

ALASKA

Title 7. Health and Social Services

Part 1. Administration

Chapter 12. Facilities and Local Units

Article 5. Nursing Facilities

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7 AAC 12.250. Scope

A facility that is not an acute care hospital and that provides nursing care and related medical services over a period of 24 hours each day to individuals admitted because of illness, disease, or physical infirmity is a nursing facility, and must comply with 7 AAC 12.250 - 7 AAC 12.290.

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

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.255. Services required

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

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

Authority: AS 18.20.010

AS 18.20.060

7 AAC 12.256. Admissions

The nursing facility must have written policies and procedures to ensure admissions of only those individuals whose needs can be met by the nursing facility directly or in cooperation with community resources.

History: Eff. 5/28/92, Register 122

Authority: AS 18.20.010 AS 18.20.060

1/10/2011

7 AAC 12.258. Use of restraints or psychoactive drugs

(a) In addition to the rights of patients specified in 7 AAC 12.890, residents of nursing facilities have the right to be free from physical restraints imposed or psychoactive drugs administered for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms.

(b) A resident's medical records must contain evidence of consultation with appropriate health professionals, such as occupational or physical therapists, in the use of less restrictive supportive devices before using physical restraints. The record must also contain evidence of an interdisciplinary team's identification of less restrictive approaches to be used before or in conjunction with the use of psychoactive drugs.

(c) If, after a trial period of less restrictive measures, a nursing facility decides that a physical restraint or psychoactive drug would enable and promote greater functional or social independence, the nursing facility must explain the use of the restraint or psychoactive drug to the resident, before its use. If the resident has a legal representative, the explanation must also be given to the resident's legal representative, before its use. The explanation must include a description of the risks and benefits of the use of the restraint or drug.

(d) Approval of the use of a restraint or psychoactive drug by a resident, or legal representative must precede its use, except in the case of a medical emergency in which there is a risk of harm to the resident or others. The approval, or the circumstances of the emergency, must be documented in the resident's medical records at the nursing facility.

(e) A resident's medical records must contain evidence of an interdisciplinary team's periodic reassessment of the restraint or psychoactive drug to determine its effectiveness and appropriateness for continued use.

(f) A nursing home must also meet the requirements at 42 C.F.R. 483.10, 483.12, 483.13, and 483.15, as amended July 1, 1991, regardless of whether the nursing home is certified to receive medicaid payments under 7 AAC 43.170.

History: Eff. 5/28/92, Register 122; am 8/15/92, Register 123

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.260. Medical director

A medical director who is employed by or is a consultant to the nursing facility shall

- (1) place a resident under the care of a physician;
- (2) ensure that the use of an investigational drug is properly supervised by a member of the medical staff, that an informed consent form provided by the sponsoring company or agency is used, and that complete records on the drug, including protocol and side effects, are maintained; and
- (3) supervise the infection control and employee health programs.

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

1/10/2011

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.265. Physician services

(a) Physicians shall review, recap, and sign orders for nursing facility residents at least once every 60 days.

(b) Physicians shall visit nursing facility residents and make a notation in each resident's medical record of the resident's status every 30 days for the first 90 days, and after that, every 60 days for skilled care residents, and every 90 days for intermediate care residents. If the condition of a resident warrants more frequent visits, a physician shall visit a resident as often as necessary.

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

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.270. Staff duties

(a) The nursing facility staff shall encourage and assist residents to achieve and maintain their highest level of self-care and independence. A registered nurse, in conjunction with an interdisciplinary team, shall, within 14 days of admission of a resident, ensure completion of the comprehensive resident assessment instrument approved by the department. The assessment shall be reviewed by the nurse and interdisciplinary team no less frequently than quarterly and the plan of care revised as necessary. A reassessment shall be completed, by the nurse and interdisciplinary team, after any major permanent change in condition of the resident, but no less frequently than annually.

(b) The nursing facility staff shall give residents the necessary care to prevent pressure ulcers, contractures, and deformities.

(c) The nursing facility staff shall implement procedures to prevent and reduce incontinence of residents. These procedures must include

(1) a written assessment by a registered nurse within two weeks after admission of an incontinent resident's ability to participate in a bowel or bladder training program;

(2) an individualized bowel or bladder training plan for each resident, as appropriate; and

(3) a monthly written summary of a resident's performance in the training program.

(d) The nursing facility staff shall observe the hydration status of residents, and shall record deviations from the normal status and report the deviations to the charge nurse.

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

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.275. Nursing and medical services

(a) Except as otherwise specified in this section, a nursing facility must have a registered nurse on duty seven days a week on the day shift and five days a week on the evening shift. A licensed practical nurse must be on duty during all shifts when a registered nurse is not present. A nursing facility must have telephone access to at least one registered nurse at all times and must post the names and phone numbers of those registered nurses at each nurse's station.

(b) A nursing facility with more than 60 occupied beds must have two registered nurses on duty during the day shift and one registered nurse on duty during other shifts.

(c) A nursing facility that shares the same building as a hospital must have a registered nurse on duty in the nursing facility seven days a week on the day shift. On the evening and night shift, a licensed practical nurse may serve as charge nurse. However, an on-duty registered nurse from the hospital must be available to make rounds at the nursing facility and to be otherwise available as

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needed during the evening and night shifts when a licensed practical nurse is serving as charge nurse. A nursing facility with 14 or fewer occupied beds may use an on-duty registered nurse from the hospital to meet the night shift nursing requirement set out in this subsection.

(d) A nursing facility must have a contract for diagnostic services with a laboratory and x-ray provider approved by the department.

(e) A nursing facility must have a contract with a licensed dentist to provide consultation and necessary dental services to residents.

(f) In addition to the requirements of this section, a governing body of a facility must provide resources and personnel as necessary to meet resident needs under 7 AAC 12.630(b) (6).

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

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.280. Rehabilitation services

(a) A nursing facility must provide a program of rehabilitative nursing care that assists each resident to achieve and maintain an optimal level of self-care and independence, as an integral part of the nursing service.

(b) A nursing facility must provide physical, occupational, or speech rehabilitative services for a resident on a full-time, part-time, or consultant basis in accordance with the needs of the resident.

(c) A therapist shall evaluate a resident in accordance with a physician's order. The therapist shall then establish an appropriate treatment program in coordination with medical, nursing, and other rehabilitative personnel.

(d) The therapist shall report on the resident's progress to the attending physician within two weeks after initiation of rehabilitative services. After that report, the therapist shall reevaluate and note in the resident's medical record the resident's status and treatment plan every 30 days in the case of a resident receiving active rehabilitation and at least every 90 days for other residents.

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

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.285. Activity program

A nursing facility must provide an activity program that is available to all residents and encourages each resident to attain and maintain function at the highest practicable level. The program must address the intellectual, social, spiritual, creative, cultural, and physical needs, capabilities, and interests of each resident. Also, the program must encourage self-determination and well-being of the residents. If a physician finds a resident as medically able to participate in an activity program, that finding and any conditions of

the resident's participation or contra-indications to that participation must be noted in the resident's record at the nursing facility. The activity program coordinator, with an interdisciplinary team, shall develop the resident's individual activity program. The activity program coordinator shall consult as necessary with an occupational or recreational therapist, unless the activity program coordinator meets the requirements of 42 C.F.R. 483.15(f)(2), revised as of October 1, 1991.

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

<http://www.legis.state.ak.us/basis/folioproxy.asp?url=http://www.jnu01.legis.state.ak.us/cgi...> 1/10/2011

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.290. Drug regimen review

A pharmacist must review each resident's prescribed drug regimen every 30 days for skilled nursing care residents and every 90 days for intermediate care residents, make recommendations, note the possibilities or absence of problems with the prescribed drug regimen and report potential problems and concerns to the physician.

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

Authority: AS 18.20.010 AS 18.20.060

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 AAC [12.650](#); 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](#)