long-term care; reporting; monitoring; injury

State of Arizona House of Representatives Fifty-sixth Legislature Second Regular Session 2024

### **HOUSE BILL 2653**

#### AN ACT

AMENDING SECTION 36-411, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 4, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-420.05; AMENDING SECTION 36-424, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 4, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-434.02; AMENDING SECTION 36-446.03, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 29, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-2932.01; AMENDING SECTION 46-454, ARIZONA REVISED STATUTES; RELATING TO HEALTH CARE INSTITUTIONS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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Be it enacted by the Legislature of the State of Arizona: Section 1. Section 36-411, Arizona Revised Statutes, is amended to read:

# 36-411. Residential care institutions; nursing care institutions; home health agencies; fingerprinting requirements; exemptions; definitions

- A. Except as provided in subsection F of this section, as a condition of licensure or continued licensure of a residential care institution, a nursing care institution or a home health agency and as a condition of employment in a residential care institution, a nursing care institution or a home health agency, employees and owners of residential care institutions, nursing care institutions or home health agencies, contracted persons of residential care institutions, nursing care institutions or home health agencies or volunteers of residential care institutions, nursing care institutions or home health agencies who provide medical services, nursing services, behavioral health services, health-related services, home health services or direct supportive services and who have not been subject to the fingerprinting requirements of a health professional's regulatory board pursuant to title 32 shall have A valid fingerprint clearance cards CARD that are IS issued pursuant to title 41, chapter 12, article 3.1 or shall apply for a fingerprint clearance card within twenty working days of AFTER employment or beginning volunteer work or contracted work.
- B. A health professional who has complied with the fingerprinting requirements of the health professional's regulatory board as a condition of licensure or certification pursuant to title 32 is not required to submit an additional set of fingerprints to the department of public safety pursuant to this section.
  - C. Owners shall make documented, good faith efforts to:
- 1. Contact previous employers to obtain information or recommendations that may be relevant to a person's fitness to work in a residential care institution, nursing care institution or home health agency.
- 2. Verify the current status of a person's fingerprint clearance card.
- 3. BEGINNING JANUARY 1, 2025, VERIFY THAT AN EMPLOYEE OR POTENTIAL EMPLOYEE IS NOT ON THE ADULT PROTECTIVE SERVICES REGISTRY PURSUANT TO SECTION 46-459. IF AN EMPLOYEE IS FOUND TO BE ON THE ADULT PROTECTIVE SERVICES REGISTRY, THE OWNER SHALL TAKE ACTION TO TERMINATE THE EMPLOYMENT OF THAT EMPLOYEE. IF A POTENTIAL EMPLOYEE IS FOUND TO BE ON THE ADULT PROTECTIVE SERVICES REGISTRY, THE OWNER MAY NOT HIRE THE POTENTIAL EMPLOYEE.

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- D. An employee, an owner, a contracted person or a volunteer or a facility on behalf of the employee, the owner, the contracted person or the volunteer shall submit a completed application that is provided by the department of public safety within twenty days after the date the person begins work or volunteer service.
- E. Except as provided in subsection F of this section, a residential care institution, nursing care institution or home health agency shall not allow an employee to continue employment or a volunteer or contracted person to continue to provide medical services, nursing services, behavioral health services, health-related services, home health services or direct supportive services if the person has been denied a fingerprint clearance card pursuant to title 41, chapter 12, article 3.1, has been denied approval pursuant to this section before May 7, 2001 or has had a fingerprint clearance card suspended or revoked.
- F. An employee, volunteer or contractor of a residential care institution, nursing care institution or home health agency who is eligible pursuant to section 41-1758.07, subsection C to petition the board of fingerprinting for a good cause exception and who provides documentation of having applied for a good cause exception pursuant to section 41-619.55 but who has not yet received a decision is exempt from the fingerprinting requirements of this section if the person provides medical services. nursing services. behavioral health services. health-related services, home health services or direct supportive to residents or patients while under the direct visual supervision of an owner or employee who has a valid fingerprint clearance card.
- G. If a person's employment record contains a six-month or longer time frame during which the person was not employed by any employer, a completed application with a new set of fingerprints shall be submitted to the department of public safety.
  - H. For the purposes of this section:
  - 1. "Direct supportive services":
- (a) Means services other than home health services that provide direct individual care and that are not provided in a common area of a health care institution, including:
- (i) Assistance with ambulating, bathing, toileting, grooming, eating and getting in and out of a bed or chair.
  - (ii) Assistance with self-administration of medication.
- (iii) Janitorial, maintenance, housekeeping or other services provided in a resident's room.
  - (iv) Transportation services, including van services.
- (b) Does not include services provided by persons contracted directly by a resident or the resident's family in a health care institution.

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- 2. "Direct visual supervision" means continuous visual oversight of the supervised person that does not require the supervisor to be in a superior organizational role to the person being supervised.
- 3. "Home health services" has the same meaning prescribed in section 36-151.
- Sec. 2. Title 36, chapter 4, article 1, Arizona Revised Statutes, is amended by adding section 36-420.05, to read:

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36-420.05. Nursing care institutions; assisted living facilities; electronic monitoring; notice; written permission; definition
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- A. A RESIDENT OF A NURSING CARE INSTITUTION OR AN ASSISTED LIVING FACILITY OR A RESIDENT'S RESPONSIBLE PERSON MAY INSTALL ELECTRONIC MONITORING OF THE RESIDENT IN THE RESIDENT'S PRIVATE LIVING SPACE. IF THE RESIDENT OR THE RESIDENT'S RESPONSIBLE PERSON AGREES TO THE INSTALLATION OF ELECTRONIC MONITORING DEVICES, AN OWNER OR MANAGER MAY NOT PREVENT THE RESIDENT OR THE RESIDENT'S RESPONSIBLE PERSON FROM INSTALLING AND PAYING FOR THE COST OF ELECTRONIC MONITORING DEVICES. THE RESIDENT OR THE RESIDENT'S RESPONSIBLE PERSON WHO INSTALLS AND PAYS FOR THE ELECTRONIC MONITORING DEVICES IS RESPONSIBLE FOR THE MAINTENANCE, INTERNET SERVICES, IF APPLICABLE, AND REPAIRS OF THOSE ELECTRONIC MONITORING DEVICES. THE OWNER OR MANAGER MAY NOT ACCESS THE ELECTRONIC RECORD OF ELECTRONIC MONITORING DEVICES INSTALLED PURSUANT TO THIS SUBSECTION UNLESS THE RESIDENT OR THE RESIDENT'S RESPONSIBLE PERSON PROVIDES ACCESS. A RESIDENT OR A RESIDENT'S RESPONSIBLE PERSON IS RESPONSIBLE FOR POSTING NOTICE IN A CONSPICUOUS PLACE THAT AN ELECTRONIC MONITORING DEVICE IS IN USE IN THE RESIDENT'S PRIVATE LIVING SPACE.
- B. IF A RESIDENT SHARES A PRIVATE LIVING SPACE WITH AT LEAST ONE ROOMMATE AND THE RESIDENT OR THE RESIDENT'S RESPONSIBLE PERSON WANTS TO INSTALL ELECTRONIC MONITORING OF THE RESIDENT IN THE RESIDENT'S PRIVATE LIVING SPACE, THE RESIDENT OR THE RESIDENT'S RESPONSIBLE PERSON SHALL DO ALL OF THE FOLLOWING:
- 1. OBTAIN WRITTEN PERMISSION TO INSTALL ELECTRONIC MONITORING IN THE SHARED PRIVATE LIVING SPACE FROM EACH ROOMMATE OF THE RESIDENT OR EACH ROOMMATE'S RESPONSIBLE PERSON.
- 2. NOT INSTALL THE ELECTRONIC MONITORING DEVICE IF WRITTEN PERMISSION IS NOT RECEIVED FROM EACH ROOMMATE OR THE RESPONSIBLE PERSON OF EACH ROOMMATE.
- 3. PROVIDE THE WRITTEN PERMISSION TO THE NURSING CARE INSTITUTION OR ASSISTED LIVING FACILITY, IF REQUESTED BY THE NURSING CARE INSTITUTION OR ASSISTED LIVING FACILITY.
- 4. IF THERE IS A CHANGE IN A ROOMMATE IN THE PRIVATE LIVING SPACE, OBTAIN WRITTEN PERMISSION FROM EACH NEW ROOMMATE OF THE RESIDENT OR THE ROOMMATE'S RESPONSIBLE PERSON. PREVIOUS AGREEMENTS BETWEEN PAST ROOMMATES DO NOT APPLY AND PERMISSION MUST BE OBTAINED FROM ALL NEW ROOMMATES OR THE ROOMMATE'S RESPONSIBLE PERSON.

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- 5. IF A ROOMMATE REQUESTS TO NO LONGER PROVIDE PERMISSION FOR ELECTRONIC MONITORING, BE RESPONSIBLE FOR DEACTIVATING THE ELECTRONIC MONITORING DEVICE IMMEDIATELY WHEN WRITTEN NOTICE IS PROVIDED TO THE RESIDENT OR THE RESIDENT'S RESPONSIBLE PERSON REQUESTING TO RESCIND PERMISSION FOR ELECTRONIC MONITORING.
- 6. IF A ROOMMATE REQUESTS TO PROVIDE PERMISSION FOR ELECTRONIC MONITORING, BE RESPONSIBLE FOR OBTAINING PERMISSION FOR ELECTRONIC MONITORING FROM THE ROOMMATE.
- 7. SPECIFY IN THE AGREEMENT BETWEEN ROOMMATES REGARDING ELECTRONIC MONITORING EACH PERSON WHO HAS ACCESS TO ELECTRONIC MONITORING AND HOW THAT PERSON CAN ACCESS ELECTRONIC MONITORING.
- C. THE NURSING CARE INSTITUTION OR THE ASSISTED LIVING FACILITY IS NOT RESPONSIBLE FOR GAINING PERMISSION FOR THE USE OF ELECTRONIC MONITORING DEVICES IN THE PRIVATE LIVING SPACE OF A RESIDENT. THE NURSING CARE INSTITUTION OR ASSISTED LIVING FACILITY IS NOT LEGALLY LIABLE FOR THE USE OF AN ELECTRONIC MONITORING DEVICE INSTALLED BY A RESIDENT OR A RESIDENT'S RESPONSIBLE PERSON IN THE RESIDENT'S PRIVATE LIVING SPACE.
- D. FOR THE PURPOSES OF THIS SECTION, "ELECTRONIC MONITORING DEVICE":
- 1. MEANS A VIDEO SURVEILLANCE CAMERA OR AUDIO DEVICE THAT IS INSTALLED IN THE PRIVATE LIVING SPACE OF A RESIDENT OF A NURSING CARE INSTITUTION OR AN ASSISTED LIVING FACILITY.
- 2. DOES NOT INCLUDE AN ELECTRONIC, MECHANICAL OR OTHER DEVICE THAT IS SPECIFICALLY USED FOR THE NONCONSENSUAL INTERCEPTION OF WIRE OR ELECTRONIC COMMUNICATIONS.
- Sec. 3. Section 36-424, Arizona Revised Statutes, is amended to read:

## 36-424. <u>Inspections: suspension or revocation of license: reporting requirements</u>

- A. Except as provided in subsection B of this section, the director shall inspect the premises of the health care institution and investigate the character and other qualifications of the applicant to ascertain whether the applicant and the health care institution are in substantial compliance with the requirements of this chapter and the rules established pursuant to this chapter. The director may prescribe rules regarding department background investigations into an applicant's character and qualifications.
- B. The director may accept proof that a health care institution is an accredited hospital or is an accredited health care institution in lieu of all compliance inspections required by this chapter if the director receives a copy of the health care institution's accreditation report for the licensure period and the health care institution is accredited by an independent, nonprofit accrediting organization approved by the secretary of the United States department of health and human services. If the health care institution's accreditation report is not valid for the entire

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licensure period, the department may conduct a compliance inspection of the health care institution during the time period the department does not have a valid accreditation report for the health care institution. For the purposes of this subsection, each licensed premises of a health care institution must have its own accreditation report. The director may not accept an accreditation report in lieu of a compliance inspection of:

- 1. An intermediate care facility for individuals with intellectual disabilities.
  - 2. A nursing-supported group home.
- 3. A health care institution if the health care institution has been subject to an enforcement action pursuant to section 36-427 or 36-431.01 within the year preceding the annual licensing fee anniversary date.
- C. On a determination by the director that there is reasonable cause to believe a health care institution is not adhering to the licensing requirements of this chapter, the director and any duly designated employee or agent of the director, including county health representatives and county or municipal fire inspectors, consistent with standard medical practices, may enter on and into the premises of any health care institution that is licensed or required to be licensed pursuant to this chapter at any reasonable time for the purpose of determining the state of compliance with this chapter, the rules adopted pursuant to this chapter and local fire ordinances or rules. Any application for licensure under this chapter constitutes permission for and complete acquiescence in any entry or inspection of the premises during the pendency of the application and, if licensed, during the term of the license. If an inspection reveals that the health care institution is not adhering to the licensing requirements established pursuant to this chapter, the director may take action authorized by this chapter. Any health care institution, including an accredited hospital, whose license has been suspended or revoked in accordance with this section is subject to inspection on application for relicensure or reinstatement of license.
- D. The director shall immediately report to the board of examiners of nursing care institution administrators and assisted living facility managers information identifying that a nursing care institution administrator's OR AN ASSISTED LIVING FACILITY MANAGER'S conduct may be grounds for disciplinary action pursuant to section 36-446.07 OR MAY HAVE RESULTED IN ABUSE, NEGLECT OR EXPLOITATION OF AN ADULT IN THE NURSING CARE INSTITUTION OR THE ASSISTED LIVING FACILITY.
- Sec. 4. Title 36, chapter 4, article 2, Arizona Revised Statutes, is amended by adding section 36-434.02, to read:

36-434.02. <u>Assisted living facilities; injuries; reporting requirements</u>

A. AN ASSISTED LIVING FACILITY SHALL REPORT TO THE DEPARTMENT EACH INCIDENT INVOLVING ANY OF THE FOLLOWING:

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- 1. A PHYSICAL ALTERCATION BETWEEN AT LEAST TWO RESIDENTS.
- 2. A PHYSICAL ALTERCATION BETWEEN A RESIDENT AND A STAFF MEMBER THAT IS INITIATED BY THE RESIDENT.
- 3. ANY INCIDENT IN WHICH A RESIDENT LEAVES THE ASSISTED LIVING FACILITY WITHOUT NOTICE AND THE RESIDENT'S CARE PLAN INCLUDES THE INABILITY FOR THE RESIDENT TO LEAVE THE ASSISTED LIVING FACILITY WITHOUT SUPERVISION OR NOTICE.
- B. WHEN AN ASSISTED LIVING FACILITY MAKES A REPORT TO THE DEPARTMENT PURSUANT TO SUBSECTION A OF THIS SECTION, THE ASSISTED LIVING FACILITY SHALL ALSO REPORT THE INJURY TO THE FAMILY MEMBER OR REPRESENTATIVE OF THE RESIDENT WHO IS DESIGNATED TO RECEIVE SUCH REPORTS. THE REPORT TO THE DEPARTMENT AND THE FAMILY MEMBER OR REPRESENTATIVE OF THE RESIDENT SHALL INCLUDE ANY FOLLOW-UP ACTION THE ASSISTED LIVING FACILITY TAKES TO PREVENT THE INCIDENT FROM HAPPENING AGAIN. THE DEPARTMENT MAY DETERMINE HOW AN ASSISTED LIVING FACILITY MUST MEET THE REQUIREMENTS OF THIS SUBSECTION AND SUBSECTION A OF THIS SECTION. INFORMATION REGARDING THE TYPE OF INCIDENTS PRESCRIBED IN SUBSECTION A OF THIS SECTION AND THE NUMBER OF INCIDENTS ON AN ANNUAL BASIS SHALL BE MADE AVAILABLE ON THE DEPARTMENT'S WEBSITE WHERE INFORMATION ABOUT ASSISTED LIVING FACILITIES CAN BE FOUND.
- C. AN ASSISTED LIVING FACILITY SHALL REPORT TO A FAMILY MEMBER OR REPRESENTATIVE OF THE RESIDENT WHO IS DESIGNATED TO RECEIVE SUCH REPORTS IF THE RESIDENT REFUSES TO EAT OR DRINK LIQUIDS FOR AT LEAST FORTY-EIGHT HOURS. THE ASSISTED LIVING FACILITY SHALL REPORT THIS INFORMATION AS SOON AS POSSIBLE BUT NOT MORE THAN TWENTY-FOUR HOURS AFTER THE FORTY-EIGHT-HOUR PERIOD.
- D. BEGINNING ON JANUARY 1, 2025, AN ASSISTED LIVING FACILITY SHALL REPORT EVERY SIX MONTHS TO THE DEPARTMENT THE NUMBER OF TIMES A CALL WAS MADE TO EMERGENCY MEDICAL SERVICES PURSUANT TO SECTION 36-420, SUBSECTION B, PARAGRAPH 2. THE DEPARTMENT SHALL PUBLISH THE NUMBER OF CALLS ON THE DEPARTMENT'S WEBSITE WHERE INFORMATION ABOUT ASSISTED LIVING FACILITIES CAN BE FOUND. THE DEPARTMENT SHALL REVIEW THE DATA RELATED TO CALLS AT LEAST ANNUALLY TO DETERMINE WHETHER THE NUMBER OF CALLS IS INCREASING OR DECREASING AND WHETHER ADDITIONAL TRAINING, EDUCATION OR CORRECTIVE ACTION IS NEEDED BY STAFF IN THE ASSISTED LIVING FACILITY.
- Sec. 5. Section 36-446.03, Arizona Revised Statutes, is amended to read:

## 36-446.03. <u>Powers and duties of the board; rules; fees;</u> <u>fingerprinting</u>

- A. The board may adopt, amend or repeal reasonable and necessary rules and standards for the administration of this article in compliance with title XIX of the social security act, as amended.
- B. The board by rule may adopt nonrefundable fees for the following:

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- 1. Initial application for certification as an assisted living facility manager.
- 2. Examination for certification as an assisted living facility manager.
- 3. Issuance of a certificate as an assisted living facility manager, prorated monthly.
- 4. Biennial renewal of a certificate as an assisted living facility manager.
- 5. Issuance of a temporary certificate as an assisted living facility manager.
- 6. Readministering an examination for certification as an assisted living facility manager.
- 7. Issuance of a duplicate certificate as an assisted living facility manager.
- 8. Reviewing the sponsorship of continuing education programs, for each credit hour.
  - 9. Late renewal of an assisted living facility manager certificate.
- 10. Reviewing an individual's request for continuing education credit hours, for each credit hour.
- 11. Reviewing initial applications for assisted living facility training programs.
- 12. Annual renewal of approved assisted living facility training programs.
  - C. The board may elect officers it deems necessary.
- D. The board shall apply appropriate techniques, including examinations and investigations, to determine whether a person meets the qualifications prescribed in section 36-446.04.
- E. On or before July 1, 2024, in addition to the requirements prescribed in section 36-446.04, the board shall require each applicant for initial nursing care institution administrator licensure or assisted living facility manager certification to submit a full set of fingerprints to the board for a state and federal criminal history records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.
- F. On its own motion or in response to any complaint against or report of a violation by an administrator of a nursing care institution or a manager of an assisted living facility, the board may conduct investigations, hearings and other proceedings concerning any violation of this article or of rules adopted by the board or by the department. THE BOARD SHALL IMMEDIATELY REPORT TO ADULT PROTECTIVE SERVICES INFORMATION THAT A NURSING CARE INSTITUTION ADMINISTRATOR'S CONDUCT OR AN ASSISTED LIVING FACILITY MANAGER'S CONDUCT MAY HAVE RESULTED IN ABUSE, NEGLECT OR EXPLOITATION OF AN ADULT IN THE APPLICABLE NURSING CARE INSTITUTION OR ASSISTED LIVING FACILITY.

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- G. In connection with an investigation or administrative hearing, the board may administer oaths and affirmations, subpoena witnesses, take evidence and require by subpoena the production of documents, records or other information in any form concerning matters the board deems relevant to the investigation or hearing. If any subpoena issued by the board is disobeyed, the board may invoke the aid of any court in this state in requiring the attendance and testimony of witnesses and the production of evidence.
- H. Subject to title 41, chapter 4, article 4, the board may employ persons to provide investigative, professional and clerical assistance as required to perform its powers and duties under this article. Compensation for board employees shall be as determined pursuant to section 38-611. The board may contract with other state or federal agencies as required to carry out this article.
- I. The board may appoint review committees to make recommendations concerning enforcement matters and the administration of this article.
- J. The board by rule may establish a program to monitor licensees and certificate holders who are chemically dependent and who enroll in rehabilitation programs that meet board requirements. The board may take disciplinary action if a licensee or a certificate holder refuses to enter into an agreement to enroll in and complete a board-approved rehabilitation program or fails to abide by that agreement.
  - K. The board shall adopt and use an official seal.
- L. The board shall adopt rules for the examination and licensure of nursing care institution administrators and the examination and certification of assisted living facility managers.
- M. The board shall adopt rules governing payment to a person for the direct or indirect solicitation or procurement of assisted living facility patronage.
- N. The board must provide the chairpersons of the senate and the house of representatives health committees with copies of all board minutes and executive decisions.
- O. The board by rule shall limit by percentage the amount it may increase a fee above the amount of a fee previously prescribed by the board pursuant to this section.
- P. The board by rule shall prescribe standards for assisted living facility training programs. The board shall prescribe rules for assisted living facility caregivers that are consistent with the training, competency and test methodology standards developed by the Arizona health care cost containment system administration for in-home direct care workers.
  - O. The board may:
- 1. Grant, deny, suspend or revoke approval of, or place on probation, an assisted living facility training program.

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2. Impose a civil penalty on an assisted living facility training program that violates this chapter or rules adopted pursuant to this chapter.

Sec. 6. Title 36, chapter 29, article 2, Arizona Revised Statutes, is amended by adding section 36-2932.01, to read:

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36-2932.01. <u>Duty to report; director; program contractors;</u> definition
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- A. THE DIRECTOR AND THE ADMINISTRATION'S PROGRAM CONTRACTORS SHALL IMMEDIATELY REPORT TO:
- BOARD 0F EXAMINERS 0 F NURSING CARE INSTITUTION 1. THE ADMINISTRATORS AND ASSISTED LIVING FACILITY MANAGERS INFORMATION IDENTIFYING THAT A NURSING CARE INSTITUTION ADMINISTRATOR'S OR AN ASSISTED LIVING FACILITY MANAGER'S CONDUCT MAY BE GROUNDS FOR DISCIPLINARY ACTION PURSUANT TO SECTION 36-446.07.
- 2. THE DEPARTMENT OF HEALTH SERVICES THAT AN ASSISTED LIVING FACILITY'S CONDUCT MAY BE GROUNDS FOR DISCIPLINARY ACTION PURSUANT TO THE DEPARTMENT OF HEALTH SERVICES' REQUIREMENTS FOR HEALTH CARE INSTITUTIONS APPLICABLE TO ASSISTED LIVING FACILITIES.
- B. FOR THE PURPOSES OF THIS SECTION, "ASSISTED LIVING FACILITY" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-401.
- Sec. 7. Section 46-454, Arizona Revised Statutes, is amended to read:

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46-454. <u>Duty to report abuse, neglect and exploitation of vulnerable adults; duty to make medical records available; violation; classification</u>
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- A. A health professional, emergency medical technician, home health provider, hospital intern or resident, speech, physical or occupational therapist, long-term care provider, social worker, peace officer, medical examiner, guardian, conservator, fire protection personnel, developmental disabilities provider, employee of the department of economic security, EMPLOYEE OF THE DEPARTMENT OF HEALTH SERVICES or other person who has responsibility for the care of a vulnerable adult and who has a reasonable basis to believe that abuse, neglect or exploitation of the VULNERABLE adult has occurred shall immediately report or cause reports to be made of such THE reasonable basis to a peace officer or to the adult protective services central intake unit. The guardian or conservator of a vulnerable adult shall immediately report or cause reports to be made of such THE reasonable basis to the superior court and the adult protective services central intake unit. All of The above reports REQUIRED BY THIS SUBSECTION shall be made immediately by telephone or online.
- B. If an individual listed in subsection A of this section is an employee or agent of a health care institution as defined in section 36-401 and the health care institution's procedures require that all suspected abuse, neglect and exploitation be reported to adult protective services as required by law, the individual is deemed to have complied

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with the requirements of subsection A of this section by reporting or causing a report to be made to the health care institution in accordance with the health care institution's procedures.

- C. An attorney, accountant, trustee, guardian, conservator or other person who has responsibility for preparing the tax records of a vulnerable adult or a person who has responsibility for any other action concerning the use or preservation of the vulnerable adult's property and who, in the course of fulfilling that responsibility, discovers a reasonable basis to believe that abuse, neglect or exploitation of the VULNERABLE adult has occurred shall immediately report or cause reports to be made of such THE reasonable basis to a peace officer or to the adult protective services central intake unit. All of The above reports REQUIRED BY THIS SUBSECTION shall be made immediately by telephone or online.
- D. Reports pursuant to subsections A and C of this section shall contain:
- 1. The names and addresses of the VULNERABLE adult and any persons having control or custody of the VULNERABLE adult, if known.
- 2. The VULNERABLE adult's age and the nature and extent of the VULNERABLE adult's vulnerability.
  - 3. The nature and extent of the abuse, neglect or exploitation.
- 4. Any other information that the person reporting believes might be helpful in establishing the cause of the abuse, neglect or exploitation.
- E. Any person other than one required to report or cause reports to be made in PURSUANT TO subsection A or C of this section who has a reasonable basis to believe that abuse, neglect or exploitation of a vulnerable adult has occurred may report the information to a peace officer or to the adult protective services central intake unit.
- F. A person having custody or control of medical or financial records of a vulnerable adult for whom a report is required or authorized under this section shall make those records, or a copy of those records, available to a peace officer or adult protective services worker investigating the vulnerable adult's abuse, neglect or exploitation on written request for the records signed by the peace officer or adult protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.
- G. If reports pursuant to this section are received by a peace officer, the peace officer shall notify the adult protective services central intake unit as soon as possible and make that information available to them.

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- H. A person required to receive reports pursuant to subsection A, C or E of this section may take or cause to be taken photographs of the abused VULNERABLE adult and the vicinity involved. Medical examinations, including radiological examinations of the involved VULNERABLE adult, may be performed. Accounts, inventories or audits of the exploited VULNERABLE adult's property may be performed. The person, department, agency or court that initiates the photographs, examinations, accounts, inventories or audits shall pay the associated costs in accordance with existing statutes and rules. If any person is found to be responsible for the abuse, neglect or exploitation of a vulnerable adult in a criminal or civil action, the court may order the person to make restitution as the court deems appropriate.
- I. If psychiatric records are requested pursuant to subsection F of this section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:
  - 1. Personal information about individuals other than the patient.
- 2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.
- J. If any portion of a psychiatric record is excised pursuant to subsection I of this section, a court, on application of a peace officer or adult protective services worker, may order that the entire record or any portion of the record containing information relevant to the reported abuse, neglect or exploitation be made available to the peace officer or adult protective services worker investigating the abuse, neglect or exploitation.
- K. A licensing agency shall not find that a reported incidence of abuse at a care facility by itself is sufficient grounds to allow the agency to close the facility or to find that all residents are in imminent danger.
- L. Retaliation against a person who in good faith reports abuse, neglect or exploitation is prohibited. Retaliation against a vulnerable adult who is the subject of a report is prohibited. Any adverse action taken against a person who reports abuse, neglect or exploitation or a vulnerable adult who is the subject of the report within ninety days after the report is filed is presumed to be retaliation.
- M. A person who violates this section is guilty of a class 1 misdemeanor, except  $\overline{\text{THAT}}$  if the failure to report involves an offense listed in title 13, chapter 14, the person is guilty of a class 6 felony.

Sec. 8. Rulemaking

A. The department of health services shall adopt rules for the implementation of section 36-434.02, Arizona Revised Statutes, as added by this act. The rules shall include timelines for reports to the department

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and to the family member or representative of any resident involved in an incident described in section 36-434.02, Arizona Revised Statutes, as added by this act.

- B. The department of health services shall adopt rules requiring that an assisted living facility notify the resident's representative if the resident develops a stage 3 or stage 4 pressure sore. The notification shall be made as soon as possible, but not more than twenty-four hours after the stage 3 or stage 4 pressure sore is discovered or determined. The rules shall require that the resident and the resident's representative be notified of the process for determining whether the resident can remain in the assisted living facility and the level of personal care services that is available in the facility to treat the pressure sore.
- C. The department of health services shall adopt rules requiring each assisted living facility to publish its quality management plan that is required by rule on the assisted living facility's website and to provide that quality management plan to prospective residents and their families or representative to allow them to learn about the method the assisted living facility uses to identify, document and evaluate incidents. The documented report required by rule to be submitted to the assisted living facility's governing authority shall also be provided to the department of health services, and the department shall publish the reports on the department's website where the public can review information about assisted living facilities.

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