Article 12
General Provisions

Section

990. Definitions.

7 AAC 12.600. Scope

(a) Unless indicated otherwise in this chapter, a facility required to be licensed under AS 47.32 and this chapter must comply with the provisions of 7 AAC 10.9500 - 7 AAC 10.9535 (General Variance Procedures), 7 AAC10.9600 - 7 AAC 10.9620 (Inspections and Investigations), 7 AAC 12.600, 7 AAC 12.605, 7 AAC 12.610, 7 AAC 12.620, and 7 AAC 12.920, and with the applicable provisions of this section for each type of facility. A critical access hospital must also comply with 7 AAC 12.612.

(b) A general acute care hospital, rural primary care hospital, long-term acute care hospital, critical access hospital, specialized hospital, and nursing facility must comply with 7 AAC 12.630 - 7 AAC 12.660, 7 AAC12.730 - 7 AAC 12.770, 7 AAC 12.860, and 7 AAC 12.890 - 7 AAC 12.910.

(c) An intermediate care facility for the mentally retarded must comply with 7 AAC 12.650, 7 AAC 12.760, 7 AAC 12.860, and 7 AAC 12.900 - 7 AAC 12.910.

(d) An ambulatory surgical facility must comply with 7 AAC 12.630, 7 AAC 12.650 - 7 AAC 12.660, 7 AAC12.730 - 7 AAC 12.770, 7 AAC 12.860, and 7 AAC 12.890 - 7 AAC 12.910.

(e) A free-standing birth center must comply with 7 AAC 12.650 - 7 AAC 12.660, 7 AAC 12.730 - 7 AAC12.760, 7 AAC 12.860, 7 AAC 12.890, and 7 AAC 12.910.

(f) A home health agency must comply with 7 AAC 12.500 - 7 AAC 12.590.

(g) A facility licensed under this chapter, with the exception of a home health agency, that provides a service described in 7 AAC 12.670 - 7 AAC 12.720, 7 AAC 12.780, 7 AAC 12.790 - 7 AAC 12.850, 7 AAC12.870, or 7 AAC 12.880 must comply with the section of this chapter governing the provision of that service, unless otherwise indicated.

(h) A frontier extended stay clinic must comply with 7 AAC 12.450 - 7 AAC 12.490, and the applicable provisions of 7 AAC 12.630 - 7 AAC 12.660, 7 AAC 12.730, 7 AAC 12.750, 7 AAC 12.760, 7 AAC12.770, 7 AAC 12.860, 7 AAC 12.890, and 7 AAC 12.910.

(i) A hospice agency must also comply with the applicable provisions of 7 AAC 12.310 - 7 AAC 12.349, 7 AAC 12.690, 7 AAC 12.700, and 7 AAC 12.910. If

the hospice agency provides inpatient care on agency premises, the hospice agency is also subject to the requirements for a nursing home set out in (b) of this section, except for 7 AAC 12.770.

History: Eff. 11/19/83, Register 88; am 9/6/96, Register 139; am 9/1/2000, Register 155; am 6/23/2006, Register 178; am 12/3/2006, Register 180; am 2/9/2007, Register 181; am 5/24/2007, Register 182; am 9/30/2007, Register 183

Authority: AS 18.05.040

AS 18.20.075

AS 18.20.080

AS 18.20.085

AS 47.05.300

AS 47.05.310

AS 47.05.340

AS 47.32.010

AS 47.32.020

AS 47.32.030

AS 47.32.040

AS 47.32.050

AS 47.32.060

AS 47.32.070

AS 47.32.080

AS 47.32.120

AS 47.32.130

AS 47.32.140

7 AAC 12.605. Criminal history check requirements

An entity listed in AS 47.32.010 (b) that is required to be licensed under AS 47.32 and this chapter must also comply with the applicable requirements of AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990(Barrier Crimes, Criminal History Checks, and Centralized Registry).

History: Eff. 2/9/2007, Register 181

Authority: AS 47.05.300

AS 47.05.310

AS 47.05.320

AS 47.05.330

AS 47.05.340

AS 47.32.010

AS 47.32.030

7 AAC 12.610. Licensure

(a) Unless exempt under 7 AAC 12.611, before an individual or entity may operate a facility subject to AS 47.32 and this chapter, the individual or entity must obtain a license from the department under AS 47.32 and this section. The department may bring an action to enjoin the operation of a facility that has failed to obtain a license as required under AS 47.32 and this chapter.

(b) An application for an initial license must be submitted on a form supplied by the department. The applicant must submit a complete application, providing all applicable documents and information required under this chapter, including the names and addresses of all owners, officers, directors, partners, members, and principals of the business organization that owns the entity for which licensure is sought. Within 30 days after receipt of an application, the department will review the application for completeness. If the application is incomplete, the department will return it to the applicant for additional information. If the application is complete, the department will conduct an onsite review and inspection of the facility. If, after the onsite review and inspection, and review of the application, the department determines that the applicant meets the applicable requirements of AS 47.32 and this

chapter, the department will issue a provisional license in accordance with AS 47.32.050 (a). If the department determines that the applicant does not meet the applicable requirements of AS 47.32 and this chapter, the department will deny the application and issue the notice as required under AS 47.32.070 .

(c) If the department determines that the applicant is temporarily unable to comply with one or more applicable requirements and is taking appropriate steps to achieve compliance, the department will extend the application review period under (b) of this section for an additional 90 days.

(d) An application for renewal of a biennial license must be submitted, and will be reviewed, in accordance withAS 47.32.060 . In addition to any noncompliance with the applicable provisions of AS 47.32 and this chapter, grounds for nonrenewal include

(1) submission of false or fraudulent information to the department;

(2) failure or refusal to provide required information to the department;

(3) noncompliance that threatens the health, welfare, or safety of patients;

(4) the facility or individual, or an employee of the facility or individual,

(A) permitting, aiding, or abetting the commission of a criminal act under AS 11, AS 21, AS 28, or AS 47related to facility operations covered by the license;

(B) engaging in conduct or practices detrimental to the health, welfare, or safety of patients, clients, or employees; or

(C) participating in, offering to participate, or implying an offer to participate in rebate, kickback, or fee-splitting arrangements or substantially similar arrangements; and

(5) an insufficient number of staff at the facility with the training, experience, or judgment to provide adequate care.

History: Eff. 11/19/83, Register 88; am 6/28/84, Register 90; am 9/1/2000, Register 155; am 12/3/2006, Register 180; am 9/30/2007, Register 183

Authority: AS 18.05.040

AS 18.20.080

AS 47.05.310

AS 47.32.010

AS 47.32.020

AS 47.32.030

AS 47.32.040

AS 47.32.050

AS 47.32.060

AS 47.32.130

AS 47.32.140

7 AAC 12.611. Exemptions from licensure

(a) Unless operating as a frontier extended stay clinic under 7 AAC 12.450 - 7 AAC 12.490, a rural health clinic, including a community health center and a federally qualified health center, is exempt from the licensure requirements of AS 47.32 and this chapter.

(b) A facility owned and operated by the United States Indian Health Service, or a facility owned and operated by a tribal organization, as defined in 25 U.S.C. 450b(*l*), under a funding agreement under 25 U.S.C. 458aaa-4 (Indian Self-Determination and Education Assistance Act and Tribal Self-Governance Amendments of 2000) is exempt from the requirement to obtain a license under AS 47.32 and this chapter. However, a facility described in this subsection must meet the applicable licensure requirements set out in AS 47.32 and this chapter.

History: Eff. 12/3/2006, Register 180

Authority: AS 47.32.010

AS 47.32.020

AS 47.32.030

7 AAC 12.612. Licensure of critical access hospitals

(a) In addition to 7 AAC 12.610, the provisions of this section apply to the licensure of critical access hospitals.

(b) A hospital must hold a current license, or must have held a license at any time on or after November 29, 1999, as either a general acute care hospital or a rural primary care hospital at the time of its initial application for licensure as a critical access hospital.

(c) An applicant for licensure as a critical access hospital must submit the following as part of its initial application:

(1) a description of the area to be served by the applicant;

(2) a community needs assessment analyzing the availability and utilization of health care services in the applicant's service area, including acute care, primary care, and emergency services, and a discussion of how conversion to a critical access hospital will better serve community needs;

(3) the applicant's plan for the delivery of health services within the applicant's service area;

(4) a financial feasibility study that analyzes the financial impact on the applicant of conversion to a critical access hospital, taking into account relevant operational factors, including changes in utilization, services, staffing, and Medicare reimbursement;

(5) a community education plan that describes the steps that have been or will be taken to educate and involve the residents of the service area in the decision to convert to a critical access hospital;

(6) an emergency services plan that coordinates the provision of emergency medical services in the applicant's service area;

(7) a description of the volume capacity of the applicant and other related health care resources within the applicant's service area;

(8) the distance and travel time to other health care resources within the applicant's service area;

(9) identification of barriers to accessing health care in the applicant's service area.

(d) A critical access hospital must reapply for licensure under this section and provide updates, as applicable, to the information required under (c) of this section, if the hospital proposes to change the hospital's

(1) onsite or on-call medical staff to provide only mid-level practitioners; or

(2) hours of operation to less than 24 hours per day when no inpatients are in the facility.

(e) In addition to the requirement of reapplication for licensure under (d) of this section, if a critical access hospital proposes to change its hours of operation to less than 24 hours per day, each day of the year, the hospital must

(1) revise the emergency medical services plan submitted under (c)(6) of this section to ensure that, at a minimum, a registered nurse will be available at the hospital's emergency room to receive patients delivered by emergency medical services personnel; and

(2) obtain a waiver under 7 AAC 12.670(i) from the requirement of 7 AAC 12.670(g) that the hospital have a registered nurse on duty at all times.

History: Eff. 9/1/2000, Register 155

Authority: AS 18.05.040

AS 18.20.010

AS 18.20.020

AS 18.20.030

AS 18.20.040

AS 18.20.050

AS 18.20.060

AS 18.20.070

AS 18.20.080

AS 18.20.120

7 AAC 12.620. Enforcement actions; informal reconsideration of findings

(a) The department will inspect each facility and conduct investigations as provided in AS 47.32, 7 AAC 10.9600 - 7 AAC 10.9620, and this chapter.

(b) Except for enforcement actions under AS 47.32.130 , the department will, before delivering a report under AS 47.32.120 and if requested by the facility, meet informally with representatives of the facility to discuss the department's findings and any proposed enforcement action. An informal meeting under this subsection does not affect any rights under AS 47.32.

History: Eff. 11/19/83, Register 88; am 12/3/2006, Register 180

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

AS 47.32.090

AS 47.32.110

AS 47.32.120

AS 47.32.130

AS 47.32.140

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.

History: Eff. 11/19/83, Register 88; am 9/1/2000, Register 155; am 12/3/2006, Register 180; am 5/24/2007, Register 182

Authority: AS 18.05.040

AS 47.05.300

AS 47.05.310

AS 47.32.010

AS 47.32.030

7 AAC 12.640. Administration

(a) Each facility, with the exception of birth centers, intermediate care facilities for the mentally retarded, home health agencies, hospice agencies that do not provide inpatient care on agency premises, 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.

History: Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 5/24/2007, Register 182

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.650. Employee health program

(a) Each facility must have an employee health program that

(1) requires each employee to be evaluated within the first two weeks of employment and, except as provided otherwise in this paragraph, annually after that, to detect active cases of pulmonary tuberculosis, as follows:

(A) an employee who has never had a positive tuberculin skin test result shall obtain a tuberculin Mantoux skin test; if the tuberculin skin test result is negative, the employee does not need to have further annual tuberculosis evaluation under this paragraph if the employee's duties never require him or her to be in a room where patients or residents might enter, and if the employee does not handle clinical specimens or other material from patients or from their rooms; an example of such an employee is an administrative person or research worker whose place of work is remote from patient or residential care areas and who does not come in contact with clinical specimens;

(B) an employee who has previously had a positive tuberculin skin test result, or an employee whose tuberculin skin test obtained under (A) of this paragraph has a positive result

(i) shall have a health evaluation by a health care provider to identify symptoms suggesting that tuberculosis disease is present; the health evaluation must also include evaluation for the presence of any of the following risk factors: evidence of inadequately treated past tuberculosis disease, history of close exposure to a case of communicable pulmonary tuberculosis within the previous two years, history of a negative tuberculin test within the previous two years, diabetes mellitus (severe or poorly controlled), diseases associated with severe immunologic deficiencies, immunosuppressive therapy, silicosis, gastrectomy, excessive alcohol intake, or

human immunodeficiency virus infection; if symptoms suggesting tuberculosis disease are present, or if any of the risk factors is present, a chest x-ray shall be obtained as part of the health evaluation and the health care provider shall report the case to the section of epidemiology, division of public health; and

(ii) if the employee has previously received appropriate antituberculosis chemotherapy and has no symptoms suggesting that tuberculosis is present, the employee need not have further annual tuberculosis evaluation under this paragraph;

(2) requires evidence of immunization against rubella by

(A) a valid immunization certificate signed by a physician listing the date of rubella vaccination;

(B) a copy of a record from a clinic or health center showing the date of vaccination; or

(C) the result of a serologic test approved by the department showing the employee is immune; and

(3) requires evidence of immunization against hepatitis B by

(A) a valid immunization certificate signed by a physician listing the date of vaccination; or

(B) a copy of a record from a clinic or health center showing the date of vaccination.

(b) The requirements of this section do not apply to hospice agencies that do not provide inpatient care on agency premises. The requirements of (a)(2) of this section do not apply to home health agencies, nursing homes, or ambulatory surgical facilities, and, for employees of other facilities, may be waived if a physician signs a certificate that there are medical reasons that dictate that an employee should not be vaccinated against rubella.

History: Eff. 11/19/83, Register 88; am 7/17/87, Register 103; am 5/24/2007, Register 182; am 9/30/2007, Register 183

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.660. Personnel

(a) A facility must plan and retain records of employee orientation, in-service training programs, and employee supervision. In addition, the facility must maintain for each employee a file that includes

(1) a current job description;

(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;

(3) a summary of the employee's education, training, and experience;

(4) evidence of the employee's compliance with the employee health requirements of 7 AAC12.650; and

(5) evidence of compliance with the applicable requirements of AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990 (Barrier Crimes, Criminal History Checks, and Centralized Registry).

(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

(1) document in personnel files that each employee has completed all required orientation, education, and training; and

(2) establish and implement personnel policies requiring an annual evaluation of each employee's performance.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 12/3/2006, Register 180; am 2/9/2007, Register 181; am 5/24/2007, Register 182

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.670. Nursing service

(a) A licensed nurse shall write a patient care plan for each patient in consultation with other patient care personnel and the patient.

(b) The patient care plan must reflect analysis of patient problems and needs, treatment goals, medication prescribed and, upon discharge, instructions given to the patient and the patient's family regarding medication management, including any risks, side effects, and benefits expected, and including any recommended activities and diet.

(c) Each facility must have a registered nurse as the director for nursing services. The director shall perform the following duties:

(1) assure that all nurses comply with the requirements of (a) of this section;

(2) provide a sufficient number of registered nurses to meet patient needs;

(3) write an annual evaluation on the performance of each nurse;

(4) maintain records on the number of nurses employed and the hours and weeks of employment;

(5) delegate to a registered nurse the responsibility to plan, assign, supervise, and evaluate the nursing care for each patient;

(6) select and promote nursing personnel based on their qualifications and terminate employees when necessary; and

(7) establish and implement a standard procedure for the safe administration of medications.

(d) Only a registered nurse who has been appropriately trained may perform a blood transfusion. All other nursing services may be performed only under the direction of a registered nurse. A licensed practical nurse may administer medications, or perform limited infusion therapy functions, if

(1) the licensed practical nurse is authorized under AS 08 to perform these services;

(2) these services are authorized in the facility program standards; and

(3) the program standards have been approved by the hospital administrator and the pharmacist.

(e) Licensed nursing personnel who meet the requirements under (d) of this section to administer medications, and who have been authorized in writing by the hospital administrator and the pharmacist, may perform the following services if a pharmacist is not available:

(1) inventory and restocking of emergency drugs at least every 30 days; and

(2) removal of a single dose of a prescribed drug for a patient or any drug packaged by a pharmacist from the licensed pharmacy or drug room.

(f) If licensed nursing personnel perform a service described in (e)(2) of this section, a pharmacy or drug room record must be kept and signed by the licensed nurse showing the name, strength and amount of the drug, the date and time taken, and the patient to whom the drug is administered.

(g) Except as provided in (i) of this section for a critical access hospital or 7 AAC 12.275 for a nursing facility, a facility that provides a nursing service must have a registered nurse on duty at all times.

(h) The nursing staff shall hold regular meetings to review and evaluate ways of improving nursing care. Minutes of the meetings must be made available to staff members.

(i) The department will waive the requirement of (g) of this section for a critical access hospital if the hospital establishes to the department's satisfaction that

(1) to have a registered nurse on duty at all times is not financially feasible for the hospital;

(2) the community served by the hospital was involved in the decision to discontinue having a registered nurse on duty at all times and is aware that the hospital's emergency department may close on occasion;

(3) the hospital's emergency medical service plan submitted under 7 AAC 12.612(c) (6) assures that a registered nurse will be available at the hospital's emergency room to receive patients delivered by local emergency services personnel; and

(4) the hospital will have a registered nurse on duty whenever an inpatient is present in the facility.

(j) A frontier extended stay clinic is exempt from the requirements of this section.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 12/3/2006, Register 180

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.680. Pharmaceutical service

(a) A facility which dispenses drugs must employ a pharmacist on a regular or consultant basis. The pharmacist shall perform the following duties:

(1) procure, label, and maintain a sufficient quantity of drugs to meet patient needs at all times;

(2) inventory emergency drugs every 30 days and restock, as necessary;

(3) dispose of drugs that have been discontinued or have expired;

(4) dispose of scheduled drugs that have been discontinued or have expired which are listed in schedules I - V of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 as amended, 21 U.S.C. 801 et seq.;

(5) assure that there is no more than one person on each shift who is performing the duties under 7 AAC 12.670(e) , or is a physician, who has access to the pharmacy stock of drugs or controlled substances;

(6) assure that drugs, chemicals, and biologicals are properly labeled regarding their content and strength;

(7) if a consultant pharmacist, provide a written quarterly report to the administrator on the status of the pharmaceutical service; and

(8) document and evaluate medication errors to prevent reoccurrence and to ensure the accuracy and adequacy of the medication distribution system.

(b) When a pharmacist dispenses drugs by written prescription, the prescription must be an original or a carbon copy of the original and must be kept on file in the pharmacy. A pharmacist may dispense drugs based on a written order by a person authorized by law to prescribe drugs.

(c) A facility that dispenses drugs must have a pharmacy and therapeutics committee that is

(1) composed of

(A) a physician or the physician's representative;

(B) a pharmacist or the pharmacist representative;

(C) a registered nurse or the registered nurse's representative; and

(D) an administrator or the administrator's representative; and

(2) responsible for the

(A) development and maintenance of a formulary of drugs;

(B) development and implementation of procedures for safe and effective control, storage, dispensing, and administration of medications; those procedures must ensure that

(i) drugs and biologicals are stored in secure areas; and

(ii) drugs listed in schedules II, III, IV, and V under 21 U.S.C. 801 - 904 (Comprehensive Drug Abuse Prevention and Control Act of 1970) are kept locked within a secure area; and

(C) development and implementation of policies limiting the duration of drug therapy and for determining the stock of poison antidotes.

(d) A verbal order for a drug may be given only to a licensed nurse or pharmacist by a person lawfully authorized to prescribe medication, and must be recorded promptly in the patient's medical record, identifying the name of the person who prescribed the order, and the signature of the person receiving the order.

(e) A standing order for a drug must specify the circumstances for drug administration, dosage, route, duration, and frequency of administration. The order must be reviewed annually and, if necessary, renewed. When a standing order is

implemented for a specific patient, it must be entered into the patient's record, dated, and signed by the person who prescribed the order within 24 hours.

(f) If the facility permits bedside storage of medications, written policies and procedures must be established for dispensing, storage, and maintenance of records for use of these medications.

(g) An investigational drug may be used only under supervision of a principal investigator who is a member of the medical staff. Basic information concerning the dosage, route of administration, strength, actions, uses, side effects, interactions and symptoms of toxicity of an investigational drug must be available at the nursing station where an investigational drug is being administered and in the pharmacy. The pharmacist shall be responsible for the proper labeling, storage, and distribution of such drugs in accordance with the written order of the investigator.

(h) A drug supplied by a facility may not be taken from the facility unless the medication has been properly labeled and prepared by the pharmacist in accordance with state and federal law for use outside of the facility.

(i) A hospice agency that does not provide inpatient care on agency premises, a free-standing birth center, and a frontier extended stay clinic are exempt from the requirements of this section.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 12/3/2006, Register 180; am 5/24/2007, Register 182; am 9/30/2007, Register 183

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.690. Physical therapy service

(a) A facility that provides physical therapy services must retain, as an employee or under contract as a consultant of the facility, a physical therapist licensed under AS 08.84. If treatment is to be rendered by a physical therapy assistant, the physical therapy assistant must be licensed under AS 08.84, and the treatment must be planned, delegated, and supervised by the physical therapist.

(b) A physical therapist may evaluate a patient and establish a treatment program only upon written or verbal instructions from the treating physician. A treatment program and any modification to it must be approved by the referring physician. A physical therapist may accept a verbal order of a physician.

(c) A physical therapist shall perform the following duties or, if one or more of these duties is delegated to a physical therapy assistant, the physical therapist shall ensure that the duties are properly performed:

(1) enter each treatment into the patient's medical record;

(2) prepare clinical progress notes;

(3) prepare summaries of care.

History: Eff. 11/19/83, Register 88; am 5/24/2007, Register 182

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.700. Social work service

(a) A facility that provides social work services must retain a social worker licensed under AS 08.95 as an employee or consultant of the facility. The social worker shall

(1) regularly assess the social service needs for each patient, resident, or client, implementing the plan of care to meet those needs, and reevaluating those needs as appropriate;

(2) link each patient, resident, or client and that individual's family with applicable community resources as necessary to assist in meeting ongoing social, emotional, and economic needs;

(3) assist the physician, any interdisciplinary team, and other staff in understanding the social and emotional factors related to the health of each patient, resident, or client;

(4) prepare clinical and progress notes;

(5) participate in in-service training; and

(6) plan, supervise, and delegate any services furnished by a social services specialist as provided in (c) of this section.

(b) A facility that provides social work services must identify and provide interventions in response to the medically-related mental, behavioral, psychosocial, and advocacy needs of a patient. Social work services must assist staff, patients, and patients' families to understand and cope with emotional and social problems associated with health care.

(c) A social services specialist must have a baccalaureate degree in social work or in a human service field, and at least one year of social work experience in a health care setting. A social services specialist shall act as an assistant to the social worker and shall

(1) perform services delegated by the social worker, in accordance with the plan of care;

(2) assist in preparing clinical progress notes;

(3) participate in the interdisciplinary team meetings; and

(4) participate in in-service training.

(d) In this section, "human service field" means sociology, special education, rehabilitation counseling, psychology, or another field related to social work.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/24/2007, Register 182

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.710. Occupational therapy service

(a) A facility which provides occupational therapy services must retain an occupational therapist as an employee or consultant of the facility.

(b) Repealed 5/28/92.

(c) An occupational therapist shall directly supervise assistants.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122

Authority: AS 18.05.040

AS 18.20.010

AS 18.20.060

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.

(b) Except as provided in (p) and (q) of this section, a facility must employ

(1) a full-time dietitian who is registered by the American Dietetic Association; or

(2) a full-time dietetic service supervisor to supervise the dietetic service and a registered dietitian on a consulting basis.

(c) A registered dietitian must be available not less than once every three months to provide advice to the administrator and medical staff, and guidance to the supervisor and staff of the dietetic service, and shall participate in the development or revision of dietetic policies and procedures.

(d) The dietetic service must provide food of the quality and quantity to meet the patient's needs in accordance with physician's orders and, to the extent medically possible, to meet the National Research Council's *Recommended Dietary Allowances*, 10th edition (1989), adopted by reference. If food is provided by an outside food service establishment, the facility shall ensure that the requirements of this subsection are met.

(e) A facility that provides dietetic services must comply with 18 AAC 31. The facility shall retain written reports of the inspections performed under 18 AAC 31.900 on file, with notation of corrective actions in response to citations, if any.

(f) A facility must maintain adequate space, equipment, and staple food supplies to provide food service to patients in emergencies.

(g) If a facility provides dietetic services, it must maintain a current profile card for each patient indicating prescribed diet, likes and dislikes, and other pertinent information concerning the patient's dietary needs.

(h) The facility must maintain lavatories for handwashing, with hot and cold running water, soap, and disposable towels, conveniently located in the service area used by persons who handle food.

(i) A current manual for therapeutic diets, approved by the dietitian, must be available in the dietetic service area.

(j) A copy of the menus, with menu substitutions, must be retained for at least 60 days.

(k) Records of food purchased, showing dates of purchases, quantity, and itemized cost, must be retained on file for at least one year.

(*l*) Standardized recipes must be maintained and used exclusively in food preparation.

(m) Current work schedules by job titles and weekly duty schedules for dietetic service personnel must be posted in the dietetic service area and retained for at least three months.

(n) Routine cleaning schedules must be posted and records of cleaning must be maintained on file for at least three months.

(o) In this section, a "dietetic service supervisor" means a person who

(1) is a graduate of a dietetic technician or dietetic manager training program, corresponding or classroom, approved by the American Dietetic Association;

(2) is a graduate of a course approved by the department that provided 90 or more hours of classroom instruction in food service supervision, and who has a minimum of two years of experience as a supervisor in a health care institution with consultation from a dietitian;

(3) has training and experience in food service supervision and management in a military service equivalent in content to the programs in (1) or (2) of this subsection;

(4) has completed all nutrition and related coursework necessary to take the registration examination required to become a registered dietitian by the American Dietetic Association;

(5) is certified by the Certifying Board for Dietary Managers of the Dietary Managers Association;

(6) has completed a dietary manager course curriculum approved by the American Dietary Manager Association, is registered by the American Dietetic Association, and is qualified to take the examination required to become certified by the certifying board for dietary managers of the Dietary Managers Association; or

(7) has at least three years of experience in institutional dietary management, 200 or more documented contact hours with a dietitian registered by the American Dietetic Association, and 30 or more continuing education credits that

(A) have been approved by the American Dietetic Association or Dietary Managers Association; and

(B) directly relate to food service management and clinical nutrition.

(p) A rural primary care hospital or a critical access hospital must have a dietitian registered by the American Dietetic Association or a dietetic service supervisor to supervise and monitor the dietary services to ensure the facility meets patients' nutritional needs and the requirements of this section. The services of a registered dietitian or a dietetic services supervisor may be provided on a part-time, offsite basis.

(q) A nursing home that is licensed separately under this chapter, but that is part of a licensed critical access hospital under 7 AAC 12.104, must employ a qualified dietitian either full time, part time, or on a consultant basis to plan, manage, and implement dietary service activities to assure that the residents receive adequate nutrition and that the dietary department of the nursing home is functioning properly. If a qualified dietitian is not employed full time, the facility is subject to the following requirements:

(1) the facility must designate a person to serve as the

(A) dietetic service supervisor; or

(B) manager of food service; a manager of food service is exempt from the requirements of (o) of this section;

(2) the facility shall ensure that the dietitian

(A) makes frequently scheduled onsite consultation visits to the facility;

(B) functions collaboratively with the dietetic service supervisor or manager of food service in meeting the nutritional needs of the residents;

(C) provides supervision for dietary department functions;

(D) develops and implements continuing education programs for dietary services and nursing personnel; and

(E) participates in interdisciplinary care planning.

History: Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 12/17/2005, Register 176; am 12/3/2006, Register 180

Authority: AS 47.32.010

AS 47.32.030

Editor's note: A copy of *Recommended Dietary Allowances*, adopted by reference in 7 AAC12.720(d) , may be obtained from the National Academies Press at 500 Fifth Street N.W., Lockbox 285, Washington, D.C., 20055; telephone: (888) 624-8373.

Information on currently registered dietitians; coursework, qualified training programs, and examination requirements to become a registered dietitian; or approved continuing education courses may be obtained from the American Dietetic Association, 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995; telephone: (800) 877-1600.

Information on currently certified dietary managers, approved course curriculum, or continuing education courses for certified dietary managers may be obtained from the Dietary Managers Association, 406 Surrey Woods Drive, St. Charles, IL 60174; telephone: (800) 323-1908.

7 AAC 12.730. Central service

(a) If a facility processes sterilized instruments and supplies, it must meet the requirements in this section. If a facility receives sterilized instruments and supplies from another entity through contract or agreement, the facility must ensure the contractor meets the requirements in this section.

(b) A facility must maintain a separate area for processing, decontamination, if necessary, and storage of sterile supplies and materials.

(c) A facility must develop and implement written policies and procedures for the cleaning, antimicrobial processing, and storage of supplies and equipment to prevent the transmission of infection through their use.

(d) Traffic in an area designated for processing, decontamination, and storage of supplies must be restricted to properly attired authorized personnel. Birth centers, frontier extended stay clinics, and nursing homes are not required to comply with this subsection.

(e) Shipping cartons may not be stored with sterile products.

(f) A facility must retain records of bacteriological efficiency monitoring of autoclaves at recommended frequency for three years.

(g) Instructions for the operation of autoclaves must be posted near the equipment.

(h) Each facility must maintain a retrieval system for supplies whose sterility is questionable.

(i) A hospice agency that does not provide inpatient care on agency premises is exempt from the requirements of this section.

History: Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 12/3/2006, Register 180; am 5/24/2007, Register 182

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.740. Laundry service

(a) Each facility, with the exception of home health agencies, frontier extended stay clinics, and intermediate care facilities for the mentally retarded, must provide a laundry service.

(b) A facility must develop and implement written procedures for handling, processing, storage, and transportation of linen in a manner that will prevent the spread of infection and will assure the maintenance of clean linen.

(c) If a facility operates its own laundry, it must be

(1) located so that steam, odors, lint, and objectionable noises do not reach patient or personnel areas;

(2) well-lighted, ventilated, and adequate in size for the needs of the facility;

(3) maintained in a sanitary manner and in good repair;

(4) separate from any storage area; and

(5) organized so that clean and soiled functions are physically separated.

(d) A facility must have laundry equipment that provides hot water at a temperature of 160 degrees Fahrenheit unless the facility uses an alternative disinfectant measure, including ozonized water, bleach, or a bleach byproduct, at a lower temperature recommended by the product manufacturer. If the facility uses an alternative disinfectant measure, the facility must develop a written policy and procedure for use of the product and must maintain documentation of the manufacturer's minimum recommended water temperature.

(e) Hand-washing and toilet facilities for laundry personnel must be provided at a location convenient to the laundry.

(f) Separate covered carts must be used for transporting soiled and clean linen. The carts must be clearly labeled and equipped with washable covers that are laundered or suitably cleaned daily.

(g) If laundry service is provided by an outside laundry service establishment, the facility must choose an establishment that meets the requirements of this section.

History: Eff. 11/19/83, Register 88; am 12/3/2006, Register 180; am 9/30/2007, Register 183

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.750. Housekeeping service

(a) Each facility, with the exception of home health agencies and intermediate care facilities for the mentally retarded, must provide a housekeeping service.

(b) A facility must have routine cleaning procedures for furniture, floors, walls, ceilings, supply and exhaust grills, and lighting fixtures.

(c) A facility must have written procedures for cleaning all areas of the facility, including cleaning of a patient unit following discharge of a patient.

(d) Housekeeping personnel must wear clean cap, mask, and gown when cleaning a surgical or delivery suite.

(e) A facility must maintain sufficient housekeeping cleaning supplies and equipment. Separate equipment must be provided, as applicable, for operating rooms, delivery rooms, the nursery, and the dietary area. Housekeeping equipment and cleaning supplies, other than those in bulk, must be stored in designated housekeeping supply rooms. A detergent germicide must be used for all cleaning and dusting purposes. Mop heads must be removable and must be changed at least daily.

(f) Each facility must provide a sufficient housekeeping service to maintain the interior of the facility in a safe, clean, orderly and attractive manner and free from offensive odors.

History: Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 12/3/2006, Register 180

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

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.

(b) The administrator or medical staff shall appoint an infection control committee composed of representatives of the medical staff, administration, nursing, and other services, that is responsible for maintenance and supervision of an infection control program.

(c) The infection control committee shall establish and maintain, as part of the infection control program,

(1) specific procedures for diagnosing, reporting, investigating, reviewing, and maintaining records of infection of residents and personnel, such as the procedures set out in the federal Centers for Disease Control guidelines;

(2) written procedures for all departments incorporating principles or practices that reduce the risk of infection in all patient care services and areas;

(3) a system for reporting communicable diseases in accordance with 7 AAC 27.005 - 7 AAC27.010; and

(4) written isolation and body substance isolation techniques for known or suspected communicable diseases or infections.

(d) The infection control committee shall meet not less than quarterly, and shall retain written minutes of all meetings for at least three years.

(e) Infectious wastes must be disposed of in an incinerator which provides complete combustion.

(f) The infection control committee shall approve proposed disinfectant-detergent formulations and policies and procedures for their use.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 05/24/2007, Register 182

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

Editor's note: A copy of the federal Centers for Disease Control guidelines may be obtained from Centers for Disease Control, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

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 ofAS 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.

History: Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 12/3/2006, Register 180; am 5/24/2007, Register 182

Authority: AS 18.05.040

AS 18.20.085

AS 47.32.010

AS 47.32.030

Editor's note: Verification of status as a registered health information administrator or as an accredited records technician may be obtained from the American Health Information Management Association at 233 N. Michigan Avenue, Suite 2150, Chicago, IL, 60601-5800.

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.

(m) In this section, "nuclear medicine services" means medical procedures that use radio isotopes or other atomic entities in the treatment or diagnosis of illness or disease.

History: Eff. 11/19/83, Register 88; am 12/3/2006, Register 180

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

7 AAC 12.790. Laboratory service

(a) A facility that provides laboratory services must comply with 7 AAC 12.790 - 7 AAC 12.850and 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.

History: Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 6/23/2006, Register 178

Authority: AS 47.32.010

AS 47.32.030

7 AAC 12.800. Laboratory service policy and procedure

Repealed.

History: Eff. 11/19/83, Register 88; repealed 6/23/2006, Register 178

7 AAC 12.810. Laboratory safety program

Repealed.

History: Eff. 11/19/83, Register 88; repealed 6/23/2006, Register 178

7 AAC 12.820. Laboratory service proficiency test program

Repealed.

History: Eff. 11/19/83, Register 88; repealed 6/23/2006, Register 178

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.

History: Eff. 11/19/83, Register 88

Authority: AS 47.32.010

AS 47.32.030

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.

History: Eff. 11/19/83, Register 88; am 6/23/2006, Register 178

Authority: AS 47.32.010

AS 47.32.030

7 AAC 12.850. Laboratory testing service requirements

Repealed.

History: Eff. 11/19/83, Register 88; repealed 6/23/2006, Register 178

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.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 12/3/2006, Register 180; am 5/24/2007, Register 182; am 9/30/2007, Register 183

Authority: AS 18.05.040

AS 18.20.075

AS 47.32.010

AS 47.32.030

7 AAC 12.870. Emergency care service

(a) If a facility provides emergency care services, those services must be available 24 hours a day and must include

(1) a determination by trained staff of whether a person entering the service should receive a medical, psychological, or social evaluation;

(2) treatment of acute and potentially life-threatening disorders; and

(3) supervision of medically ill persons by trained medical staff.

(b) Guidelines for care of persons with mental or emotional problems must be present and readily accessible in the emergency room.

(c) Guidelines or protocol for the treatment of and referral for substance abuse must be present and readily accessible in the emergency room.

(d) A roster of names and telephone numbers of physicians, specialty consultants, poison control centers, and referral resources must be maintained in the emergency room.

(e) The emergency care service must maintain a control register which contains, for each person served,

(1) the person's name, or adequate identification;

(2) the date and time of arrival;

(3) an emergency record number for the person;

(4) the nature of the person's complaint;

(5) disposition; and

(6) time of and condition on departure.

(f) The emergency medical record must contain for each patient

(1) adequate identification of the patient;

(2) the time of and means by which the patient arrived, including by whom transported;

(3) pertinent history of the patient's current condition;

(4) diagnosis and treatment given;

(5) condition of the patient on discharge or transfer; and

(6) final disposition, including instructions given to the patient or the patient's family regarding necessary followup care.

(g) The emergency care service must have a written plan, developed in cooperation with members of the community served, which specifies how it will deal with an extreme emergency in the community. The plan must include a triage process which describes the methods for the

(1) marshalling of resources to deal with the emergency;

(2) determination of the level of urgency of each case; and

(3) determination of appropriate services to be performed.

(h) The emergency care service must have available a communication system to maintain contact with the police department, rescue squads, and other emergency services of the community.

(i) A critical access hospital shall, at a minimum, ensure that a physician or mid-level practitioner with training or experience in emergency care is on call and immediately available by telephone or radio contact and available on site within 30 minutes on a 24-hours per day basis.

(j) A frontier extended stay clinic is exempt from the requirements of this section.

History: Eff. 11/19/83, Register 88; am 9/1/2000, Register 155; am 12/3/2006, Register 180

7 AAC 12.900. Physical plant

(a) Each facility, with the exception of home health agencies, frontier extended stay clinics, and birth centers, must comply with the provisions of this section.

(b) Any renovation, expansion, or new construction must comply with

(1) the requirements of *Guidelines for Design and Construction of Hospital and Health Care Facilities*, American Institute of Architects, 2001 edition, adopted by reference, that are applicable to the particular facility and services provided, as follows:

(A) secs. 1 - 6 apply to all facilities;

(B) sec. 7 applies to the general acute care hospitals, rural primary care hospitals, and critical access hospitals;

(C) sec. 10 applies to rehabilitation hospitals;

(D) sec. 8 applies to intermediate care facilities for the mentally retarded and to nursing facilities;

(E) sec. 9 applies to ambulatory surgical facilities;

(F) secs. 7.1; 7.2, except 7.2.B15 and 7.2.C; 7.6; 7.17 - 7.19; 7.21; 7.22; 7.25 - 7.30, except 7.28.A; 8.3; and Table 2 apply to substance abuse hospitals; and

(G) sec. 11 applies to psychiatric hospitals.

(2) 7 AAC 09.010 - 7 AAC 09.170;

(3) AS 18.60.580 - 18.60.660;

(4) AS 18.60.705 - 18.60.740;

(5) the *International Building Code*, as adopted by reference in, and revised under, 13 AAC 50.020; and

(6) the *International Mechanical Code*, as adopted by reference in, and revised under, 13 AAC 50.023.

(c) A facility must comply with municipal fire safety regulations, with 13 AAC 50 - 13 AAC 55, and with applicable National Fire Protection Association (NFPA) standards, including the following, which are adopted by reference:

(1) *NFPA 13: Standard for the Installation of Sprinkler Systems*, 2002 edition;

(2) *NFPA 25: Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems*, 2002 edition;

(3) *NFPA 10: Standard for Portable Fire Extinguishers*, 2002 edition;

(4) *NFPA 99: Standard for Health Care Facilities*, 2005 edition;

(5) *NFPA 101: Life Safety Code*, 2000 edition; if a waiver has been issued for a requirement of NFPA 101 under 42 C.F.R. 482.41 for a hospital, under 42 C.F.R. 485.623 for a critical access hospital, under 42 C.F.R. 483.70 for a nursing home,

under 42 C.F.R. 483.470 for an intermediate care facility for the mentally retarded, or under 42 C.F.R. 416.44 for an ambulatory surgical center, the waiver will be considered a waiver of that requirement for purposes of this subsection.

(d) A facility must specify in written procedures the maximum allowable water temperature at an outlet for patient bathing, showering, and washing, not to exceed requirements specified in (b)(1) of this section. The facility must have the capability to reduce water temperatures, and must specify in written procedures the safety factor expressed in minutes required to reduce water temperature for particular patient sensitivity due to illness or medication.

(e) Bed capacity will be determined as follows:

(1) available bed space in determining bed capacity for licensure includes

(A) bed space in all nursing units, including intensive care units and minimal or self care units;

(B) isolation rooms;

(C) pediatrics units, including pediatrics bassinets and incubators located in the pediatrics department;

(D) observation units equipped and staffed for overnight use;

(E) space designed for, and that contains adequate space and equipment as described in (F) of this paragraph for, inpatient bed care, even if currently closed or assigned to easily convertible, non-patient uses, offices, or classrooms; and

(F) space in areas which have the necessary fixed equipment adequate for patient care, including oxygen, suction, a lavatory with fixtures, and a patient closet, and which are accessible to a nurses' station which is exclusively staffed for inpatient bed care, even if originally designed for other purposes;

(2) space which will not be counted in determining bed capacity includes

(A) nurseries for newborn in the maternity department;

(B) labor rooms;

(C) recovery rooms;

(D) emergency units;

(E) preparation or anesthesia induction rooms;

(F) rooms used for diagnostic or treatment procedures;

(G) hospital staff bed areas, including accommodations for on-call staff;

(H) corridors;

(I) solaria, waiting rooms, and similar areas which are not permanently set aside, equipped, and staffed exclusively for inpatient bed care; and

(J) unfinished space, which does not include an area which is finished except for movable equipment.

(f) Bed space under construction on or after November 19, 1983 must contain,

(1) for each patient, fixed available oxygen, suction, a bedlight, and a closet;

(2) for every two patients, a lavatory with fixtures and adjacent toilet; and

(3) for each bed in a multiple-bed room, cubicle curtain tracks.

(g) Facilities in existence before January 1, 1995, will be allowed a variance of 10 square feet from the standards for square footage of patient rooms required by *Guidelines for Design and Construction of Hospital and Health Care Facilities,* adopted by reference in (b)(1) of this section.

(h) Except as provided in 7 AAC 12.150(h) , the department may waive compliance with, or grant a variance from, a requirement in this section if the commissioner determines that an equivalent alternative is provided and the safety and well-being of patients is assured. If a facility wishes to obtain a waiver or variance, its governing body must apply in writing to the commissioner and must include in the application

(1) the justification for the waiver;

(2) an explanation of the reasons why the particular requirement cannot be satisfied;

(3) a description of the equivalent alternative proposed; and

(4) if the application for waiver involves fire safety or other municipal or state requirements, evidence that it has been reviewed by the appropriate municipal or state authorities.

History: Eff. 11/19/83, Register 88; am 12/31/94, Register 132; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 12/17/2005, Register 176; am 6/23/2006, Register 178; am 12/3/2006, Register 180

Authority: AS 47.32.010

AS 47.32.030

Editor's note: A copy of *Guidelines for Design and Construction of Hospital and Health Care Facilities*, adopted by reference in 7 AAC 12.900(b) (1), may be obtained from the American Institute of Architects Press, 1735 New York Avenue, Washington, D.C. 20006. To order a prepaid copy, call (202) 626-7541 or (800) 242-3837, press 4. For an order using a purchase order or that must be billed, call (800) 365-2724.

The *International Building Code* and the *International Mechanical Code* referred to in 7 AAC12.900(b) (5) and (b)(6), respectively, may be obtained from the International Conference of Building Officials, 5360 Workman Mill Rd., Whittier, California 90601-2298; telephone: (800) 284-4406; (562) 699-0541.

The National Fire Protection Association (NFPA) standards adopted by reference in 7 AAC12.900(c) may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169-7471; telephone: (800) 344-3555.

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.

History: Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 5/24/2007, Register 182; am 9/30/2007, Register 183

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

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.

History: Eff. 11/19/83, Register 88

Authority: AS 18.05.040

AS 18.20.010

AS 18.20.060

7 AAC 12.925. Accredited entities

(a) An entity licensed under this chapter with a current accreditation from a nationally recognized organization with standards the department determines meet the intent of AS 47.32 and this chapter may submit a written request to the department for a waiver of a biennial inspection by the department under AS 47.32.060 . The entity must submit a separate request for each licensing period during which the accrediting organization inspected the entity. The entity must include with the request a copy of the accrediting organization's most recent report of inspection, and a plan of correction and proof of corrective action if applicable.

(b) The department will waive its biennial inspection under AS 47.32.060 during the licensing period in which the accrediting organization conducted an inspection if the entity passed that inspection or has corrected any deficiencies noted by the accrediting organization. The inspection waiver will be in effect for the remainder of that licensing period unless revoked under (c) of this section.

(c) Nothing in this section precludes the department from responding to a complaint received under AS 47.32.090 , and from taking any necessary action under AS 47.32.130 or 47.32.140. If the entity fails to fulfill any plan of correction developed under AS 47.32.130 or 47.32.140, the waiver from inspection will be revoked.

History: Eff. 12/3/2006, Register 180

Authority: AS 18.05.010

AS 18.05.040

AS 47.32.010

AS 47.32.030

AS 47.32.050

AS 47.32.060

AS 47.32.090

AS 47.32.100

AS 47.32.110

AS 47.32.120

AS 47.32.130

AS 47.32.140

AS 47.32.150

7 AAC 12.990. Definitions

In this chapter, unless the context requires otherwise,

(1) "administrator" means an employee appointed by the governing body to be responsible for the overall operation of a facility;

(2) "advanced nurse practitioner" means a person who is authorized to practice as an advanced nurse practitioner under 12 AAC 44.400;

(3) "alcoholism" means a chronic and progressive disease characterized by tolerance, physical dependency, or pathological organic changes which are consequences of alcohol ingestion;

(4) "ambulatory surgical facility" means a facility described in 7 AAC 12.350;

(5) "anesthesia service" means the administration by authorized personnel of anesthesia of the type and in the manner required by the patient's condition;

(6) "anesthesiologist" means a physician who has training and experience in the field of anesthesiology, and is certified or eligible for certification by the American Board of Anesthesiologists, Inc.;

(7) "approved laboratory" means a laboratory that is

(A) certified by the

(i) federal government under the Clinical Laboratories Improvement Act of 1967, 42 U.S.C. 263(a) or Title XVIII of the Social Security Act, as amended, 42 U.S.C. 1395 et seq.;

(ii) College of American Pathologists; or

(iii) Joint Commission on Accreditation of Hospitals; or

(B) operated by the department;

(8) "birth center" means a free-standing birth center;

(9) "bureau of vital statistics" means the bureau of vital statistics within the department;

(10) "central service" means a service which provides cleaning, storing, and dispensing of supplies and equipment required for all aspects of patient care, diagnosis, and treatment;

(11) "client" has the meaning given in

(A) 7 AAC 12.349, if the facility is a hospice agency; and

(B) 7 AAC 12.449, if the facility is a birth center;

(12) "commissioner" means the commissioner of health and social services;

(13) "completed application" means an application which is complete, signed, and accompanied by the appropriate fee;

(14) "controlled substance" means a narcotic drug, a depressant, a hallucinogenic or stimulant drug as set out in the schedules in AS 11.71.140 - 11.71.190, and any drug subject to the Controlled Substances Act of 1970, PL 91-513, as amended;

(15) "detoxification" means the process in which a person recovers from intoxication and physiological reactions associated with withdrawal;

(16) "dentist" means a person who is licensed as a dentist under AS 08.36;

(17) "department" means the Department of Health and Social Services;

(18) "dietetic service" means a service which provides nutritionally adequate food to patients;

(19) "direct supervision" means the supervisor is present in the same building as the person being supervised and available for consultation or assistance;

(20) "dispense" means selecting, measuring, packaging, labeling, and issuing a drug under an appropriate order;

(21) "division of public health" means the division of public health, Department of Health and Social Services;

(22) "drug administration" means the act in which a single dose of a prescribed drug is given to a patient;

(23) "drug room" means an area used exclusively for the storage, preservation, and control of bulk supply drugs;

(24) "electroconvulsive therapy" means a form of treatment of mental disorders in which convulsions are produced by the passage of electric current through the brain;

(25) "emergency service" means a medical service provided in response to the perceived individual needs of a patient for immediate medical care to prevent the loss of life or the aggravation of a physical or psychological illness or injury;

(26) "facility" means a

(A) general acute care hospital;

(B) specialized hospital;

(C) nursing home;

(D) intermediate care facility for the mentally retarded;

(E) ambulatory surgical center;

(F) birth center;

(G) mental health center;

(H) home health agency;

(I) rural primary care hospital;

(J) critical access hospital;

(K) long-term acute care hospital; and

(L) frontier extended stay clinic;

(27) "general acute care hospital" means a facility that provides inpatient hospitalization for medical and surgical care of acute illness or injury, perinatal care, and other services described in 7 AAC12.105(a) ;

(28) "home health agency" means a facility described in 7 AAC 12.500;

(29) "intermediate care facility for the mentally retarded" means a facility described in 7 AAC12.300;

(30) "intermediate nursing care" means nursing care which is provided on a regular basis to persons who do not require hospitalization or skilled nursing care, but who require services above the level of residential care as defined in 7 AAC 43.280, and includes the observation, assessment, and treatment of an individual with a long-term disability whose condition is relatively stable, and care for a person who is nearing recovery and discharge whose condition is relatively stable but who continues to require professional medical or nursing supervision;

(31) "investigational drug" means a drug approved by the Food and Drug Administration for use for investigational purposes;

(32) "licensed nurse" means a person who is licensed as a professional or practical nurse under AS 08.68;

(33) "licensee" means the owner of a licensed facility;

(34) "linen" means sheets, pillow cases, towels, washcloths, bed spreads, scrub suits, blankets, and infant diapers, bands, and shirts;

(35) "long-term care service" means a service which provides long-term nursing and other supportive care;

(36) "medical asepsis" means the practice of techniques which reduce the level of microorganismic presence to reduce a risk of infection;

(37) "medical record service" means a service which maintains medical records;

(38) "medical service" means preventive, diagnostic, and therapeutic measures performed by or at the direction of a physician;

(39) "medical staff" means physicians and other medical practitioners appointed by the governing body to practice within medical staff bylaws adopted under 7 AAC 12.110(b) , 7 AAC12.210(b) , and 7 AAC 12.465(b) ;

(40) "mental illness" means an organic, mental, or emotional impairment that has substantial adverse effects on an individual's ability to exercise conscious control of his actions or ability to perceive reality or to reason or understand; mental retardation, epilepsy, drug addiction, and alcoholism do not by themselves constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness;

(41) "midwife" means a person who is

(A) authorized to practice as an advanced nurse practitioner under 12 AAC 44.400 and who is certified to practice midwifery by a national certification body recognized under 12 AAC 44.420and 12 AAC 44.430;

(B) a direct-entry midwife certified to practice midwifery under 12 AAC 14.100 - 12 AAC14.120; or

(C) an apprentice who meets the requirements of 12 AAC 14.130 and is supervised as provided under 12 AAC 14.220;

(42) "nursing home" means a facility described in 7 AAC 12.250;

(43) "nursing service" means the provision of direct and extended care to patients by professional and nonprofessional personnel under the supervision of a registered nurse;

(44) "nursing staff" means the licensed nurses, nurse's aides, and orderlies employed by a facility;

(45) "occupational therapist" means a person who is a graduate of an occupational therapy program which is approved by a nationally recognized accrediting body, or who holds a current certificate as a registered occupational therapist, from the American Occupational Therapy Association;

(46) "outpatient service" means a service which provides nonemergency health care to patients who remain in the facility less than 24 hours;

(47) "patient" means a person who is receiving diagnostic, therapeutic or preventive health services or who is under observation or treatment for illness or injury, or care during and after pregnancy in a facility other than a birth center;

(48) "patient-care personnel" means persons who provide direct patient-care services, including physicians, registered nurses, licensed practical nurses, rehabilitative professionals, aides, and orderlies;

(49) "patient-teaching" means instruction of a patient in diet, medication, exercise, and other therapeutic measures to be taken by the patient upon discharge;

(50) "perinatal service" means a service which provides medical care during pregnancy, labor, delivery, postpartum, and neonatal periods;

(51) "pharmaceutical service" means a service which procures, stores, manufactures, compounds, dispenses, distributes, and administers drugs and includes the provision of pharmaceutical information to health professionals and patients;

(52) "pharmacist" means a person who is registered as a pharmacist under AS 08.80;

(53) "pharmacy" means an area in a hospital where drugs are stored, compounded, and dispensed;

(54) "physical plant" means the building and grounds of a facility;

(55) "physical restraint" means a mechanical device used to control a patient's physical activity in order to protect the patient or others from injury;

(56) "physical therapist" means a person who is licensed as a physical therapist under AS 08.84;

(57) "physical therapy assistant" means a person who is licensed as a physical therapy assistant under AS 08.84;

(58) "physical therapy service" means a service which provides physical therapy within the meaning of AS 08.84.190 (3);

(59) "physician" means a person who is licensed as a doctor of medicine or osteopathy under AS 08.64;

(60) "physician's assistant" means a person who is authorized to act as a physician's assistant underAS 08.64.107 ;

(61) "progress note" means a written and dated notation by a member of the clinical staff which shows the care provided a patient and the response to that treatment for a stated period of time;

(62) "psychiatric service" means a service which provides inpatient or outpatient care for patients with mental disorders;

(63) "psychiatrist" means a person who is licensed as a doctor of medicine under AS 08.64 and who has specialized training in psychiatry or is certified by the Board of Psychiatry and Neurology;

(64) "psychological service" means a service offered by a psychologist, social worker, or other appropriate practitioner which provides therapeutic treatment of mental or emotional disorders or substance abuse;

(65) "psychologist" means a person who is licensed as a psychologist under AS 08.86;

(66) "radiation therapist" means a person who is a physician who applies x-radiation, the ionizing radiation emitted from particle accelerators, or sealed sources of radioactive material to persons for therapeutic purposes;

(67) "radiological service" means a service which provides x-ray or other external ionizing radiation for the detection, diagnosis, or treatment of human illness or injury;

(68) "radiologist" means a person who is a specialist in the branch of medical science which deals with the use of radiant energy in diagnosis and treatment of disease;

(69) "recreational therapy" means a program of treatment for patients with physical or mental disabilities which includes adaptive sports, dramatics, social activities, arts and crafts, or other similar activities;

(70) "registered dietitian" means a person who is authorized by the Commission on Dietetic Registration to use the title Registered Dietitian (R.D.);

(71) "registered nurse" means a person who is licensed to practice professional nursing under AS 08.68;

(72) "registered nurse anesthetist" means a person who is authorized to practice as a "nurse anesthetist" as defined in AS 08.68.850 (7);

(73) "respiratory therapy service" means a service which provides diagnostic evaluation, treatment, management, and monitoring of patients with deficiencies or abnormalities of cardiopulmonary functions;

(74) "scheduled drug" means a narcotic drug, a depressant, a hallucinogenic, or stimulant drug as set out in the schedules in AS 11.71.140 - 11.71.190, and any drug subject to the Controlled Substance Act of 1970, PL 91-513, as amended;

(75) "seclusion room" means a room specifically designed and organized to provide for temporary placement, care, and observation of a single patient with minimal sensory stimuli, maximum security and protection, and visual access to the patient by authorized persons;

(76) "skilled care" or "skilled nursing care" means nursing care at the level described in 7 AAC43.180;

(77) "social worker" means an individual who has obtained a master's degree in social work from a school that is accredited or recognized by the Council on Social Work Education;

(78) "social work service" means a service which assists staff, patients, and patient's families to understand and cope with emotional and social problems associated with health care;

(79) "specialized hospital" means a facility described in 7 AAC 12.200;

(80) "speech pathologist" means a person who is eligible for a Certificate of Clinical Competency granted by the American Speech and Hearing Association, or who meets the educational requirements for that certificate and is currently accumulating the experience required for certification;

(81) "substance abuse" means frequent habitual consumption of damaging or potentially damaging chemical substances, including alcohol, which adversely affect the cognitive function;

(82) repealed 5/24/2007;

(83) "surgical service" means the performance of surgical procedures with the appropriate staff, space, equipment and supplies in a specially designated area;

(84) "surgical suite" means an area that is designated for and restricted to the purpose of performance of surgical procedures;

(85) "interdisciplinary team" means the team described in

(A) 42 C.F.R. 483.20(d)(2)(ii), revised as of October 1, 1991, if the facility is a nursing facility; and

(B) 7 AAC 12.327, if the facility is a hospice agency;

(86) "mid-level practitioner" means the following health professionals authorized to practice under AS 08:

(A) physician's assistant;

(B) advanced nurse practitioner;

(87) "rural primary care hospital" means a facility that has been determined by the department to meet the requirements of 7 AAC 12.102;

(88) "critical access hospital" means a facility that has been determined by the department to meet the requirements of 7 AAC 12.104 or that has been certified as a critical access hospital under 42 C.F.R. 485.601 - 42 C.F.R. 485.645;

(89) "critical care service" means a hospital service that provides specialized medical and nursing care to patients who are critically ill;

(90) "short-term hospitalization" means hospitalization for a period that does not exceed, as determined on an annual, average basis, 96 hours per patient;

(91) "long-term acute care hospital" means a hospital that provides long-term inpatient hospitalization for medical care of acute illness or injury and the services described in 7 AAC12.105(c) ;

(92) "community health center" means a facility or clinic providing outpatient services

(A) for the prevention or diagnosis of illness, or the care and treatment of emergency illnesses or injured patients; and

(B) that are provided principally for persons residing in an area of the state in or near which the facility or clinic is situated;

(93) "credentialing" means the formal process, conducted by the medical staff of an entity, to delineate the privileges of, and evaluate the professional and technical competence of, an individual practitioner to provide specified levels of patient care, for the purpose of determining, based on criteria established by law and by the entity's

bylaws, whether the individual is qualified for initial appointment to, or for continuing membership with, the entity's medical staff;

(94) "federally qualified health center" means a facility that has been determined by the department to meet the requirements of 7 AAC 43.870;

(95) "frontier extended stay clinic" has the meaning given in AS 47.32.900 ;

(96) "governing body" means the entity that establishes policy and is legally responsible for the overall operation of a facility;

(97) "hospital" has the meaning given in AS 47.32.900 ;

(98) "laboratory" means a facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings; in this paragraph, "examination" includes procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body; "laboratory" does not include a facility that only

(A) collects or prepares specimens without examination; or

(B) serves as a mailing service and does not perform examinations;

(99) "licensed practical nurse" means a person who is licensed under AS 08 for the practice of practical nursing within the meaning given in AS 08.68.850 ;

(100) "practitioner" means a health care provider licensed under AS 08 who provides, prescribes, and oversees the health care services and medical services provided to patients in a health facility licensed under AS 47.32 and this chapter within the authorization, course, and scope of that provider's license, practice, and privileges;

(101) "rural health clinic" has the meaning given in AS 47.32.900 ; "rural health clinic" includes a community health center and a federally qualified health center under 7 AAC 43.870;

(102) "standing order" means a written order stipulating a specific treatment approach for patients who meet certain criteria or have a specific medical condition, thus eliminating the need for individual physician's orders for those patients, unless otherwise indicated;

(103) "hospice agency" means a

(A) program that primarily provides hospice services where a client lives or stays, that uses designated staff time and facility services, and that is distinct from other programs; or

(B) place, including a freestanding structure or a separate part of a structure in which other services are provided, that primarily provides hospice services and a place of residence for clients;

(104) "free-standing birth center" has the meaning given in AS 47.32.900 .

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 6/23/2006, Register 179; am 12/3/2006, Register 180; am 5/24/2007, Register 182; am 9/30/2007, Register 183

Authority: AS 18.05.040

AS 47.32.010

AS 47.32.030

Editor's note: In 2002 the revisor of statues, acting under AS 01.05.031 , renumbered the paragraphs in former AS 08.68.410 to place defined terms in alphabetical order; and in 2010 the revisor of statutes, again acting under AS 01.05.031 , renumbered former AS 08.68.410 as AS 08.68.850 . As of Register 196 (January 2011), the regulations attorney made conforming technical revisions under AS 44.62.125 (b)(6), to the definitions of "registered nurse anesthetist" and "licensed practical nurse" in 7 AAC 12.990, so that cross-references to former AS 08.68.410(6) and AS 08.68.410 now refer to the realphabetized and renumbered statute, AS 08.68.850 (7) and 08.68.850, respectively.