Senate Engrossed House Bill

nursing facilities; records; surveys; timelines

State of Arizona
House of Representatives
Fifty-seventh Legislature
Second Regular Session
2026

HOUSE BILL 2195

AN ACT

AMENDING SECTION 36-406, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 4, ARTICLE 7, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 36-447.03 AND 36-447.04; AMENDING SECTION 36-2402, ARIZONA REVISED STATUTES; RELATING TO HEALTH CARE INSTITUTIONS.

(TEXT OF BILL BEGINS ON NEXT PAG

Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 36-406, Arizona Revised Statutes, is amended to read:

36-406. Powers and duties of the department; access to personnel records

A. In addition to its other powers and duties:

1. The department shall:

(a) Administer and enforce this chapter and the rules, regulations and standards adopted pursuant ~~thereto~~ TO THIS CHAPTER.

(b) Review, and may approve, plans and specifications for construction or modification OF or additions to health care institutions regulated by this chapter.

(c) EXCEPT AS PROVIDED IN SUBSECTION B OF THIS SECTION, have access to books, records, accounts and any other information of any health care institution THAT ARE reasonably necessary for the purposes of this chapter.

(d) Require as a condition of licensure that nursing care institutions and assisted living facilities make vaccinations for influenza and pneumonia available to residents ~~on site~~ ON-SITE on a yearly basis. The department shall prescribe the manner by which the NURSING CARE institutions and ASSISTED LIVING facilities ~~shall~~ MUST document compliance with this subdivision, including documenting residents who refuse to be immunized. The department shall not impose a violation on a licensee for not making a vaccination available if there is a shortage of that vaccination in this state as determined by the director.

2. The department may:

(a) Make or cause to be made inspections consistent with standard medical practice of every part of the premises of health care institutions ~~which~~ THAT are subject to ~~the provisions of~~ this chapter as well as those ~~which~~ THAT apply for or hold a license required by this chapter.

(b) Make studies and investigations of conditions and problems in health care institutions, or any class or subclass thereof, as they relate to compliance with this chapter and rules, regulations and standards adopted pursuant ~~thereto~~ TO THIS CHAPTER.

(c) Develop manuals and guides relating to any of the several aspects of physical facilities and operations of health care institutions or any class or subclass thereof for distribution to the governing authorities of health care institutions and to the general public.

B. THE DEPARTMENT'S ACCESS TO THE PERSONNEL RECORDS OF A NURSING CARE INSTITUTION IS LIMITED TO THE FOLLOWING INFORMATION FOR EACH PERSONNEL MEMBER, EMPLOYEE OR VOLUNTEER:

1. THE INDIVIDUAL'S NAME, DATE OF BIRTH AND CONTACT TELEPHONE NUMBER.

2. THE INDIVIDUAL'S STARTING DATE OF EMPLOYMENT OR VOLUNTEER SERVICE AND, IF APPLICABLE, THE ENDING DATE.

3. DOCUMENTATION OF ALL OF THE FOLLOWING AS PERTAINING TO THE INDIVIDUAL:

(a) QUALIFICATIONS, INCLUDING SKILLS AND KNOWLEDGE APPLICABLE TO THE INDIVIDUAL'S JOB DUTIES.

(b) EDUCATION AND EXPERIENCE APPLICABLE TO THE INDIVIDUAL'S JOB DUTIES.

(c) COMPLIANCE WITH THE REQUIREMENTS OF SECTION 36-411.

(d) ORIENTATION AND IN-SERVICE EDUCATION AS REQUIRED BY POLICIES AND PROCEDURES.

(e) LICENSURE OR CERTIFICATION, IF THE INDIVIDUAL IS REQUIRED TO BE LICENSED OR CERTIFIED PURSUANT TO THIS ARTICLE OR POLICIES AND PROCEDURES.

(f) IF THE INDIVIDUAL IS A BEHAVIORAL HEALTH TECHNICIAN, CLINICAL OVERSIGHT AS REQUIRED BY RULE.

(g) CARDIOPULMONARY RESUSCITATION TRAINING, IF REQUIRED FOR THE INDIVIDUAL BY RULE.

(h) FIRST AID TRAINING, IF REQUIRED FOR THE INDIVIDUAL PURSUANT TO THIS ARTICLE OR POLICIES AND PROCEDURES.

(i) EVIDENCE OF FREEDOM FROM INFECTIOUS TUBERCULOSIS, IF REQUIRED FOR THE INDIVIDUAL BY RULE.

(j) IF THE INDIVIDUAL IS A NUTRITION AND FEEDING ASSISTANT, BOTH:

(i) COMPLETION OF THE NUTRITION AND FEEDING ASSISTANT TRAINING COURSE AS REQUIRED BY RULE.

(ii) A NURSE'S OBSERVATIONS AS REQUIRED BY RULE.

Sec. 2. Title 36, chapter 4, article 7, Arizona Revised Statutes, is amended by adding sections 36-447.03 and 36-447.04, to read:

36-447.03. Surveys; statement of deficiencies; initiation of complaint investigations; time frames; record retention

A. BEGINNING JULY 1, 2027, THE DEPARTMENT SHALL ISSUE ANY STATEMENT OF DEFICIENCIES TO A NURSING CARE INSTITUTION WITHIN TEN BUSINESS DAYS AFTER COMPLETING THE STATE SURVEY. NOTWITHSTANDING THE DATE THAT THE STATEMENT OF DEFICIENCIES IS ISSUED, THE NURSING CARE INSTITUTION SHALL COMPLY WITH THE STATEMENT OF DEFICIENCIES AND SUBMIT A PLAN OF CORRECTION TO THE DEPARTMENT.

B. IN CONDUCTING A COMPLIANCE INSPECTION OR INITIAL COMPLAINT INVESTIGATION, THE DEPARTMENT MAY NOT CONSIDER OR INVESTIGATE ANY ALLEGED VIOLATION THAT OCCURRED MORE THAN TWELVE MONTHS BEFORE THE DATE THAT THE COMPLAINT WAS SUBMITTED TO THE DEPARTMENT.

C. THE DEPARTMENT MAY INITIATE A COMPLAINT INVESTIGATION FOR INCIDENTS THAT OCCURRED MORE THAN TWELVE MONTHS BEFORE THE DATE THE COMPLAINT WAS SUBMITTED IF THE COMPLAINT INVOLVES AN ALLEGATION OF ABUSE AS DEFINED IN SECTION 13-3623.

D. IF RECORDS THAT ARE MAINTAINED PURSUANT TO ARTICLE 4 OF THIS CHAPTER HAVE BEEN LAWFULLY DESTROYED PURSUANT TO RETENTION REQUIREMENTS, THE DEPARTMENT MAY NOT CITE THE LICENSEE FOR FAILURE TO PRODUCE THE

RECORDS FOR AN INVESTIGATION INITIATED MORE THAN TWELVE MONTHS AFTER THE ALLEGED BASIS OF THE INCIDENT OCCURRED.

E. THE DEPARTMENT SHALL INITIATE COMPLAINT INVESTIGATIONS RELATING TO NURSING CARE INSTITUTIONS CONSISTENT WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES TIME FRAMES BASED ON THE TRIAGED SEVERITY LEVEL OF EACH COMPLAINT.

36-447.04. Off-site preliminary reviews; compliance inspections; complaint investigations

THE DEPARTMENT MAY CONDUCT AN OFF-SITE PRELIMINARY REVIEW OF A COMPLAINT OR SELF-REPORT USING WRITTEN OR VERBAL COMMUNICATIONS OR DOCUMENTATION FROM THE LICENSEE TO DETERMINE WHETHER AN ON-SITE COMPLIANCE INSPECTION OR COMPLAINT INVESTIGATION IS NECESSARY. IF THE REVIEW CONFIRMS THAT THE LICENSEE HAS IMPLEMENTED SYSTEMS AND PROCESSES THAT MAKE FURTHER VIOLATIONS UNLIKELY AND THE LICENSEE PROVIDES SUFFICIENT EVIDENCE OF COMPLIANCE, THE DEPARTMENT SHALL CLOSE THE COMPLAINT AND NO FURTHER INVESTIGATION IS REQUIRED.

Sec. 3. Section 36-2402, Arizona Revised Statutes, is amended to read:

36-2402. Quality assurance activities; sharing of quality assurance information; immunity; confidentiality

A. State health care providers, hospitals and outpatient surgical centers shall, and other health care entities may, conduct quality assurance activities.

B. A health care entity may share quality assurance information with appropriate state licensing or certifying agencies and with licensed health care providers who are the subject of quality assurance activities. A hospital may share quality assurance information with other health care entities only with the approval of the hospital's medical executive committee or an equivalent committee.

C. A health care entity may share quality assurance information with other health care entities only for the purpose of conducting quality assurance activities.

D. A health care entity or person that provides or receives information, that participates, takes any action or makes any decision or recommendation in the course of quality assurance activities or that furnishes any records, information or assistance to a health care entity for or in the course of quality assurance activities is not subject to liability for civil damages or any legal action in consequence of such action except as provided in section 36-445.02.

E. Quality assurance activities conducted by state, county or local medical, pharmacy and dental associations and societies on behalf of a health care entity are immune from civil liability to the same degree as the facility for which the review activities are conducted.

F. Health care entities may jointly conduct quality assurance activities.

G. This section does not relieve any health care entity from liability arising from the treatment of a patient or from negligent credentialing decisions.

H. LONG-TERM CARE INCIDENT REPORTS:

1. ARE A RISK MANAGEMENT TOOL TO BE USED SOLELY FOR INTERNAL INVESTIGATIONS AND QUALITY IMPROVEMENT EFFORTS.

2. ARE CONFIDENTIAL RECORDS OF AN UNPLANNED EVENT OR OCCURRENCE THAT IS INCONSISTENT WITH ROUTINE CARE AND THAT MAY IMPACT A RESIDENT'S SAFETY, HEALTH OR WELL-BEING.

3. ARE USED TO SUPPORT FOLLOW-UP ACTIONS AND IDENTIFY OPPORTUNITIES FOR IMPROVEMENT AND MANAGE RISK.

4. ARE MAINTAINED SEPARATELY FROM THE RESIDENT'S MEDICAL RECORD.