecting a primary care provider, pharmacy, or other service provider and assume responsibility for any additional costs incurred as a result of such choices;
  20. To perform or refuse to perform work for the assisted living facility;
  21. To participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities; and
  22. To be free from discrimination in regard to race, color, national origin, sex, sexual orientation, and religion and to be assured the same civil and human rights accorded to other individuals.

**R9-10-711. Requirements for Service Plans and Health-Related Services**

- A. A licensee shall ensure that a resident has a written service plan that:
  1. Is initiated the day a resident is accepted into the assisted living facility;
  2. Is completed no later than 14 days after the resident's date of acceptance;
  3. Is developed with assistance and review from:
    - a. The resident or representative;
    - b. The manager or manager's designee;
    - c. A nurse, if the resident is receiving nursing services, medication administration, or is unable to direct self-care;
    - d. The resident's case manager, if applicable;
    - e. Any individual requested by the resident or the representative; and

- f. If applicable and necessary, any of the following: caregivers, assistant caregivers, the resident's primary care provider, or other medical practitioner;
- 4. Is based on an assessment conducted with resident interaction and by the individuals in subsection (A)(3);
- 5. Includes the following:
  - a. The level of service the resident is receiving;
  - b. The amount, type, and frequency of health-related services needed by the resident; and
  - c. Each individual responsible for the provisions of the service plan;
- 6. Is signed and dated by:
  - a. The resident or the representative;
  - b. The manager or the manager's designee;
  - c. The nurse, if a nurse assisted in the preparation or review of the plan; and
  - d. The case manager, if a case manager assisted in the preparation or review of the plan; and
- 7. Is updated according to the requirements in subsection (A)(3) through (6):
  - a. No later than 14 days after a significant change in the resident's physical, cognitive, or functional condition; and
  - b. As follows:
    - i. At least once every 12 months for a resident receiving supervisory care services;
    - ii. At least once every six months for a resident receiving personal care services; and
    - iii. At least once every three months for a resident receiving directed care services.
- B. A licensee shall ensure that a resident is provided the following, consistent with the level of service the assisted living facility is licensed to provide:
  - 1. Supervisory care services, personal care services, or directed care services specified in the resident's service plan;
  - 2. Supervisory care services, personal care services, or directed care services to meet a resident's scheduled and unscheduled needs;
  - 3. General supervision to ensure crisis intervention during an emergency, accident, incident, illness, or significant change in the resident's physical, functional, or cognitive condition;
  - 4. Supervisory care services, personal care services, or directed care services that promote a resident's independence, dignity, choice, self determination, and the resident's highest physical, cognitive, and functional capability;
  - 5. Assistance in utilizing community resources, as applicable;
  - 6. Encouragement and assistance to preserve outside support systems; and
  - 7. Social interaction to maintain identity and self-worth.

**R9-10-712. Activity Programs**

- A. A licensee shall ensure that daily social, recreational, or rehabilitative activities are provided as follows:
  - 1. Activities are planned according to residents' preferences, needs, and abilities;
  - 2. A calendar of activities:
    - a. Is prepared at least one week in advance from the date the activity is provided;
    - b. Is conspicuously posted;
    - c. Reflects all substitutions in activities provided; and
    - d. Is maintained on the premises for 12 months after the last scheduled activity; and
  - 3. Equipment and supplies are available and accessible to accommodate each resident who chooses to participate in an activity.
- B. A licensee shall ensure that daily newspapers, current magazines, and a variety of reading materials are available and accessible to a resident at an assisted living facility.

**R9-10-713. Medications**

- A. A licensee shall ensure that a resident's service plan states whether the resident:
  - 1. Requires no assistance in the self-administration of medication or medication administration;
  - 2. Needs assistance in the self-administration of medication which includes one or more of the following:
    - a. Storing a resident's medication;
    - b. Reminding a resident that it is time to take a medication;
    - c. Reading the medication label to a resident to:
      - i. Confirm the medication is being taken by the individual it is prescribed for;
      - ii. Check the dosage against the label on the container and reassure the resident that the dosage is correct; and
      - iii. Confirm the resident is taking the medication as directed;
    - d. Opening the medication container for a resident;
    - e. Pouring or placing a specified dosage into a container or into the resident's hand; or
    - f. Observing the resident while the medication is taken; or
  - 3. Needs medication administration.
- B. A licensee shall ensure that:
  - 1. An assisted living facility's medication policies and procedures are approved by a physician, pharmacist, or RN and address:
    - a. Obtaining and refilling medication;
    - b. Storing and controlling of medication;
    - c. Disposing of medication;
    - d. Assisting in the self-administration of medication and medication administration, as applicable; and
    - e. Recording of medication assistance provided to residents and maintenance of medication records;
  - 2. A drug reference guide, no older than two years from the copyright date, is available and accessible for use by employees;
  - 3. Medication stored by the licensee is stored or controlled as follows:
    - a. Medication is stored in a locked container, cabinet, or area that is inaccessible to residents;

- b. Medication is not left unattended by an employee;
  - c. Medication is stored in the original labeled container, except for medication organizers, and according to instructions on the medication label;
  - d. A bathroom or laundry room is not used for medication storage; and
  - e. All expired or discontinued medication, including those of deceased residents, are disposed of according to the assisted living facility's medication policies and procedures;
4. Medication stored by a resident in the resident's room or unit is stored and controlled as follows:
- a. Medication is kept in a locked container or cabinet or a resident locks the entrance to the room or unit when the resident is not in the room or unit and an employee has a key and access to the resident's room or unit and medication storage container or cabinet; or
  - b. As stated in the resident's service plan;
5. Except for medication organizers, resident medication is not pre-poured. Medication organizers may be prepared up to four weeks in advance by the following individuals:
- a. A resident or the representative;
  - b. A resident's relatives;
  - c. A nurse; or
  - d. As otherwise provided by law; and
6. A separate medication record is maintained for each resident receiving assistance in self-administration of medication or medication administration that includes:
- a. Name of resident;
  - b. Name of medication, dosage, directions, and route of administration;
  - c. Date and time medication is scheduled to be administered;
  - d. Date and time of actual assistance in self-administration of medication or medication administration; and
  - e. Signature or initials of the employee providing assistance in self-administration of medication or medication administration.

**R9-10-714. Resident Records**

- A. A licensee shall maintain a resident's record that contains:
- 1. The resident's name and social security number;
  - 2. The date of resident's acceptance into the assisted living facility, source of referral to the assisted living facility, and last address of resident;
  - 3. The names, addresses, and telephone numbers of the following:
    - a. The representative, if applicable;
    - b. The resident's primary care provider;
    - c. The resident's case manager, if applicable;
    - d. Each medical practitioner providing health-related services or medical services to the resident; and
    - e. An individual or relative to be contacted in the event of emergency, significant change in the resident's condition, or termination of residency;
  - 4. The residency agreement and any amendments;
  - 5. The documentation of the receipt of internal facility requirements, resident rights, and community phone numbers as required in R9-10-710(B);
  - 6. The documentation of orientation to the evacuation plan as required in R9-10-717(B);
  - 7. The service plan, its amendments and updates;
  - 8. A health care directive, if applicable;
  - 9. Documentation of freedom from pulmonary tuberculosis as required in R9-10-703(B)(3);
  - 10. Any orders from a primary care provider or medical practitioner as required in R9-10-722 or R9-10-723;
  - 11. The medication records as required in R9-10-713(B)(6);
  - 12. Accident, incident, or injury reports as required in R9-10-703(B)(12);
  - 13. Written authorizations for residency or continued residency as required by R9-10-722(A)(3) and (4) and R9-10-723(B)(1) and (3);
  - 14. Documentation of any change in a resident's behavior, physical, cognitive, or functional condition and action taken by employees to address the resident's changing needs;
  - 15. A written notice of termination of residency, if applicable;
  - 16. The address and phone number of the resident's new place of residence, if applicable;
  - 17. Documentation of relocation assistance provided to the resident, if applicable; and
  - 18. Documentation of the disposition of the resident's personal property and monies owed to the resident as required in R9-10-709(I)(1), if applicable.
- B. A licensee shall ensure that a resident's record is:
- 1. Confidential and only released with written permission from the resident or the representative, or as otherwise provided by law;
  - 2. Maintained at the facility;
  - 3. Legibly recorded in ink or electronically recorded;
  - 4. Retained for three years from the date of termination of residency; and
  - 5. Available for review by the resident or the representative during normal business hours or at a time agreed upon by the resident and the manager.
- C. A licensee shall ensure that a resident's financial records are maintained separate from a resident's record and are only accessible to individuals designated by the licensee.

**R9-10-715. Food Services**

- A. A licensee shall ensure that:
- 1. Three meals a day, served with not more than a 14 hour span between the evening meal and morning meal, and one snack a day is available to residents, unless otherwise prescribed by a therapeutic diet;

2. Meals and snacks meet each resident's nutritional needs based upon the resident's age and health needs;
  3. Menus are:
    - a. Based on:
      - i. Resident food preferences, eating habits, customs, health conditions, appetites, and religious, cultural, and ethnic backgrounds; and
      - ii. The Food Guide Pyramid, USDA, Center for Nutrition Policy and Promotion, Home and Garden Bulletin Number 252, Revised October 1996, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future additions or amendments;
    - b. Prepared at least one week before the date the food is served;
    - c. Dated and conspicuously posted; and
    - d. Maintained on the premises for at least 60 days from the date on the menu;
  4. Meals and snacks provided by the assisted living facility are served according to preplanned menus. Substitutions to the pre-planned menu are stated on the menu;
  5. Meals and snacks on each posted menu contain a variety of foods from each food group in the Food Guide Pyramid;
  6. A three-day supply of perishable and a three-day supply of non-perishable foods is maintained on the premises; and
  7. Water is available and accessible to residents at all times.
- B. If the assisted living facility offers therapeutic diets, a licensee shall ensure that:
1. A therapeutic diet manual, no older than five years from the copyright date, is available and accessible for use by employees; and
  2. The therapeutic diet is provided to a resident according to a written order from the resident's physician or as otherwise provided by law.
- C. A licensee 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. Except for food from a garden or orchard, food is obtained only from sources that comply with all laws relating to food and food labeling. A licensee shall ensure that any canned food is commercially canned;
  4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below;
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 140° F, except that:
      - i. Ground beef, poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F;
      - ii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iii. Rare roast beef is cooked to an internal temperature of at least 140° F and rare beef steak is cooked to a temperature of at least 130° F unless otherwise requested by a resident; and
      - iv. Leftovers are reheated to a temperature of 165° F;
  5. A refrigerator contains a thermometer, accurate to plus or minus 3° F at the warmest part of the refrigerator;
  6. Raw fruits and raw vegetables are rinsed with water before being cooked or served;
  7. Food is stored in covered containers, a minimum of six inches above the floor, and protected from splash and other contamination;
  8. Frozen foods are stored at a temperature of 0° F or below;
  9. Food service is not provided by an individual infected with a communicable disease that may be transmitted by food handling or in which there is a likelihood of the individual contaminating food or food-contact surfaces or transmitting disease to other individuals;
  10. Before starting work, after smoking, using the toilet, and as often as necessary to remove soil and contamination, individuals providing food services wash their hands and exposed portions of their arms with soap and warm water; and
  11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

### **R9-10-716. Physical Plant Requirements**

- A. A licensee shall ensure that an assisted living facility:
1. Complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the assisted living facility complies with the applicable codes and standards incorporated by reference in A.A.C. R9-1-412;
  2. Is hazard-free;
  3. Has a common area and a dining area that:
    - a. Are not converted, partitioned, or otherwise used as a sleeping area; and
    - b. Contain furniture to accommodate the recreational and socialization needs of residents and other individuals in the assisted living facility;
  4. Provides at least one bathroom, containing at least a flushable toilet and a sink, that is accessed from a common area;
  5. Provides a hazard-free outdoor area with shaded protection where residents may walk or sit; and
  6. Provides wheelchair ramps or other access from exterior doors for residents using wheelchairs or other assistive devices.
- B. A licensee shall ensure that:
1. No more than two individuals reside in a residential unit or bedroom. An assisted living facility that provides documentation of operating before the effective date of this Article with more than two individuals living in a unit or bedroom may continue to allow more than two individuals to reside in a unit or bedroom if there is 60 square feet or more for each individual living in the unit or bedroom;
  2. A bedroom or unit is not used to access a common room, common bathroom, or another bedroom or unit unless written consent is obtained from the resident or the representative;
  3. To provide natural light, a bedroom or unit has:
    - a. A window to the outside; or
    - b. A door made of glass to the outside; and
  4. To provide safe egress in an emergency, a bedroom or unit has:
    - a. A window that either:

- i. Meets the requirements of the local jurisdiction; or
  - ii. Has no dimension less than 20 inches, is at least 720 square inches, and has a window sill that is no more than 44 inches off the floor; or
  - b. A door to the outside.
- C. A licensee shall ensure that a swimming pool on the premises of an assisted living facility:
- 1. Complies with all applicable laws and rules for swimming pool construction and safety and:
    - a. Is enclosed by a five-foot solid wall, fence, or barrier with either vertical or horizontal open spaces that do not exceed four inches; or
    - b. Is inaccessible to residents and is granted an exception as prescribed in R9-10-702(F) from the enclosure requirements in subsection (C)(1)(a); and
  - 2. Has self-closing, self-latching gates that are kept locked when the swimming pool is not in use; and
  - 3. Has pool safety requirements conspicuously posted in the swimming pool area.

**R9-10-717. Fire and Safety Requirements**

- A. A licensee shall ensure that:
- 1. A written evacuation plan is developed and maintained on the premises;
  - 2. A written disaster plan, identifying a relocation plan for all residents from the facility, is developed and maintained on the premises;
  - 3. An employee fire drill is conducted at least once every three months on each shift. Residents are not required to participate in an employee fire drill. An employee fire drill includes making a general announcement throughout the facility that an employee fire drill is being conducted or sounding a fire alarm;
  - 4. A resident fire drill is conducted at least once every six months and includes residents, employees on duty, support staff on duty, and other individuals in the facility. A resident fire drill includes making a general announcement throughout the facility that a resident fire drill is being conducted or sounding a fire alarm; and
  - 5. Records of employee fire drills and resident fire drills are maintained on the premises for 12 months from the date of the drill and include the date and time of the drill, names of employees participating in the drill, and identification of residents needing assistance for evacuation.
- B. A licensee shall ensure that a resident receives orientation to the evacuation plan within 24 hours of the resident's acceptance into the assisted living facility. Documentation of the orientation shall be signed and dated by the resident or the representative.

**R9-10-718. Environmental Services**

- A licensee shall ensure that:
- 1. A facility and facility grounds are:
    - a. In good repair;
    - b. Clean;
    - c. Free of odors;
    - d. Free of any object, material or condition that may be a hazard based on the physical, cognitive, and functional condition of the residents; and
    - e. Free of insects and rodents;
  - 2. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags; and
    - b. Removed from the premises at least once a week;
  - 3. Heating and cooling systems maintain the facility at a temperature between 68° F to 85° F at all times. A resident with an individual temperature-controlled residential unit or room may heat and cool to provide for individual comfort;
  - 4. Common areas are lighted to assure safety of residents;
  - 5. Hot water temperatures are maintained between 95° F and 120° F in the areas of a facility used by residents;
  - 6. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents;
  - 7. A common bathroom has toilet paper; soap; and cloth towels, paper towels, or a mechanical air hand dryer accessible to residents;
  - 8. Soiled linen and soiled clothing stored by the assisted living facility are stored in closed containers away from food storage, kitchen, and dining areas;
  - 9. Oxygen containers are maintained in an upright position;
  - 10. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications;
  - 11. Combustible or flammable liquids and hazardous materials stored by an assisted living facility are stored in the original labeled containers or safety containers outside the facility or in an attached garage locked and inaccessible to residents;
  - 12. Pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances;
    - c. Vaccinated as follows:
      - i. A dog is vaccinated against rabies, leptospirosis, distemper, hepatitis, and parvo; and
      - ii. A cat is vaccinated against rabies and feline leukemia;
  - 13. A container with first-aid supplies, in a quantity sufficient to meet the needs of all residents, is accessible to employees. First-aid supplies include at least band-aids, sterile bandages or gauze pads, antiseptic solution, tweezers, scissors, tape, and disposable latex gloves;
  - 14. If a non-municipal water source is used, the water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or E. Coli bacteria and corrective action is taken to ensure the water is safe to drink. Documentation of testing is retained on the premises for 24 months from the date of the test; and
  - 15. 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.

### **R9-10-719. Supplemental Requirements for an Assisted Living Home**

- A. In addition to the requirements in R9-10-716, a licensee shall ensure that an assisted living home meets the following:
1. Each bedroom is of standard construction with walls from floor to ceiling with at least one door. If a bedroom door is capable of being locked from the inside, an employee shall have a key and access to the bedroom at all times;
  2. There is at least 80 square feet of floor space, excluding closets, bathrooms, alcoves, or vestibules, for a resident in a private bedroom and at least 60 square feet of floor space excluding closets, bathrooms, alcoves, or vestibules, for each resident sharing a bedroom with another individual;
  3. A bedroom used by a resident who is receiving personal care services or directed care services is equipped with a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies;
  4. Unless the resident provides the resident's own furnishings, a licensee provides the following furnishings for a resident:
    - a. A bed, 36 inches wide or larger, consisting of at least a frame and mattress that is clean and in good repair;
    - b. Clean linen including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
    - c. A bedside lamp that provides light for reading;
    - d. Storage space for clothing;
    - e. Individual storage space for personal effects; and
    - f. Adjustable window covers that provide resident privacy;
  5. A bathroom meets the following requirements:
    - a. There is at least one working flushable toilet and one working sink for each eight individuals living in the home;
    - b. There is one working tub or shower for each eight individuals living in the home;
    - c. The sink is in the same bathroom as the toilet or in a room adjacent to the toilet, and is not used for food preparation;
    - d. Each bathroom provides privacy when in use and contains:
      - i. A mirror, unless the resident's service plan requires otherwise;
      - ii. A means of ventilation or an operable window;
      - iii. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers; and
      - iv. Grab bars for the toilet and tub or shower and other assistive devices, if required in a resident's service plan, to provide for resident safety; and
    - e. If a bathroom has a door locking from the inside, an employee has key and access to the bathroom at all times;
  6. A resident is not housed on a floor that does not open onto the ground level unless:
    - a. There is a secondary means of emergency exit that the resident is capable of using; and
    - b. The resident is ambulatory without assistance and is able to direct self-care;
  7. A resident has access to laundry service or a washing machine and dryer in the home.
- B. In addition to the fire and safety requirements contained in R9-10-717, a licensee shall ensure the following:
1. A written evacuation plan, identifying interior exits, is conspicuously posted in the home;
  2. A portable, all-purpose fire extinguisher that meets at a minimum, a 2A-10-BC rating of the Underwriter's Laboratories as described in Publication 10 of the National Fire Code, incorporated by reference in A.A.C. R9-1-412 is installed and maintained in the home as prescribed by the fire authority having jurisdiction;
  3. A fire extinguisher is:
    - a. Serviced every 12 months or as recommended by the manufacturer;
    - b. Tagged specifying the date of recharging and the name of the organization performing the work; and
    - c. Placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches off the floor;
  4. Smoke detectors are installed according to the manufacturer's instructions in at least the following areas:
    - a. Bedrooms;
    - b. Hallways that adjoin bedrooms;
    - c. Storage rooms and laundry rooms;
    - d. Attached garages;
    - e. Rooms or hallways adjacent to the kitchen; and
    - f. Other places recommended by the manufacturer;
  5. Smoke detectors that are battery-operated are equipped with a device that warns of a low battery. If more than two violations of an inoperative battery-operated smoke detector are cited in a 24-month period, the licensee shall ensure the smoke detector is hard wired into the electrical system; and
  6. Smoke detectors are inspected as often as recommended by the manufacturer and kept in working order.

### **R9-10-720. Supplemental Requirements for an Assisted Living Center**

- A. In addition to the requirements in R9-10-716, a licensee shall ensure that a center or a portion of a center providing personal care services or directed care services:
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 the resident's safety approved by the local jurisdiction and granted an exception as prescribed in R9-10-702(F).
- B. A licensee shall ensure that a resident has access to a laundry service or a washing machine and dryer in the center.
- C. A licensee shall ensure that a resident's sleeping area is contained in a residential unit or a bedroom.
1. A residential unit shall meet the following:
    - a. Have at least 220 square feet of floor space, excluding the bathroom and closet, for one individual and an additional 100 square feet of floor space, excluding the bathroom and closet, for a second individual;

- b. Have an individually keyed entry door. A key shall be provided to the resident or the representative, and an employee shall have a key and access to the unit at all times;
  - c. A unit used by a resident receiving personal care services or directed care services shall be equipped with a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies. A licensee may request an exception from this requirement as prescribed in R9-10-702(F) for a resident who is unable to direct self-care if there is an alternative method of communication;
  - d. Have a bathroom that provides privacy when in use and contains:
    - i. A working flushable toilet;
    - ii. A working sink;
    - iii. A working tub or shower;
    - iv. A mirror, unless the resident's service plan requires otherwise;
    - v. A means of ventilation or an operable window;
    - vi. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers; and
    - vii. Grab bars for the toilet and tub or shower and other assistive devices, if identified in a resident's service plan, to provide for resident safety;
  - e. If a bathroom has a door locking from the inside, an employee has a key and access to the bathroom at all times;
  - f. Contains a resident-controlled thermostat for heating and cooling;
  - g. Contains a kitchen area equipped with:
    - i. A working sink;
    - ii. A working refrigerator;
    - iii. A cooking appliance that can be removed or disconnected;
    - iv. Space for food preparation; and
    - v. Storage for utensils and supplies;
  - h. Unless the resident provides the resident's own furnishings, the licensee provides the following furnishings for a resident:
    - i. A bed, 36 inches wide or larger, consisting of at least a frame and mattress that is clean and in good repair;
    - ii. Clean linen including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
    - iii. A bedside lamp that provides light for reading;
    - iv. Storage space for clothing;
    - v. Individual storage space for personal effects;
    - vi. Adjustable window covers that provide resident privacy;
    - vii. One armchair or side chair; and
    - viii. One table where a resident may eat a meal.
2. A bedroom shall meet the following:
- a. Is of standard construction with walls from floor to ceiling with at least one door. If a bedroom door is capable of being locked from the inside, an employee has a key and access to the bedroom at all times;
  - b. There is at least 80 square feet of floor space, excluding closets, bathrooms, alcoves, or vestibules, for a resident in a private bedroom and at least 60 square feet of floor space, excluding closets, bathrooms, alcoves, or vestibules for each resident sharing a bedroom with another individual;
  - c. A bedroom used by a resident receiving personal care services or directed care services is equipped with a bell, intercom, or other mechanical means to alert employees to the resident's needs or emergencies. A licensee may request an exception from this requirement as prescribed in R9-10-702(F) for a resident who is unable to direct self-care if there is an alternative method of communication;
  - d. Unless the resident provides the resident's own furnishings, the licensee provides the following furnishings for a resident:
    - i. A bed, 36 inches wide or larger, consisting of at least a frame and mattress that is clean and in good repair;
    - ii. Clean linen including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
    - iii. A bedside lamp that provides light for reading;
    - iv. Storage space for clothing;
    - v. Individual storage space for personal effects; and
    - vi. Adjustable window covers that provide resident privacy;
  - e. Bathroom requirements:
    - i. At least one working flushable toilet and one working sink for each eight individuals living in the center;
    - ii. One working tub or shower for each eight individuals in the center; and
    - iii. The sink may be in the same bathroom as the toilet or in a room adjacent to the toilet but is not used for food preparation;
  - f. Each bathroom provides privacy when in use and contains:
    - i. A mirror, unless the resident's service plan requires otherwise;
    - ii. A means of ventilation or an operable window;
    - iii. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers; and
    - iv. Grab bars for the toilet and tub or shower and other assistive devices, identified in the resident's service plan, to provide for resident safety; and
  - g. For a bathroom door locking from the inside, an employee has a key and access to the bathroom at all times.
- D. A licensee shall obtain the following inspections of a facility, according to the following schedules, and make any repairs or corrections stated on an inspection report:
- 1. Sanitation inspections, conducted a minimum of every 12 months by a local health department; and
  - 2. Fire inspections, conducted no less than every 36 months by a local fire department or the State Fire Marshal.
- E. A licensee shall maintain current reports of sanitation and fire inspections on the facility premises.

**R9-10-721. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Supervisory Care Services**

A resident in an assisted living facility that is licensed to provide supervisory care services may receive nursing services or health-related services from a licensed home health agency, licensed hospice service agency, or private duty nurse.

**R9-10-722. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Personal Care Services**

- A. A licensee of an assisted living facility licensed to provide personal care services shall not:
1. Accept or retain a resident unable to direct self-care;
  2. Accept or retain an individual who requires continuous nursing services unless:
    - a. The resident is under the care of a licensed hospice service agency;
    - b. The continuous nursing services are provided by a private duty nurse; or
    - c. The assisted living facility meets the requirements of A.R.S. § 36-401(C);
  3. Accept or retain a resident who is bedbound unless:
    - a. The condition is a result of a short-term illness or injury; or
    - b. The following requirements are met at the onset of the condition or when the resident is accepted into the assisted living facility:
      - i. Written authorization of residency or continued residency is signed and dated by the resident or the representative;
      - ii. The resident's primary care provider, who has examined the resident within 30 days from the onset of the condition or upon acceptance into the assisted living facility, signs and dates a statement authorizing residency at the assisted living facility. The resident's primary care provider shall examine the resident at least once every six months throughout the duration of the resident's condition and signs and dates a statement authorizing continued residency;
      - iii. The resident does not require continuous nursing services except as provided by subsection (A)(2);
      - iv. The resident's service plan is revised to include the resident's increased need for services;
      - v. The resident is under the care of a nurse, licensed home health agency, or licensed hospice service agency;
      - vi. The assisted living facility is meeting the resident's needs; and
      - vii. The assisted living facility documents the services provided to the resident to meet the resident's needs; and
  4. Accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a nurse or medical practitioner, unless the assisted living facility meets the requirements in subsection (A)(3)(b).
- B. In addition to the ongoing training requirements in R9-10-707 (B), a licensee of an assisted living facility licensed to provide personal care services shall ensure that each manager and caregiver completes a minimum of two hours of ongoing training in providing personal care services every 12 months from the starting date of employment, or for a manager or caregiver hired before the effective date of this Article, every 12 months from the effective date of this Article.
- C. A licensee shall provide to each resident receiving personal care services:
1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
  2. Sufficient fluids to maintain hydration;
  3. Incontinence care that ensures that a resident maintains the highest practicable level of independence and dignity when toileting;
  4. An assessment conducted by a primary care provider of each resident who needs medication administration or nursing services within 30 days of being accepted into the assisted living facility or within 30 days of developing the need for nursing services or medication administration; and
  5. Documentation of a resident's weight for each resident receiving medication administration or nursing services. A resident's weight shall be recorded in the resident's service plan when a resident's service plan is developed or updated.
- D. In addition to the medication requirements in R9-10-713, a licensee shall ensure that:
1. Assistance in the self-administration of medication or medication administration for a resident receiving personal care services is provided based upon a written medication order from the resident's primary care provider, medical practitioner, or as otherwise provided by law. A medication order includes:
    - a. The name of resident;
    - b. The name, strength, quantity, route of administration, and directions for the medication ordered;
    - c. Precautionary statements, if applicable; and
    - d. The signature of primary care provider or medical practitioner and date signed;
  2. A verbal medication order from a primary care provider or medical practitioner is noted in a resident's medication record within 24 hours of receipt of the verbal order and a supporting written order is obtained from the primary care provider or medical practitioner within 14 days of receipt of the verbal order. Only a manager or caregiver may receive a verbal medication order;
  3. Only the following individuals provide medication administration:
    - a. A representative or a resident's relatives;
    - b. A nurse or other medical practitioner, or other individual authorized by law to provide medication administration; or
    - c. An employee authorized in writing by a resident's physician;
  4. A nurse, pharmacist, or primary care provider reviews the medication and medication record of each resident receiving medication administration or nursing services at least every 90 days and after a significant change in the resident's condition;
  5. Employees and support staff do not provide non-prescription medication to a resident unless the resident has an order from the resident's primary care provider or medical practitioner for the medication; and
  6. When a PRN medication is administered to a resident on a regular basis, the resident's primary care provider or medical practitioner is notified and a written order is obtained from the resident's primary care provider within 14 days.
- E. A licensee of an assisted living facility licensed to provide personal care services shall ensure a treatment for a resident receiving personal care services is administered as follows:
1. A treatment that cannot be self-administered is administered by a nurse or as otherwise provided by law;
  2. A treatment is administered according to a written order from the resident's primary care provider or medical practitioner. A treatment order shall include the:
    - a. Name of resident;
    - b. Name, route of administration, and directions for use of treatment ordered;

- c. Precautionary statements related to the administration of treatment, if applicable; and
  - d. Signature of primary care provider or medical practitioner and date signed;
3. A verbal treatment order from a primary care provider or medical practitioner is noted in a resident's record within 24 hours of receipt of the verbal order and a supporting written order is obtained from the primary care provider or medical practitioner within 14 days of receipt of the verbal order. Only a manager or caregiver may receive a verbal treatment order; and
  4. A written record of treatment administered to a resident is completed by an employee and includes the:
    - a. Name of treatment, frequency, and route of administration;
    - b. Date and time treatment is scheduled to be administered; and
    - c. Date and time of actual treatment administration and signature or initials of the individual administering treatment.

**R9-10-723. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Directed Care Services**

- A. A licensee shall ensure that a representative is designated for a resident who is unable to direct self-care.
- B. A licensee of an assisted living facility licensed to provide directed care services shall not accept or retain a resident who:
  1. Is bedbound, unless the requirements in R9-10-722(A)(3) are met;
  2. Needs continuous nursing services, unless the requirements of R9-10-722(A)(2) are met; or
  3. Has a stage 3 or stage 4 pressure sore as determined by a nurse or other medical practitioner unless the requirements in R9-10-722(A)(4) are met.
- C. In addition to the ongoing training requirements in R9-10-707 (B) and R9-10-722(B), a licensee of an assisted living facility licensed to provide directed care services shall ensure each manager and caregiver completes a minimum of four hours of ongoing training in providing services to residents who are unable to direct self-care every 12 months from the starting date of employment, or for a manager or caregiver hired before the effective date of this Article, every 12 months from the effective date of this Article.
- D. In addition to the supplemental service requirements in R9-10-722(C) a licensee of an assisted living facility providing services to a resident who is unable to direct self-care shall provide the following:
  1. Direct supervision to ensure personal safety;
  2. Coordination of communications with each representative, relatives, case manager, if applicable, and other individuals identified in the resident's service plan;
  3. Cognitive stimulation and activities to maximize functioning;
  4. Encouragement to eat meals and snacks;
  5. An assessment of a resident who is unable to direct self-care by a primary care provider within 30 days of being accepted into the assisted living facility or within 30 days of becoming unable to direct self-care; and
  6. Documentation of a resident's weight. A resident shall be weighed and the resident's weight recorded in the resident's service plan when a resident's service plan is developed or reviewed.
- E. A licensee shall ensure that medication requirements in R9-10-722(D) are met for a resident receiving personal care services or directed care services.
- F. A licensee shall ensure that treatments for a resident receiving personal care services or directed care services are administered as required in R9-10-722(E).
- G. In addition to the requirements for a resident's record in R9-10-714, a licensee shall ensure that:
  1. The resident record for a resident who is unable to direct self-care contains a record of services provided by a licensed home health agency or licensed hospice service agency including:
    - a. A description of the home health service or hospice service provided to the resident and date and time provided;
    - b. The name, address, and phone number of the home health agency or hospice agency; and
    - c. Documentation of any instructions for the resident's care in the resident's service plan; and
  2. Instructions for the resident's care are communicated to employees.
- H. A licensee who provides services in a facility or portion of a facility to a resident who is unable to direct self-care shall:
  1. Develop and implement policies and procedures that ensure the continued safety of a resident who may wander;
  2. Ensure a means of exiting the facility that meets one of the following:
    - a. The assisted living facility provides a resident who does not have a key, special knowledge for egress, or special physical effort, access at all times to an outside area that is secure and allows the resident to be at least 30 feet away from the facility. If the outside area does not allow a resident to be at least 30 feet away from the facility, the assisted living facility shall provide a means of egress from the outside area that allows the resident to be at least 30 feet from the facility; or
    - b. The facility meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-1-412.
- I. A licensee shall follow notification requirements in R9-10-703(B)(12) each time a resident who is unable to direct self-care wanders off facility grounds.

**R9-10-724. Supplemental Requirements for Training Programs**

- A. A training program shall meet the following requirements:
  1. Except as provided in subsection (A)(2), an instructor for the training program shall be any of following:
    - a. A nurse, physician, physician assistant, or related medical professional with at least two years of health-related experience;
    - b. An individual with at least a bachelors degree in social work, gerontology, or closely-related field and at least two years of health-related experience;
    - c. An instructor employed by an accredited junior college, college, university or health care institution to teach health-related courses; or
    - d. An assisted living facility manager with at least two years experience serving as a manager in a residential care institution;
  2. If an instructor does not met the requirements in subsection (A)(1), the instructor may provide specific training in a level of training as designated in subsection (C)(3) or a training component as stated in subsection (B)(3) if the instructor has:
    - a. Education that qualifies the instructor to provide the training;
    - b. Experience that qualifies the instructor to provide the training; or

- c. Taught a class that includes the specific training;
  - 3. An instructor for the training program shall not provide training if the instructor:
    - a. Is serving as a manager of a health care institution operating under a provisional license; or
    - b. Has had a license to operate a health care institution revoked or suspended;
  - 4. Instructional methods for personal care services shall include opportunities for an individual receiving the training to practice skills on a mannequin or individual; and
  - 5. Training shall be provided using the instructors, manuals, student handouts, learning objectives, and verification tools and methods approved by the Department as prescribed in subsection (D).
- B. A training program shall:
- 1. Be constructed to allow an individual to demonstrate the specific skills and knowledge of a level of training or training component;
  - 2. Issue a verification of completion of training:
    - a. That states:
      - i. The name of individual;
      - ii. Each level of training completed by the individual;
      - iii. The date of completion; and
      - iv. The name of training program;
    - b. To an individual who:
      - i. Completes training in subsection (B)(3) and demonstrates specific skills and knowledge in the level of training; or
      - ii. Does not complete the training in subsection (B)(3) but demonstrates the specific skills and knowledge in the learning objectives of the level of training;
  - 3. Provide training as follows:
    - a. For an individual who will be providing supervisory care services: 20 hours or the amount of time needed to verify that an individual demonstrates the specific skills and knowledge in the learning objectives in each of the following training components:
      - i. Promoting resident dignity, independence, self-determination, privacy, choice, resident rights, and ethics;
      - ii. Communicating effectively with a resident, a representative and relatives, individuals who appear angry, depressed, or unresponsive;
      - iii. Managing personal stress;
      - iv. Preventing abuse, neglect, and exploitation and reporting requirements;
      - v. Controlling the spread of disease and infection;
      - vi. Recordkeeping and documentation;
      - vii. Following and implementing resident service plans;
      - viii. Nutrition, hydration, and food services;
      - ix. Assisting in the self-administration of medications;
      - x. Developing and providing social, recreational, and rehabilitative activities; and
      - xi. Fire, safety, and emergency procedures;
    - b. For an individual who will be providing personal care services: In addition to verification of the training components in subsection (B)(3)(a), 30 hours or the amount of time needed to verify that an individual demonstrates specific skills and knowledge in the learning objectives of each of the following training components:
      - i. The aging process and medical conditions associated with aging or physical disabilities;
      - ii. Assisting residents in activities of daily living and taking vital signs; and
      - iii. Medications;
    - c. For an individual who will be providing directed care services: In addition to verification of the training components in subsection (B)(3)(a) and (b), 12 hours or the amount of time needed to verify that an individual demonstrates specific skills and knowledge in the learning objectives of each of the following training components:
      - i. Overview of Alzheimer's disease and related dementias;
      - ii. Communicating with a resident who is unable to direct self-care;
      - iii. Providing services, including problem solving, maximizing functioning, and life skills training for a resident who is unable to direct self-care;
      - iv. Managing difficult behaviors in a resident who is unable to direct self-care; and
      - v. Developing and providing social, recreational, and rehabilitative activities for residents who are unable to direct self-care;
    - d. For an individual who will be acting as a manager of an assisted living facility: eight hours or the amount of time needed to verify that an individual demonstrates the specific skills and knowledge in the learning objectives in each of the following training components:
      - i. Developing resident service plans,
      - ii. Business practices,
      - iii. Personnel management,
      - iv. Delegation of authority,
      - v. Developing policies and procedures, and
      - vi. Overview of the laws and rules governing assisted living facilities;
  - 4. Accept documentation that an individual is certified as a nursing assistant under A.R.S. Title 32, Chapter 15 as verification of the skills and knowledge required in subsection (B)(3)(b)(i) and (ii);
  - 5. Use only instructors who meet the qualifications in subsection (A)(1) and (2);
  - 6. Maintain the following records at the location designated on the application for five years from the date the instructor provided training:
    - a. The name and documentation of qualifications of each instructor;
    - b. A copy of each certificate of training issued by the training program;
    - c. The written instrument verifying that the individual demonstrated the specific skills and knowledge in each learning objective for a level of training; and

- d. Evaluations required by subsection (B)(7); and
- 7. Ensure that an individual who receives a certificate of training submits an evaluation of the training program to the training program that includes:
  - a. The name of each instructor,
  - b. An evaluation of each instructor,
  - c. An evaluation of training, and
  - d. Suggestions or recommendations.
- C. An applicant for Department approval of an assisted living training program shall submit an application to the Department that includes:
  - 1. A completed application form, provided by the Department, that includes:
    - a. The name of the training program;
    - b. The mailing address for the training program;
    - c. The phone number for the training program;
    - d. The location or locations where training will be provided;
    - e. The location where training records will be maintained;
    - f. The name of a contact person; and
    - g. The signature of the following:
      - h. If an individual, the signature of the individual;
      - i. If a partnership, the signatures of two of the partners;
      - j. If a corporation, the signatures of two officers of the corporation;
      - k. If a limited liability company, the designated manager, or if no manager is designated, the signatures of any two members of the limited liability company; or
      - l. If a governmental agency, the signature of the director of the governmental agency or the individual designated in writing by the director.
  - 2. The names and qualifications of each instructor providing training;
  - 3. The designation of one or more of the following levels of training provided by the training program:
    - a. Supervisory care services;
    - b. Personal care services;
    - c. Directed care services; or
    - d. Manager training; and
  - 4. The following information for each level of training provided:
    - a. The instructional method or methods;
    - b. A detailed training outline;
    - c. The learning objectives;
    - d. The instructor's manuals and student handouts; and
    - e. The tool and method or methods of verification that an individual has achieved the learning objective.
- D. For Department approval of a training program:
  - 1. The overall time-frame described in A.R.S. § 41-1072(2), is 90 days.
  - 2. The administrative completeness review described in A.R.S. § 41-1072(1) is 60 days and begins on the date the Department receives an application.
    - a. If any of the documents is missing or if information on the documents is deficient, the Department shall provide to the applicant a written notice of incompleteness that states each deficiency and the information or documents needed to complete the application. The 60 day time-frame for the Department to finish the administrative completeness review is suspended from the date the Department provides the notice of incompleteness to the applicant until the date the Department receives the required information or missing document.
    - b. If all of the documents are submitted and the information on the documents is complete, the Department shall provide a written notice of administrative completeness to the applicant.
    - c. If the documents or information are not submitted within 120 days from the date of notice of incompleteness, the Department shall consider the application withdrawn.
    - d. If the Department grants approval to the training program during the time provided to assess administrative completeness, the Department shall not provide a separate written notice of administrative completeness.
  - 3. The substantive review time-frame described in A.R.S. § 41-1072(3) is 30 days and begins on the date the Department provides written notice of administrative completeness to the applicant.
    - a. If the applicant does not meet the requirements of this Section the Department shall provide a written request for additional information to the applicant. The 30 day time-frame for the Department to finish the substantive review is suspended from the date the Department provides the written request to the applicant until the Department receives the additional information.
    - b. The applicant shall submit to the Department the information or documents identified in the written request for additional information within 30 days of the receipt of the written request.
    - c. The Department shall provide the applicant with a written notice of denial if:
      - i. The applicant does not submit the additional information within the time-frame in subsection (D)(3)(b); or
      - ii. Upon receipt of the additional information from the applicant, the Department determines that the applicant does not meet the requirements of this Section.
    - d. An applicant may appeal the Department's determination according to A.R.S. Title 41, Chapter 6.
  - 4. If an applicant meets the requirements of this Section, the Department shall provide a written notice of Department approval to the applicant.
- E. To change the level of training that a training program is approved to provide, the training program shall submit to the Department the information for the requested level of training in subsection (C)(2),(3), and (4). The Department shall comply with the requirements for approval of a training program in subsection (D).

- F. A training program shall not provide training or a level of training until the training program receives written Department approval.
- G. A training program shall submit to the Department:
  - 1. Any changes to the information required in subsection (C)(1) no later than 30 days from the date of the change, and
  - 2. The information required in subsection (C)(2) for an instructor before the instructor provides training for the training program.
- H. To renew a training program's approval, a training program shall submit to the Department every 24 months from the date of approval, the information in subsection (C). The Department shall comply with the requirements for approval of a training program in subsection (D).
- I. The Department may withdraw a training program's approval if:
  - 1. The training program does not comply with the requirements in subsection (A), (B), or (C);
  - 2. The Department determines that the training program issued a certificate of training to an individual who did not demonstrate the specific knowledge and skills of a learning objective in a training component in the level of training stated on the certificate; or
  - 3. The training program fails to meet the requirements in subsection (E), (F), (G), or (H).
- J. The Department may observe a training program's instructional or verification methods; review the training programs records; and interview instructors, individuals trained, and other individuals to determine a training program's compliance with this Section.