12.1.e. A nursing home shall:

12.1.e.1. Provide or obtain laboratory services only when ordered by a physician;

12.1.e.2. Promptly notify the physician of the findings;

12.1.e.3. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and

12.1.e.4. File laboratory reports in the resident's clinical record that are dated and contain the name and address of the testing laboratory.

12.2. Radiology and Other Diagnostic Services.

12.2.a. A nursing home shall provide or obtain radiology and other diagnostic services to meet the needs of its residents. The nursing home is responsible for the timeliness of the services.

12.2.b. If a nursing home provides its own diagnostic services, the services shall meet the applicable licensing and certification requirements established for those services.

12.2.c. If a nursing home does not provide its own diagnostic services, it shall have an agreement to obtain these services from a provider or supplier that meets all applicable licensing and certification requirements established for those services.

12.2.d. A nursing home shall:

12.2.d.1. Provide or obtain radiology and other diagnostic services only when ordered by the attending physician;

12.2.d.2. Promptly notify the physician of the findings,

12.2.d.3. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and

12.2.d.4. File in the resident's clinical record signed and dated reports of x-ray and other diagnostic services, with the name and address of the provider of the service.

**'64-13-13. Clinical Records.**

13.1. Records Maintenance and Retention.

13.1.a. A nursing home shall maintain clinical records on each resident in accordance with accepted professional standards and practices that are:

13.1.a.1. Complete;

13.1.a.2. Accurately documented;
13.1.a.3. Readily accessible; and

13.1.a.4. Systematically organized.

13.1.b. All of a resident's clinical records shall be retained for the longer of the following time periods:

13.1.b.1. Five (5) years from the date of discharge or death; or

13.1.b.2. For a minor, three (3) years after a resident reaches eighteen (18) years of age.

13.1.c. A nursing home shall safeguard clinical record information against loss, destruction, or unauthorized use.

13.1.d. A nursing home shall ensure that each clinical record contains a photograph of the resident, unless the resident objects.

13.2. Confidentiality. A nursing home shall keep all information contained in the resident's clinical record confidential, except when release is required by:

13.2.a. Transfer to another health care institution;

13.2.b. Law;

13.2.c. Third party payment contract; or

13.2.d. The resident.

13.3. Contents. The clinical record shall contain:

13.3.a. Sufficient information to identify the resident;

13.3.b. All the resident's assessments;

13.3.c. The resident=s plan of care and services provided;

13.3.d. The results of any pre-admission screening conducted by the State;

13.3.e. Progress notes; and

13.3.f. Physician orders.

**'64-13-14. Quality Assessment and Assurance.**

14.1. Quality Improvement Committee.

14.1.a. A nursing home shall maintain a quality improvement and assessment committee consisting of:

14.1.a.1. The director of nursing services;
14.1.a.2. The medical director; and

14.1.a.3. At least three (3) other members of the nursing home's staff.