7 AAC 12.255. SERVICES REQUIRED
A nursing facility must provide nursing, pharmaceutical, either physical or occupational therapy, social work services, therapeutic recreational activities, dietetic, central supply, laundry, housekeeping, laboratory and radiological services.

7 AAC 012.260. MEDICAL DIRECTOR.
A medical director who is employed by or is a consultant to the nursing facility shall (1) place a resident under the care of a physician; (2) ensure that the use of an investigational drug is properly supervised by a member of the medical staff, that an informed consent form provided by the sponsoring company or agency is used, and that complete records on the drug, including protocol and side effects, are maintained; and (3) supervise the infection control and employee health programs.

7 AAC 12.275. NURSING AND MEDICAL SERVICES
...(d) A nursing facility must have a contract for diagnostic services with a laboratory and x-ray provider approved by the department.

7 AAC 12.630. GOVERNING BODY
(a) Each facility, with the exception of birth centers, hospice agencies that do not provide inpatient care on agency premises, and intermediate care facilities for the mentally retarded, must have a governing body that assumes responsibility for implementing and monitoring policies that govern the facility’s operation and for ensuring that those policies are administered in a manner that provides quality health care in a safe environment. The facility must provide to the department the name, title, and mailing address for (1) each owner of the facility; (2) each person who is principally responsible for directing facility operations; and (3) the person responsible for medical direction.
(b) The governing body shall (1) adopt, and revise when necessary, written bylaws providing for (A) election or appointment of officers and committees; (B) appointment of a local advisory board if the governing body is outside the state; and (C) frequency of meetings; (2) appoint an administrator, in accordance with written criteria; (3) maintain written records on the appointment of members to the medical staff, and the granting of privileges based on the recommendations of the medical staff; (4) require medical staff to sign an agreement to follow the bylaws of the medical staff; (5) establish appeal procedures for applicants for and members of the medical staff; (6) provide resources and personnel as necessary to meet patient needs; and
(7) provide adequate equipment and supplies for the facility.
(c) In addition to meeting the responsibilities of a governing body set out at (b) of this section, the governing body of a critical access hospital shall
(1) make agreements with one or more appropriate entities identified in 42 C.F.R. 485.603(c), as amended through July 1, 1999 and adopted by reference, for credentialing of medical staff and for review of the quality and effectiveness of the diagnosis and treatment furnished by medical staff at the hospital; and
(2) if the hospital provides inpatient care through mid-level practitioners under the offsite supervision of a physician, participate in a rural health network as described in 42 C.F.R. 485.603(a), as amended through July 1, 1999 and adopted by reference, and enter agreements with other members of the network addressing the subjects described in 42 C.F.R. 485.603(b), as amended through July 1, 1999 and adopted by reference.

7 AAC 12.640 ADMINISTRATION.

(a) Each facility, with the exception of birth centers, intermediate care facilities for the mentally retarded, home health agencies, and ambulatory surgical facilities must comply with the provisions of this section.
(b) A facility must have an administrator, who is directly responsible to the governing body. The administrator shall
(1) coordinate staff services;
(2) provide liaison between the governing body and facility staff;
(3) report to the governing body regularly and at least annually on facility operations;
(4) provide written notice to medical staff of initial and annual or, if approved by the governing body, biennial appointments;
(5) evaluate for implementation recommendations of the facility's committees and consultants;
(6) ensure that the facility complies with program standards; and
(7) delineate responsibility and accountability of each service component of the facility to the administration.
(c) Each facility must have an institutional budget plan which includes an annual operating budget and a capital expenditure plan for a projected three-year period. A committee comprised of representatives of the governing body and administrative staff shall prepare the plan.

7 AAC 12.660 PERSONNEL.

(a) A facility must plan and retain records of employee orientation, in-service training programs, and employee supervision. ...the facility must maintain for each employee a file that includes
...(2) a copy of the employee's current license or certification, if a license or certification is required by statute for the employee's profession;
(b) If required by AS 08, patient care personnel must be currently licensed, certified, authorized, or registered in the state for the practice of their particular profession.
(c) Physicians, licensed nurses, pharmacists, physical therapists, dietitians, and social workers must be involved in the orientation and in-service education program for patient care personnel.
(d) The facility shall document in personnel files that each employee has completed all required orientation, education, and training.

7 AAC 12.700. SOCIAL WORK SERVICE

(a) ...The social worker shall ...(5) participate in in-service training.
(c) A social services specialist shall act as an assistant to the social worker and shall ...(4) participate in in-service training.

7 AAC 12.720. DIETETIC SERVICE

(a) A facility that provides dietetic services, with the exception of frontier extended stay clinics, must comply with the provisions of this section.
...(f) A facility must maintain adequate space, equipment, and staple food supplies to provide food service to patients in emergencies.
...(2) the facility shall ensure that the dietitian ...(D) develops and implements continuing education programs for dietary services and nursing personnel.

7 AAC 12.760. INFECTION CONTROL

(a) Each facility, with the exception of home health agencies and hospice agencies that do not provide inpatient care on agency premises, must have an infection control committee.

7 AAC 12.770. MEDICAL RECORD SERVICE

(a) Each facility, with the exception of home health agencies, hospice agencies, intermediate care facilities for the mentally retarded, and birth centers, must have a medical record service that complies with the applicable provisions of this section. A frontier extended stay clinic must comply with (b), (d), (g), and (i) - (k) of this section in addition to the requirements of 7 AAC 12.483.
(b) A facility must keep records on all patients admitted or accepted for treatment. The medical records, including x-ray films, are the property of the facility and are maintained for the benefit of the patients, the medical staff, and the facility. Medical records are subject to the requirements of AS 18.05.042, 7 AAC 43.030, and 7 AAC 43.032. This section does not affect other statutory or regulatory requirements regarding access to, use of, disclosure of, confidentiality of, or retention of record contents, or regarding maintenance of health information in patients’ records by health care providers. A facility must maintain originals or accurate reproductions of the contents of the originals of all records, including x-rays, consultation reports, and laboratory reports, in a form that is legible and readily available (1) upon request, to the attending physician or other practitioner responsible for treatment, a member of the facility’s medical staff, or a representative of the department; and (2) upon the patient’s written request, to another practitioner.
(c) Each in-patient medical record must include, as appropriate (1) an identification sheet which includes the 
(A) patient’s name;
(B) medical record number;
(C) patient’s address on admission;
(D) patient's date of birth;
(E) patient's sex;
(F) patient's marital status;
(G) patient's religious preference;
(H) date of admission;
(I) name, address, and telephone number of a contact person;
(J) name of the patient's attending physician;
(K) initial diagnostic impression;
(L) date of discharge and final diagnosis; and
(M) source of payment;
(2) a medical and psychiatric history and examination record;
(3) consultation reports, dental records, and reports of special studies;
(4) an order sheet which includes medication, treatment, and diet orders signed by a physician;
(5) progress notes for each service or treatment received;
(6) nurses' notes which must include
(A) an accurate record of care given;
(B) a record of pertinent observations and response to treatment including psychosocial and physical manifestations;
(C) an assessment at the time of admission;
(D) a discharge plan;
(E) the name, dosage, and time of administration of a medication or treatment, the route of administration and site of injection, if other than by oral administration, of a medication, the patient's response, and the signature of the person who administered the medication or treatment; and
(F) a record of any restraint used, showing the duration of usage;
(7) court orders relevant to involuntary treatment;
(8) laboratory reports;
(9) x-ray reports;
(10) consent forms;
(11) operative report on in-patient and out-patient surgery including pre-operative and post-operative diagnosis, description of findings, techniques used, and tissue removed or altered, if appropriate;
(12) anesthesia records including pre-operative diagnosis and post-anesthesia follow-up;
(13) a pathology report, if tissue or body fluid is removed;
(14) recovery room records;
(15) labor record;
(16) delivery record;
(17) record of a neonatal physical examination and condition on discharge;
(18) if the patient was in inpatient care for 48 hours or more, a discharge summary, prepared and signed by the attending physician or mid-level practitioner, that summarizes
(A) significant findings and events of the patient's stay in the facility;
(B) conclusions as to the patient's primary and any associated diagnoses; and
(C) disposition of the patient at discharge including instructions, medications, and recommendations and arrangements for future care; and
(19) if the patient was in inpatient care for less than 48 hours, a final discharge progress note signed by the attending physician or mid-level practitioner.
(d) A facility must maintain procedures to protect the information in medical records from loss, defacement, tampering, or access by unauthorized persons. A patient’s written consent is required for release of information that is not authorized to be released without consent. A facility may not use or disclose protected health information except as required or permitted by 45 C.F.R. Part 160, subpart C, and 45 C.F.R. Part 164, subpart E, revised as of October 1, 2005, and adopted by reference.

(e) A record must be completed within 30 days of discharge and authenticated or signed by the attending physician, dentist, or other practitioner responsible for treatment. The facility must establish policies and procedures to ensure timely completion of medical records. A record may be authenticated by a signature stamp or computer key instead of the treating practitioner’s signature if the practitioner has given a signed statement to the hospital administration that the practitioner is the only person who
(1) has possession of the stamp or key; and
(2) may use the stamp or key.

(f) Medical records must be filed in accordance with a standard health information archival system to ensure the prompt location of a patient’s medical record.

(g) The facility must ensure that a transfer summary, signed by the physician or other practitioner responsible for treatment, accompanies the patient, or is sent by electronic mail or facsimile transmission to the receiving facility or unit, if the patient is transferred to another facility or is transferred to a nursing or intermediate care service unit within the same facility. The transfer summary must include essential information relative to the patient’s diagnosis, condition, medications, treatments, dietary requirement, known allergies, and treatment plan.

(h) Each facility subject to the provisions of this section, with the exception of an ambulatory surgical facility and a frontier extended stay clinic, must employ the services of a health information administrator who is registered by the American Health Information Management Association or a records technician who is accredited by the American Health Information Management Association to supervise the medical record service. If the administrator or technician is a consultant only, the administrator or technician must visit the facility not less than biannually to organize and evaluate the operation of the service and to provide written reports to the medical record service and the administration of the facility.

(i) The facility must safely preserve patient records for at least seven years after discharge of the patient, except that
(1) x-ray films or reproductions of films must be kept for at least five years after discharge of the patient; and
(2) the records of minors must be kept until the minor has reached the age of 21 years, or seven years after discharge, whichever is longer.

(j) If a facility ceases operation, the facility must inform the department within 48 hours before ceasing operations of the arrangements made for safe preservation of patient records as required in this section. The facility must have a policy for the preservation of patients’ medical records in the event of the closure of the facility.

(k) If ownership of the facility changes, the previous licensee and the new licensee shall, before the change of ownership, provide the department with written documentation that
(1) the new licensee will have custody of the patient’s records upon transfer of ownership, and that the records are available to both the new and former licensee and other authorized persons; or
(2) arrangements have been made for the safe preservation of patients' records, as required in this section, and the records are available to the new and former licensees and other authorized persons.

7 AAC 12.780. RADIOLOGICAL SERVICE

(a) A facility that provides radiological services, with the exception of frontier extended stay clinics, must comply with the requirements of this section.
(b) If a facility which provides radiological services does not have a radiologist on its staff, a radiologist must provide consultation services to the facility at least twice a year to assure high quality of the diagnostic radiological service.
(c) A physician or a radiologist must have clinical responsibility for the radiological services.
(d) Radiological services may be performed only upon the order of a person lawfully authorized to diagnose and treat illness.
(e) If an x-ray examination is to be provided to a patient, a request by the attending physician for the x-ray examination must contain a diagnosis or a tentative diagnosis, or a concise statement of the reasons for the x-ray examination.
(f) A report of a radiological examination must be filed in the patient's medical record and maintained in the radiology unit.
(g) Diagnostic x-ray film processing must conform to the time and temperature recommendations of the manufacturer.
(h) All individuals who are employed or involved in providing radiological services or who may be exposed to radiation shall wear devices that monitor radiation exposure.
(i) A facility must keep records identifying employees who have been exposed to radiation and the amount of exposure for each employee.
(j) A facility which provides nuclear medicine services must report the type of those services provided to the department and must conform, unless specifically excepted by law, to the applicable standards of the Nuclear Regulatory Commission, 10 C.F.R. Parts 0 - 170, as in effect April 30, 1983, and 18 AAC 85.
(k) Radiation therapy may be given only under the direction of a radiation therapist using equipment which is specifically designed for radiation therapy.
(l) A facility which uses x-ray equipment must conform to the radiation protection standards set out in 18 AAC 85.010 - 18 AAC 85.770.

7 AAC 12.790. LABORATORY SERVICE

(a) A facility that provides laboratory services must comply with 7 AAC 12.790 - 7 AAC 12.850 and must meet the requirements of 42 C.F.R. Part 493, Laboratory Requirements, as revised as of October 1, 2005, and adopted by reference.
(b) A facility must have and maintain written procedures on the scope of onsite laboratory services necessary to support the facility’s emergency and patient care services. For laboratory tests not performed in the facility, the facility must make arrangements with an approved laboratory to meet the requirements of this section. Information specifying the laboratory tests performed at the facility, and laboratory tests available under arrangement, must be provided to the medical staff.
(c) A laboratory that provides blood or blood products must
(1) have those products onsite or readily available from another source; and
(2) maintain storage areas for those products under adequate control and supervision.

7 AAC 12.830. MAILING OF LABORATORY SPECIMENS

A laboratory specimen may be referred and mailed only to an approved laboratory. The mailing containers to be used must be provided by the laboratory to which the specimens are sent.

7 AAC 12.840. SUPERVISION AND DIRECTION OF LABORATORY SERVICE

(a) A laboratory must be under the supervision and direction of a physician, a laboratory specialist, or a medical technologist who
(1) meets the applicable qualification requirements of 42 C.F.R. Part 493, adopted by reference in 7 AAC 12.790; and
(2) is either employed by the laboratory or under contract to the laboratory.
(b) If a medical technologist supervises the laboratory under contract, a consulting physician or laboratory specialist supervising the laboratory under contract must make quarterly visits to the laboratory and prepare a written evaluation with recommendations to the administrator and medical staff of the facility after each visit. For a consulting physician, up to two of the required visits and evaluations each year may be made by the physician's representative, who must be a medical technologist competent in one or more laboratory specialties. If a medical technologist supervises a laboratory as an employee of the laboratory, a consulting physician or a laboratory specialist under contract must make at least biannual visits to the laboratory and prepare a written evaluation and recommendations after each visit.
(c) In this section, "laboratory specialties" include microbiology, serology, chemistry, hematology, and immunohematology.

7 AAC 12.860. RISK MANAGEMENT

A facility, with the exception of home health agencies and hospice agencies that do not provide inpatient care on agency premises, must have a risk management program that has
(1) provision for monitoring, evaluating, identifying, correcting, and reassessing care practices that negatively affect quality of care and services provided or result in accident or injury to a patient, resident, or staff, and provisions for documenting deficiencies found and remedial actions taken;
(2) a preventive maintenance program that is designed to ensure the proper functioning, safety and performance of all electrical and mechanical equipment used in the care, diagnosis, and treatment of patients or residents, and for the physical plant including the electrical, plumbing, heating, and ventilation systems and their parts, including
   (A) implementation of policies that specify procedures and frequencies for the maintenance of all equipment and systems and all their parts, that meets or exceeds manufacturers' recommendations; and
   (B) documentation of the preventive maintenance that has occurred;
(3) a procedure to investigate, analyze, and respond to patient or resident grievances that relate to patient or resident care;
(4) a job-specific orientation program and an in-service training program for each employee that provides annual instruction in
(A) policies and procedures for that service;
(B) the employee's job responsibilities and the skills necessary to meet those responsibilities;
(C) safety, fire, and disaster plans; and
(D) principles and techniques of infection control;
(5) provision of 24-hour emergency service by a physician, on site or on call, including posting the on-call physician’s name and phone number at each nursing station; a frontier extended stay clinic or free-standing birth center is exempt from the requirements of this paragraph;
(6) quarterly fire drills for each work shift, a record showing when each drill was held, and coordination with community or area mass casualty drills;
(7) an annual review of written policies and procedures approved, signed, and dated by the administrator or the administrator's designee;
(8) a training program by an instructor certified in cardiopulmonary resuscitation (CPR) for all personnel who are engaged in patient care; the training program must include certification of employees by an approved organization;
(9) a method of ensuring safe storage and transportation of gas cylinder tanks; and
(10) a disaster plan developed in coordination with the local community to address the facility's response in case of a disaster; the plan must include community and state resources for staffing and supplies, and prioritized options to account for staffing shortages, disruptions in the supply line, community allocation of staff resources, telephone triage, and plans for establishing and maintaining communication with local, state, and federal emergency response agencies; the disaster plan must be in place on or before January 1, 2007, and must address response to
(A) an earthquake, flood, major fire, tsunami, or other potential disaster relative to the area; and
(B) a pandemic influenza outbreak; the plan must include plans for
(i) separate entrances to buildings, and segregated seating, for patients with influenza-like illness; and
(ii) other measures to contain or prevent transmission of the illness.

7 AAC 12.910. CONTRACTS

(a) A facility may contract with another facility or agent to perform services or provide resources to the facility.
(b) Services regulated under this chapter that are provided by contract must meet the requirements of this chapter.
(c) A contract for resources or services required by regulation and not provided directly by a facility must be in writing, must be dated and signed by both parties, and must
(1) specify the respective functions and responsibilities of the contractor and the facility, and the frequency of onsite consultation by the contractor;
(2) identify the type and frequency of services to be furnished;
(3) specify the qualifications of the personnel providing services;
(4) require documentation that services are provided in accordance with the agreement;
(5) specify how and when communication will occur between the facility and the contractor;
(6) specify the manner in which the care or services will be controlled, coordinated, supervised, and evaluated by the facility;
(7) identify the procedures for payment for services furnished under the contract; and
(8) include the current license or registration number of the contractor, if required by state statute or regulation.
(d) Ambulatory surgical facilities, specialized hospitals, rural primary care hospitals, critical access hospitals, nursing homes, and intermediate care facilities for the mentally retarded must have a signed agreement with a general acute care hospital for transfer of patients who require medical or emergency care beyond the scope of the ability or license of the facility.

7 AAC 12.920. APPLICABLE FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS

A facility must comply with all applicable federal, state, and local laws and regulations. If a conflict or inconsistency exists between codes or standards, the more restrictive provision applies.