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ST - RR000 - Initial Comments

Title Initial Comments

Rule

Type Memo Tag

Regulation Definition

Interpretive Guideline

ST - RR100 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.900(b)

Type Rule

Regulation Definition

Interpretive Guideline

Background Check - (b) The provisions of 7 AAC 10.900 - 7 AAC 10.990 apply to an entity or individual service provider seeking licensure, certification, approval, or a finding of eligibility to receive payments from the department. Each individual who is to be associated with the entity or provider in a manner described in this subsection must have a valid criminal history check conducted under 7 AAC 10.900 - 7 AAC 10.990 if that individual is 16 years of age or older and will be associated with the entity or provider as

- (1) an administrator or operator;
- (2) an individual service provider;
- (3) an employee, an independent contractor, an unsupervised volunteer, or a board member if that individual has

(A) regular contact with recipients of services;

(B) access to personal or financial records

maintained by the entity or provider regarding recipients of

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services; or

(C) control over or impact on the financial well-being of recipients of services, unless the only recipient whose financial well-being is affected is a

(i) relative of the individual who has authorized that individual to make financial decisions for that relative;

(ii) recipient who has executed a power of attorney for that individual to make financial decisions for that recipient; or

(iii) recipient for whom a court has authorized that individual to make financial decisions;

(4) an officer, director, partner, member, or principal of the business organization that owns an entity, if that individual has

(A) regular contact with recipients of services;

(B) access to personal or financial records maintained by the entity or provider regarding recipients of services; or

(C) control over or impact on the financial well-being of recipients of services, unless the only recipient whose financial well-being is affected is a

(i) relative of the individual who has authorized that individual to make financial decisions for that relative;

(ii) recipient who has executed a power of attorney for that individual to make financial decisions for that recipient; or

(iii) recipient for whom a court has authorized that individual to make financial decisions;

(5) except as provided in (c) and (d)(10) of this section, an individual who resides in a part of an entity, including a residence if services are provided in the residence, if the individual remains, or intends to remain, in the entity for 45 days or more, in total, in a 12-month period; or

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(6) except as provided in (c) and (d) of this section, any other individual who is present in the entity and would have regular contact with recipients of services.

ST - RR101 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.900(c)

Type Rule

Regulation Definition

Background Check - (c) A criminal history check under 7 AAC 10.900 - 7 AAC 10.990 is not required for a recipient of services, unless that individual is also associated with the entity or individual service provider in any manner described in (b)(1) - (4) of this section.

Interpretive Guideline

ST - RR102 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.900(d)

Type Rule

Regulation Definition

Background Check - (d) A criminal history check under 7 AAC 10.900 - 7 AAC 10.990 is not required for the following individuals, if supervised access is provided in accordance with (e) of this section:

(1) a relative of a recipient of services, unless that relative is also associated with the entity or provider in any manner described in (b)(1) - (5) of this section;

(2) a visitor of a recipient of services, unless that visitor is also associated with the entity or provider in any manner described in (b)(1) - (4) of this section;

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(3) an individual for whom the entity or provider submits evidence to the department of a fingerprint-based background check

(A) conducted and implemented under a process that meets or exceeds the standards of 7 AAC 10.900 - 7 AAC 10.990; and

(B) that is required

(i) as a condition for obtaining a professional license or certification under AS 08;

(ii) by federal law for an entity or individual service provider described in AS 47.05.300; or

(iii) as a condition of employment or association that is imposed by an entity or individual service provider described in AS 47.05.300;

(4) an employee, independent contractor, unsupervised volunteer, board member, officer, director, partner, member, or principal of the business organization that owns an entity if that individual is not associated with the entity or an individual service provider in any manner described in (b)(1) - (4) of this section;

(5) an approved relative provider under 7 AAC 41.200(e);

(6) a personal physician, an infant learning teacher, an attendant for a child with special needs as described in 7 AAC 57.940, a licenser, a fire marshal, a food services sponsor, or another similar individual who

(A) is not associated with the entity or provider under (b) of this section; and

(B) provides support services to the entity or provider or to a recipient of services;

(7) an individual who is a vendor or an industry representative, or who provides delivery, installation, maintenance, or repair services;

(8) an individual who resides in any part of an entity, including a residence if services are provided in the residence, if the individual remains in the entity or residence for less than

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45 days, in total, in a 12-month period;

(9) a parent's designee to drop off and pick up a child in care, unless the designee is also associated in a manner described in (b) of this section with the entity providing child care;

(10) a parent who receives money from the department for purposes of paying an approved in-home child care provider under 7 AAC 41.370, and any other individual who resides in that parent's household; however, the exemption in this paragraph does not apply to an approved in-home child care provider who resides in the household;

(11) an occasional guest of the administrator or operator of an entity or of a provider.

ST - RR103 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.900(e) - (f)

Type Rule

Regulation Definition

Background Check - (e) An entity or individual service provider must provide supervised access for an individual exempted under (d) of this section if the individual is present in the entity during hours of operation. Supervised access is not required in a residence where in-home child care is provided under 7 AAC 41.370.

(f) For purposes of (b)(5) and (d)(8) of this section, "individual who resides in any part of an entity" means an individual who dwells continuously in, or legally occupies, the premises housing the entity or provider, as evidenced by

(1) the individual's address on the individual's permanent fund dividend received under AS 43.23, driver's license, fishing or hunting license, or other official record; or

(2) observation by another individual of the individual occupying the premises. (Eff. 2/9/2007, Register 181)

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ST - RR104 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.910(a)

Type Rule

Regulation Definition

Background Check - Request for criminal History Check. (a) An entity or individual service provider that is subject to AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990 must request a criminal history check under this section, or provide proof of a valid fingerprint-based criminal history check, for each individual to be associated, or to remain associated, with the entity or provider in a manner described in 7 AAC 10.900(b). An entity or individual must request a criminal history check.

(1) when the entity or provider submits an initial application for a license, certification, approval, or finding of eligibility to receive payments from the department;

(2) for a new owner, officer, director, partner, member, or principal of the business organization if there is a change in ownership of the business organization, or if an officer, director, partner, member, or principal of the business organization is replaced; the criminal history check must be completed before the individual begins association unless the department issues notice of a provisional valid criminal history check under 7 AAC 10.920;

(3) except as provided otherwise in this section, if the entity or provider wishes to hire or retain an employee, independent contractor, or unsupervised volunteer described in 7 AAC 10.900(b)(3); the criminal history check must be completed before hiring unless the department issues notice of a provisional valid criminal history check under 7 AAC 10.920;

(4) for an individual 16 years of age or older who is not a

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recipient of services, and who wishes to reside in the entity or to be present as described in 7 AAC 10.900(b)(5) or (6); the criminal history check must be completed before the individual begins association unless

(A) the department issues notice of a provisional valid criminal history check under 7 AAC 10.920; or

(B) the individual is residing in the entity before that individual's 16th birthday; for an individual described in this subparagraph, the entity or provider must submit the information required under (b) of this section within 30 days before the individual's 16th birthday;

(5) at any time requested by the department

(A) to show compliance with 7 AAC 10.900 - 7 AAC 10.990 during inspection, monitoring, or investigation; or

(B) for an individual if the department has good cause to believe that the individual's criminal history has changed; or

(6) on or before April 10, 2007, for each individual who is associated with an entity or provider operating under a current license, certification, approval, or finding of eligibility to receive payments, and who

(A) does not have a valid criminal history check; or

(B) passed a criminal history check conducted before February 9, 2007 that

(i) was not fingerprint-based; or

(ii) was fingerprint-based and conducted more than six years before February 9, 2007.

ST - RR105 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.910(c)

Type Rule

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Regulation Definition

Background Check - Request for criminal History Check. (c)
Unless a more frequent fingerprint-based criminal history check is required under federal law, or for certain entities and providers under (f) of this section, a fingerprint-based criminal history check is valid for six years from the date the check became valid under (h) of this section for an individual who

- (1) remains associated with an entity or provider in a manner described in 7 AAC 10.900(b), subject to verification under (d) of this section;
- (2) becomes re-associated with the same entity or provider in a manner described in 7 AAC 10.900(b) within 100 days after terminating association with that entity or provider, subject to verification under (e) of this section; or
- (3) becomes associated with another entity or provider in a manner described in 7 AAC 10.900(b) within 100 days after terminating association with a previous entity or provider, subject to verification under (e) of this section.

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ST - RR106 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.910(d)

Type Rule

Regulation Definition

Background Check - Request for criminal History Check. (d)
Upon renewal of a license, certification, or approval, or when a finding is made for continued eligibility to receive payments, an entity or individual service provider must provide to the department proof that an individual described in (c)(1) of this section has a valid criminal history check. If the department determines that the criminal history check is not valid, the department will notify the entity or provider that a request for

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a new criminal history check must be submitted under this section.

ST - RR107 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.910(f)

Type Rule

Regulation Definition

Criminal history check - (f) Except as provided otherwise in this subsection, and unless the department granted a variance under 7 AAC 10.935, a new criminal history check is not required if a person associated with an entity or provider in a manner described in 7 AAC 10.900(b) is transferred from one site operated by the entity or provider to another site operated by that entity or provider, if all sites are identified in the request for a criminal history check. Before October 1, 2007, an entity or provider must submit the items required under (b) of this section for an individual described in the following list, each time that individual changes employment, regardless of what entities or providers were listed on the request for a criminal history check:

- (1) an individual associated with
 - (A) a nursing facility;
 - (B) a hospital that provides swing-bed services or that is reimbursed under 7 AAC 43 for treatment described in the definition of "swing-bed day" set out in 7 AAC 43.709; for purposes of this subparagraph,
 - (i) "hospital that provides swing-bed services" has the meaning given "swing-bed hospital" in 42 C.F.R. 413.114(b); and
 - (ii) the definition of "swing-bed hospital" in 42 C.F.R. 413.114(b), as revised as of October 1, 2006, is adopted by reference;
 - (C) an intermediate care facility for the mentally

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retarded or persons with related conditions;

(D) an assisted living home;

(E) a hospice agency;

(F) a home and community-based services provider as defined in 7 AAC 43.1110;

(G) a home health agency; or

(H) a personal care agency enrolled under 7 AAC 43.786 or 7 AAC 43.787;

(2) an individual providing care coordination, case management, adult day services, or respite care services.

ST - RR108 - Criiminal History Check

Title Criiminal History Check

Rule 7 AAC 10.915(f) - (h)

Type Rule

Regulation Definition

(f) Except as provided otherwise in this subsection, an entity or provider must, within 24 hours after receiving notification under (d) or (e) of this section, terminate association with the individual in accordance with 7 AAC 10.960. If the entity or provider requests a variance under 7 AAC 10.930, or if the individual requests reconsideration under 7 AAC 10.950, the individual may remain associated with the entity or provider, pending a decision on the request, if

(1) the individual is removed from direct contact with recipients of services; and

(2) the entity or provider ensures that the individual is provided with direct supervision if the individual is present in any area where services are provided, during hours of operation.

(g) If an individual remains out of association with an entity or provider for 100 days or longer, the department will revoke a valid criminal history check without prior notice. A new criminal history check is required if the individual wishes to

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become associated with any entity or provider in a manner described in 7 AAC 10.900(b).

(h) If an individual with a valid criminal history check ceases to be associated with an entity or provider, and wishes to have the individual's name unmarked in APSIN, the individual shall submit a written request to the department that the valid criminal history check be rescinded. The department will send a written acknowledgment of the rescission to the individual and to the entity or provider with whom the individual was most recently associated. (Eff. 2/9/2007, Register 181)

ST - RR109 - Monitoring and notification

Title Monitoring and notification

Rule 7 AAC 10.925 (a) - (b)

Type Rule

Regulation Definition

Monitoring and notification requirements. (a) An entity or provider shall monitor to ensure that all individuals associated with the entity or provider in a manner described in 7 AAC 10.900(b) continue to meet the applicable requirements of AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990. The entity or provider shall require each individual for whom a criminal history check is required to report to the entity or provider within 24 hours, or the next business day if the individual is

(1) charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a barrier crime listed in 7 AAC 10.905; or

(2) is the subject of a matter that must be reported under 7 AAC 10.955(c) for the centralized registry.

(b) In addition to the reporting requirements of 7 AAC 10.955(c) for the centralized registry, the entity or provider shall notify the department by telephone, by electronic mail, by facsimile, by letter, or in person within

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(1) 24 hours, or the next business day, after the entity or provider has knowledge that an individual associated with the entity or provider has been

(A) arrested for, charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a barrier crime listed in 7 AAC 10.905; or

(B) is the subject of a matter that must be reported under 7 AAC 10.955(c) for the centralized registry; or

(2) 14 days after any change in association with the entity or provider for an individual who has a valid criminal history check or is the subject of a provisional valid criminal history check, including a change that involves an individual

(A) whose association described in 7 AAC 10.900(b) has been terminated; or

(B) who has not been associated with the entity or provider for 61 days or more, but becomes re-associated within 100 days.

ST - RR110 - Monitoring and notification

Title Monitoring and notification

Rule 7 AAC 10.925(c)

Type Rule

Regulation Definition

Monitoring and notification requirements. (c) Failure to notify the department as required under this section may result in an enforcement action, including suspension or revocation of the license, certification, approval, or finding of eligibility to receive payments. (Eff. 2/9/2007, Register 181)

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ST - RR111 - Criminal History Check new request

Title Criminal History Check new request

Rule 7 AAC 10.930(d)

Type Rule

Regulation Definition

Request for variance - (d) If the department granted a variance for an offense revealed in a fingerprint-based criminal history check conducted six or more years before February 9, 2007, and if the offense for which the variance was granted is not a permanent barrier under 7 AAC 10.905, the entity or provider must submit a new request for a variance, if allowed under this section, at the time of application for renewal of that entity's current license, certification, approval, or finding of eligibility to receive payments. Except as provided in (h) and (i) of this section, if the offense for which the department granted the variance is a permanent barrier under 7 AAC 10.905, the variance is void and the entity must terminate association with the individual in accordance with 7 AAC 10.960.

Interpretive Guideline

ST - RR112 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.930(e)

Type Rule

Regulation Definition

(e) If the department granted a variance for a barrier condition described in 7 AAC 10.955 six or more years before February 9, 2007, the entity or provider must submit a new request for a variance at the time of application for renewal of

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that entity's current license, certification, approval, or finding of eligibility to receive payments.

ST - RR113 - Posting of variance decision required

Title Posting of variance decision required

Rule 7 AAC 10.940

Type Rule

Regulation Definition

Posting of variance decision required - If the department grants a variance under 7 AAC 10.935, the entity or individual service provider shall post a copy of the variance decision with the copy of the license, certification, approval, or finding of eligibility to receive payments that was issued by the department, in a conspicuous place where the copy of the variance can be readily viewed by persons interested in obtaining the services offered by the entity or provider. (Eff. 2/9/2007, Register 181)

Interpretive Guideline

ST - RR114 - Termination of association

Title Termination of association

Rule 7 AAC 10.960(a)

Type Rule

Regulation Definition

Termination of Association - (a) Except as provided in (b) and (c) of this section, if an entity or provider is required to terminate association with an individual, the entity or provider shall

(1) notify the individual that the individual's employment, volunteer services, or other association with the entity or provider under 7 AAC 10.900(b) is ended, effective

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immediately, unless the entity or provider takes immediate action under (2) of this subsection; the entity or provider must notify the individual under this paragraph

(A) immediately, if the individual is present at the entity or premises where the provider is providing services; or

(B) before or upon the individual's next arrival at the entity; or

(2) if the entity or provider intends to request a variance under 7 AAC 10.930, immediately reassign the duties and responsibilities of that individual so that the individual

(A) does not have contact with recipients of services;

(B) cannot access personal or financial records maintained by the entity or provider regarding recipients of services;

(C) has no control over or impact on the financial well-being of a recipient of services, unless the only recipient whose financial well-being is affected is a

(i) relative of the individual who has authorized that individual to make financial decisions for that relative;

(ii) recipient who has executed a power of attorney for that individual to make financial decisions for that recipient; or

(iii) recipient for whom a court has authorized that individual to make financial decisions; and

(D) is provided with direct supervision if present in the entity or premises where the provider is providing services during hours of operation.

ST - RR115 - Termination of association

Title Termination of association

Rule 7 AAC 10.960(b)

Type Rule

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Regulation Definition

Termination of Association - (b) If the entity or provider is required to terminate association with an individual who is subject to a union agreement or employment contract that requires more notice than allowed under (a) of this section, the entity or provider shall, within 24 hours after receiving notice to terminate association, deliver a copy of the relevant language of the agreement or contract to the department. The entity or provider shall cooperate with the department in developing an appropriate termination plan for the individual that includes the measures set out in (a)(2)(A) - (D) of this section during the notice period mandated by the agreement or contract.

Interpretive Guideline

ST - RR116 - Termination of association

Title Termination of association

Rule 7 AAC 10.960(c)

Type Rule

Regulation Definition

Termination of Association - (c) If the individual for whom termination of association is required is a relative of the operator, administrator, or provider, and resides in the entity or premises where services are provided, termination of association must occur within 24 hours, and the entity or provider shall ensure that the individual

- (1) does not have contact with recipients of services; and
- (2) is provided with direct supervision if, during that 24-hour period, the individual is present in the entity or premises where the provider is providing services during hours of operation. (Eff. 2/9/2007, Register 181)

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ST - RR117 - Grant or denial of general variance

Title Grant or denial of general variance

Rule 7 AAC 10.9525(b)

Type Rule

Regulation Definition

Interpretive Guideline

Variance Review - (b) Grant or denial of a general variance
Subject to (c) of this section, the department may grant a general variance, for a period that does not exceed one year, if the department determines that the entity

- (1) is unable to comply with the requirement from which the variance is sought;
- (2) has an effective plan for achieving compliance during the term of the variance; and
- (3) is able to adequately provide for the health, safety, and welfare of recipients of services during the term of the variance.

ST - RR118 - Grant or denial of general variance

Title Grant or denial of general variance

Rule 7 AAC 10.9525(c)

Type Rule

Regulation Definition

Interpretive Guideline

Variance Review - (c) The department may grant a general variance for a longer period than allowed under (b) of this section if the department determines

- (1) that
 - (A) strict compliance with the requirement from which the variance is sought cannot be accomplished without a substantial economic, technological, programmatic, legal, or

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medical hardship; or

(B) the variance will maintain or improve the quality of services for recipients of services; and

(2) that the entity has an effective plan for meeting the goal of the requirement from which the variance is sought, and that the plan adequately protects the health, safety, and welfare of recipients of services and otherwise meets all applicable statutory or regulatory standards.

ST - RR119 - Posting of a general variance

Title Posting of a general variance

Rule 7 AAC 10.9530(a)

Type Rule

Regulation Definition

Posting of a general variance. (a) If the department grants a request for a general variance, the entity shall post a copy of the general variance decision in a conspicuous place, with the entity's license as required by AS 47.32.080 , during the period the variance is in effect, and shall make it available to any person who wishes to review it. A general variance remains in effect for the duration stated, unless the department revokes the variance under (b) of this section.

Interpretive Guideline

ST - RR120 - General Variance

Title General Variance

Rule 7 AAC 10.9530(b)

Type Rule

Regulation Definition

(b) The department will revoke a general variance if the department finds that the entity is not following its plan for

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achieving compliance, or is no longer able to adequately provide for the health, safety, and welfare of recipients of services during the term of the variance. If the department decides to revoke a variance, it will provide written notice of revocation to the entity, setting out the reasons for the department's decision. The department will advise the entity of its right to request reconsideration under 7 AAC 10.9535. A notice of revocation issued under this subsection is effective 30 days after it is received by the entity unless a request for reconsideration is submitted. Nothing in this subsection precludes the department from issuing a notice of immediate revocation if the department finds that the life, health, safety, or welfare of recipients of services is threatened.

ST - RR121 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(a)(1) - (4)

Type Rule

Regulation Definition

Plan of correction - (a) The plan of correction required under AS 47.32.140 (b) must contain the following information for each violation identified in the report issued under AS 47.32.120 (a):

- (1) each action that will be taken to correct the violation
- (2) each measure that will be taken or change that will be made to ensure the violation does not recur;
- (3) how the entity will monitor each corrective action to ensure the violation is cured and will not recur;
- (4) the date on or before which the violation will be cured.

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ST - RR122 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(b)

Type Rule

Regulation Definition

Plan of correction - (b) The plan of correction must be signed by the administrator or another person responsible for operation of the entity.

Interpretive Guideline

ST - RR123 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(c)

Type Rule

Regulation Definition

Plan of correction - (c) If the department determines that any recipients of services were affected by a violation, the department may also require the entity to describe

(1) each corrective action that will be taken with regard to those recipients; and

(2) how the entity will identify other recipients of services who might be affected by the violation, and what corrective action will be taken.

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ST - RR124 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(d)

Type Rule

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Regulation Definition

Plan of correction - (d) The entity may request that the plan of correction also act as the allegation of compliance required under 7 AAC 10.9615 if each violation listed in the report has been corrected before submission of the plan of correction.

Interpretive Guideline

ST - RR125 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(e)

Type Rule

Regulation Definition

Plan of correction - (e) The department will review a plan of correction submitted under (a) - (d) of this section to determine whether the plan is acceptable. If the department determines that the plan is unacceptable, the department may

- (1) request additional information regarding one or more corrective actions described in the plan;
- (2) require the entity to amend the plan as directed by the department;
- (3) require the entity to comply with a plan of correction developed by the department under (g) of this section.

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ST - RR126 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(f)

Type Rule

Regulation Definition

Plan of Correction - (f) If the department finds that an entity has failed to correct a violation of an applicable statute or

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regulation within the time specified by the department under AS 47.32.140 (a), has failed to submit a plan of correction for department approval under AS 47.32.140 (b), or has submitted an unacceptable plan, the department may require the entity to participate in a plan of correction developed by the department under (g) of this section.

ST - RR127 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(i)

Type Rule

Regulation Definition

Plan of Correction - (i) The entity shall keep on the premises a copy of each inspection document described in AS 47.32.180 (b) for at least three years from the date of inspection and shall make each document available to any interested person upon request.

Interpretive Guideline

ST - RR128 - Allegation of compliance

Title Allegation of compliance

Rule 7 AAC 10.9615

Type Rule

Regulation Definition

Allegation of compliance. An allegation of compliance required under AS 47.32.140 (c) must describe each action that was taken by the entity to correct each violation, and must include the date the violation was corrected. The allegation must be signed by the administrator or another person responsible for operation of the entity. The department will review the allegation to determine whether it provides enough

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detail to establish that each violation was corrected by any applicable deadline. The department may also conduct a follow-up inspection to validate the allegation of compliance.

ST - RR140 - Determination of RPCH

Title Determination of RPCH

Rule 7 AAC 12.102

Type Rule

Regulation Definition

Determination of rural primary care hospital. (a) The department will consider a facility as a rural primary care hospital if the department finds that the facility

- (1) provides inpatient hospitalization for medical care of acute illness or injury;
- (2) has no more than 25 acute care beds;
- (3) is located in a rural area of no more than 15,000 residents, based on the most recent calculations of the United States Bureau of Census; and
- (4) does not provide all of the following services:
 - (A) surgical service;
 - (B) anesthesia service;
 - (C) perinatal care;
 - (D) one or more of the following therapies:
 - (i) speech therapy;
 - (ii) occupational therapy;
 - (iii) physical therapy.

(b) If the facility provides all of the services described in 7 AAC 12.105(a) , the department will consider the facility as a general acute care hospital even though it otherwise might qualify as a rural primary care hospital under this section.

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ST - RR141 - Determination of LTACH

Title Determination of LTACH

Rule 7 AAC 12.103

Type Rule

Regulation Definition

Interpretive Guideline

Determination of long-term acute care hospital. The department will consider a facility as a long-term acute care hospital if the department finds that the facility

- (1) provides inpatient hospitalization for medical care of acute illness or injury for patients who have complex medical conditions and require long-term acute care;
- (2) is located in close proximity to a general acute care hospital;
- (3) meets the applicable requirements of 7 AAC 12.100 - 7 AAC 12.190 and 7 AAC 12.600 - 7 AAC 12.990;
- (4) provides all of the services described in 7 AAC 12.105(c); and (5) does not provide any of the following services:
 - (A) surgical service;
 - (B) anesthesia service;
 - (C) outpatient services;
 - (D) perinatal care;
 - (E) emergency services.

ST - RR142 - Determination of CAH

Title Determination of CAH

Rule 7 AAC 12.104

Type Rule

Regulation Definition

Interpretive Guideline

Determination of critical access hospital. (a) The department

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will consider a facility as a critical access hospital if the department finds that the facility

(1) provides inpatient short-term hospitalization for medical care of acute illness or injury;

(2) has no more than 25 inpatient beds;

(3) is located in a rural area of no more than 15,000 residents, based on the most recent calculations of the United States Bureau of Census; and

(4) meets the applicable requirements of 7 AAC 12.100 - 7 AAC 12.190 and 7 AAC 12.600 - 7 AAC 12.990.

(b) If a facility provides all of the services described in 7 AAC 12.105(a) , the facility may elect to be licensed as either a general acute care hospital or a critical access hospital.

(c) If a facility qualifies both as a rural primary care hospital under 7 AAC 12.102 and as a critical access hospital under this section, the facility may elect to be licensed as either a rural primary care hospital or a critical access hospital.

ST - RR143 - Services required

Title Services required

Rule 7 AAC 12.105

Type Rule

Regulation Definition

Services required. (a) A general acute care hospital must provide surgical, anesthesia, perinatal, medical, nursing, pharmaceutical, dietetic, laundry, medical records, radiological, laboratory, and emergency care services. A general acute care hospital must also provide speech, occupational, or physical therapy services.

(b) A rural primary care hospital or a critical access hospital must provide the services described in (a) of this section, except that the provision of surgical, anesthesia, perinatal, speech, occupational therapy, or physical therapy services is

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optional.

(c) A long-term acute care hospital must provide medical, nursing, pharmaceutical, dietetic, occupational therapy, physical therapy, laundry, medical records, radiological, social work, respiratory, and laboratory services.

ST - RR150 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(a)

Type Rule

Regulation Definition

Interpretive Guideline

Medical staff. (a) A general acute care hospital, a rural primary care hospital, a long-term acute care hospital, or a critical access hospital shall have a medical staff.

ST - RR151 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(b)

Type Rule

Regulation Definition

Interpretive Guideline

(b) The medical staff shall organize and adopt, with the approval of the facility's governing body, bylaws and rules that provide for

(1) eligibility for medical staff membership, and recommending appointments to the governing body;

(2) appointment of committees, including executive, credentials, medical records, tissue and transfusion, infection

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control, pharmacy and therapeutics, and utilization review committees, that shall keep written minutes of each committee meeting, including committee activities and recommendations;

(3) election of officers, including a chief of staff; and

(4) quarterly meetings, with minutes and records of attendance to be maintained for at least five years.

ST - RR152 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(1)

Type Rule

Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(1) recommend to the governing body the appointment of and the medical and surgical privileges for each member of the medical staff annually, or if approved by the governing body, biennially;

ST - RR153 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(2)

Type Rule

Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(2) ensure that

(A) a physician is available at all times to respond to an

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emergency in a general acute care hospital or a rural primary care hospital; and

(B) a physician or a 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 in a critical access hospital or a long-term acute care hospital;

ST - RR154 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(3)

Type Rule

Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(3) place each patient under the care of a member of the medical staff;

ST - RR155 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(4)

Type Rule

Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(4) require that an order of a practitioner, including a telephonic or other oral order, be reduced to writing and, within three days after the order is given, be dated, timed, and either initialed or signed by that practitioner or by another practitioner responsible for the care of the patient, even if the

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order did not originate with the other practitioner;

ST - RR156 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(5)

Type Rule

Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(5) 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;

ST - RR157 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(6)

Type Rule

Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(6) establish procedures for circumstances in which consultation is required;

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ST - RR158 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(7)

Type Rule

Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(7) establish standards for care by residents, interns, and medical students in accordance with a residency training program approved by the Council on Medical Education of the American Medical Association, the American Dental Association, or an applicable specialty board;

ST - RR159 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(8)

Type Rule

Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(8) review at regular intervals clinical and scientific work, medical services, and maintenance of accurate medical records;

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ST - RR160 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(9)

Type Rule

Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(9) establish guidelines for referral to a pathologist of anatomical parts, foreign objects, and tissues removed by surgery;

ST - RR161 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(10)

Type Rule

Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(10) establish procedures for selection and supervision of advanced nurse practitioners and physician assistants;

ST - RR162 - Medical Staff

Title Medical Staff

Rule 7 AAC 12.110(c)(11)

Type Rule

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Regulation Definition

Interpretive Guideline

(c) The medical staff shall

(11) ensure that the medical history and physical examination for each patient are completed no more than 30 days before, or 24 hours after, admission; if completed within 30 days before admission, the medical staff must ensure that within 24 hours after admission.

(A) an updated history and examination are completed to determine any change in the patient's condition; and

(B) the updated history and examination required under (A) of this paragraph are documented in the patient's medical record, with any change noted.

ST - RR170 - Medical Staff CAH

Title Medical Staff CAH

Rule 7 AAC 12.110(d)

Type Rule

Regulation Definition

Interpretive Guideline

Medical Staff CAH -

(d) The onsite medical staff of a critical access hospital may consist exclusively of mid-level practitioners if

(1) the hospital is a member of a rural health network as described in 42 C.F.R. 485.603, as amended through July 1, 1999 and adopted by reference;

(2) the mid-level practitioners are subject to the oversight of a physician who is also a member of the medical staff of the critical access hospital, even though the physician might not be present in the facility, if

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- (A) a physician who is member of the medical staff of the critical access hospital is notified whenever a patient is admitted to the hospital by a mid-level practitioner;
 - (B) a physician is available through direct radio or telephone communication for consultation, assistance with medical emergencies, or patient referral;
 - (C) except in extraordinary circumstances, a physician is present in the facility for sufficient periods of time, at least once every two week period, to provide appropriate medical direction, medical care services, consultation, and supervision; however, a site visit by a physician is not required if no patients have been treated since the latest site visit by a physician; and
 - (D) any extraordinary circumstances that prevent a site visit by a physician when required under (C) of this paragraph are documented in the records of the hospital;
- (3) the mid-level practitioners participate
- (A) in the development, execution, and periodic review of the written policies governing the services provided by the hospital; and
 - (B) in a periodic review of the health records of patients with a physician; and
- (4) the mid-level practitioners perform the following functions when the functions are not performed by a physician:
- (A) provide services in accordance with the hospital's policies;
 - (B) arrange for, or refer patients to, needed services that cannot be furnished at the hospital;
 - (C) assure that adequate patient health records are maintained and transferred as required if patients are referred or services are arranged under (B) of this paragraph.

ST - RR175 - Surgical Services

Title Surgical Services

Rule 7 AAC 12.120(a)

Type Rule

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Regulation Definition

Interpretive Guideline

Surgical Service

(a) A registered nurse with knowledge and experience in surgical techniques and procedures must have supervisory responsibility for the surgical suite and, in cooperation with the surgical committee of the medical staff, if the hospital has one, and the infection control committee, establish policies and procedures for the surgical service.

ST - RR176 - Surgical Services

Title Surgical Services

Rule 7 AAC 12.120(b)

Type Rule

Regulation Definition

Interpretive Guideline

Surgical Service

(b) A list of which surgical privileges are held by individual members of the medical staff must be available in the surgical suite for reference by the supervisor.

ST - RR177 - Surgical Services

Title Surgical Services

Rule 7 AAC 12.120(c)

Type Rule

Regulation Definition

Interpretive Guideline

Surgical Service

(c) Before a surgical procedure begins, either the surgeon or

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the person responsible for administering anesthesia, and the surgical supervisor or his designee shall confirm the patient's identity and the site and side of the body to be operated upon, and ascertain that the patient's medical record contains a complete history and physical examination for the current admission, appropriate current screening tests based on the needs of the patient, and signed informed consent for the surgery. In the case of an emergency, the history and physical examination requirements are waived.

ST - RR178 - Surgical Services

Title Surgical Services

Rule 7 AAC 12.120(d)

Type Rule

Regulation Definition

Interpretive Guideline

Surgical Service

(d) A daily register of operations must be maintained.

ST - RR179 - Surgical Services

Title Surgical Services

Rule 7 AAC 12.120(e)

Type Rule

Regulation Definition

Interpretive Guideline

Surgical Service

(e) Emergency equipment, including thoracotomy and tracheotomy sets and a defibrillator, must be available in the surgical suite area when surgery is being performed.

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ST - RR180 - Surgical Services

Title Surgical Services

Rule 7 AAC 12.120(f)

Type Rule

Regulation Definition

Interpretive Guideline

Surgical services

(f) As determined by medical staff under 7 AAC 12.110(c) (9), anatomical parts, tissues, and foreign objects which have been removed by operation, must be referred to a pathologist designated by the hospital. A report of the pathologist's findings must be filed in the patient's medical record.

ST - RR181 - Surgical Services

Title Surgical Services

Rule 7 AAC 12.120(g)

Type Rule

Regulation Definition

Interpretive Guideline

Surgical services

(g) A registered nurse must be present to circulate for each surgical procedure.

ST - RR182 - Surgical Services - RPCH/CAH

Title Surgical Services - RPCH/CAH

Rule 7 AAC 12.120(h)

Type Rule

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Regulation Definition

Interpretive Guideline

Surgical Services RPCH/CAH

(h) A rural primary care hospital or a critical access hospital must meet the standards set out in 7 AAC 12.130 if its governing body elects to offer surgical service.

ST - RR190 - Anesthesia Service

Title Anesthesia Service

Rule 7 AAC 12.130(a)

Type Rule

Regulation Definition

Interpretive Guideline

Anesthesia service - (a) A general acute care hospital must have an anesthesia service. A physician must have overall responsibility for supervision of the anesthesia service.

ST - RR191 - Anesthesia Service

Title Anesthesia Service

Rule 7 AAC 12.130(b)

Type Rule

Regulation Definition

Interpretive Guideline

Anesthesia service - (b) Anesthesia care may be provided only by a physician or dentist with anesthesia privileges, a registered nurse anesthetist, or an appropriately supervised trainee in an educational program approved by the department.

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ST - RR192 - Anesthesia Service

Title Anesthesia Service

Rule 7 AAC 12.130(c)

Type Rule

Regulation Definition

Interpretive Guideline

Anesthesia service - (c) An anesthesia staff member shall be available or on call at all times.

ST - RR193 - Anesthesia Service

Title Anesthesia Service

Rule 7 AAC 12.130(d)

Type Rule

Regulation Definition

Interpretive Guideline

(d) Anesthesia procedures developed by an anesthetist or anesthesiologist must provide for written documentation of the following:

- (1) visits to a patient by an anesthetist or anesthesiologist before and after the patient has been administered an anesthesia; the post-anesthesia evaluation of a patient may be completed and documented by any individual described in (b) of this section and qualified to administer anesthesia;
- (2) the choice of anesthesia;
- (3) the surgical procedure and presence or absence of complications;
- (4) a record of events during the induction, maintenance and emergence from anesthesia; and
- (5) the amount and duration of anesthetic agents, other drugs, intravenous fluids and blood or blood products administered.

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ST - RR194 - Anesthesia Service

Title Anesthesia Service

Rule 7 AAC 12.130(e)

Type Rule

Regulation Definition

Anesthesia service - (e) Rules for the safe use of flammable anesthetic agents must conform to the National Fire Protection Association (NFPA) standards set out in NFPA 99: Standard for Health Care Facilities, 2005 edition, adopted by reference.

Interpretive Guideline

ST - RR200 - Critical Care Service

Title Critical Care Service

Rule 7 AAC 12.140(a)

Type Rule

Regulation Definition

Critical care service - (a) If a hospital has a critical care service, a physician must have overall responsibility for the medical supervision of it.

Interpretive Guideline

ST - RR201 - Critical Care Service

Title Critical Care Service

Rule 7 AAC 12.140(b)

Type Rule

Regulation Definition

Critical care service - (b) A registered nurse with education

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and experience in critical care nursing must also be responsible for supervision and operation of the service.

ST - RR202 - Critical Care Service

Title Critical Care Service

Rule 7 AAC 12.140(c)

Type Rule

Regulation Definition

Critical care service - (c) Written criteria for determining patient admissions and discharge must be approved by the medical staff or, if the hospital has one, the critical care service committee.

Interpretive Guideline

ST - RR203 - Critical Care Service

Title Critical Care Service

Rule 7 AAC 12.140(d)

Type Rule

Regulation Definition

Critical care service - (d) Emergency equipment and supplies, as determined by the medical staff or critical care service committee if the hospital has one, must be readily available.

Interpretive Guideline

ST - RR210 - Perinatal Service

Title Perinatal Service

Rule 7 AAC 12.150(a)

Type Rule

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Regulation Definition

Perinatal service - (a) A general acute care hospital must offer perinatal services that include either
(1) an intensive care newborn nursery and other hospital facilities capable of treating the mother if problems arise that are beyond the normal capability of the perinatal service unit;
or
(2) arrangements for consultation with a perinatal service unit at another hospital that has the capabilities described in (a)(1) of this section and the transfer of an infant or mother to that unit when necessary; the arrangements must include, at a minimum, the ability to immediately contact the other hospital by telephone or radio, and the ability to immediately obtain transportation for the mother or infant by the fastest method available.

Interpretive Guideline

ST - RR211 - Perinatal Service

Title Perinatal Service

Rule 7 AAC 12.150(b)

Type Rule

Regulation Definition

Perinatal service - (b) A hospital must provide individualized care for each infant patient.

Interpretive Guideline

ST - RR212 - Perinatal Service

Title Perinatal Service

Rule 7 AAC 12.150(c)

Type Rule

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Regulation Definition

Interpretive Guideline

Perinatal service - (c) Every infant, whether a new patient or one transferred from another location, must be evaluated for evidence of infection before admission to a hospital.

ST - RR213 - Perinatal Service

Title Perinatal Service

Rule 7 AAC 12.150(d)

Type Rule

Regulation Definition

Interpretive Guideline

Perinatal service - (d) An infant who develops symptoms of an infection must be isolated from other infants immediately.

ST - RR214 - Perinatal Service

Title Perinatal Service

Rule 7 AAC 12.150(e)

Type Rule

Regulation Definition

Interpretive Guideline

Perinatal service - (e) Newborn infants must be marked for identification in the delivery room. The method of identification must positively identify an infant with the name of its mother, except when the infant is being placed for adoption.

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ST - RR215 - Perinatal Service

Title Perinatal Service

Rule 7 AAC 12.150(f)

Type Rule

Regulation Definition

Interpretive Guideline

Perinatal service - (f) A hospital must have the capability for operative delivery at all times.

ST - RR216 - Perinatal Service

Title Perinatal Service

Rule 7 AAC 12.150(g)

Type Rule

Regulation Definition

Interpretive Guideline

Perinatal service - (g) Smoking must be prohibited in delivery rooms and nurseries.

ST - RR217 - Perinatal Service

Title Perinatal Service

Rule 7 AAC 12.150(h)

Type Rule

Regulation Definition

Interpretive Guideline

Perinatal service - (h) A general acute care hospital may obtain a waiver under 7 AAC 12.900(h) for its perinatal service only if
(1) the hospital has 25 or fewer acute care beds and 200 or

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fewer obstetrical deliveries per year;

(2) the hospital establishes a policy governing the use of a combined obstetrical delivery and surgical suite which ensures that a patient who presents an obstetrical emergency which requires immediate medical intervention to preserve the health and life of a mother or her infant is given first priority, and an obstetrical patient for whom delivery is imminent is given second priority, over other obstetrical and nonemergency surgical patients;

(3) the hospital's infection control committee established under 7 AAC 12.760 defines policies and procedures designed to prevent the transmission of infection through the use of combined surgical and obstetrical delivery suite facilities, and maintains a system for discovery, reporting, and investigation of all infections occurring in surgical patients, postpartum patients and neonates;

(4) a record of reports and investigations of all infections described in (3) of this subsection is kept on file for two years;

(5) the hospital excludes from the combined obstetrical delivery surgical room

(i) surgery on persons who have a known or suspected acute or chronic infection;

(ii) surgery on persons who are known carriers of a communicable disease before the maximum incubation period of the disease has expired;

(iii) change or removal of a cast;

(iv) mouth, nose, or throat surgery; and

(v) intestinal, rectal, anal, or perianal surgery other than an incidental or emergency appendectomy; and

(6) the hospital establishes policies and procedures and maintains appropriate equipment and supplies for rapid conversion of a labor room to an emergency delivery room if an obstetrical delivery becomes imminent at a time when all obstetrical delivery rooms or operating rooms are in use.

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ST - RR218 - Perinatal Service - RPCH/CAH

Title Perinatal Service - RPCH/CAH

Rule 7 AAC 12.150(i)

Type Rule

Regulation Definition

Perinatal service - (i) A rural primary care hospital or a critical access hospital must meet the standards in this section if the governing body elects to offer perinatal service.

Interpretive Guideline

ST - RR230 - Psychiatric Service

Title Psychiatric Service

Rule 7 AAC 12.160(a)

Type Rule

Regulation Definition

Psychiatric service - (a) If a hospital has a psychiatric service, the psychiatric service must adopt a policy which provides for regular in-service training of the staff in methods of care for persons who are mentally ill.

Interpretive Guideline

ST - RR231 - Psychiatric Service

Title Psychiatric Service

Rule 7 AAC 12.160(b)

Type Rule

Regulation Definition

Psychiatric service - (b) Standards for the care of persons who

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are mentally ill must be developed by mental health professionals, approved by the medical staff, and be made readily available to patient care personnel.

ST - RR232 - Psychiatric Service

Title Psychiatric Service

Rule 7 AAC 12.160(c)

Type Rule

Regulation Definition

Psychiatric service - (c) Beginning January 1, 1995, a hospital that is not a specialized hospital as described in 7 AAC 12.200 must meet the requirements of 7 AAC 12.215(b) - (g) if it offers inpatient psychiatric services in addition to those needed to provide a 72 evaluation under AS 47.30.700 - 47.30.915.

Interpretive Guideline

ST - RR233 - Psychiatric Service

Title Psychiatric Service

Rule 7 AAC 12.215(b)

Type Rule

Regulation Definition

Psychiatric service - (b) A psychiatric hospital must have the following minimum staff and on-site services, in addition to those required by
<<http://www.legis.state.ak.us/cgi-bin/foliois.a.dll/aac/query=%5bJUMP:'t!2E+7%5d/doc/%7b@1%7d?firsthit>> AAC 12.205:

- (1) a medical service, supervised by a physician;
- (2) a psychiatric service, supervised by a psychiatrist;
- (3) a psychological service, which includes one or more

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psychologists employed on a full-time, regular part-time, or consulting basis;

(4) a social work service which includes one or more social workers employed on a full-time, part-time or consulting basis, under the direction of the medical staff;

(5) a nursing service, under the direction of a registered nurse who has the following qualifications:

(A) a master's degree in psychiatric nursing or a related field with one year of experience in nursing administration; or

(B) a baccalaureate degree in nursing with 2 years of experience in psychiatric nursing and two years of experience in nursing administration; and

(6) sufficient registered nursing personnel to give direct nursing care, and to plan, supervise, and coordinate care given by other mental health workers.

ST - RR234 - Psychiatric Service

Title Psychiatric Service

Rule 7 AAC 12.215(c)

Type Rule

Regulation Definition

Psychiatric service - (c) In addition to the services listed in (b) of this section, a psychiatric hospital must provide the following services, either directly or through a contract with outside providers:

- (1) psychological testing and counseling;
- (2) assessment, screening and diagnostic services;
- (3) individual psychotherapy;
- (4) group therapy;
- (5) family therapy; and
- (6) therapeutic occupational and activity programs.

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ST - RR235 - Psychiatric Service

Title Psychiatric Service

Rule 7 AAC 12.215(d)

Type Rule

Regulation Definition

Psychiatric service - (d) A psychiatric hospital must have policies and procedures which require that it

- (1) have a transfer agreement with a general acute care hospital which includes provision for transfer of a patient's records upon transfer of the patient;
- (2) admit and discharge patients in accordance with AS 47.30;
- (3) provide for each patient a written treatment plan, developed with the patient's participation as far as practicable, which incorporates a comprehensive interdisciplinary approach based on the patient's medical, social, and psychiatric or psychological evaluations;
- (4) include as part of each patient's evaluation
 - (A) a medical history;
 - (B) a history of the current onset of illness, including the circumstances leading to admission;
 - (C) a description of the patient's current mental status, including attitudes, behavior, intellectual and memory functioning, and orientation;
 - (D) a descriptive inventory of the patient's assets; and
 - (E) if the patient is a child or adolescent, a report on the patient's developmental as well as chronological age;
- (5) provide organized therapeutic activities with consideration for the interests and needs of the patients;
- (6) document in each patient's medical record the patient's attitude and response to treatment;
- (7) establish and implement guidelines for use of physical restraints and seclusion rooms which include the following requirements:

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- (A) the location of a seclusion room which allows for direct supervision and observation by staff;
- (B) construction of a seclusion room which minimizes opportunity for concealment, escape, injury, or suicide, including locks and doors which open outwards;
- (C) recording in a patient's medical record the time the patient spent in seclusion or restraints;
- (D) visiting a patient who is in restraints or seclusion at least hourly, and providing the patient with adequate opportunity for exercise, access to bathroom facilities, and time out of restraints or seclusion;
- (E) limiting the use of restraints or seclusion to situations in which alternative means will not protect the patient or others from injury; and
- (F) when practicable, consultation with the patient regarding the patient's preference among available forms of adequate, medically advisable restraints, including medication;
- (8) establish and implement guidelines for administration of a drug when given in an unusually high dose or when given for a purpose other than that for which the drug is customarily used, and for circumstances under which electroconvulsive shock therapy may be administered;
- (9) provide that each treatment unit within the hospital keeps a confidential log of all referrals it initiates or receives;
- (10) provide an area in which a patient can meet with an outside community service provider and other hospital personnel who assist in fulfilling the goals and objectives of the treatment plan;
- (11) have a committee of the medical staff periodically evaluate the services provided and make appropriate recommendations to the medical staff and administration; and
- (12) establish and implement
 - (A) controls for contraband;
 - (B) security controls and management for potentially dangerous individuals, and for patients committed before

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October 1, 1982 under AS 12.45 and after September 30, 1982 under AS 12.47;
(C) preventive measures for suicide or self-harm;
(D) admission criteria for a psychiatric security unit; and
(E) controls for storage and handling of police officers' weapons.

ST - RR236 - Psychiatric Service

Title Psychiatric Service

Rule 7 AAC 12.215(e)

Type Rule

Regulation Definition

Psychiatric service - (e) If a psychiatric hospital permits human subject research, it must

- (1) have written policies which describe the purpose and conduct of all research using the hospital's staff, patients, or services, and which require that
 - (A) written agreements entered into by subjects do not include exculpatory language through which the subject waives any legal rights or which releases the hospital or its staff from liability for negligence;
 - (B) when research findings are made public, the anonymity of individual patients is assured; and
 - (C) when bodily integrity is violated, including by the use of electroconvulsive shock therapy and chemotherapy, supervision be provided by a physician; and
- (2) establish an interdisciplinary review committee comprised of both hospital staff members and other knowledgeable persons, for the purpose of reviewing research activities within the facility.

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ST - RR237 - Psychiatric Service

Title Psychiatric Service

Rule 7 AAC 12.215(f)

Type Rule

Regulation Definition

Psychiatric service - (f) If a psychiatric hospital provides aftercare service, that service must include a written individualized treatment plan designed to establish continuing contact for the care of each patient and explain the risks, benefits, and side effects of medication programs to the patient.

Interpretive Guideline

ST - RR238 - Psychiatric Service

Title Psychiatric Service

Rule 7 AAC 12.215(g)

Type Rule

Regulation Definition

Psychiatric service - (g) A psychiatric hospital must provide for educational or training programs for all children of school age who are educable or trainable and who are expected to be patients for longer than one month. The programs must

- (1) conform to educational requirements established by law and be under direction of teachers certified to teach in Alaska; and
- (2) if provided by a public school system, include provisions for transportation of the patients to and from school and supervision of them during the transportation.

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ST - RR250 - Respiratory Therapy Service

Title Respiratory Therapy Service

Rule 7 AAC 12.170(a) - (b)

Type Rule

Regulation Definition

Respiratory therapy service - (a) If a hospital has a respiratory therapy service, the respiratory therapy service must apply central service standards established in 7 AAC 12.730 in decontamination and processing of supplies and equipment.
(b) A physician must have overall responsibility for the medical supervision of the respiratory therapy service.

Interpretive Guideline

ST - RR260 - Long-Term Care Service

Title Long-Term Care Service

Rule 7 AAC 12.180

Type Rule

Regulation Definition

Long-term care service - If a hospital provides long-term care service, the service must also comply with 7 AAC 12.250 - 7 AAC 12.290. The requirements of this section do not apply to a long-term acute care hospital.

Interpretive Guideline

ST - RR261 - Long-Term Care Service - Services Required

Title Long-Term Care Service - Services Required

Rule 7 AAC 12.255

Type Rule

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Regulation Definition

Long-term care service - 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.

Interpretive Guideline

ST - RR262 - Long-Term Care Service - Admissions

Title Long-Term Care Service - Admissions

Rule 7 AAC 12.256

Type Rule

Regulation Definition

Long-term care service - 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.

Interpretive Guideline

ST - RR263 - Long-Term Care Service - Use of Restraints

Title Long-Term Care Service - Use of Restraints

Rule 7 AAC 12.258(a)

Type Rule

Regulation Definition

Long-term care service - 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.

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ST - RR264 - Long-Term Care Service - Use of Restraints

Title Long-Term Care Service - Use of Restraints

Rule 7 AAC 12.258(b)

Type Rule

Regulation Definition

Long-term care service - Use of restraints or psychoactive drugs - (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.

Interpretive Guideline

ST - RR265 - Long-Term Care Service - Use of Restraints

Title Long-Term Care Service - Use of Restraints

Rule 7 AAC 12.258(c)

Type Rule

Regulation Definition

Long-term care service - Use of restraints or 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

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of the restraint or drug.

ST - RR266 - Long-Term Care Service - Use of Restraints

Title Long-Term Care Service - Use of Restraints

Rule 7 AAC 12.258(d)

Type Rule

Regulation Definition

Long-term care service - Use of restraints or psychoactive drugs - (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.

Interpretive Guideline

ST - RR267 - Long-Term Care Service - Use of Restraints

Title Long-Term Care Service - Use of Restraints

Rule 7 AAC 12.258(e)

Type Rule

Regulation Definition

Long-term care service - Use of restraints or psychoactive drugs - (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.

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ST - RR268 - Long-Term Care Service - Use of Restraints

Title Long-Term Care Service - Use of Restraints

Rule 7 AAC 12.258(f)

Type Rule

Regulation Definition

Long-term care service - Use of restraints or psychoactive drugs - (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.

Interpretive Guideline

ST - RR269 - Long-Term Care Service - Medical Director

Title Long-Term Care Service - Medical Director

Rule 7 AAC 12.260

Type Rule

Regulation Definition

Long-term care service - 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.

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ST - RR270 - Long-Term Care Service - Physician Services

Title Long-Term Care Service - Physician Services

Rule 7 AAC 12.265

Type Rule

Regulation Definition

Long-term care service - 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.

Interpretive Guideline

ST - RR271 - Long-Term Care Service - Staff Duties

Title Long-Term Care Service - Staff Duties

Rule 7 AAC 12.270(a)

Type Rule

Regulation Definition

Long-term care service - 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

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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.

ST - RR272 - Long-Term Care Service - Staff Duties

Title Long-Term Care Service - Staff Duties

Rule 7 AAC 12.270(b)

Type Rule

Regulation Definition

Long-term care service - Staff duties - (b) The nursing facility staff shall give residents the necessary care to prevent pressure ulcers, contractures, and deformities.

Interpretive Guideline

ST - RR273 - Long-Term Care Service - Staff Duties

Title Long-Term Care Service - Staff Duties

Rule 7 AAC 12.270(c)

Type Rule

Regulation Definition

Long-term care service - Staff duties - (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.

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ST - RR274 - Long-Term Care Service - Staff Duties

Title Long-Term Care Service - Staff Duties

Rule 7 AAC 12.270(d)

Type Rule

Regulation Definition

Long-term care service - Staff duties - (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.

Interpretive Guideline

ST - RR275 - Long-Term Care Service - Nursing and Medical

Title Long-Term Care Service - Nursing and Medical

Rule 7 AAC 12.275(a)

Type Rule

Regulation Definition

Long-term care service - 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.

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ST - RR276 - Long-Term Care Service - Nursing and Medical

Title Long-Term Care Service - Nursing and Medical

Rule 7 AAC 12.275(b)

Type Rule

Regulation Definition

Long-term care service - Nursing and medical services - (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.

Interpretive Guideline

ST - RR277 - Long-Term Care Service - Nursing and Medical

Title Long-Term Care Service - Nursing and Medical

Rule 7 AAC 12.270(c)

Type Rule

Regulation Definition

Long-term care service - Nursing and medical services - (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 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.

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ST - RR278 - Long-Term Care Service - Nursing and Medical

Title Long-Term Care Service - Nursing and Medical

Rule 7 AAC 12.275(d)

Type Rule

Regulation Definition

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

Interpretive Guideline

ST - RR279 - Long-Term Care Service - Nursing and Medical

Title Long-Term Care Service - Nursing and Medical

Rule 7 AAC 12.275(e)

Type Rule

Regulation Definition

Long-term care service - Nursing and medical services - (e) A nursing facility must have a contract with a licensed dentist to provide consultation and necessary dental services to residents.

Interpretive Guideline

ST - RR280 - Long-Term Care Service - Nursing and Medical

Title Long-Term Care Service - Nursing and Medical

Rule 7 AAC 12.275(f)

Type Rule

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Regulation Definition

Long-term care service - Nursing and medical services - (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).

Interpretive Guideline

ST - RR281 - Long-Term Care Service - Rehabilitation

Title Long-Term Care Service - Rehabilitation

Rule 7 AAC 12.280(a)

Type Rule

Regulation Definition

Long-term care service - 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.

Interpretive Guideline

ST - RR282 - Long-Term Care Service - Rehabilitation

Title Long-Term Care Service - Rehabilitation

Rule 7 AAC 12.280(b)

Type Rule

Regulation Definition

Long-term care service - Rehabilitation services - (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.

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ST - RR283 - Long-Term Care Service - Rehabilitation

Title Long-Term Care Service - Rehabilitation

Rule 7 AAC 12.280(c)

Type Rule

Regulation Definition

Long-term care service - Rehabilitation services - (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.

Interpretive Guideline

ST - RR284 - Long-Term Care Service - Rehabilitation

Title Long-Term Care Service - Rehabilitation

Rule 7 AAC 12.280(d)

Type Rule

Regulation Definition

Long-term care service - Rehabilitation services - (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.

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ST - RR285 - Long-Term Care Service - Activity Program

Title Long-Term Care Service - Activity Program

Rule 7 AAC 12.285

Type Rule

Regulation Definition

Long-term care service - 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.

Interpretive Guideline

ST - RR286 - Long-Term Care Service - Drug Regimen Review

Title Long-Term Care Service - Drug Regimen Review

Rule 7 AAC 12.290

Type Rule

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Regulation Definition

Long-term care service - 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.

Interpretive Guideline

ST - RR300 - Scope

Title Scope

Rule 7 AAC 12.600(a), (b) and (g)

Type Rule

Regulation Definition

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 AAC 10.9600 - 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 AAC 12.730 - 7 AAC 12.770, 7 AAC 12.860, and 7 AAC 12.890 - 7 AAC 12.910.

(g) A facility licensed under this chapter, with the exception of a home health agency, that provides a service described in 7

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AAC 12.670 - 7 AAC 12.720, 7 AAC 12.780, 7 AAC 12.790 - 7 AAC 12.850, 7 AAC 12.870, or 7 AAC 12.880 must comply with the section of this chapter governing the provision of that service, unless otherwise indicated.

ST - RR301 - Criminal History Check Requirements

Title Criminal History Check Requirements

Rule 7 AAC 12.605

Type Rule

Regulation Definition

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).

Interpretive Guideline

ST - RR302 - Licensure

Title Licensure

Rule 7 AAC 12.610

Type Rule

Regulation Definition

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

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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 with AS 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

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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 47 related 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.

ST - RR310 - Licensure of CAH - Less Than 24 Hours

Title Licensure of CAH - Less Than 24 Hours

Rule 7 AAC 12.612(e)

Type Rule

Regulation Definition

Licensure of critical access hospitals - Change of service to less than 24 hours operation - (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

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registered nurse on duty at all times.
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.

ST - RR320 - Governing Body

Title Governing Body

Rule 7 AAC 12.630(a)

Type Rule

Regulation Definition

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.

Interpretive Guideline

ST - RR321 - Governing Body

Title Governing Body

Rule 7 AAC 12.630(b)

Type Rule

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Regulation Definition

Governing body - (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.

Interpretive Guideline

ST - RR322 - Governing Body

Title Governing Body

Rule 7 AAC 12.630(c)

Type Rule

Regulation Definition

Governing body - (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

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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.

ST - RR330 - Administration

Title Administration

Rule 7 AAC 12.640(a)

Type Rule

Regulation Definition

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.

Interpretive Guideline

ST - RR331 - Administration

Title Administration

Rule 7 AAC 12.640(b)

Type Rule

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Regulation Definition

Administration - (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.

Interpretive Guideline

ST - RR332 - Administration

Title Administration

Rule 7 AAC 12.640(c)

Type Rule

Regulation Definition

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.

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ST - RR340 - Employee Health Program

Title Employee Health Program

Rule 7 AAC 12.650

Type Rule

Regulation Definition

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

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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; and

(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 does 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.

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ST - RR350 - Personnel

Title Personnel

Rule 7 AAC 12.660(a)

Type Rule

Regulation Definition

Interpretive Guideline

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; and
- (4) evidence of the employee ' s compliance with the employee health requirements of 7 AAC 12.650.
- (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).

ST - RR351 - Personnel

Title Personnel

Rule 7 AAC 12.660(b)

Type Rule

Regulation Definition

Interpretive Guideline

Personnel - (b) If required by AS 08, patient care personnel must be currently licensed, certified, authorized, or registered

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in the state for the practice of their particular profession.

ST - RR352 - Personnel

Title Personnel

Rule 7 AAC 12.660(c)

Type Rule

Regulation Definition

Personnel - (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.

Interpretive Guideline

ST - RR353 - Personnel

Title Personnel

Rule 7 AAC 12.660(d)

Type Rule

Regulation Definition

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.

Interpretive Guideline

ST - RR360 - Nursing Service

Title Nursing Service

Rule 7 AAC 12.670(a) - (b)

Type Rule

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Regulation Definition

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.

Interpretive Guideline

ST - RR361 - Nursing Service

Title Nursing Service

Rule 7 AAC 12.670(c)

Type Rule

Regulation Definition

Nursing service - (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

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

ST - RR362 - Nursing Service

Title Nursing Service

Rule 7 AAC 12.670(d)

Type Rule

Regulation Definition

Interpretive Guideline

Nursing service - (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.

ST - RR363 - Nursing Service

Title Nursing Service

Rule 7 AAC 12.670(e) - (f)

Type Rule

Regulation Definition

Interpretive Guideline

Nursing service - (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

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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.

ST - RR364 - Nursing Service

Title Nursing Service

Rule 7 AAC 12.670(g)

Type Rule

Regulation Definition

Interpretive Guideline

Nursing service - (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.

ST - RR365 - Nursing Service

Title Nursing Service

Rule 7 AAC 12.670(h)

Type Rule

Regulation Definition

Interpretive Guideline

Nursing service - (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

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members.

ST - RR366 - Nursing Service

Title Nursing Service

Rule 7 AAC 12.670(i)

Type Rule

Regulation Definition

Interpretive Guideline

Nursing service - (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.

ST - RR370 - Pharmaceutical Service

Title Pharmaceutical Service

Rule 7 AAC 12.680(a)

Type Rule

Regulation Definition

Interpretive Guideline

Pharmaceutical service - (a) A facility which dispenses drugs

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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.

ST - RR371 - Pharmaceutical Service

Title Pharmaceutical Service

Rule 7 AAC 12.680(b)

Type Rule

Regulation Definition

Pharmaceutical service - (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

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on a written order by a person authorized by law to prescribe drugs.

ST - RR372 - Pharmaceutical Services

Title Pharmaceutical Services

Rule 7 AAC 12.680(c)

Type Rule

Regulation Definition

Interpretive Guideline

Pharmaceutical service - (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's 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.

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ST - RR373 - Pharmaceutical Service

Title Pharmaceutical Service

Rule 7 AAC 12.680(d)

Type Rule

Regulation Definition

Pharmaceutical service - (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.

Interpretive Guideline

ST - RR374 - Pharmaceutical Service

Title Pharmaceutical Service

Rule 7 AAC 12.680(e)

Type Rule

Regulation Definition

Pharmaceutical service - (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.

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ST - RR375 - Pharmaceutical Service

Title Pharmaceutical Service

Rule 7 AAC 12.680(f)

Type Rule

Regulation Definition

Pharmaceutical service - (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.

Interpretive Guideline

ST - RR376 - Pharmaceutical Service

Title Pharmaceutical Service

Rule 7 AAC 12.680(g)

Type Rule

Regulation Definition

Pharmaceutical service - (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.

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ST - RR377 - Pharmaceutical Service

Title Pharmaceutical Service

Rule 7 AAC 12.680(h)

Type Rule

Regulation Definition

Pharmaceutical service - (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.

Interpretive Guideline

ST - RR378 - Pharmaceutical Service

Title Pharmaceutical Service

Rule 7 AAC 12.680(i)

Type Rule

Regulation Definition

Pharmaceutical Service - (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.

Interpretive Guideline

ST - RR385 - Physical Therapy Service

Title Physical Therapy Service

Rule 7 AAC 12.690

Type Rule

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Regulation Definition

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.

Interpretive Guideline

ST - RR390 - Social Work Service

Title Social Work Service

Rule 7 AAC 12.700(a)

Type Rule

Regulation Definition

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

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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.

ST - RR391 - Social Work Service

Title Social Work Service

Rule 7 AAC 12.700(b)

Type Rule

Regulation Definition

Social work service - (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.

Interpretive Guideline

ST - RR392 - Social Work Service

Title Social Work Service

Rule 7 AAC 12.700(c) - (d)

Type Rule

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Regulation Definition

Social work service - (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.

Interpretive Guideline

ST - RR396 - Occupational Therapy Service

Title Occupational Therapy Service

Rule 7 AAC 12.710

Type Rule

Regulation Definition

- 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.

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ST - RR400 - Dietetic Service

Title Dietetic Service

Rule 7 AAC 12.720(a) - (c)

Type Rule

Regulation Definition

Interpretive Guideline

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.

ST - RR401 - Dietetic Service

Title Dietetic Service

Rule 7 AAC 12.720(d)

Type Rule

Regulation Definition

Interpretive Guideline

Dietetic service - (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

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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.

ST - RR402 - Dietetic Service

Title Dietetic Service

Rule 7 AAC 12.720(e)

Type Rule

Regulation Definition

Dietetic service - (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.

Interpretive Guideline

ST - RR403 - Dietetic Service

Title Dietetic Service

Rule 7 AAC 12.720(f)

Type Rule

Regulation Definition

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

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ST - RR404 - Dietetic Service

Title Dietetic Service

Rule 7 AAC 12.720(g)

Type Rule

Regulation Definition

Dietetic service - (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.

Interpretive Guideline

ST - RR405 - Dietetic Service

Title Dietetic Service

Rule 7 AAC 12.720(h)

Type Rule

Regulation Definition

Dietetic service - (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.

Interpretive Guideline

ST - RR406 - Dietetic Service

Title Dietetic Service

Rule 7 AAC 12.720(i) - (l)

Type Rule

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Regulation Definition

Dietetic service - (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.

Interpretive Guideline

ST - RR407 - Dietetic Service

Title Dietetic Service

Rule 7 AAC 12.720(m) - (n)

Type Rule

Regulation Definition

Dietetic service - (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.

Interpretive Guideline

ST - RR408 - Dietetic Services

Title Dietetic Services

Rule 7 AAC 12.720(o)

Type Rule

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Regulation Definition

Dietetic service - (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.

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ST - RR409 - Dietetic Service

Title Dietetic Service

Rule 7 AAC 12.720(p)

Type Rule

Regulation Definition

Dietetic service - (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.

Interpretive Guideline

ST - RR420 - Central Service

Title Central Service

Rule 7 AAC 12.730(a)

Type Rule

Regulation Definition

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.

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ST - RR421 - Central Service

Title Central Service

Rule 7 AAC 12.730(b)

Type Rule

Regulation Definition

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

Interpretive Guideline

ST - RR422 - Central Service

Title Central Service

Rule 7 AAC 12.730(c)

Type Rule

Regulation Definition

Central service - (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.

Interpretive Guideline

ST - RR423 - Central Service

Title Central Service

Rule 7 AAC 12.730(d)

Type Rule

Regulation Definition

Central service - (d) Traffic in an area designated for

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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.

ST - RR424 - Central Service

Title Central Service

Rule 7 AAC 12.730(e)

Type Rule

Regulation Definition

Interpretive Guideline

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

ST - RR425 - Central Service

Title Central Service

Rule 7 AAC 12.730(f)

Type Rule

Regulation Definition

Interpretive Guideline

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

ST - RR426 - Central Service

Title Central Service

Rule 7 AAC 12.730(g)

Type Rule

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Regulation Definition

Interpretive Guideline

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

ST - RR427 - Central Service

Title Central Service

Rule 7 AAC 12.730(h)

Type Rule

Regulation Definition

Interpretive Guideline

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

ST - RR430 - Laundry Service

Title Laundry Service

Rule 7 AAC 12.740(a)

Type Rule

Regulation Definition

Interpretive Guideline

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.

ST - RR431 - Laundry Service

Title Laundry Service

Rule 7 AAC 12.740(b)

Type Rule

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Regulation Definition

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.

Interpretive Guideline

ST - RR432 - Laundry Service

Title Laundry Service

Rule 7 AAC 12.740(c)

Type Rule

Regulation Definition

Laundry service - (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.

Interpretive Guideline

ST - RR433 - Laundry Service

Title Laundry Service

Rule 7 AAC 12.740(d)

Type Rule

Regulation Definition

Laundry service - (d) A facility must have laundry equipment that provides hot water at a temperature of 160 degrees

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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.

ST - RR434 - Laundry Service

Title Laundry Service

Rule 7 AAC 12.740(e)

Type Rule

Regulation Definition

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

Interpretive Guideline

ST - RR435 - Laundry Service

Title Laundry Service

Rule 7 AAC 12.740(f)

Type Rule

Regulation Definition

Laundry service - (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.

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ST - RR436 - Laundry Service

Title Laundry Service

Rule 7 AAC 12.740(g)

Type Rule

Regulation Definition

Laundry service - (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.

Interpretive Guideline

ST - RR440 - Housekeeping Service

Title Housekeeping Service

Rule 7 AAC 12.750(a)

Type Rule

Regulation Definition

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.

Interpretive Guideline

ST - RR441 - Housekeeping Service

Title Housekeeping Service

Rule 7 AAC 12.750(b)

Type Rule

Regulation Definition

Housekeeping service - (b) A facility must have routine cleaning procedures for furniture, floors, walls, ceilings,

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supply and exhaust grills, and lighting fixtures.

ST - RR442 - Housekeeping Service

Title Housekeeping Service

Rule 7 AAC 12.750(c)

Type Rule

Regulation Definition

Housekeeping service - (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.

Interpretive Guideline

ST - RR443 - Housekeeping Service

Title Housekeeping Service

Rule 7 AAC 12.750(d)

Type Rule

Regulation Definition

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

Interpretive Guideline

ST - RR444 - Housekeeping Service

Title Housekeeping Service

Rule 7 AAC 12.750(e)

Type Rule

Regulation Definition

Housekeeping service - (e) A facility must maintain sufficient

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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.

ST - RR445 - Housekeeping Service

Title Housekeeping Service

Rule 7 AAC 12.750(f)

Type Rule

Regulation Definition

Housekeeping service - (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.

Interpretive Guideline

ST - RR450 - Infection Control

Title Infection Control

Rule 7 AAC 12.760(a)

Type Rule

Regulation Definition

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.

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ST - RR451 - Infection Control

Title Infection Control

Rule 7 AAC 12.760(b) - (f)

Type Rule

Regulation Definition

Infection control - (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 AAC 27.010; 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.

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ST - RR460 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(a)

Type Rule

Regulation Definition

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.

Interpretive Guideline

ST - RR461 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(b)

Type Rule

Regulation Definition

Medical record service - (b) A facility must keep records on all patients admitted or accepted for treatment. The medical records, including x-ray films, are the property of the facility and are maintained for the benefit of the patients, the medical staff, and the facility. Medical records are subject to the requirements of AS 18.05.042, 7 AAC 43.030, and 7 AAC 43.032. This section does not affect other statutory or regulatory requirements regarding access to, use of, disclosure of, confidentiality of, or retention of record contents, or regarding maintenance of health information in patients' records by health care providers. A facility must maintain

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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.

ST - RR462 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(c)

Type Rule

Regulation Definition

Interpretive Guideline

Medical record service - (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

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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; and

(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

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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.

ST - RR463 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(d)

Type Rule

Regulation Definition

Medical record service - (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.

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ST - RR464 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(e)

Type Rule

Regulation Definition

Medical record service - (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.

Interpretive Guideline

ST - RR465 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(f)

Type Rule

Regulation Definition

Medical record service - (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.

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ST - RR466 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(g)

Type Rule

Regulation Definition

Medical record service - (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.

Interpretive Guideline

ST - RR467 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(h)

Type Rule

Regulation Definition

Medical record service - (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

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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.

ST - RR468 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(i)

Type Rule

Regulation Definition

Medical record service - (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.

Interpretive Guideline

ST - RR469 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(j)

Type Rule

Regulation Definition

Medical record service - (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 '

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medical records in the event of the closure of the facility.

ST - RR470 - Medical Record Service

Title Medical Record Service

Rule 7 AAC 12.770(k)

Type Rule

Regulation Definition

Medical record service - (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.

Interpretive Guideline

ST - RR480 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(a)

Type Rule

Regulation Definition

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.

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ST - RR481 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(b)

Type Rule

Regulation Definition

Radiological service - (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.

Interpretive Guideline

ST - RR482 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(c)

Type Rule

Regulation Definition

Radiological service - (c) A physician or a radiologist must have clinical responsibility for the radiological services.

Interpretive Guideline

ST - RR483 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(d)

Type Rule

Regulation Definition

Radiological service - (d) Radiological services may be

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performed only upon the order of a person lawfully authorized to diagnose and treat illness.

ST - RR484 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(e)

Type Rule

Regulation Definition

Radiological service - (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.

Interpretive Guideline

ST - RR485 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(f)

Type Rule

Regulation Definition

Radiological service - (f) A report of a radiological examination must be filed in the patient's medical record and maintained in the radiology unit.

Interpretive Guideline

ST - RR486 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(g)

Type Rule

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Regulation Definition

Radiological service - (g) Diagnostic x-ray film processing must conform to the time and temperature recommendations of the manufacturer.

Interpretive Guideline

ST - RR487 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(h)

Type Rule

Regulation Definition

Radiological service - (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.

Interpretive Guideline

ST - RR488 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(i)

Type Rule

Regulation Definition

Radiological service - (i) A facility must keep records identifying employees who have been exposed to radiation and the amount of exposure for each employee.

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ST - RR489 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(j)

Type Rule

Regulation Definition

Radiological service - (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.

Interpretive Guideline

ST - RR490 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(k)

Type Rule

Regulation Definition

Radiological Service - (k) Radiation therapy may be given only under the direction of a radiation therapist using equipment which is specifically designed for radiation therapy.

Interpretive Guideline

ST - RR491 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(l)

Type Rule

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Regulation Definition

Radiological service - (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.

Interpretive Guideline

ST - RR492 - Radiological Service

Title Radiological Service

Rule 7 AAC 12.780(m)

Type Rule

Regulation Definition

Radiological service - (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.

Interpretive Guideline

ST - RR500 - Laboratory Service

Title Laboratory Service

Rule 7 AAC 12.790

Type Rule

Regulation Definition

Laboratory service - (a) A facility that provides laboratory services must comply with 7 AAC 12.790 - 7 AAC 12.850 and must meet the requirements of 42 C.F.R. Part 493, Laboratory Requirements, as revised as of October 1, 2005, and adopted by reference.

(b) A facility must have and maintain written procedures on the scope of onsite laboratory services necessary to support the facility's emergency and patient care services. For laboratory tests not performed in the facility, the facility must

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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.

ST - RR501 - Mailing of Laboratory Specimens

Title Mailing of Laboratory Specimens

Rule 7 AAC 12.830

Type Rule

Regulation Definition

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.

Interpretive Guideline

ST - RR502 - Supervision and Direction of Lab Service

Title Supervision and Direction of Lab Service

Rule 7 AAC 12.840

Type Rule

Regulation Definition

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

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- (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.

ST - RR510 - Risk Management

Title Risk Management

Rule 7 AAC 12.860(1)

Type Rule

Regulation Definition

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

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injury to a patient, resident, or staff, and provisions for documenting deficiencies found and remedial actions taken;

ST - RR511 - Risk Management

Title Risk Management

Rule 7 AAC 12.860(2)

Type Rule

Regulation Definition

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

(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;

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ST - RR512 - Risk Management

Title Risk Management

Rule 7 AAC 12.860(3)

Type Rule

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Regulation Definition

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

(3) a procedure to investigate, analyze, and respond to patient or resident grievances that relate to patient or resident care;

Interpretive Guideline

ST - RR513 - Risk Management

Title Risk Management

Rule 7 AAC 12.860(4)

Type Rule

Regulation Definition

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

(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;

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ST - RR514 - Risk Management

Title Risk Management

Rule 7 AAC 12.860(5)

Type Rule

Regulation Definition

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

(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;

Interpretive Guideline

ST - RR515 - Risk Management

Title Risk Management

Rule 7 AAC 12.860(6)

Type Rule

Regulation Definition

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

(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;

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ST - RR516 - Risk Management

Title Risk Management

Rule 7 AAC 12.860(7)

Type Rule

Regulation Definition

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

(7) an annual review of written policies and procedures approved, signed, and dated by the administrator or the administrator's designee;

Interpretive Guideline

ST - RR517 - Risk Management

Title Risk Management

Rule 7 AAC 12.860(8)

Type Rule

Regulation Definition

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

(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; and

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ST - RR518 - Risk Management

Title Risk Management

Rule 7 AAC 12.860(9)

Type Rule

Regulation Definition

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

(9) a method of ensuring safe storage and transportation of gas cylinder tanks.

Interpretive Guideline

ST - RR519 - Risk Management

Title Risk Management

Rule 7 AAC 12.860(10)

Type Rule

Regulation Definition

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

(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

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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.

ST - RR530 - Emergency Care Services

Title Emergency Care Services

Rule 7 AAC 12.870(a)

Type Rule

Regulation Definition

Interpretive Guideline

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.

ST - RR531 - Emergency Care Service

Title Emergency Care Service

Rule 7 AAC 12.870(b)

Type Rule

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Regulation Definition

Interpretive Guideline

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

ST - RR532 - Emergency Care Service

Title Emergency Care Service

Rule 7 AAC 12.870(e)

Type Rule

Regulation Definition

Interpretive Guideline

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

ST - RR533 - Emergency Care Service

Title Emergency Care Service

Rule 7 AAC 12.870(d)

Type Rule

Regulation Definition

Interpretive Guideline

Emergency care service - (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.

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ST - RR534 - Emergency Care Service

Title Emergency Care Service

Rule 7 AAC 12.870(e)

Type Rule

Regulation Definition

Interpretive Guideline

Emergency care service - (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.

ST - RR535 - Emergency Care Service

Title Emergency Care Service

Rule 7 AAC 12.870(f)

Type Rule

Regulation Definition

Interpretive Guideline

Emergency care service - (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

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or the patient's family regarding necessary followup care.

ST - RR536 - Emergency Care Service

Title Emergency Care Service

Rule 7 AAC 12.870(g)

Type Rule

Regulation Definition

Emergency care service - (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.

Interpretive Guideline

ST - RR537 - Emergency Care Service

Title Emergency Care Service

Rule 7 AAC 12.870(h)

Type Rule

Regulation Definition

Emergency Care Service - (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.

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ST - RR538 - Emergency Care Service

Title Emergency Care Service

Rule 7 AAC 12.870(i)

Type Rule

Regulation Definition

Emergency care service - (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.

Interpretive Guideline

ST - RR540 - Outpatient Service

Title Outpatient Service

Rule 7 AAC 12.880(a)

Type Rule

Regulation Definition

Outpatient service - (a) If a facility provides outpatient service, the responsibility of the outpatient service to the medical staff and the administration of the facility must be defined in writing.

Interpretive Guideline

ST - RR541 - Outpatient Service

Title Outpatient Service

Rule 7 AAC 12.880(b)

Type Rule

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Regulation Definition

Outpatient service - (b) The outpatient service must develop a written plan describing its treatment philosophy, objectives, and organization.

Interpretive Guideline

ST - RR542 - Outpatient Service

Title Outpatient Service

Rule 7 AAC 12.880(c)

Type Rule

Regulation Definition

Outpatient service - (c) If the facility is one that performs outpatient surgery, the written policies and procedures must make provision for at least the following:

- (1) types of operative procedures that may be performed;
- (2) types of anesthesia that may be used;
- (3) pre-operative evaluation of the patient which meets the same standards as apply to inpatient surgery;
- (4) informed consent by a patient before treatment;
- (5) the delivery to a pathologist designated by the facility of all anatomical parts, tissues, or foreign objects that are removed from a patient, except those designated by the medical staff as not requiring a pathologist's report, and the filing of the pathologist's findings in the patient's medical record;
- (6) written instructions to a patient before surgery, which include
 - (A) applicable restrictions on food and drugs that may be taken before surgery;
 - (B) any special preparations to be made by the patient;
 - (C) any post-operative requirements;
 - (D) clear explanation that admission to the hospital

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may be required in the event of an unforeseen circumstance;
and

(7) examination of each patient by a physician before
discharge.

ST - RR543 - Outpatient Service

Title Outpatient Service

Rule 7 AAC 12.880(d)

Type Rule

Regulation Definition

Interpretive Guideline

Outpatient service - (d) A medical record must be maintained
for each patient who receives care in the outpatient service.

ST - RR544 - Outpatient Service

Title Outpatient Service

Rule 7 AAC 12.880(e)

Type Rule

Regulation Definition

Interpretive Guideline

Outpatient service - (e) If outpatient psychiatric followup
treatment is provided, the outpatient service must comply with
7 AAC 12.215(d) (3).

ST - RR545 - Outpatient Service

Title Outpatient Service

Rule 7 AAC 12.880(f)

Type Rule

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Regulation Definition

Outpatient service - (f) If outpatient substance abuse followup treatment is provided, the outpatient service must comply with 7 AAC 12.220(c) (5) and 7 AAC 33.005 - 7 AAC 33.165.

Interpretive Guideline

ST - RR550 - Rights

Title Rights

Rule 7 AAC 12.890(a)

Type Rule

Regulation Definition

Rights of patients, clients, and residents - a) Except as otherwise provided in AS 47.30.825, a patient, client, or a nursing facility resident has rights that include the following:

- (1) to associate and communicate privately with persons of the patient's, client's, or resident's choice;
- (2) to have reasonable access to a telephone to make and receive confidential calls;
- (3) to mail and receive unopened correspondence;
- (4) to be informed of the facility's grievance procedure for handling complaints relating to patient, client, or resident care;
- (5) to be free from physical or chemical restraints except as specified in AS 47.30.825 or 7 AAC 12.258;
- (6) to be treated with consideration and recognition of the patient's, client's, or resident's dignity and individuality;
- (7) to confidentiality of the patient's, client's, or resident's medical records and treatment;
- (8) to be free from unnecessary or excessive medications;
- (9) to private visits by the patient's, client's, or resident's spouse, and to share a room if both spouses are patients, clients, or residents in the facility, unless medical reasons or space problems require separation;

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(10) to be informed in a language that the patient, client, or resident understands, before or at the time of admission and during the stay, of services that are available in the facility and their cost, including any costs for services or personal care items not covered by the facility's basic per diem rate or not covered under 42 U.S.C. 1395 - 1396v (Titles XVIII or XIX of the Social Security Act);

(11) to be informed, in a language that the patient, client, or resident understands, of the patient's, client's, or resident's medical condition by the practitioner responsible for treatment;

(12) to refuse to participate in experimental research, psychosurgery, lobotomy, electroconvulsive therapy, or aversive conditioning;

(13) to participate in the development of a plan of care, or discharge plan, and to receive instructions for self-care and treatment that include explanation of adverse symptoms and necessary precautions, as appropriate;

(14) to be informed, in a language that the patient, client, or resident understands, of the rights listed in this subsection and of all the rules and regulations governing patient, client, or resident conduct and responsibility;

(15) to be informed of the professional training and experience of the practitioner responsible for treatment;

(16) to be informed by a practitioner of different options to the treatment recommended by the practitioner responsible for treatment, including the risks and benefits of each option.

ST - RR551 - Rights

Title Rights

Rule 7 AAC 12.890(b)

Type Rule

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Regulation Definition

Rights of patients, clients, and residents - (b) A written notice that sets out the rights listed in (a) of this section must be posted in a conspicuous location, and a copy must be given to a patient, a client, a resident, a family member, or the legal representative of the patient, client, or resident and, at cost, to a member of the public.

Interpretive Guideline

ST - RR552 - Rights

Title Rights

Rule 7 AAC 12.890(c)

Type Rule

Regulation Definition

Rights of patients, clients, and residents - (c) A written notice that sets out the facility procedures for receipt and safekeeping of patients', clients', or residents' money and valuables must be posted in a conspicuous location. A copy of the notice must be given to a patient, client, or resident, or to a family member or legal representative of the patient, client, or resident. If requested, a copy of the notice must be provided, at cost, to a member of the public. A receipt for safeguarded money and valuables must be provided by the facility to the patient, client, or resident at the time of admission and following changes in the facility's procedures.

Interpretive Guideline

ST - RR553 - Rights

Title Rights

Rule 7 AAC 12.890(d)

Type Rule

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Regulation Definition

Rights of patients, clients, and residents - (d) A facility must establish written procedures to assure delivery of complaints by patients, clients, or residents to the facility's administration. The administration shall acknowledge receipt of a patient's, client's, or resident's complaint, and take appropriate action.

Interpretive Guideline

ST - RR560 - Physical Plant

Title Physical Plant

Rule 7 AAC 12.900(a) - (b)

Type Rule

Regulation Definition

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

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(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.

ST - RR561 - Physical Plant

Title Physical Plant

Rule 7 AAC 12.900(c)

Type Rule

Regulation Definition

Physical plant - (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

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for an ambulatory surgical center, the waiver will be considered a waiver of that requirement for purposes of this subsection.

ST - RR562 - Physical Plant

Title Physical Plant

Rule 7 AAC 12.900(d)

Type Rule

Regulation Definition

Physical plant - (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.

Interpretive Guideline

ST - RR563 - Physical Plant

Title Physical Plant

Rule 7 AAC 12.900(e)

Type Rule

Regulation Definition

Physical plant - (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;

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(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) solarium, 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.

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ST - RR564 - Physical Plant

Title Physical Plant

Rule 7 AAC 12.900(f)

Type Rule

Regulation Definition

Interpretive Guideline

Physical plant - (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, cubical curtain tracks.

ST - RR565 - Physical Plant

Title Physical Plant

Rule 7 AAC 12.900(g)

Type Rule

Regulation Definition

Interpretive Guideline

Physical plant - (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.

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ST - RR566 - Physical Plant

Title Physical Plant

Rule 7 AAC 12.900(h)

Type Rule

Regulation Definition

Interpretive Guideline

Physical plant - (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.

ST - RR570 - Contracts

Title Contracts

Rule 7 AAC 12.910(a) - (c)

Type Rule

Regulation Definition

Interpretive Guideline

Contracts - (a) A facility may contract with another facility or

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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.

ST - RR571 - Contracts

Title Contracts

Rule 7 AAC 12.910(d)

Type Rule

Regulation Definition

Contracts - (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

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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.

ST - RR575 - Applicable Laws and Regulations

Title Applicable Laws and Regulations

Rule 7 AAC 12.920

Type Rule

Regulation Definition

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.

Interpretive Guideline

ST - RR580 - Accredited Entities

Title Accredited Entities

Rule 7 AAC 12.925

Type Rule

Regulation Definition

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

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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.