

Arizona

Agency Arizona Department of Health Services, Division of Public Health
Licensing Services, Bureau of Residential Facilities Licensing

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Web Site <https://www.azdhs.gov/licensing/residential-facilities/index.php#providers-home>

Opening Statement The Division of Public Health Licensing Services, Bureau of Residential Facilities Licensing, licenses assisted living facilities. The license is sub-classified based on size and level of services provided. All facilities are required to comply with resident rights, food service requirements, administration requirements, abuse reporting, and resident agreements. Training requirements vary depending upon level of care. Physical plant requirements vary depending upon size.

Licensure Term Assisted Living Facilities

Definition 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.

Regulatory and Legislative Update A.R.S. § 36-420.05 has been added to state that the Department may continue to pursue enforcement action against a licensee if the health care institution is in the process of being sold, transferred, or closed. The Department may deny an application for a health care institution if the applicant, licensee, or controlling person has had a license that was in enforcement related to the health and safety of residents or patients. The Department may deny an application if it has determined that the issuance of a new license is likely to jeopardize resident or patient safety. The Department may deny the approval of a change in ownership if the transfer of ownership, whether involving a direct owner or indirect owner may jeopardize patient safety.

A.R.S. § 36-425 has been amended to state that a license will be considered void because the licensee did not pay the licensing fee, civil penalties or provider agreement fees before the relevant due date or did not enter into an agreement with the Department before the relevant due date to pay all outstanding fees or penalties. It has also been amended to state that residential care institutions and nursing care institutions will no longer be included in the twenty-four month compliance survey exemption following a

deficiency-free compliance survey. Effective immediately, residential care institutions and nursing care institutions will receive a compliance survey regardless if there was a deficiency-free compliance survey within the last twenty-four months.

A.R.S. § 36-431.01 is amended to state that the Department may assess a civil money penalty up to \$1,000 for each violation, which may be assessed for each resident or patient who the Department determines was impacted by the violation. It will also amend additional considerations for the assessment of civil money penalties.

**Move-in Requirements
Including Required
Disclosures/Notifications**

A facility must not accept or retain a resident who requires physical or chemical restraints; medical services; nursing services unless the facility complies with specified requirements; behavioral health residential services; or services that the assisted living facility is not licensed or able to provide.

Residents in facilities licensed to provide Personal Care Services or Directed Care Services may not be bed bound, have stage III or IV pressure sores, or require continuous nursing services unless the resident is under the care of a licensed hospice service agency or continuous nursing services are provided by a private duty nurse.

Assisted living facilities licensed to provide Personal Care Services may also not admit or retain residents who are unable to direct selfcare. Additionally, these facilities may only retain residents who are bed bound or have stage III or IV pressure sores in limited specified circumstances. Before or at the time of a resident's acceptance by a facility, the manager must provide a copy of:

- (1) the residency agreement that includes information such as a list of services to be provided, list of services available at an additional fee, policy for refunding fees, and policy and procedure for terminating residency;
- (2) resident's rights; and
- (3) the policy and procedure on health care directives.

Facility Scope of Care

There are three licensed levels of care.

1. "Supervisory Care Services" means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis, and assistance in the self-administration of medications.

2. "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 licensed nurse. A facility licensed to provide Personal Care Services may not accept or retain residents unable to direct their own care.

3. "Directed Care Services" means programs and services provided to persons who are incapable of recognizing danger, summoning assistance, expressing need, or making basic care decisions

Limitations of Services

A facility must not accept or retain a resident who requires physical or chemical restraints; medical services; nursing services unless the facility complies with specified requirements; behavioral health residential services; or services that the assisted living facility is not licensed or able to provide.

Residents in facilities licensed to provide Personal Care Services or Directed Care Services may not be bed bound, have stage III or IV pressure sores, or require continuous nursing services unless the resident is under the care of a licensed hospice service agency or continuous nursing services are provided by a private duty nurse.

Assisted living facilities licensed to provide Personal Care Services may also not admit or retain residents who are unable to direct selfcare. Additionally, these facilities may only retain residents who are bed bound or have stage III or IV pressure sores in limited specified circumstances.

Resident Assessment Requirements and Frequency

A resident assessment and service plan must be initiated at the time of resident move-in and completed within 14 days of acceptance. The service plan must be updated every three months for directed care, every six months for personal care, and annually for supervisory care. Service plans must be updated, for any resident, with any change of condition.

For a resident who requests or receives behavioral care from the assisted living facility, an evaluation must occur within 30 days before acceptance, or the resident begins receiving behavioral care. An evaluation must occur again at least once every six months throughout the duration of the resident's need for behavioral care.

Medication Management

Medication administration is permitted by licensed nurses. Certified assisted living managers and trained caregivers may also provide medication assistance to residents and may provide medication administration with a physician order and proper training. The state has specific requirements for opioid prescribing and treatment.

Staff Scheduling Requirements

Facilities must follow directed care rules. An overview of Alzheimer's disease and other dementia is required for directed care.

Assisted living facilities must have a designated manager who is responsible for daily operations. The regulations require that sufficient staff must be present at all times to provide services consistent with the level of service for which the facility is licensed. There are no staffing ratios.

Administrator/Director Education and Training Requirements

A Certified Manager training program must provide a training program that consists of at least 40 hours of classroom instruction. In addition to this the individual is required to be either a certified caregiver, LPN, or SNF administrator.

Direct Care Staff Education and Training

All staff must be trained in first aid and CPR specific to adults. Caregivers must: be at least 18 years of age; be trained at the level of service the facility is licensed to provide; and have a minimum of three months of health-related experience. Caregivers, which are staff who provide supervisory care services, personal care services, or directed care services to a resident, must have specified qualifications, such as completing a caregiver training program or having a nurse's license. Assistant caregivers must be at least 16 years of age. Their qualifications, skills, and knowledge are based on the types of services to be provided and the acuity of residents receiving services. In addition, a caregiver training program shall ensure that the training program consists of at least 62 hours of instruction including fifty hours of classroom instruction.

Quality Requirements

Managers are required to ensure that: a plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:

- (1) A method to identify, document, and evaluate incidents;
- (2) A method to collect data to evaluate services provided to residents;
- (3) A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
- (4) A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
- (5) The frequency of submitting a documented report required in subsection (2) to the governing authority;

A documented report is submitted to the governing authority that includes:

- (1) An identification of each concern about the delivery of services related to resident care, and

(2) Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care.

The report required above and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Infection Control
Requirements**

Managers are required to ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a resident that cover infection control.

**Emergency
Preparedness**

Managers are required to ensure that a disaster plan is developed, documented, and maintained in a location accessible to caregivers and assistant caregivers. The plan must include:

- (1) When, how, and where residents will be relocated;
- (2) How a resident's medical record will be available to individuals providing services to the resident during a disaster;
- (3) A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
- (4) A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility's relocation site during a disaster.

The disaster plan must be reviewed at least once every 12 months. Additionally, a disaster drill for employees must be conducted on each shift at least once every three months and documented. An evacuation drill for all employees and residents, except any residents whose medical record indicates they would be harmed by evacuating for the drill and any caregivers necessary to maintain the safety of residents not evacuated, must be conducted at least once every six months. Detailed information on the evacuation drill must be maintained for at least 12 months. The regulations also require that an evacuation path be conspicuously posted in each hallway of each floor of the assisted living facility.

**Medicaid Policy and
Reimbursement**

Services are covered through the Arizona Long-Term Care System (ALTCS) program, which operates under a Medicaid Section 1115 demonstration waiver. Managed care plans contract with individual facilities to pay for services.

Life Safety Requirements

All facilities must follow either local jurisdiction requirements or state rules, whichever are more stringent. Under state rules, if a center is licensed for personal or directed care services, it must have a fire alarm system installed according to the National Fire Protection Association (NFPA) 72: National Fire Alarm Code

(Chapter 3, Section 3-4.1.1(a)), and a sprinkler system installed according to NFPA 13 standards or have an alternative method to ensure residents' safety approved by the local jurisdiction and granted an exception by the Department. A fire inspection is conducted by a local fire department or the State Fire Marshal before initial licensing and according to the timeframe established by the local fire department or the State Fire Marshal.

State rules for homes require an all-purpose fire extinguisher with a minimum of a 2A-10-BC rating, serviced every 12 months. Smoke detectors are to be installed according to the manufacturer's instructions in at least the following areas: bedrooms, hallways that adjoin bedrooms, storage and laundry rooms, attached garages, rooms or hallways adjacent to the kitchen, and other places recommended by the manufacturer. Smoke detectors must be in working order and inspected as often as recommended by the manufacturer. Smoke detectors may be battery operated. However, if more than two violations of an inoperative battery-operated smoke detector are cited in a 24-month period, the licensee is subject to ensuring the smoke detector is hard-wired into the electrical system.

Facility staff, including assisted living managers and administrators, (and contractors and registry workers contracted by a facility) providing supervisory, personal, or direct care in the facility must be fingerprinted and maintain a valid fingerprint clearance card. Individuals contracted directly by residents are not required to have a card.

Citations

Arizona State Legislature. (2024). House Bill 2764
https://www.azleg.gov/legtext/56leg/2R/laws/0100.htm?utm_medium=email&utm_source=govdelivery