SENOTICE OF PROPOSED EXPEDITED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

PREAMBLE

1. Permission to proceed with this proposed expedited rulemaking was granted under A.R.S. § 41-1039 by the governor on:

December 3, 2024

2. Article, Part, or Section Affected (as applicable)	**Rulemaking Action**
R9-10-501	Amend
R9-10-503	Amend
R9-10-506	Amend
R9-10-507	Amend
R9-10-508	Amend
R9-10-509	Amend
R9-10-510	Amend
R9-10-511	Amend
R9-10-512	Amend
R9-10-514	Amend
R9-10-515	Amend
R9-10-516	Amend
R9-10-518	Amend
R9-10-520	Amend
R9-10-522	Amend
R9-10-525	Amend

3. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statute: A.R.S. §§ 36-132(A)(1) and (17) and 36-136(G)

Implementing statute: A.R.S. §§ 36-405, 36-406, 36-407, and 36-425.05

4. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the current record of the proposed expedited rule:

Notice of Rulemaking Docket Opening: 30 A.A.R. 3781, December 13, 2024, 50, [R24-283]

5. The agency's contact person who can answer questions about the rulemaking:

Name: Thomas Salow

Title: Assistant Director

Division: Public Health Licensing

Address: 150 N. 18th Ave., Suite 500, Phoenix, AZ 85007

Telephone: (602) 542-6383

Email: Thomas.Salow@azdhs.gov

or

Name: Stacie Gravito

Title: Office Chief, Administrative Counsel and Rules

Division: Policy and Intergovernmental Affairs

Address: 150 N. 18th Ave., Suite 200, Phoenix, AZ 85007

Telephone: (602) 542-1020

Fax: (602) 364-1150

Email: stacie.gravito@azdhs.gov

6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

Pursuant to Arizona Revised Statutes (A.R.S.) § 36-405, the Arizona Department of Health Services (the Department) is required to establish minimum standards for health care institutions, including requirements for construction, equipment, sanitation, staffing for medical, nursing, and personal care services, and recordkeeping to protect public health, safety, and welfare. The rules in 9 A.A.C. 10, Article 5 pertain specifically to Intermediate Care Facilities for Individuals with Intellectual Disabilities. The Department proposes amendments to these rules based on findings from a five-year-review report approved by the Governor's Regulatory Review Council. The Department plans to amend the rules align the rules more closely with statutes, other health care institution rules in A.A.C. Title 9, Chapter 10, and Centers for Medicare and Medicaid Services (CMS) requirements under 42 CFR 483, Subpart I; correct cross-references and citations; improve clarity, conciseness, and overall understandability; eliminate obsolete or duplicative provisions; and ensure consistency across related rules. Additionally, the Department seeks to amend rules as necessary for the effective administration and enforcement of public health laws, with the goal of promoting continuity and improving patient outcomes. On December 2, 2024, the Department received approval from the Governor's Office, in accordance with A.R.S. § 41-1039(A), to proceed with rulemaking. The proposed changes will adhere to the current rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State, and the Department may add, amend, repeal, or renumber rules as necessary to achieve these objectives.

7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

Answer

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Answer

9. A statement that the agency is exempt from the requirements under A.R.S. § 41-1055(G) to obtain and file a preliminary summary of the economic, small business, and consumer impact under A.R.S. § 41-1055(D)(2):

This rulemaking is exempt from the requirements to obtain and file an economic, small business, and consumer impact under A.R.S. § 41-1055(D)(2).

10. Where, when, and how a person may provide written comments on the proposed expedited rule:

A person may submit written comments no later than the close of record to the person listed under Item #5.

Close of Record: January 28, 2025

11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

There are no other matters prescribed by statutes applicable specifically to the Department or this specific rulemaking.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rule does not require the issuance of a regulatory permit. Therefore, a general permit is not applicable.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

There are no federal laws applicable to the subject of these rules.

c. Whether a person submitted an analysis to the agency regarding the rule's impact on the competitiveness of businesses in this state as compared to the competitiveness of businesses in other states under A.R.S. § 41-1055(I). If yes, include the analysis with the rulemaking package.

No business competitiveness analysis was submitted to the Department.

12. List all incorporated by reference material as specified in A.R.S. § 41-1028 and include a citation where the material is located:

Not applicable

13. The full text of the rules follows:

Rule text begins on the next page.

TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

ARTICLE 5. INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Section

ARTICLE 5. INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

R9-10-501. Definitions

In addition to the definitions in A.R.S. §§ 36-401 and 36-551 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Active treatment" means rehabilitative services and habilitation services provided to a resident to address the resident's developmental disability and, if applicable, medical condition.
2. "Acuity" means a resident's need for medical services, nursing services, rehabilitative services, or habilitation services based on the patient's medical condition or developmental disability.
3. "Acuity plan" means a method for establishing requirements for nursing personnel or therapists by unit based on a resident's acuity.
4. "Advocate" means an individual who:
   a. Assists a resident or the resident's representative to make the resident's wants and needs known,
   b. Recommends a course of action to address the resident's wants and needs, and
   c. Supports the resident or the resident's representative in addressing the resident's wants and needs.
5. "Assistive device" means a piece of equipment or mechanism that is designed to enable an individual to better carry out activities of daily living.
6. "Dental services" means activities, methods, and procedures included in the practice of dentistry, as described in A.R.S § 32-1202.
7. "Direct care" means medical services, nursing services, rehabilitation services, or habilitation services provided to a resident.
8. "ICF/IID" means intermediate care facility for individuals with intellectual disabilities.
~~8.~~9. "Inappropriate behavior" means actions by a resident that may:
   a. Put the resident at risk for physical illness or injury,
   b. Significantly interfere with the resident's care,
   c. Significantly interfere with the resident's ability to participate in activities or social interactions,
   d. Put other residents or personnel members at significant risk for physical injury,
   e. Significantly intrude on another resident's privacy, or
   f. Significantly disrupt care for another resident.
~~9.~~10. "Medical care plan" means a documented guide for providing medical services and nursing services to a resident requiring continuous nursing services that includes measurable objectives and the methods for meeting the objectives.
~~10.~~11. "Nursing care plan" means a documented guide for providing intermittent nursing services to a resident that includes measurable objectives and the methods for meeting the objectives.
~~11.~~12. "Outing" means a social or recreational activity or habilitation services that:
   a. Occur away from the premises, and
   b. May be part of a resident's individual program plan.
~~12.~~13. "Qualified intellectual disabilities professional" means one of the following who has at least a bachelor's degree and one year of experience working directly with individuals who have developmental disabilities, consistent with the requirements in 42 CFR 483.430:
   a. A physician;
   b. A registered nurse;
   c. A physical therapist;
   d. An occupational therapist;

e. A psychologist, as defined in A.R.S. § 32-2061;

f. A speech-language pathologist;

g. An audiologist, as defined in A.R.S. § 36-1901;

f. A registered dietitian, as defined in A.R.S. § 36-416;

g. A licensed clinical social worker under A.R.S. § 32-3293; or

h. A nursing care institution administrator.

~~13.~~14. "Resident's representative" has the same meaning as "responsible person" in A.R.S. § 36-551.

R9-10-503. Administration

A. No change

1. No change
2. No change
3. No change
   a. No change
   b. No change
      i. No change
      ii. No change
4. No change
5. No change
6. No change
   a. No change
   b. No change
7. No change

B. No change

1. No change
2. No change
3. No change
4. No change

C. An administrator shall ensure that:

1. No change
   a. No change
   b. No change
   c. No change
   d. No change
      i. No change
      ii. No change
   e. No change
   f. No change
   g. No change
      i. No change
      ii. No change
      iii. No change
      iv. No change

v. No change

h. No change

i. No change

j. No change

k. No change

i. No change

ii. No change

l. No change

m. No change

n. No change

o. No change

p. No change

q. No change

r. No change

s. No change

t. No change

u. No change

2. Policies and procedures for active treatment and other physical health services and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:

a. No change

b. No change

c. No change

d. No change

e. No change

f. No change

g. No change

i. No change

ii. No change

iii. No change

h. No change

i. No change

ii. No change

i. No change

i. No change

ii. No change

j. Cover ~~telemedicine~~ telehealth, if applicable;

k. No change

l. No change

m. No change

n. No change

o. No change

p. No change

q. No change

3. No change

4. No change

5. No change

a. No change

b. No change

D. No change

1. No change

2. No change

E. No change

1. No change

2. No change

F. If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from an ICF/IID's employee or personnel member, an administrator shall:

1. ~~If applicable, take~~ Take immediate action to stop the suspected abuse, neglect, or exploitation;

2. Report the suspected abuse, neglect, or exploitation of the resident as follows:

a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or

b. For a resident under 18 years of age, according to A.R.S. § 13-3620;

c. Report to the Department:

i. Immediately but not later than two hours if the alleged violation involves abuse or results in serious bodily injury; or

ii. Not later than 24 hours if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; and does not result in serious bodily injury

3. Document:

a. The suspected abuse, neglect, or exploitation;

b. Any action taken according to subsection (F)(1); and

c. The report in subsection (F)(2);

4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);

5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):

a. The dates, times, and description of the suspected abuse, neglect, or exploitation;

b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;

c. The names of witnesses to the suspected abuse, neglect, or exploitation; and

d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and

6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

G. No change

1. No change

2. No change

3. No change

a. No change

b. No change

i. No change

ii. No change

c. No change

d. No change

e. No change

i. No change

ii. No change

H. No change

1. No change

2. No change

I. An administrator shall:

1. Notify a resident's representative, family member, or other individual designated by the resident ~~within one calendar day~~ immediately, with no delay between staff awareness of the occurrence and reporting unless the situation is unstable in which case reporting should occur as soon as the safety of the resident is assured, after:

a. The resident's death,

b. There is a significant change in the resident's medical condition, or

c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and

2. No change

a. No change

b. No change

c. No change

d. No change

e. No change

f. No change

J. No change

1. No change

2. No change

3. No change

4. No change

5. No change

6. No change

7. No change

K. No change

1. No change

a. No change

b. No change

2. No change

L. No change

1. No change

a. No change

b. No change

2. No change

3. No change

M. No change

1. No change

2. No change

3. No change

N. No change

1. No change

2. No change

R9-10-506. Personnel

A. No change

1. No change

a. No change

b. No change

2. No change

3. No change

4. No change

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:

a. Are based on:

i. The type of active treatment or other physical health services or behavioral care expected to be provided by the personnel member according to the established job description, and

ii. The acuity of the residents receiving active treatment or other physical health services or behavioral care from the personnel member according to the established job description; and

b. Include:

i. The specific skills and knowledge necessary for the personnel member to provide the expected active treatment or other physical health services and behavioral care listed in the established job description,

ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

a. Before the personnel member provides active treatment or other physical health services or ~~and~~ behavioral care, and

b. According to policies and procedures; and

3. Sufficient personnel members are present on an ICF/IID's premises with the qualifications, skills, and knowledge necessary to:

a. Provide the services in the ICF/IID's scope of services,

b. Meet the needs of a resident, and

c. Ensure the health and safety of a resident.

C. No change

1. No change

2. No change

D. No change

E. No change

F. No change

1. No change

2. No change

G. No change

1. No change

2. No change

a. No change

b. No change

c. No change

d. No change

3. No change

H. No change

1. No change

a. No change

b. No change

c. No change

i. No change

ii. No change

iii. No change

2. No change

a. No change

b. No change

I. No change

1. No change

2. No change

3. No change

a. No change

b. No change

c. No change

d. No change

e. No change

f. No change

g. No change

h. No change

i. No change

j. No change

k. No change

J. No change

1. No change
   a. No change
   b. No change
2. No change

K. No change

1. No change
2. No change
3. No change
   a. No change
   b. No change
   c. No change
4. No change
5. No change
   a. No change
   b. No change
   c. No change
6. No change

L. No change

1. No change
2. No change

M. An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36420.01 is developed, documented, and implemented.

R9-10-507. Admission

An administrator shall ensure that:

1. No change
   a. No change
   b. No change
   c. No change
   d. No change
2. No change
3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment ~~on~~ of a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
4. No change
5. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change

6. No change

7. No change

   a. No change

   b. No change

8. No change

9. No change

   a. No change

   b. No change

10. No change

    a. No change

    b. No change

R9-10-508. Transfer; Discharge

A. No change

1. No change

   a. No change

   b. No change

2. No change

   a. No change

   b. No change

   c. No change

      i. No change

      ii. No change

   d. No change

   e. No change

B. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:

1. No change

2. According to policies and procedures:

   a. No change

   b. No change

   c. A personnel member explains the risks and benefits of the transfer to the resident or the resident's representative; and

3. No change

   a. No change

   b. No change

   c. No change

   d. No change

C. No change

1. No change

   a. No change

   b. No change

2. No change

3. No change

a. No change

b. No change

c. No change

i. No change

ii. No change

iii. No change

iv. No change

v. No change

vi. No change

R9-10-509. Transport

A. Except as provided in subsections (B) and (C), an administrator shall ensure that:

1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before and after the transport,
   b. Information from the resident's medical record is provided to a receiving health care institution, and
   c. A personnel member explains the risks and benefits of the transport to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transport;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transport.

B. No change

1. No change
2. No change
3. No change

C. No change

1. No change
2. No change
3. No change
4. No change

R9-10-510. Transportation; Resident Outings

A. No change

1. No change
   a. No change
   b. No change
   c. No change
   d. No change
2. No change
3. No change
   a. No change

b. No change

c. No change

d. No change

i. No change

ii. No change

iii. No change

e. No change

4. No change

a. No change

b. No change

B. No change

C. An administrator shall ensure that:

1. Except when only one resident is participating in an outing, at least two personnel members are present on the outing;
2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-503(C)(1)(g) and first aid training according to R9-10-503(C)(1)(h);
4. Documentation is developed before an outing that includes:
   a. The name of each resident participating in the outing;
   b. A description of the outing;
   c. The date of the outing;
   d. The anticipated departure and return times;
   e. The name, address, and, if available, telephone number of the outing destination; and
   f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
   a. The resident's name;
   b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
   c. The resident's allergies; and
   d. The name and telephone number of a designated individual, who is present on the ICF/IID's premises, to notify in case of an emergency.

R9-10-511. Resident Rights

A. No change

1. No change
2. No change
3. No change
   a. No change
   b. No change

B. An administrator shall ensure that:

1. A resident has privacy in:
    a. Treatment,
    b. Bathing and toileting,
    c. Room accommodations, and
    d. Visiting or meeting with another resident or an individual;
2. A resident is treated with dignity, respect, and consideration;
3. A resident is not subjected to:
    a. Abuse;
    b. Neglect;
    c. Exploitation;
    d. Coercion;
    e. Manipulation;
    f. Sexual abuse;
    g. Sexual assault;
    h. Except as allowed in R9-10-515, seclusion or restraint;
    i. Retaliation for submitting a complaint to the Department or another entity;
    j. Misappropriation of personal and private property by an ICF/IID's personnel members, employees, volunteers, or students; or
    k. Segregation solely ~~on the basis of~~ based on the resident's disability; and
4. A resident or the resident's representative:
    a. Except in an emergency, either consents to or refuses treatment;
    b. May refuse or withdraw consent for treatment before treatment is initiated;
    c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
    d. Is informed of the following:
        i. The health care institution's policy on health care directives, and
        ii. The resident complaint process;
    e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to an ICF/IID for identification and administrative purposes;
    f. May manage the resident's financial affairs;
    g. Has access to and may communicate with any individual, organization, or agency;
    h. Except as provided in the resident's individual program plan, has privacy:
        i. In interactions with other residents or visitors to the ICF/IID,
        ii. In the resident's mail, and
        iii. For telephone calls made by or to the resident;
    i. May review the ICF/IID's current license survey report and, if applicable, plan of correction in effect;
    j. May review the resident's financial records within two working days and medical ~~record~~ records within one working day after the resident's or the resident's representative's request;
    k. May obtain a copy of the resident's financial records and medical ~~record~~ records within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
    l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
        i. Medical record, and

ii. Financial records;

m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;

n. Is informed of the method for contacting the resident's attending physician;

o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;

p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and

q. Except in the event of an emergency, is informed orally or in writing before the ICF/IID makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.

C. In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
4. To participate in social, religious, political, and community activities that do not interfere with other residents;
5. To retain personal possessions including furnishings and clothing as space permits unless the use of the personal possession infringes on the rights or health and safety of other residents;
6. To share a room with the resident's spouse if space is available and the spouse consents;
7. To receive a referral to another health care institution if the ICF/IID is not authorized or not able to provide active treatment or other physical health services or behavioral care needed by the resident;
8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
9. To participate or refuse to participate in research or experimental treatment; and
10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-512. Medical Records

A. No change

1. No change
2. No change
   a. No change
   b. No change
   c. No change
3. No change
   a. No change
   b. No change
   c. No change
4. No change
5. No change
   a. No change
   b. No change
   c. No change

6. No change

B. No change

1. No change
2. No change

C. An administrator shall ensure that a resident's medical record contains:

1. Resident information that includes:
   a. The resident's name;
   b. The resident's date of birth; and
   c. Any known allergies, including medication allergies;
2. The admission date and, if applicable, the date of discharge;
3. The admitting diagnosis or presenting symptoms;
4. Documentation of the resident's placement evaluation;
5. Documentation of general consent and, if applicable, informed consent;
6. If applicable, the name and contact information of the resident's representative and:
   a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
   b. If the resident's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
7. The name and contact information of ~~an individual to be contacted under R9-10-503(I)~~ the resident's representative, family member, or other individual designated by the resident;
8. Documentation of the initial assessment required in R9-10-507(3) to determine acuity;
9. The medical history and physical examination required in R9-10-516(A)(4);
10. A copy of the resident's living will or other health care directive, if applicable;
11. The name and telephone number of the resident's attending physician;
12. Orders;
13. Documentation of the resident's comprehensive assessment;
14. Individual program plans, including nursing care plans or medical care plans, if applicable;
15. Documentation of active treatment and other physical health services or behavioral care provided to the resident;
16. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
17. If applicable, documentation of restraint or seclusion;
18. If applicable, documentation of any actions other than restraint or seclusion taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
19. If applicable, documentation that evacuation from the ICF/IID would cause harm to the resident;
20. The disposition of the resident after discharge;
21. ~~The discharge plan;~~
22. ~~The discharge summary;~~
23. Transfer documentation;
24. The discharge plan and summary;

~~24.~~25. If applicable:

a. A laboratory report,

b. A radiologic report,

c. A diagnostic report, and

d. A consultation report;

~~25.~~26. Documentation of freedom from infectious tuberculosis required in ~~R9-10-507(10)~~ R9-10-507(9);

~~25.~~27. Documentation of a medication administered to the resident that includes:

a. The date and time of administration;

b. The name, strength, dosage, and route of administration;

c. The type of vaccine, if applicable;

d. For a medication administered for pain on a PRN basis:

i. An evaluation of the resident's pain before administering the medication, and

ii. The effect of the medication administered;

e. For a psychotropic medication administered on a PRN basis:

i. An evaluation of the resident's symptoms before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

f. The identification, signature, and professional designation of the individual administering the medication; and

g. Any adverse reaction a resident has to the medication; and

~~27.~~28. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

R9-10-514. Individual Program Plan

A. An administrator shall ensure that:

1. A comprehensive assessment of a resident:

a. Is conducted or coordinated by a qualified intellectual disabilities professional, in collaboration with an interdisciplinary team that includes:

i. The resident's attending physician or designee;

ii. A registered nurse;

iii. If the resident is receiving medications as part of active treatment, a pharmacist; and

iv. Personnel members qualified to provide each type of rehabilitation services identified in a placement evaluation or the initial assessment required in R9-10-507(3);

b. Is completed for the resident within 30 calendar days after the resident's admission to an ICF/IID;

c. Is updated:

i. No later than 12 months after the date of the resident's last comprehensive assessment, and

ii. When the resident experiences a significant change;

d. Includes the following information for the resident:

i. Identifying information;

ii. An evaluation of the resident's hearing, speech, and vision;

iii. An evaluation of the resident's ability to understand and recall information;

iv. An evaluation of the resident's mental status;

v. Whether the resident demonstrates inappropriate behavior;

vi. Preferences for customary routine and activities;

vii. An evaluation of the resident's ability to perform activities of daily living;

viii. Need for a mobility device;

ix. An evaluation of the resident's ability to control the resident's bladder and bowels;

x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;

xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;

xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;

xiii. An evaluation of the resident's oral and dental status;

xiv. An evaluation of the condition of the resident's skin;

xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;

xvi. Identification of any treatment or medication ordered for the resident;

xvii. Identification of interventions that may support the resident towards independence;

xviii. Identification of any assistive devices needed by the resident;

xix. Identification of the active treatment needed by the resident, including active treatment not provided by the ICF/IID;

xx. Identification of measurable goals and behavioral objective for the active treatment, in priority order, with time limits for attainment;

xxi. Identification of the methods, schedule, and strategies to accomplish the goals ~~in subsection (A)(1)(d)(xviii)~~, including the personnel member responsible;

xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(xix) are working, including the type of data required and frequency of collection;

xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;

xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;

xxv. If restraint or seclusion is included in subsection ~~(A)(1)(d)(xxiv)~~ (A)(1)(d)(xxiii), the specific restraints or conditions of seclusion that may be used because of the resident's inappropriate behavior;

xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;

xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;

xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and

xxix. Potential for discharge;

e. Is signed and dated by the qualified intellectual disabilities professional who conducts or coordinates the comprehensive assessment or review; and

f. Is used to determine or update the resident's acuity;

2. If ~~any of~~ the ~~conditions~~ condition in subsection (A)(1)(d)(v) ~~are~~ is answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;
3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to an ICF/IID unless a physician, an individual designated by the physician, a qualified intellectual disabilities professional, or a registered nurse determines the resident has a significant change in condition; and
4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:
    a. A qualified intellectual disabilities professional; and
    b. If the resident has a nursing care plan or medical care plan, a registered nurse.

B. An administrator shall ensure that an individual program plan for a resident:
1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
2. Includes the acuity of the resident;
3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and
4. Ensures that a resident is provided rehabilitation services and other physical health services or behavioral care that:
    a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment, and
    b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

R9-10-515. Seclusion; Restraint

A. No change
1. No change
2. No change

B. No change
1. No change
2. No change
    a. No change
    b. No change
    c. No change
    d. No change
    e. No change
    f. No change
        i. No change
            (1) No change
            (2) No change
        ii. No change
        iii. No change
3. No change
    a. No change
        i. No change

ii. No change

iii. No change

iv. No change

v. No change

vi. No change

b. No change

4. No change

a. No change

b. No change

c. No change

i. No change

ii. No change

iii. No change

d. No change

C. An administrator shall ensure that:

1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a resident that:

a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;

b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:

i. The qualifications of a personnel member who can:

(1) Order the restraint or seclusion,

(2) Place a resident in the restraint or seclusion,

(3) Monitor a resident in the restraint or seclusion,

(4) Evaluate a resident's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or

(5) Renew the order for restraint or seclusion;

ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint or seclusion; and

iii. Criteria for monitoring and assessing a resident including:

(1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific restraint or seclusion;

(2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;

(3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;

(4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and

(5) A process for meeting a resident's nutritional needs and elimination needs;

c. Establish the criteria and procedures for renewing an order for restraint or seclusion;

d. Establish procedures for internal review of the use of restraint or seclusion; and

e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;

2. An order for restraint or seclusion is:

a. Obtained from a physician or registered nurse practitioner, and

b. Not written as a standing order or on an as-needed basis;

3. Restraint or seclusion is:

a. Not used as a means of coercion, discipline, convenience, or retaliation;

b. Only used when all of the following conditions are met:

i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;

ii. For the management of a resident's aggressive, violent, or self-destructive behavior;

iii. When less restrictive interventions have been determined to be ineffective; and

iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resident or another individual, or to stop physical harm to another individual; and

c. Discontinued at the earliest possible time;

4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:

a. May initiate an emergency application of restraint or seclusion for the resident before obtaining an order for the restraint or seclusion, and

b. Obtains an order for the restraint or seclusion of the resident during the emergency application of the restraint or seclusion;

5. An order for restraint or seclusion includes:

a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;

b. The date and time that the restraint or seclusion was ordered;

c. The specific restraint or seclusion ordered;

d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;

e. The specific criteria for release from restraint or seclusion without an additional order; and

f. The maximum duration authorized for the restraint or seclusion;

6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;

7. If an order for restraint or seclusion of a resident is not provided by the resident's attending physician, the resident's attending physician is notified as soon as possible;

8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a resident during restraint or seclusion, or evaluate a resident after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:

a. Includes:

i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;

ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;

iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;

iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;

v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;

vi. Monitoring and assessing a resident while the resident is in restraint or seclusion according to policies and procedures; and

vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and

b. Is provided by individuals qualified according to policies and procedures;

9. When a resident is placed in restraint or seclusion:

a. The restraint or seclusion is conducted according to policies and procedures;

b. The restraint or seclusion is proportionate and appropriate to the severity of the resident's behavior and the resident's:

i. Chronological and developmental age;

ii. Size;

iii. Gender;

iv. Physical condition;

v. Medical condition;

vi. Psychiatric condition; and

vii. Personal history, including any history of physical or sexual abuse;

c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;

d. The resident is monitored and assessed according to policies and procedures;

e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint or seclusion and determines:

i. The resident's current behavior,

ii. The resident's reaction to the restraint or seclusion used,

iii. The resident's medical and behavioral condition, and

iv. Whether to continue or terminate the restraint or seclusion;

f. The resident is given the opportunity:

i. To eat during mealtime, and

ii. To use the toilet; and

g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;

10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or seclusion or, if the resident's restraint or seclusion does not end during the shift in which it began, during the shift in which the resident's restraint or seclusion ends:

a. The emergency situation that required the resident to be restrained or put in seclusion,

b. The times the resident's restraint or seclusion actually began and ended,

c. The monitoring and time of the assessment required in subsection ~~(C)(9)(d)~~ (C)(9)(e),

~~d. The time of the assessment required in subsection (C)(9)(e),~~

e. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint or seclusion,

f. The times the resident was given the opportunity to eat or use the toilet according to subsection (C)(9)(f), and

g. The resident evaluation required in subsection (C)(12);

11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:

a. The specific criteria for release from restraint or seclusion without an additional order, and

b. The maximum duration authorized for the restraint or seclusion; and

12. A resident is evaluated after restraint or seclusion is no longer being used for the resident.

R9-10-516. Physical Health Services

A. No change

1. No change
2. No change
3. No change
4. No change
   a. No change
   b. No change
5. No change
   a. No change
   b. No change
6. No change
   a. No change
   b. No change
   c. No change

B. No change

1. No change
2. No change
   a. No change
   b. No change
3. No change

C. A director of nursing shall ensure that:

1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on:
   a. The acuity of the residents, and
   b. The ICF/IID's scope of services;
2. Sufficient nursing personnel, as determined by the method in subsection (C)(1), are on the ICF/IID's premises to meet the needs of a resident for nursing services;
3. A registered nurse participates in the development, review, and updating of a resident's nursing care plan or medical care plan;
4. Personnel members providing direct care to a resident with a nursing care plan or medical care plan receive direction from a nurse;

5. At least once every three months, a nurse:
   a. Assesses the health of a resident without a nursing care plan or medical care plan;
   b. Documents the results in the resident's medical record; and
   c. If the assessment indicates the need for physical health services or behavioral care, ~~initiates~~ initiate action, according to policies and procedures, to address the resident's needs;
6. Nursing personnel provide education and training to:
   a. Residents on hygiene and other behaviors that promote health; and
   b. Personnel members on:
      i. Detecting signs of illness or injury or significant changes in condition,
      ii. First aid, and
      iii. Basic skills for caring for residents;
7. ~~As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:~~ A nurse notifies a resident's attending physician and, if applicable, the resident's representative immediately or within 24 hours after one of the following events occur:
   a. Is injured,
   b. Is involved in an incident that requires medical services, or
   c. Has a significant change in condition; and
8. Only a medication required by an order is administered to a resident.

D. No change

1. No change
   a. No change
   b. No change
2. No change
3. No change
4. No change
   a. No change
   b. No change
5. No change
6. No change
7. No change
8. No change
   a. No change
   b. No change

c. No change

E. No change

1. No change
2. No change
   a. No change
   b. No change

R9-10-518. Clinical Laboratory Services

If clinical laboratory services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The ICF/IID:
    a. Is able to provide the clinical laboratory services delineated in the ICF/IID's scope of services when needed by the residents,
    b. Obtains specimens for the clinical laboratory services delineated in the ICF/IID's scope of services without transporting the residents from the ICF/IID's premises, and
    c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
    a. Available to the ordering physician within 24 hours after the test:
        i. ~~Within 24 hours after the test is~~ Is complete with results if the test is performed at a laboratory on the ICF/IID's premises, or
        ii. ~~Within 24 hours after the test result~~ Result is received if the test is performed at a laboratory outside of the ICF/IID's premises; and
    b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
    a. The ordering physician,
    b. A registered nurse in the resident's assigned unit,
    c. The ICF/IID's administrator, or
    d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the ICF/IID provides blood or blood products, policies and procedures are established, documented, and implemented for:
    a. Procuring, storing, transfusing, and disposing of blood or blood products;
    b. Blood typing, antibody detection, and blood compatibility testing; and
    c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

R9-10-520. Medication Services

A. No change

1. No change
    a. No change
        i. No change
        ii. No change
        iii. No change
        iv. No change
    b. No change

i. No change
ii. No change
iii. No change

c. No change

d. No change

e. No change

2. No change

a. No change

b. No change

B. No change

1. No change

a. No change

b. No change

i. No change
ii. No change

c. No change

d. No change

2. No change

3. No change

a. No change

b. No change

4. No change

a. No change

b. No change

C. No change

1. No change

2. No change

a. No change

b. No change

c. No change

d. No change

i. No change
ii. No change
iii. No change

e. No change

3. No change

4. No change

a. No change

b. No change

i. No change
ii. No change
iii. No change

5. No change

6. No change

a. No change

b. No change

D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members; and

2. If applicable, pharmaceutical services are provided~~:~~ under the direction of a pharmacist and comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23.

~~a. The pharmaceutical services are provided under the direction of a pharmacist;~~

~~b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and~~

~~c. A copy of the pharmacy license is provided to the Department upon request.~~

3. A copy of the pharmacy license is provided to the Department upon request.

E. No change

1. No change

2. No change

3. No change

a. No change

b. No change

c. No change

d. No change

F. No change

R9-10-522. Food Services

A. No change

1. No change

2. No change

3. No change

a. No change

b. No change

4. No change

a. No change

b. No change

c. No change

d. No change

5. No change

B. A registered dietitian or director of food services shall ensure that:

1. Food is prepared:

a. Using methods that conserve nutritional value, flavor, and appearance; and

b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;

2. A food menu:

a. Is prepared at least one week in advance,

b. Includes the foods to be served on each day,

c. Is conspicuously posted at least one day before the first meal on the food menu will be served,

d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and

e. Is maintained for at least 60 calendar days after the last day included in the food menu;

3. Meals and snacks for each day are planned and served using the applicable guidelines in ~~http://www.health.gov/dietaryguidelines/2015.asp~~ the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;

4. A resident is provided:

a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;

b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;

c. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(4)(e);

d. The option to have a daily evening snack identified in subsection (B)(4)(e)(ii) or other snack; and

e. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:

i. A resident group agrees; and

ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

5. A resident is provided with food substitutions of similar nutritional value if:

a. The resident refuses to eat the food served, or

b. The resident requests a substitution;

6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;

7. If food is used as a part of a program to manage a resident's inappropriate behavior:

a. A special diet is included as part of the resident's individual program plan, and

b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;

8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by an attending physician;

9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;

10. Personnel members supervise meals in dining areas to:

a. Direct a resident's self-help dining procedures,

b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and

c. Ensure that a resident eats in a manner consistent with the resident's developmental level;

11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and

12. Water is available and accessible to residents.

R9-10-525. Physical Plant Standards

A. An administrator shall ensure that, if an ICF/IID has:

1. More than 16 residents, the ICF/IID complies with:

a. The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the earlier of:

i. The date the ICF/IID was originally certified as an ICF/IID by the federal Centers for Medicare and Medicaid Services, or

ii. The date the ICF/IID submitted he application packet including the notarized attestation of architectural plans ~~and specifications to the Department for approval~~ according to R9-10-104; and

b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01; and

2. Sixteen or fewer residents, the ICF/IID complies with the requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.

B. No change

1. No change
   a. No change
   b. No change
2. No change
3. No change
4. No change
   a. No change
   b. No change
   c. No change
   d. No change
      i. No change
      ii. No change
      iii. No change
      iv. No change
      v. No change
      vi. No change
      vii. No change
5. No change
   a. No change
   b. No change
   c. No change
6. No change
7. No change

C. No change

1. No change
2. No change
3. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
   g. No change

4. No change

5. No change

6. No change

7. No change

a. No change

b. No change

c. No change

d. No change

e. No change

f. No change

g. No change

h. No change

i. No change

j. No change

k. No change

l. No change

D. If a swimming pool is located on the premises, an administrator shall ensure that:

1. The swimming pool is enclosed by a wall or fence that:

a. Is at least five feet in height as measured on the exterior of the wall or fence;

b. Has no vertical openings greater ~~that~~ than four inches across;

c. Has no horizontal openings, except as described in subsection (D)(1)(e);

d. Is not chain-link;

e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and

f. Has a self-closing, self-latching gate that:

i. Opens away from the swimming pool,

ii. Has a latch located at least 54 inches from the ground, and

iii. Is locked when the swimming pool is not in use; and

2. A life preserver or shepherd's crook is available and accessible in the pool area.

E. No change