ARTICLE 1. GENERAL

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 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...
A. For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter

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;
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;
   g. 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
   h. 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;
   i. A written report 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
   j. 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;
   k. A copy of the Certificate of Occupancy;
   l. Documentation that the facility was approved for occupancy, or
   m. Documentation that a certificate of occupancy for the facility is not available;
   n. A written 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;
   o. A written description of any work necessary to complete the construction or modification submitted by the project architect;
   p. 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;
   q. 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;
   r. 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;
   s. 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;
   t. 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;
   u. If a generator is installed, a copy of the installation acceptance required in the National Fire Codes incorporated by reference in R9-1-412;
   v. A written statement from a certified health physicist that the location, type, and amount of radiation protection are consistent with applicable design standards;
   w. A written report from a registered architect or professional structural engineer under 4 A.A.C. 30, Article 2, stating that the construction or modification complies with the applicable design standards;
   x. A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;
   y. A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and
   z. 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. 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
   j. 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;
   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.

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;
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

R9-10-107. Renewal License

R9-10-106. Reserved

C. The Department shall approve or deny an application in this Section according to R9-10-108.

B. In addition to the initial application requirements in this Section, an applicant shall comply with the initial application requirements in specific rules

6. The applicable application fee required by R9-10-122.

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

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

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

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

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

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; 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. The health care institution's:

         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.
vii. 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>
<thead>
<tr>
<th>Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Approval</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Approval of architectural plans and specifications R9-10-104</td>
</tr>
<tr>
<td>Health care institution initial license R9-10-105</td>
</tr>
<tr>
<td>Health care institution renewal license R9-10-107</td>
</tr>
<tr>
<td>Approval of a change to a health care institution license R9-10-109(E)</td>
</tr>
</tbody>
</table>

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;
   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.
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 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 9. NURSING CARE INSTITUTIONS

Section
R9-10-901. Definitions
R9-10-902. Application Requirements
R9-10-903. Contracted Services
R9-10-904. Administration
R9-10-905. Staff and Volunteers
R9-10-906. Nursing Services
R9-10-907. Resident Rights
R9-10-908. Admission
R9-10-909. Transfer or Discharge
R9-10-910. Medical Services
R9-10-911. Medication
R9-10-912. Food Services
R9-10-913. Medical Records
R9-10-914. Physical Plant Standards
R9-10-915. Environmental and Equipment Standards
R9-10-916. Safety Standards
R9-10-917. Infection Control
R9-10-918. Quality Management
R9-10-919. Quality Rating
R9-10-920. Repealed
R9-10-921. Repealed
R9-10-922. Repealed
R9-10-923. Repealed
R9-10-924. Repealed
R9-10-925. Repealed

R9-10-901. Definitions
In addition to the definitions in A.R.S. § 36-401 and Title 9, Chapter 10, Article 1, the following definitions apply in this Article:

1. "Abuse" has the meaning in A.R.S. § 46-451 and includes emotional abuse as defined in A.R.S. § 13-3623.
2. "Activities of daily living" means ambulating, bathing, dressing, grooming, toileting, eating, and getting in or out of a bed or a chair.
3. "Administrator" has the meaning in A.R.S. § 36-446.
4. "Admission" or "admitted" means documented acceptance by a nursing care institution of an individual as a resident of the nursing care institution.
5. "Adverse reaction" means an unexpected outcome that threatens the health and safety of a resident as a result of medical services or nursing services provided to the resident.
6. "Anniversary date" means the annual recurrence of the date of an event.
7. "Attending physician" means a physician designated by a resident or the resident's representative who is responsible for the coordination of medical services provided to the resident.
8. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
   a. A written signature;
   b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
   c. A rubber-stamp signature; or
   d. An electronic signature code.
9. "Available" means:
   a. For an individual, the ability to be contacted by any means possible such as by telephone or pager;
   b. For equipment and supplies, physically retrievable at a nursing care institution; and
   c. For a document, retrievable at a nursing care institution or accessible according to the time-frames in the applicable rules of this Article.
11. "Biohazardous medical waste" has the meaning in A.A.C. R18-13-1401.
12. "Biological" means a medicinal compound prepared from living organisms and their products such as serums, vaccines, antigens, and antitoxins.
13. "Business day" means Monday through Friday, 8:00 a.m. to 5:00 p.m.
14. "Care plan" means a documented guide for providing nursing services to a patient that includes measurable objectives and the methods for meeting the objectives based on the resident's comprehensive assessment.
15. "Cognitive status" means a resident's level of awareness including perception, reasoning, judgment, intuition, and memory.
16. "Communicable disease" has the meaning in A.A.C. R9-6-101.
17. "Comprehensive assessment" means an analysis of a resident's need for nursing care institution services that is performed according to R9-10-906(B).
18. "Conspicuously posted" means placed within a nursing care institution at a location that is visible and accessible to residents and the public.
19. "Contracted services" means nursing care institution services provided according to a written agreement between a nursing care institution and the person providing the nursing care institution services.
20. "Controlled substance" has the meaning in A.R.S. § 36-2501.
21. "Corporal punishment" means physical action that causes suffering or pain, and serves as retribution.
22. "Current" means up-to-date and extending to the present time.
23. "Dignity" means the quality or condition of esteem or worth.
24. "Direct care" means medical services, nursing services, or medically-related social services provided to a resident.
25. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
26. "Disaster" means an unexpected adverse occurrence that affects the nursing care institution's ability to provide nursing care institution services.
27. "Discharge" means a nursing care institution's termination of nursing care institution services to a resident.
28. "Discipline" means any verbal or physical action taken by a staff member or volunteer to punish or penalize a resident.
29. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
30. "Drill" means a response to a planned, simulated event.
31. "Drug" has the meaning in A.R.S. § 32-1901.
32. "Electronic" has the meaning in A.R.S. § 44-7002.
33. "Electronic signature" has the meaning in A.R.S. § 44-7002.
34. "Emergency" means an immediate threat to the life or health of a resident.
35. "Environmental services" means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
37. "Family" means an individual related to a resident by blood, marriage, or adoption or other individual designated by the resident.
38. "Food services" means the storage, preparation, and serving of food intended for consumption in a nursing care institution.
39. "Full time" means 40 hours or more every consecutive seven days.
40. "Health care directive" has the meaning in A.R.S. § 36-3201.
41. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
42. "Hospital-based nursing care institution" means an area within or on a contiguous portion of a licensed hospital's premises, or not more than 250 yards from the licensed hospital premises, where nursing care institution services are provided in coordination with hospital services.
43. "Hospital services" has the meaning in R9-10-201.
44. "Incident" means an unexpected occurrence that poses a threat to the health and safety of residents.
45. "Injury" means trauma or damage to some part of the human body.
46. "In-service education" means organized instruction or information related to nursing care institution services that is provided to a staff member.
47. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment.
48. "Medical director" means a physician who is responsible for the coordination of medical services provided to residents in a nursing care institution.
49. "Medically-related social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
50. "Medical history" means a part of a resident's medical records consisting of an account of the resident's health, including past and present illnesses, diseases, or medical conditions.
51. "Medical records" has the meaning in A.R.S. § 12-2291.
52. "Medication" has the same meaning as drug.
53. "Medication error" means:
   a. The failure to administer an ordered medication;
   b. The administration of a medication not ordered; or
   c. A medication administered:
      i. In an incorrect dosage,
      ii. More than 60 minutes from the ordered time of administration unless ordered to do so, or
      iii. By an incorrect route of administration.
54. "Medication error rate" means the percentage of medication errors, which is calculated by the number of medication errors divided by the opportunities for errors.
55. "Misappropriation of resident property" means the intentional use of a resident's belongings or money without the resident's consent.
56. "Monitor" means the ongoing observation of a resident's behavior or medical condition.
57. "Nurse" has the meaning as registered nurse or practical nurse defined in A.R.S. § 32-1601.
58. "Nursing care institution services" means medical services, nursing services, medically-related social services, and environmental services.
59. "Nursing personnel" means an individual authorized under A.R.S. Title 32, Chapter 15, to provide nursing services.
60. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
61. "Opportunities for errors" means the time during a Department survey in which a Department representative:
   a. Observes the number of medication doses administered to residents in a nursing care institution; and
   b. Ascertains the number of medication doses ordered but not administered.
62. "Order" means an instruction to provide medical services or nursing services to a resident in a nursing care institution by:
   a. A physician; or
   b. An individual licensed under A.R.S. Title 32 or authorized by the nursing care institution within the scope of the individual's license.
63. "Orientation" means the initial instruction and information provided to an individual starting work or volunteer services in a nursing care institution.
64. "Person" has the meaning in A.R.S. § 1-215 and includes governmental agencies.
65. "Pharmacist" has the meaning in A.R.S. § 32-1901.
66. "Physician" means an individual licensed under A.R.S. Title 32, Chapters 13, 14, 17, or 29.
67. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25.
68. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness or disease.
69. "Qualified" means meeting the requirements specified in a nursing care institution's written job description for a job position.
70. "Quality management program" means ongoing activities designed and implemented by a nursing care institution to improve the delivery of nursing care institution services.
71. "Reasonable accommodation" means an adaptation of a resident's environment based on the resident's preferences, comprehensive assessment, and care plan, to assist the resident in achieving or maintaining independent functioning.
72. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
73. "Registered nurse" has the meaning in A.R.S. § 32-1601.
74. "Registered nurse practitioner" has the meaning in A.R.S. § 32-1601.
75. "Registry staff member" means an individual licensed or certified by a regulatory agency who receives compensation from a third party to work at a nursing care institution.
76. "Regular basis" means at recurring, fixed, or uniform intervals.
77. "Resident" means an admitted individual receiving nursing care institution services.
78. "Resident advocate" means an individual who acts on behalf of a resident regarding the resident's legal or personal issues.
79. "Resident group" means residents or residents' family members who:
   a. Plan and participate in resident activities; or
   b. Meet to discuss nursing care institution issues and policies.
80. "Resident's representative" means a resident's legal guardian, an individual acting on behalf of a resident with the written consent of the resident, or a surrogate under A.R.S. § 36-3201.
81. "Restraint" means any chemical or physical method of restricting a resident's:
   a. Freedom of movement,
   b. Physical activity, or
   c. Access to the resident's own body.
82. "Risk" means potential for an adverse outcome.
83. "Seclusion" means the involuntary solitary confinement of a resident, when not medically indicated, in a room or an area where the resident is prevented from leaving.
84. "Secured" means the use of a method, device, or structure that:
   a. Prevents a resident from leaving an area of a nursing care institution's premises; or
   b. Alerts a staff member of a resident's departure from a nursing care institution.
85. "Semipublic swimming pool" has the meaning in A.A.C. R18-5-201.
86. "Significant change in condition" means an improvement or a deterioration in a resident's physical or mental condition that causes the resident's need for direct care to decrease or increase.
87. "Significant medication error" means the administration of a medication, or omission of a medication, that endangers the health or safety of a resident.
88. "Social worker" means an individual who:
   a. Has a baccalaureate degree in social work from a program accredited by the Council on Social Work Education;
   b. Has a baccalaureate degree in a human services field such as sociology, special education, rehabilitation counseling, or psychology; or
   c. Is certified under A.R.S. Title 32, Chapter 33;
89. "Staff member" means an individual who receives wages from a nursing care institution.
90. "Survey" means a license inspection of a nursing care institution by the Department.
91. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
92. "Tuberculosis control officer" has the meaning in A.R.S. § 36-711.
93. "Transfer" means relocating a resident from a nursing care institution to another health care institution.
94. "Unnecessary drug" means a medication is not required because:
   a. There is no documented indication for its use;
   b. The medication is excessive or duplicative;
   c. The medication is administered before determining whether the resident requires it; or
   d. The resident has experienced an adverse reaction from the medication indicating that the medication should be reduced or discontinued.
95. "Verification" means:
   a. A documented telephone call including the date and the name of the documenting individual;
   b. A documented observation including the date and the name of the documenting individual; or
   c. A documented confirmation of a fact including the date and the name of the documenting individual.
96. "Vital signs" means an individual's heart rate, respiratory rate, blood pressure, and body temperature.
97. "Volunteer" means an individual, not including a resident's family member providing direct care to the resident, authorized by a nursing care institution to work on a regular basis who does not receive compensation.
98. "Work" means employment by, or providing volunteer services for, a nursing care institution.

R9-10-902. Application Requirements
In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for an initial or renewal license shall submit the following to the Department:
1. A copy of the nursing care institution administrator's license under A.R.S. Title 36, Chapter 4, Article 6; and
2. A form provided by the Department that contains:
   a. The name and the classification or subclassification of a health care institution operated by the same governing authority as the nursing care institution, if applicable; and
b. Whether the nursing care institution has:
   i. A secured area for residents with Alzheimer's disease or other dementia;
   ii. A secured behavioral health services area; or
   iii. An area for residents on ventilators.

R9-10-903. Contracted Services
An administrator shall ensure that:
1. A contractor provides contracted services according to the requirements in this Article;
2. A contract includes the responsibilities of each contractor;
3. A copy of the contract is maintained at the nursing care institution;
4. A documented list of current contracted services is maintained at the nursing care institution that includes a description of the contracted services provided; and
5. A contract and the list of contracted services required in subsections (3) and (4) are provided to the Department for review within two hours of the Department's request.

R9-10-904. Administration
A. A governing authority shall:
   1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
   2. Approve or designate an individual to approve the nursing care institution policies and procedures required in subsection (E);
   3. Comply with applicable federal and state laws, rules, and local ordinances governing operations of a nursing care institution;
   4. Appoint a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
   5. Appoint an acting licensed administrator if the administrator is absent for more than 30 consecutive days;
   6. Except as permitted in subsection (A)(5), when there is a change of administrator, submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department;
   7. Adopt a quality management program according to R9-10-918;
   8. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
   9. Approve contracted services or designate an individual to approve contracted services;
   10. Notify the Department immediately if there is a change in administrator according to A.R.S. § 36-425(E);
   11. Notify the Department at least 30 days before the nursing care institution terminates operations according to A.R.S. § 36-422(D); and
   12. Notify the Department of a planned change in ownership at least 30 days before the change according to A.R.S. § 36-422(D).
B. Except as provided in subsection (C), a governing authority may not appoint an administrator to provide direction in more than one health care institution.
C. A single governing authority may appoint an administrator to provide direction in:
   1. Both a hospital and a hospital-based nursing care institution if the licensed capacity in the hospital-based nursing care institution does not exceed 60; or
   2. Not more than two nursing care institutions if:
      a. The distance between the two nursing care institutions does not exceed 25 miles; and
      b. Neither nursing care institution is operating under a provisional license issued by the Department under A.R.S. § 36-425;
D. An administrator shall:
   1. Be responsible to the governing authority for the operation of the nursing care institution;
   2. Have the authority and responsibility to administer the nursing care institution;
   3. Designate an individual, in writing, who is available and responsible for the nursing care institution when the administrator is not available; and
   4. Ensure the nursing care institution's compliance with the fingerprinting requirements in A.R.S. § 36-411.
E. An administrator shall ensure that:
   1. Nursing care institution policies and procedures are established, documented, and implemented that cover:
      a. Abuse of residents and misappropriation of resident property;
      b. Health care directives;
      c. Job descriptions, qualifications, duties, orientation, and in-service education for each staff member;
      d. Orientation and duties of volunteers;
      e. Admission, transfer, and discharge;
      f. Disaster plans;
      g. Resident rights;
      h. Quality management including incident documentation;
      i. Personal accounts;
      j. Petty cash funds;
      k. The nursing care institution's refund policy;
      l. Food services;
      m. Nursing services;
      n. Dispensation, administration, and disposal of medication and biologicals;
      o. Infection control; and
      p. Medical records including oral, telephone, and electronic records;
   2. An allegation of abuse of a resident or misappropriation of resident property is:
      a. Investigated by an individual designated by the administrator;
      b. Reported to the Department within five calendar days of the allegation; and
      c. Reported to Adult Protective Services of the Department of Economic Security if required by A.R.S. § 46-454;
   3. During an investigation conducted according to subsection (E)(2), further abuse of a resident or misappropriation of resident property is prevented;
4. Nursing care institution policies and procedures are reviewed at least once every 24 months and updated as needed;
5. Nursing care institution policies and procedures are available to each staff member;
6. A known criminal conviction of a staff member who is licensed, certified, or registered in this state is reported to the appropriate licensing or regulatory agency;
7. An injury to a resident from an unknown source that requires medical services, a disaster, or an incident is investigated by the nursing care institution and reported to the Department within 24 hours or the first business day after the injury, disaster, or incident occurs;
8. A resident advocate assists a resident, the resident's representative, or a resident group with a request or recommendation, and responds in writing to any complaint submitted to the nursing care institution;
9. The following are conspicuously posted on the premises:
   a. The current nursing care institution license and quality rating issued by the Department;
   b. The name, address, and telephone number of:
      i. The Department's Office of Long Term Care,
      ii. The State Long Term Care Ombudsman Program, and
      iii. Adult Protective Services of the Department of Economic Security;
   c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
   d. A map for evacuating the facility; and
   e. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect.
F. If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
   1. Comply with nursing care institution policies and procedures established according to subsection (E)(1)(i),
   2. Designate a staff member who is responsible for the personal accounts,
   3. Maintain a complete and separate accounting of each personal account,
   4. Obtain written authorization from the resident or the resident's representative for each personal account transaction,
   5. Document each account transaction and provide a copy of the documentation to the resident or the resident's representative on request and at least every three months,
   6. Transfer all money from the resident's personal account in excess of $50.00 to an interest-bearing account and credit the interest to the resident's personal account, and
   7. Within 30 days of the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the individual or probate jurisdiction administering the resident's estate.
G. If a petty cash fund is established for use by residents, the administrator shall ensure that:
   1. The nursing care institution policies and procedures established according to subsection (E)(1)(j) include:
      a. A prescribed cash limit of the petty cash fund, and
      b. The hours of the day a resident may access the petty cash fund; and
   2. A resident's written acknowledgment is obtained for each petty cash transaction.

**R9-10-905. Staff and Volunteers**

A. An administrator shall ensure that:
   1. A staff member who provides direct care is available to meet the needs of a resident based on the resident's comprehensive assessment;
   2. A staff member who provides direct care demonstrates and maintains competency and proficiency according to criteria established in the nursing care institution policies and procedures;
   3. A work schedule of each staff member who provides direct care and volunteer is:
      a. Developed and maintained at the nursing care institution for 12 months from the date of the work schedule; and
      b. Provided to the Department for review within two hours of the Department's request;
   4. A staff member who provides direct care attends at least 12 hours of in-service education every 12 months from the starting date of employment.
   5. A nursing care institution policy and procedure is established to provide criteria for in-service education;
   6. Documentation of in-service education required in subsection (A)(4) includes:
      a. The date of the in-service education,
      b. The subject matter of the in-service education,
      c. The number of clock hours of the in-service education,
      d. The instructor's name, and
      e. The signature of the staff member participating in the in-service education;
   7. Orientation for a staff member or a volunteer begins in the first week of employment or volunteer service and covers:
      a. Nursing care institution policies and procedures;
      b. Resident rights;
      c. Infection control including:
         i. Hand washing,
         ii. Linen handling, and
      iii. Prevention of communicable diseases, and
      d. Disaster plans;
   8. On or before the starting date of employment or volunteer service, a staff member or volunteer submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
      a. Documentation of a negative Mantoux skin test or other test for tuberculosis recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within six months before the starting date of employment or volunteer service; or
      b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within six months before the starting date of employment or volunteer service, that the staff member or volunteer is free from infectious pulmonary tuberculosis;
9. Every 12 months after the date of testing or date of the written statement by a physician, physician assistant, or registered nurse practitioner, a staff member or volunteer submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
   a. Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within 30 days before the anniversary date of the most recent test or written statement; or
   b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within 30 days before the anniversary date of the last written statement, that the staff member or volunteer is free from infectious pulmonary tuberculosis;
10. A record for a staff member and volunteer is maintained that includes:
   a. An application completed by the staff member or volunteer that includes the date of employment or volunteer service and the first working day or first day of volunteer service;
   b. Verification of orientation and, if applicable, certification and licensure;
   c. Documentation that the staff member or volunteer is free from infectious pulmonary tuberculosis as required in subsection (A)(8); and
   d. If applicable, documentation of compliance with the fingerprinting requirements in A.R.S. § 36-411;
11. A staff member or volunteer record required under subsection (A)(10) and in-service education documentation required under subsection (A)(6) are provided to the Department for review:
   a. For a current staff member or volunteer, as soon as possible but not more than two hours from the time of the Department's request; and
   b. For a staff member or volunteer who is not currently working or providing volunteer services in the nursing care institution, within two hours from the Department's request; and
12. A staff member or volunteer record and in-service education documentation are maintained by the nursing care institution for at least two years after the last date of volunteer service or work.

B. An administrator shall appoint:
1. A qualified individual to provide:
   a. Medically-related social services, and
   b. Recreational activities; and
2. A full-time social worker if the nursing care institution has a licensed capacity of 120 or more;
C. If an administrator provides direction in a hospital and a hospital-based nursing care institution under R9-10-904(C)(1), the administrator may designate a staff member to provide direct care in both licensed health care institutions if:
   1. The designation is not prohibited by federal or state law; and
   2. The time working in each health care institution by the staff member is documented.
D. If the nursing care institution uses registry staff, the administrator shall ensure there is a contractual agreement with the registry that ensures:
   1. A registry staff member holds a current license or certificate to perform duties within the scope of the individual's license or certificate;
   2. A registry staff member complies with the requirements in subsection (A)(8) for providing evidence of freedom from infectious pulmonary tuberculosis;
   3. A registry staff member complies with the fingerprinting requirements in A.R.S. § 36-411; and
   4. A registry provides documentation of compliance with subsections (D)(1), (D)(2), and (D)(3) within two hours of a request by the nursing care institution or the Department.

R9-10-906. Nursing Services
A. An administrator shall ensure that:
   1. Nursing services are provided 24 hours a day in a nursing care institution;
   2. A director of nursing is appointed who:
      a. Is a registered nurse;
      b. Works full-time at the nursing care institution; and
      c. Is responsible for the direction of nursing services;
   3. The director of nursing or an individual designated by the administrator participates in the quality management program;
   4. If the daily census of the nursing care institution is not more than 60, the director of nursing may provide direct care to residents on a regular basis.
B. A director of nursing shall ensure that:
   1. Sufficient nursing personnel are on the nursing care institution premises at all times to meet the needs of a resident for nursing services;
   2. At least one nurse is present and responsible for providing direct care to not more than 64 residents;
   3. Documentation of nursing personnel on duty each day is maintained at the nursing care institution and includes:
      a. The date;
      b. The number of residents;
      c. The name and license or certification title of each nursing personnel who worked that day; and
      d. The actual number of hours each nursing personnel worked that day;
   4. The documentation of nursing personnel required in subsection (B)(3) is maintained for 12 months from the date of the documentation and available to the Department for review within two hours from the Department's request;
   5. At the time of a resident's admission, an initial assessment is performed on the resident to ensure the resident's immediate needs are met such as medication and food services;
   6. A comprehensive assessment is performed by a registered nurse and coordinated by the registered nurse in collaboration with an interdisciplinary team and includes the information listed in subsection (B)(8);
   7. The comprehensive assessment required in subsection (B)(6) is performed on a resident:
      a. Within 14 days of admission to a nursing care institution; and
      b. No later than 12 months from the date of the last comprehensive assessment;
   8. A comprehensive assessment includes the resident's:
      a. Vital signs,
      b. Diagnosis,
c. Medical history,
d. Treatment,
e. Dental condition,
f. Nutritional condition and nutritional needs,
g. Medications,
h. Clinical laboratory reports,
i. Diagnostic reports,
j. Capability to perform activities of daily living,
k. Psychosocial condition,
l. Cognitive condition,
m. Impairments in physical and sensory functioning,
n. Potential for recreational activities,
o. Potential for rehabilitation, and
p. Potential for discharge.

9. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, a physician's designee, or a registered nurse determines the resident has a significant change in condition;

10. A care plan is developed, documented, and implemented for a resident within seven days of completing the comprehensive assessment required in subsection (B)(6);

11. The care plan required in subsection (B)(10):
   a. Is reviewed and revised as necessary if a resident has had a significant change in condition; and
   b. Ensures that a resident is provided nursing services to maintain the resident's highest practicable well-being according to the resident's comprehensive assessment;

12. A resident's comprehensive assessment is reviewed by a registered nurse at least every three months from the date of the current comprehensive assessment and revised if there is a significant change in the resident's condition and;

13. A nurse shall, as soon as possible but not more than 24 hours after the event occurs, notify the resident's attending physician and, if applicable, the resident's representative, if the resident:
   a. Is injured,
   b. Is involved in an incident that may require medical services, or
   c. Has a significant change in condition.

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

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

R9-10-907. Resident Rights
An administrator shall ensure that:

1. A resident:
   a. Is treated with consideration, respect, and dignity, and receives privacy in:
      i. Treatment,
      ii. Activities of daily living,
      iii. Room accommodations, and
      iv. Visits or meetings with other residents or individuals,
   b. Is free from:
      i. Restraint and seclusion if not medically indicated unless necessary to prevent harm to self or others and the reason for restraint or seclusion is documented in the resident's medical records;
      ii. Abuse and misappropriation of property; and
      iii. Interference, coercion, discrimination, and reprisal from a staff member, the administrator, or a volunteer for exercising the resident's rights;
   c. Is provided with reasonable accommodations unless the health or safety of the resident or another resident is at risk;
   d. May formulate a health care directive;
   e. May refuse to be photographed or refuse to participate in research, education, or experiments;
   f. May consent to perform or refuse to perform work for the nursing care institution;
   g. May choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
   h. May participate in social, religious, political, and community activities that do not interfere with other residents;
   i. May retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
   j. May share a room with the resident's spouse if space is available and the spouse consents;

2. A resident or the resident's representative:
   a. Participates in the planning of, or decisions concerning treatment;
   b. Consents to or refuses examination and treatment;
   c. Participates in developing the resident's care plan;
   d. May manage the resident's financial affairs;
   e. May choose the resident's attending physician. If the resident's insurance or payor does not cover the cost of the medical services provided by the attending physician or the attending physician's designee, the resident is responsible for the costs;
   f. May submit a grievance without retaliation from a staff member or volunteer;
   g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;
   h. Has access to and may communicate with any individual, organization, or agency;
   i. May participate in a resident group;
j. May review the resident's financial records within two business days and medical records within one business day of the resident or the resident's representative's request;  
k. May obtain a copy of the resident's financial records and medical records within two business days of the resident's request and in compliance with A.R.S. § 12-2295;  
l. May select a pharmacy of choice if the pharmacy complies with nursing care institution policies and procedures and does not pose a risk to the resident;  
m. Is informed of the method for contacting the resident's attending physician;  
n. Is informed of the resident's total health condition;  
o. Is provided with a copy of those sections of the resident's medical records that are required for continuity of care, free of charge according to A.R.S. § 12-2295, if the resident is transferred or discharged;  
p. Is informed in writing of a change in rates and charges 60 days before the effective date of the change; and  
q. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical records; and  

3. Financial record information is disclosed only with the written consent of a resident or the resident's representative or as permitted by law.

R9-10-908. Admission  
An administrator shall ensure that:  
1. A resident is admitted only on a physician's order;  
2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident such as medication and food services;  
3. A resident's needs do not exceed the medical services and nursing services provided by the nursing care institution;  
4. Before or at the time of admission, a resident or the resident's representative:  
   a. Signs a written agreement with the nursing care institution that includes rates and charges;  
   b. Is informed of third-party coverage for rates and charges;  
   c. Is provided a copy of the resident rights in R9-10-907;  
   d. Is informed of the nursing care institution's refund policy and facility guidelines concerning resident conduct and responsibilities; and  
   e. Receives written information concerning health care directives;  
5. Within 30 days before admission or 10 days after admission, a medical history and physical examination is completed on a resident by:  
   a. A physician; or  
   b. A physician assistant or a registered nurse practitioner designated by the attending physician;  
6. On or before the time of admission, a resident submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:  
   a. Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within six months before the date of admission; or  
   b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within six months before admission, that the resident is free from infectious pulmonary tuberculosis;  
7. Every 12 months after the date of testing or date of the written statement by a physician, physician assistant, or registered nurse practitioner, a resident submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:  
   a. Documentation of a negative Mantoux skin test or other test recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer that includes the date and the type of test, administered within 30 days before the anniversary date of the most recent test or written statement; or  
   b. A statement written and dated by a physician, physician assistant, or registered nurse practitioner within 30 days before the anniversary date of the most recent written statement, that the resident is free from infectious pulmonary tuberculosis;  
8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be retested for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner if:  
   a. Fewer than 12 months have passed since the resident was tested for tuberculosis or since the date of the written statement; and  
   b. The documentation of freedom from infectious pulmonary tuberculosis required in subsection (6) accompanies the resident at the time of transfer; and  
9. Compliance with the requirements in subsection (4) is documented in the resident's medical records.

R9-10-909. Transfer or Discharge  
A. An administrator shall ensure that:  
1. A resident is transferred or discharged if:  
   a. The nursing care institution is unable to meet the needs of the resident;  
   b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; or  
   c. The resident's health has improved and the resident no longer requires nursing care institution services; and  
2. Documentation of a resident's transfer or discharge is maintained in the resident's medical records and includes:  
   a. The date of the transfer or discharge;  
   b. The reason for the transfer or discharge;  
   c. A 30-day written notice except in an emergency;  
   d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and  
   e. If applicable, actions taken by a staff member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.  
B. An administrator may transfer or discharge a resident for failure to pay for residency if:  
1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and  
2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.
C. Except in an emergency, a director of nursing shall ensure that before a resident is transferred or discharged:
1. A written plan is developed with the resident or the resident's representative that includes:
   a. Information necessary to meet the resident's need for medical services and nursing services; and
   b. The state long-term care ombudsman's name, address, and telephone number;
2. A discharge summary is:
   a. Developed by a staff member providing direct care and authenticated by the resident's attending physician or designee; and
   b. Documented in the resident's medical records;
3. The discharge summary includes:
   a. The resident's medical condition at the time of transfer or discharge;
   b. The resident's medical and psychosocial history;
   c. The date of the transfer or discharge; and
   d. The location of the resident after transfer or discharge;
4. A copy of the written plan is provided to the resident or the resident's representative and to the receiving health care institution.

D. If a resident is transferred to a hospital, the director of nursing shall ensure that medical records information and any other information necessary for the treatment of the resident is provided to the hospital.

R9-10-910. Medical Services
A. A governing authority shall appoint a medical director.
B. A medical director shall ensure that:
   1. A resident has an attending physician;
   2. An attending physician is available 24 hours a day;
   3. An attending physician designates a physician who is available when the attending physician is not available;
   4. A physical examination is performed on a resident at least once every 12 months from the date of admission by an individual listed in R9-10-908(5);
5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
   a. The attending physician provides documentation that the vaccination is medically contraindicated;
   b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical records that the resident or the resident's representative has been informed of the risks and benefits of each vaccination refused; or
   c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
6. A resident is assisted in obtaining, at the resident's expense:
   a. Vision services;
   b. Hearing services;
   c. Dental services;
   d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
   e. Psychosocial services;
   f. Physical therapy;
   g. Speech therapy;
   h. Occupational therapy;
   i. Behavioral health services; and
   j. Services for an individual who has a developmental disability as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

C. If the attending physician designates a physician assistant or registered nurse practitioner to provide medical services to a resident, the attending physician is responsible for the medical services provided.

R9-10-911. Medication
A. An administrator shall comply with the requirements in A.R.S. Title 32, Chapter 18, and 4 A.A.C. 23;
B. An administrator shall ensure that:
   1. A medication or a biological is provided to a resident at the resident's expense including a medication or a biological used in an emergency or obtained through contract with a pharmacy licensed under A.R.S. Title 32, Chapter 18 or otherwise provided by law;
   2. A medication or a biological is:
      a. Stored in a locked compartment;
      b. Maintained at temperatures recommended by the manufacturer; and
      c. Accessed only by individuals authorized according to nursing care institution policies and procedures;
   3. The medication error rate at the nursing care institution, as determined by the Department during a license survey, is less than five percent;
   4. A medication or a biological administered to a resident is documented as required in R9-10-913;
   5. A pharmacist reviews a resident's medications every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications; and
   6. A drug reference source, current within one year of the publication date, is available and maintained on the nursing care institution's premises for use by a staff member, a physician, and a physician's designee.

C. A director of nursing shall ensure that:
   1. Medication policies and procedures are established, documented, and implemented that include:
      a. A system for the receipt, disposition, and reconciliation of medications, biologicals, and controlled substances;
      b. The administration, storage, and disposal of medications, biologicals, and controlled substances; and
      c. Identification of individuals who are authorized to have access to controlled substances;
2. A controlled substance is stored in a locked compartment separate from other medications;
3. A medication administration error or an adverse reaction to a medication or biological is reported to a resident's attending physician or the attending physician's designee and documented in the resident's medical records;
4. An antipsychotic medication:
   a. Is only administered to a resident for a diagnosed medical condition;
   b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the antipsychotic medication unless a dose reduction is attempted and the resident displays behavior justifying the need for the antipsychotic medication, and the attending physician documents the necessity for the continued use and dosage; and
   c. Is documented as required in R9-10-913 and includes the resident's response to the medication.
D. A resident may self-administer medication if the interdisciplinary team determines that the resident is capable of self-administration and the attending physician documents authorization for medication self-administration in the resident's medical records.
E. A nurse shall document a resident's self-administration of medication as required in R9-10-913.

R9-10-912. Food Services
A. An administrator shall ensure that:
   1. Food services are provided in compliance with 9 A.A.C. 8, Article 1;
   2. A copy of the nursing care institution's food establishment license required in subsection (A)(1) is provided to the Department for review upon the Department's request;
   3. If a nursing care institution contracts with a food establishment as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution, a copy of the contracted food establishment's license is:
      a. Maintained on the nursing care institution's premises, and
      b. Provided to the Department for review upon the Department's request;
   4. A registered dietitian is employed full-time, part-time, or as a consultant; and
   5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.
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 is prepared at least one week in advance, conspicuously posted, and adhered to unless an uncontrollable situation requires food substitution such as food spoilage or nondelivery of specific food ordered;
   3. Meals for each day:
      a. Meet the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, "Recommended Dietary Allowances," 10th Edition, 1989, incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the National Academy Press, 2101 Constitution Avenue, N.W., P. O. Box 285, Washington, D.C. 20055; and
   4. A resident is provided:
      a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;
      b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
      c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
      d. 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. 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; and
   8. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the medical records.

R9-10-913. Medical Records
A. An administrator shall ensure that:
   1. A medical record is established and maintained for each resident;
   2. An entry in a medical record is:
      a. Documented only by a staff member authorized by nursing care institution policies and procedures;
      b. Dated, legible, and authenticated; and
      c. Not changed to make the initial entry illegible;
   3. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is responsible for the use of the stamp or the electronic code;
4. A medical record is available to staff, physicians, and physicians' designees authorized by nursing care institution policies and procedures;
5. Information in a medical record is disclosed only with the written consent of a resident or the resident's representative or as permitted by law;
6. If a nursing care institution terminates operations:
   a. A resident and the resident's medical records are transferred to another health care institution; and
   b. The location of all other records and documents not transferred with residents is submitted in writing to the Department not less than 30 days before the nursing care institution services are terminated;
7. If the nursing care institution has a change of ownership, all nursing care institution records and documents, including financial, personnel, and medical records, are transferred to the new owner;
8. A medical record is:
   a. Protected from loss, damage or unauthorized use;
   b. Maintained in compliance with A.R.S. § 12-2297(D) for five years after the date of the resident's discharge unless the resident is less than 18 years of age, in which case the record is maintained for three years after the resident reaches 18 years of age or for three years after the date of the resident's transfer or discharge, whichever date occurs last; and
   c. Provided to the Department within two hours of the Department's request;
B. If a nursing care institution keeps medical records electronically, an administrator shall ensure that:
   1. Safeguards exist to prevent unauthorized access; and
   2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
C. An administrator shall require that medical records for a resident contains:
   1. Resident information that includes:
      a. The resident's name;
      b. The resident's date of birth;
      c. The resident's weight;
      d. The resident's social security number;
      e. The resident's last known address;
      f. The home address and telephone number of a designated resident representative; and
      g. Any known allergies or sensitivities to a medication or a biological;
   2. The admission date and physician admitting orders;
   3. The admitting diagnosis;
   4. The medical history and physical examination required in R9-10-908(5);
   5. A copy of the resident's living will, health care power of attorney, or other health care directive, if applicable;
   6. The name and telephone number of the resident's attending physician;
   7. Orders;
   8. Care plans;
   9. A record of medical services, nursing services, and medically-related social services provided to a resident;
   10. Documentation of any incident involving the resident;
   11. Notes by a physician, the physician's designee, nursing personnel, and any other individual providing nursing care institution services to the resident;
   12. Documentation of freedom from infectious pulmonary tuberculosis required in R9-10-908; and
   13. Documentation of a medication or a biological administered to the resident that includes:
      a. The date and time of administration;
      b. The name, strength, dosage, and route of administration;
      c. The type of vaccine, if applicable;
      d. The signature and professional designation of the individual administering or observing the self-administration of the medication or biological; and
      e. Any adverse reaction a resident has to the medication or biological.
R9-10-914. Physical Plant Standards
An administrator shall ensure that:
1. A nursing care institution complies with:
   a. The physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 applicable at the time of licensure; and
2. Architectural plans and specifications for construction, a modification, or a change in resident beds or licensed capacity are submitted to the Department for approval according to the requirements in 9 A.A.C. 10, Article 1;
3. Construction, a modification, or a change in resident beds or licensed capacity complies with the requirements of this Article and the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 in effect at the time the construction, modification, or change in resident beds or licensed capacity is approved by the Department;
4. A resident room has a window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
5. A nursing care institution has no more than two beds in a resident room unless:
   a. The nursing care institution was operating before October 31, 1982, and
   b. The resident room has not undergone a modification as defined in 9 A.A.C. 10, Article 1;
6. A resident room or a suite of rooms is accessible without passing through another resident's room;
7. A resident room or a suite of rooms does not open into any area where food is prepared, served, or stored;
8. A resident room that has more than one bed has a curtain or similar type of separation between the beds for privacy;
9. A resident room has a closet with clothing racks and shelves accessible to the resident;
10. A resident has a separate bed, a nurse call system and furniture to meet the resident's needs;  
11. If the nursing care institution has a semipublic swimming pool on the premises for the use of residents:  
   a. The pool is enclosed by at least a five-foot-high wall, fence, or other barrier as measured on the exterior side of the wall, fence, or barrier;  
   b. An opening in the wall, fence, or barrier does not exceed four inches in diameter;  
   c. A wire mesh or chain link fence has a maximum mesh size of 1 3/4 inches as measured horizontally;  
   d. The self-closing, self-latching gates are locked when the pool is not in use;  
   e. The pool has safety rules conspicuously posted;  
   f. A resident is supervised at all times when using the pool; and  
   g. The pool conforms to state and local laws and rules for design, construction, and operation of semipublic swimming pools.

R9-10-915. Environmental and Equipment Standards
An administrator shall ensure that:
1. A nursing care institution's premises and equipment are:
   a. Cleaned according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and  
   b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;  
2. A pest control program is used to control insects and rodents;  
3. Tobacco smoking is permitted only in designated ventilated areas;  
4. Biohazardous and hazardous wastes are identified, stored, used, and disposed of according to A.A.C. R18-13-1401;  
5. There is space and equipment to meet the needs of the residents for:
   a. Individual and group activities;  
   b. Community dining; and  
   c. Any special therapies such as physical, occupational, or speech therapy;  
6. There is lighting for tasks performed by a resident or a staff member;  
7. The temperature in the nursing care institution is no less than 71° F or more than 84° F;  
8. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;  
9. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;  
10. Equipment used to provide direct care is:
   a. Maintained in working order;  
   b. Tested and calibrated, if applicable, at least once every 12 months or according to the manufacturer's recommendations; and  
   c. Used according to the manufacturer's recommendations; and  
11. Documentation of each equipment test, calibration, and repair is:
   a. Maintained on the nursing care institution's premises for one year from the date of the testing, calibration, or repair; and  
   b. Provided to the Department for review within two hours from the Department's request.

R9-10-916. Safety Standards
A. An administrator shall ensure that:
1. A disaster plan is developed, documented, and implemented that includes:
   a. Procedures for protecting the health and safety of residents and other individuals;  
   b. Assigned responsibilities for each staff member;  
   c. Instructions for the evacuation, transport, or transfer of residents,  
   d. Maintenance of medical records, and  
   e. Arrangements to provide any other nursing care institution services to meet the resident's needs;  
2. If applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use;  
3. A plan exists for back-up power and water supply;  
4. A fire drill is performed on each shift at least once every three months;  
5. A disaster drill is performed at least once every six months;  
6. Documentation of a fire drill required in subsection (A)(4) and a disaster drill required in subsection (A)(5) includes:
   a. The date and time of the drill;  
   b. The names of each staff member participating in the drill;  
   c. A critique of the drill; and  
   d. Recommendations for improvement, if applicable;  
7. Documentation of a fire drill or a disaster drill is maintained by the nursing care institution for 18 months from the date of the drill and provided to the Department for review within two hours of the Department's request.
B. A fire safety inspection is conducted in the nursing care institution every 12 months by the fire authority having jurisdiction.
C. Documentation of the fire safety inspection is provided to the Department for review within two hours of the Department's request.

R9-10-917. Infection Control
An administrator shall ensure that:
1. There are policies and procedures:
   a. To prevent or control, identify, report, and investigate infections and communicable diseases including:
      i. Maintaining and storing sterile equipment and supplies;  
      ii. Disposing of biohazardous medical waste; and  
      iii. Transporting and processing soiled linens and clothing;  
   b. That establish work restriction guidelines for a staff member infected or ill with a communicable disease or infected skin lesions;  
2. An infection control program is established to prevent the development and transmission of disease and infection including:
   a. Developing a facility-wide plan for preventing, tracking, and controlling communicable diseases and infection;  
   b. Reviewing the types, causes, and spread of communicable diseases and infections; and
A. A governing authority shall ensure that a quality management program is established and implemented that evaluates the quality of nursing care services including contracted services provided to residents.

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

R9-10-918. Quality Management
A. As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a renewal license survey.

B. The following quality ratings are established:
   1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points;
   2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points;
   3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points; and
   4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.

C. The quality rating is determined by the total number of points awarded based on the following criteria:
   1. Nursing Services:
      a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
      b. 5 points: The nursing care institution ensures that each resident is free from significant medication errors that resulted in actual harm.
      c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
   2. Resident Rights:
      a. 10 points: The nursing care institution is implementing a system that ensures a resident's quality of life, dignity, and privacy needs are met.
      b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
      c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.
   3. Administration:
      a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last survey or other survey or complaint investigation conducted between the last survey and the current survey.
      b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of resident and misappropriation of resident's property to the Office of Long Term Care Licensure and as required by A.R.S. § 46-454.
      c. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident grievances, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident grievances, and resident concerns.
      d. 1 point: The nursing care institution is implementing a system to provide medically-related social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.
      e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each staff member, volunteer, and resident.
      f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
      g. 1 point: The nursing care institution is implementing a system to ensure each staff member who provides direct care to residents attends 12 hours of in-service education every 12 months from the starting date of employment.
   4. Environment and Infection Control:
      a. 5 points. The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.
      b. 1 point. The nursing care institution establishes and maintains a pest control program.
c. 1 point. The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.

d. 1 point. The nursing care institution ensures orientation to the disaster plan for each staff member is completed within the first scheduled week of employment.

e. 1 point. The nursing care institution maintains a clean and sanitary environment.

f. 5 points. The nursing care institution is implementing a system to prevent and control infection.

g. 1 point. An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.

5. Food Services:

a. 1 point. The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.

b. 3 points. The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.

c. 2 points. The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.

d. 2 points. The nursing care institution provides assistance to a resident who needs help in eating so that the individual's nutritional, physical, and social needs are met.

e. 1 point. The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or nondelivery of a specified food requires substitution.

f. 1 point. The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.

D. A nursing care institution's quality rating remains in effect until a survey is conducted by the Department for the next renewal period except as provided in subsection (E).

E. If the Department issues a provisional license the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance survey. If the Department determines that as a result of a substantial compliance survey the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).

F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

R9-10-920. Repealed
R9-10-921. Repealed
R9-10-922. Repealed
R9-10-923. Repealed
R9-10-924. Repealed
R9-10-925. Repealed