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**ST - B000 - Initial Comments**

**Title** Initial Comments

**Rule**

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

**ST - B100 - Background Check**

**Title** Background 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 services; or
  - (C) control over or impact on the financial well-being of

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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
- (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.

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**ST - B101 - Background Check**

**Title** Background 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 - B102 - Background Check**

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

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(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 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

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- (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 - B103 - Background Check**

**Title** Background 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 - B104 - Background Check**

**Title** Background 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 recipient of services, and who wishes to reside in the entity or

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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 - B105 - Background Check**

**Title** Background Check

**Rule** 7 AAC 10.910(c)

**Type** Rule

**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

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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.

**ST - B106 - Background Check**

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

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**ST - B107 - Criminal history checks**

**Title** Criminal history checks

**Rule** 7 AAC 10.910(f)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Criminal history checks - (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.

**ST - B108 - Criminal history checks**

**Title** Criminal history checks

**Rule** 7 AAC 10.915(f-h)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Criminal History Check - (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,

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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 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 - B109 - Monitoring and notification requirements**

**Title** Monitoring and notification requirements

**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

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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

- (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.

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**ST - B110 - Monitoring and notification requirements**

**Title** Monitoring and notification requirements

**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)

**Interpretive Guideline**

**ST - B111 - Request for variance**

**Title** Request for variance

**Rule** 7 AAC 10.930(d-e)

**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

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accordance with 7 AAC 10.960.

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

**ST - B112 - 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 - B113 - 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

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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 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.

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**ST - B114 - Termination of Association**

**Title** Termination of Association

**Rule** 7 AAC 10.960(b)

**Type** Rule

**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 - B115 - 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

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(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)

**ST - B116 - Grant or denial of a general variance**

**Title** Grant or denial of a general variance

**Rule** 7 AAC 10.9525(b)

**Type** Rule

**Regulation Definition**

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.

**Interpretive Guideline**

**ST - B118 - Posting of General Variance**

**Title** Posting of General Variance

**Rule** 7 AAC 10.9530(a)

**Type** Rule

**Regulation Definition**

7 AAC 10.9530. Posting of a general variance. (a) If the department grants a request for a general variance, the entity

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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.

**ST - B121 - Plan of Correction**

**Title** Plan of Correction

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

**Type** Level A

**Regulation Definition**

**Interpretive Guideline**

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.

**ST - B122 - Plan of Correction**

**Title** Plan of Correction

**Rule** 7 AAC 10.9610(b)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Plan of correction - (b) The plan of correction must be signed

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by the administrator or another person responsible for operation of the entity.

**ST - B123 - Plan of Correction**

**Title** Plan of Correction

**Rule** 7 AAC 19,9610(c)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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.

**ST - B124 - Plan of Correction**

**Title** Plan of Correction

**Rule** 7 AAC 10.9610(d)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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.

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**ST - B125 - 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.

**Interpretive Guideline**

**ST - B126 - 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 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.

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**ST - B127 - 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 - B128 - 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 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.

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**ST - B130 - Determination of a free-standing birth center**

**Title** Determination of a free-standing birth center

**Rule** 7 AAC 12.401(a)

**Type** Rule

**Regulation Definition**

Determination of a free-standing birth center - (a) Subject to (b) of this section, the department will consider an entity to be a free-standing birth center if the entity

- (1) is a publicly or privately owned facility, place, or institution that is constructed, renovated, leased, rented, or otherwise established;
- (2) is a place
  - (A) where midwifery services are provided;
  - (B) that is physically separate from acute care obstetrical services;
  - (C) that is administratively autonomous from a hospital or other health facility; and
  - (D) that has a separate and required staff, including administrative staff;
- (3) is located within 20 miles by road from a hospital that provides the services required under 7 AAC 12.405(g); and
- (4) provides planned, nonemergency midwifery services for low-risk maternal clients
  - (A) away from the client's residence; a birth center may not offer or provide labor or delivery services at a location other than its licensed premises;
  - (B) after a documented period of prenatal care for a normal, uncomplicated pregnancy that is determined to be low-risk through physical examinations, and through risk assessments conducted in accordance with the standards developed under 7 AAC 12.403(f); and
  - (C) who do not require hospitalization.

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**ST - B131 - Determination of a free-standing birth center**

**Title** Determination of a free-standing birth center

**Rule** 7 AAC 12.401(b)

**Type** Rule

**Regulation Definition**

Determination of a free-standing birth center - (b)

Notwithstanding (a)(2)(B), (C), and (D) of this section, a hospital or other health facility may own and operate a birth center if

- (1) the birth center is physically separate from the hospital's obstetrical unit;
- (2) each primary care provider in the birth center is a midwife;
- (3) the birth center operates as an administratively autonomous department and is responsible for reporting directly to the governing body of the hospital or health facility on all matters concerning the birth center; and
- (4) the birth center is licensed separately.

**Interpretive Guideline**

**ST - B132 - Determination of a free-standing birth center**

**Title** Determination of a free-standing birth center

**Rule** 7 AAC 12.401(c)

**Type** Rule

**Regulation Definition**

Determination of a free-standing birth center - (c) In addition to the provisions of 7 AAC 12.401 - 7 AAC 12.449, a free-standing birth center is subject to the applicable requirements of 7 AAC 12.600(a), (e), and (g).

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**ST - B140 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(a)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

General service requirements; restrictions - (a) A birth center may provide midwifery services only to a woman who is a low-risk maternal client under 7 AAC 12.446.

**ST - B141 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(b)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

General service requirements; restrictions - (b) If the midwife providing midwifery services in a birth center is a

- (1) direct-entry midwife, the birth center shall ensure that the direct-entry midwife provides midwifery services in accordance with the requirements of AS 08.65 and 12 AAC 14, and within the scope of practice set out under AS 08.65 and 12 AAC 14; and
- (2) certified nurse midwife, the birth center shall ensure that the certified nurse midwife provides midwifery services in accordance with the requirements of AS 08.68 and 12 AAC 44, and within the scope of practice set out under AS 08.68 and 12 AAC 44.

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**ST - B142 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(c)

**Type** Rule

**Regulation Definition**

General service requirements; restrictions - (c) The birth center shall ensure that its policies and procedures clearly describe the rights and responsibilities of a client and her family or support person. The birth center shall explain those rights and responsibilities to the client and the client's family or support person before or upon admission for care.

**Interpretive Guideline**

**ST - B143 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(d)

**Type** Rule

**Regulation Definition**

General service requirements; restrictions - (d) In addition to implementing the client rights set out in 7 AAC 12.890, the birth center shall

- (1) inform each client of the right to request transfer to a hospital for care, and advise the client that the birth center will make arrangements for any transfer;
- (2) inform each client of the right to refuse transfer if recommended by the midwife, and advise the client that the risks of refusing transfer include maternal or fetal death; the birth center shall document in writing any refusal described in this paragraph; and
- (3) provide each client with a written statement, including a

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glossary of terms, regarding

- (A) fees for services and responsibilities for payment;
- (B) the established criteria for admission to, and continuation in, the birth center program of care;
- (C) the benefits, risks, and eligibility requirements for an out-of-hospital labor and birth;
- (D) the services that are provided by the birth center and those that are provided by contract, consultation, or referral;
- (E) the identity and qualifications of care providers, consultants, and related services and institutions, including the type of current license or certification held by the midwife providing care;
- (F) all diagnostic procedures, reports, recommendations, and treatments;
- (G) the birth center ' s plan for providing emergency and nonemergency care to the client or newborn if a complication occurs during pregnancy or labor;
- (H) the approximate amount of time required to reach the nearest hospital if emergency transfer is necessary;
- (I) information regarding health care options, and the state of the science regarding each option, to assist the client in making informed decisions;
- (J) the client ' s rights regarding participation in
  - (i) decisions relating to the plan for management of her care and any changes in that plan, including referral and transfer to other practitioners or other levels of care if requested by the client or if the care required is not within the midwife ' s scope of practice; and
  - (ii) research or student education programs;
- (K) the birth center ' s plan for hearing grievances;
- (L) the client's right to submit a complaint to the department regarding the care provided by the birth center, including information about how to contact the department; and

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(M) whether the birth center and clinical staff have malpractice liability insurance, if the client requests that information.

**ST - B144 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(e)

**Type** Rule

**Regulation Definition**

General service requirements; restrictions - (e) The birth center shall provide, or demonstrate the availability at another appropriate entity of, a range of services necessary to meet the physical, emotional, socioeconomic, informational, and medical needs of clients and newborns, as those needs relate to care at the birth center, including

- (1) an orientation to the fees and services of the birth center as described in (d) of this section;
- (2) prenatal care; prenatal care may be provided by a practitioner at another site, regardless of whether that practitioner is associated with the birth center;
- (3) an educational program for pregnancy, labor, breastfeeding, newborn care, parenting, self-care, self-help, and sibling preparation;
- (4) laboratory service;
- (5) 24-hour telephone consultation;
- (6) library resources;
- (7) intrapartum care;
- (8) light nourishment during labor and postpartum care;
- (9) immediate postpartum care;
- (10) home or office follow-up for the client and newborn;
- (11) exercise programs;
- (12) parent support groups;
- (13) postpartum classes;
- (14) family planning;

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- (15) well baby care;
- (16) information regarding the availability of circumcision procedures at another appropriate entity;
- (17) a nursing mother support program;
- (18) well woman gynecological care; and
- (19) public education.

**ST - B145 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(f)

**Type** Rule

**Regulation Definition**

General service requirements; restrictions - (f) The birth center shall develop and implement a risk assessment tool to be completed for each client at admission and at regular intervals after admission, and a method or plan for consultation if necessary, to determine whether a client is a low-risk maternal client under 7 AAC 12.446. The risk assessment tool must include standards that, at a minimum, address

- (1) whether the physical examination conducted at admission or a physical examination conducted after admission detected any abnormalities;
- (2) the client's menstrual history;
- (3) any past pregnancies, including, for each pregnancy,
  - (A) the length of the pregnancy at birth;
  - (B) any complications during pregnancy or labor;
  - (C) the length of labor;
  - (D) the type of delivery; and
  - (E) the place of delivery;
- (4) the client's medical history, including any history of
  - (A) diabetes;
  - (B) hypertension;
  - (C) heart disease;

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- (D) autoimmune disorders;
- (E) kidney disease;
- (F) neurological disorders;
- (G) epilepsy;
- (H) depression;
- (I) postpartum depression;
- (J) psychiatric problems;
- (K) hepatitis;
- (L) liver disease;
- (M) asthma;
- (N) tuberculosis or other pulmonary disorders;
- (O) varicosities;
- (P) phlebitis;
- (Q) thyroid dysfunction;
- (R) blood transfusions;
- (S) bleeding disorders;
- (T) trauma;
- (U) domestic violence;
- (V) allergies;
- (W) abnormal Papanicolaou (PAP) tests;
- (X) uterine anomalies;
- (Y) surgery;
- (Z) anesthetic complications;
- (AA) Rh sensitivity;
- (BB) infertility;
- (CC) use of prescription or nonprescription medications;
  - (DD) alcohol use;
  - (EE) tobacco use;
  - (FF) substance abuse; and
- (GG) use of vitamins, herbs, or other nutritional, dietary, or health supplements;
- (5) any pertinent family history related to diabetes, hypertension, heart disease, bleeding disorders, kidney disease, stroke, or other genetic disorders or family conditions that may be significant; and

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- (6) infection history, including
  - (A) exposure to tuberculosis;
  - (B) whether the client or the baby's father has a history of acquired immune deficiency syndrome (AIDS), the human immunodeficiency virus (HIV), genital herpes, or any sexually transmitted disease;
  - (C) whether the client has a history of gram positive Group B Streptococcus; and
  - (D) whether the client has experienced any rash or viral illness since her last menstrual period.

**ST - B146 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(g)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

General service requirements; restrictions - (g) The birth center shall have a written plan for evaluating the services provided, for assessing outcomes, and for making necessary changes based on each evaluation.

**ST - B147 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(h)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

General service requirements; restrictions - (h) Before admitting a client, the birth center shall ensure that the client has received ongoing prenatal care. If a client requests the services of the birth center late in pregnancy and has no

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evidence of ongoing prenatal care, the birth center shall ensure that

- (1) the risk assessment conducted in accordance with the standards developed under (f) of this section includes necessary laboratory testing;
- (2) the client establishes regular and ongoing prenatal care; and
- (3) the period of time before admission for labor and delivery is adequate to establish the client ' s appropriateness for birth center services.

**ST - B148 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(i)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

General service requirements; restrictions - (i) The birth center shall develop and implement a policy approved by the governing body that provides the protocols, procedures, and parameters for acceptance of a client who requests services late in pregnancy and who has not had regular ongoing prenatal care.

**ST - B149 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(j)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

General service requirements; restrictions - (j) The birth center shall develop and implement policies and procedures

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that

(1) include screening for domestic violence or other relationship safety issues at least once during each trimester; and

(2) describe how the birth center will address a domestic violence or relationship safety issue if encountered, including

(A) informing the client about available resources for assistance; and

(B) reporting to authorities, if appropriate.

**ST - B150 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(k)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

General service requirements; restrictions - (k) The birth center shall develop and implement a policy and procedures manual that includes all aspects of birth center practice and care, and shall ensure that the manual is available to the clinical and support staff at all times.

**ST - B151 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(l)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

General service requirements; restrictions - (l) The birth center shall develop written practice protocols that reflect how the birth center will implement applicable standards of practice. The birth center shall ensure that the governing body

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approves the practice protocols. The practice protocols must  
(1) include a comprehensive, step-by-step guide to care that addresses specific conditions that are expected or that may arise during prenatal care, delivery, or postpartum care; and  
(2) be designed to ensure and enhance safe, high-quality care.

**ST - B152 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(m)

**Type** Rule

**Regulation Definition**

General service requirements; restrictions - (m) Surgical procedures provided in a birth center must be limited to those normally performed during and after uncomplicated childbirth, and must be performed in accordance with the practice protocols developed under (l) of this section. A surgical procedure that includes operative obstetrics or a cesarean section may not be performed in a birth center.

**Interpretive Guideline**

**ST - B153 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(n)

**Type** Rule

**Regulation Definition**

General service requirements; restrictions - (n) General or conduction anesthesia may not be administered in a birth center. Local anesthesia may be administered, and an episiotomy and episiotomy or laceration repair may be provided, if performed by a midwife in accordance with that midwife's applicable scope of practice as required under (b) of

**Interpretive Guideline**



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this section. The birth center shall establish and implement policies and procedures that address the administration of local anesthesia, the provision of episiotomies, and episiotomy or laceration repair.

**ST - B154 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(o)

**Type** Rule

**Regulation Definition**

General service requirements; restrictions - (o) Labor may not be induced, stimulated, or augmented with oxytocin or any other pharmacological agent. If there is fetal distress or a prolapsed cord, the birth center may use a pharmacological agent to inhibit labor while making arrangements to transport the client to a hospital.

**Interpretive Guideline**

**ST - B155 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(p)

**Type** Rule

**Regulation Definition**

General service requirements; restrictions - (p) A birth center may not use vacuum extractors, forceps, or ultrasound imaging in the birth center. Except as provided in 7 AAC 12.430(a)(3) (G), a birth center may not use recorded electronic fetal monitors in the birth center.

**Interpretive Guideline**

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**ST - B156 - General service requirements; restrictions**

**Title** General service requirements; restrictions

**Rule** 7 AAC 12.403(q)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

General service requirements; restrictions - (q) Each client and newborn must be discharged, or transferred if necessary, within 24 hours after the newborn's birth. If a longer stay becomes necessary for a client or newborn, the birth center must

- (1) document in the medical record that the client and newborn were expected, at the time of admission, to be discharged within 24 hours after the newborn's birth; and
- (2) describe in the report required under 7 AAC 12.405(j)(10) the reason for any stay beyond 24 hours after the newborn's birth.

**ST - B160 - License Application**

**Title** License Application

**Rule** 7 AAC 12.404

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

License Application - Before providing services, a free-standing birth center must have a current license issued under 7 AAC 12.605 - 7 AAC 12.610. In addition to meeting the requirements of 7 AAC 12.605 - 7 AAC 12.610, the applicant shall provide the following information with the initial application for a license, and with each application for renewal:

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- (1) identification of the proposed service area;
  - (2) an assessment of the demographic data and vital statistics of the community served, including
    - (A) the population to be served;
    - (B) environmental factors that might affect access to the birth center or transfer to a hospital;
    - (C) availability of and access to maternal and newborn services, including
      - (i) practitioners;
      - (ii) hospital obstetrics and newborn services;
      - (iii) home birth services;
      - (iv) family-centered maternity care programs;
      - (v) birth rooms and suites;
      - (vi) clinics for disadvantaged families;
      - (vii) laboratory services;
      - (viii) supplementary social and welfare services;
      - (ix) childbirth education; and
      - (x) parent support programs;
        - (D) the birth center ' s impact on the community and the needs of childbearing families in the population served; and
        - (E) for an application for license renewal,
          - (i) changes in the demographic data and vital statistics under (A) - (C) of this paragraph since the previous application was submitted;
          - (ii) the number of births at the birth center during the previous 12 months;
          - (iii) the number of births with complications that required transfer of the newborn to a hospital during the previous 12 months; and
          - (iv) the number of births with complications that required transfer of the client to a hospital during the previous 12 months.

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**ST - B165 - Administration (Governing Body)**

**Title** Administration (Governing Body)

**Rule** 7 AAC 12.405(a)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Administration (Governing Body) - (a) A birth center must have a governing body that is responsible for the overall operation and maintenance of the birth center, including personnel, facilities, equipment, and supplies. The birth center shall

- (1) ensure that its governing body includes one or more individuals who reside in the service area; or
- (2) establish a mechanism for an advisory committee comprised of representatives of the public and private sector to advise the birth center regarding the quality of services provided by the birth center.

**ST - B166 - Administration (Governing Body)**

**Title** Administration (Governing Body)

**Rule** 7 AAC 12.405(b)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Administration (Governing Body) - (b) The governing body shall

- (1) adopt policies for the care of clients and newborns at the birth center;
- (2) establish and maintain a written organizational plan that describes the
  - (A) responsibilities and accountability of each staff position,

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including direct and delegated authority; and

(B) interrelationship of each staff position within the birth center;

(3) exercise authority and responsibility for appointments to the clinical staff; and

(4) ensure that

(A) only a member of the clinical staff admits clients to the birth center;

(B) during the active phase of the first stage of labor through delivery and postpartum, at least two individuals are present as provided in 7 AAC 12.415(e), each of whom has a current

(i) adult cardiopulmonary resuscitation (CPR) certification by or equivalent to the American Heart Association's Basic Life Support Healthcare Provider Course (BLS); and

(ii) neonatal resuscitation provider (NRP) certification by or equivalent to the Neonatal Resuscitation Program approved by the American Academy of Pediatrics; and

(C) each physician, certified nurse midwife, and direct-entry midwife on the clinical staff has a current license to practice in this state;

(5) meet at least twice each year to execute responsibilities for the operation of the birth center, and maintain minutes of each meeting;

(6) approve all contracts and agreements with individuals or with service agencies, including hospitals, laboratories, emergency transportation agencies, consulting specialists, teaching institutions, and organizations that conduct research; and

(7) approve all contracts for student education or field experience; the governing body shall ensure that all members of the clinical staff responsible for the provision of services to clients and their families also approve these contracts.

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**ST - B167 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(c)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Administration - (c) The governing body shall appoint  
(1) an administrator who is responsible for operation of the birth center, and ensure that a qualified alternate individual is available in the administrator's absence; and  
(2) a director of the clinical staff.

**ST - B168 - Administration (Governing Body)**

**Title** Administration (Governing Body)

**Rule** 7 AAC 12.405(d)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Administration (Governing Body) - (d) The governing body shall adopt bylaws that include requirements for membership on the clinical staff and delineation of clinical privileges.

**ST - B169 - Administration (Governing Body)**

**Title** Administration (Governing Body)

**Rule** 7 AAC 12.405(e)

**Type** Rule

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**Regulation Definition**

**Interpretive Guideline**

Administration (Governing Body) - (e) The governing body shall establish policies and procedures for implementing the quality evaluation and improvement program under 7 AAC 12.418 and shall, if requested, disclose to the department the nature and results of each review.

**ST - B170 - Administration (Governing Body)**

**Title** Administration (Governing Body)

**Rule** 7 AAC 12.405(f)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Administration (Governing Body) - (f) The governing body shall establish the organizational structure of the birth center operation, and shall develop, implement, and revise as necessary personnel, clinical, and administrative policies.

**ST - B171 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(g) - (h)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Administration - (g) A birth center shall develop and implement a written plan for transferring clients and newborns to a hospital that is located within 20 miles by road of the birth center and that provides services that include

- (1) full-time physician coverage; and
- (2) the availability of full perinatal, obstetrical, and surgical capability, including

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- (A) anesthesia;
- (B) a clinical laboratory;
- (C) a blood bank; and
- (D) diagnostic radiology services.
- (h) The plan required under (g) of this section must include
  - (1) criteria for determining medical necessity for emergency and nonemergency transfer;
  - (2) the procedures for transfer that will be followed if medical care is required for a client or newborn because complications occur during the antepartum, intrapartum, postpartum, or newborn period; in this paragraph, "newborn period" means the first 24 hours after birth; and
  - (3) a requirement that, at the time of transfer, the birth center will provide a complete clinical record to the practitioner who assumes care of the client or newborn.

**ST - B172 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(i)

**Type** Rule

**Regulation Definition**

Administration - (i) The birth center shall provide evidence satisfactory to the department that clients and newborns transferred to a hospital by the birth center are being accepted and treated by that hospital.

**Interpretive Guideline**

**ST - B173 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)

**Type** Rule



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**Regulation Definition**

Administration - (j) In addition to meeting the requirements of 7 AAC 12.660, the administrator shall maintain and secure for confidentiality a personnel record for each employee, including contract staff, that includes, as appropriate, evidence of current CPR and NRP certification as described in (b)(4) (B) of this section.

**Interpretive Guideline**

**ST - B174 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)(1)

**Type** Rule

**Regulation Definition**

Administration - The administrator shall also ensure that (1) the birth center ' s records are maintained and stored in an orderly, secure manner;

**Interpretive Guideline**

**ST - B175 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)(2)

**Type** Rule

**Regulation Definition**

Administration - The administrator shall also ensure that (2) the birth center develops and implements policies and procedures for interaction with other agencies, institutions, and individuals for services to clients and newborns, including (A) obstetric and newborn acute care in a licensed hospital;  
(B) transportation services;

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(C) obstetric, pediatric, or neonatal consultation services, including consultation through telemedicine;  
(D) laboratory and diagnostic services;  
(E) childbirth education and parent education support services; and  
(F) home health care services;

**ST - B176 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)(3)

**Type** Rule

**Regulation Definition**

Administration - The administrator shall also ensure that  
(3) contracts, agreements, policies, and procedures are reviewed under 7 AAC 12.418 at least annually, are updated as necessary, and are approved by the governing body;

**Interpretive Guideline**

**ST - B177 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)(4)

**Type** Rule

**Regulation Definition**

Administration - The administrator shall also ensure that  
(4) the birth center develops and implements a public education plan for informing the community of the services available at, and limitations of, the birth center;

**Interpretive Guideline**

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**ST - B178 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)(5)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Administration - The administrator shall also ensure that  
(5) the birth center establishes and maintains a safe,  
home-like environment for its clients;

**ST - B179 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)(6)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Administration - The administrator shall also ensure that  
(6) the birth center provides adequate space for furnishings,  
equipment, and supplies to comfortably accommodate the  
number of childbearing families to be served and the  
personnel providing services;

**ST - B180 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)(7)

**Type** Rule

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**Regulation Definition**

**Interpretive Guideline**

Administration - The administrator shall also ensure that  
(7) the birth center, in addition to complying with 7 AAC 10.9610(i), maintains a record of routine periodic inspections by state and municipal authorities responsible for health, fire, building, and public safety;

**ST - B181 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)(8)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Administration - The administrator shall also ensure that  
(8) smoking is prohibited in the birth center;

**ST - B182 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)(9)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Administration - The administrator shall also ensure that  
(9) the birth center submits a detailed written report to the department within 24 hours after any event involving  
(A) the emergency transfer of a client or newborn to a hospital; and  
(B) a significant outcome, including  
(i) the death of a client or newborn;  
(ii) respiratory instability;  
(iii) cardiac arrest;

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- (iv) a newborn born with a low Apgar score;
- (v) a newborn born prematurely;
- (vi) a newborn displaying a seizure, hypotonia, unresponsiveness, or another neurological manifestation; and
- (vii) a newborn displaying an organ dysfunction or other abnormality;

**ST - B183 - Administration**

**Title** Administration

**Rule** 7 AAC 12.405(j)(10)

**Type** Rule

**Regulation Definition**

Administration - The administrator shall also ensure that (10) the birth center reports in writing to the department within seven days after any occurrence involving a client stay of more than 24 hours, and includes the reason for the stay.

**Interpretive Guideline**

**ST - B190 - Clinical staff and support staff**

**Title** Clinical staff and support staff

**Rule** 7 AAC 12.415(a)

**Type** Rule

**Regulation Definition**

Clinical staff and support staff - (a) In addition to meeting the requirements of 7 AAC 12.660, a birth center shall ensure that sufficient, qualified clinical staff and support staff are on duty and on call for the routine delivery of services needed by clients and newborns, and for the safe maintenance and operation of the birth center. The birth center shall assure client and newborn safety, including during any period of high demand or emergency, and shall assure that each client who is

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in active labor is attended as required under (e) of this section.

**ST - B191 - Clinical staff and support staff**

**Title** Clinical staff and support staff

**Rule** 7 AAC 12.415(a)(1)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Clinical staff and support staff - The birth center shall  
(1) post a schedule listing available clinical staff and consulting specialists who may be contacted if necessary;

**ST - B192 - Clinical staff and support staff**

**Title** Clinical staff and support staff

**Rule** 7 AAC 12.415(a)(2)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Clinical staff and support staff - The birth center shall  
(2) ensure that written personnel policies are available to personnel; these policies must include at least the following:  
(A) conditions of employment;  
(B) the respective obligations of employer and employee;  
(C) grievance procedures;

**ST - B193 - Clinical staff and support staff**

**Title** Clinical staff and support staff

**Rule** 7 AAC 12.415(a)(3)

**Type** Rule

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**Regulation Definition**

Clinical staff and support staff - The birth center shall

(3) provide for training, education, and development of the clinical staff and support staff, including at least the following:

(A) orientation of new staff members, including policies and procedures, infection control, fire safety, and the proper use of equipment used to care for clients and newborns in the birth center;

(B) a reference library of current, relevant materials;

(C) an in-service education program to maintain currency in relevant knowledge and skills, including skills that are used infrequently in birth center practice;

(D) participation in continuing professional education programs, or information to assist the staff in participating in professional education programs provided elsewhere;

(E) involvement in activities of professional organizations;

(F) the annual training required under 7 AAC 12.860(4);

(G) the training required under 7 AAC 12.416(b).

**Interpretive Guideline**

**ST - B194 - Clinical staff and support staff**

**Title** Clinical staff and support staff

**Rule** 7 AAC 12.415(b)

**Type** Rule

**Regulation Definition**

Clinical staff and support staff - (b) The birth center shall ensure that an experienced, competent practitioner in obstetrics and gynecology is immediately available to the birth center by radio, telephone, or another means of direct communication for consultation or transfer of care. The

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practitioner must be a physician certified by the American Board of Obstetrics and Gynecology, a physician who is otherwise qualified through training and experience in obstetrics and gynecology, or a certified nurse midwife. The birth center shall develop and follow a written plan for consultation or transfer of care that includes

- (1) a plan for the delivery of care in a life-threatening situation; and
- (2) detailed instructions for the staff if no practitioner can be reached for consultation or transfer of care.

**ST - B195 - Clinical staff and support staff**

**Title** Clinical staff and support staff

**Rule** 7 AAC 12.415(c)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Clinical staff and support staff - (c) If the practitioner providing services in a birth center is a

- (1) certified nurse midwife, the birth center must maintain a record of the written plan required under 12 AAC 44.400(a) (5) and include that plan in the written plan for consultation required under (b) of this section; or
- (2) direct-entry midwife, the birth center must maintain a record of the written medical back-up arrangements required in 12 AAC 14.550(a) and include it in the plan for consultation required under (b) of this section.

**ST - B196 - Clinical staff and support staff**

**Title** Clinical staff and support staff

**Rule** 7 AAC 12.415(d)

**Type** Rule



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**Regulation Definition**

Clinical staff and support staff - (d) Midwifery services must include antepartum, intrapartum, and postpartum care.

**Interpretive Guideline**

**ST - B197 - Clinical staff and support staff**

**Title** Clinical staff and support staff

**Rule** 7 AAC 12.415(e)

**Type** Rule

**Regulation Definition**

Clinical staff and support staff - (e) For each client who is admitted for delivery, a physician or a midwife who is certified in CPR and NRP as required under 7 AAC 12.405(b)(4)(B) must be present from the time of admission through all stages of labor and delivery. A second person, who is an employee, a member of the clinical staff, or a student midwife, and who is certified in CPR and NRP as required under 7 AAC 12.405(b)(4)(B), must be

- (1) immediately available to the birth center during the latent phase of the first stage of labor;
- (2) present in the birth center during the active phase of the first stage of labor, if determined necessary by the midwife; and
- (3) present during delivery and for at least the first hour of the postpartum phase.

**Interpretive Guideline**

**ST - B200 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(1)

**Type** Rule

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**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include

(1) policies and procedures to ensure that eligibility for birth services offered by the birth center is limited to low-risk maternal clients, as determined upon admission and at regular intervals after admission through a physical examination and through a risk assessment conducted in accordance with the standards developed under 7 AAC 12.403(f);

**Interpretive Guideline**

**ST - B201 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(2)

**Type** Rule

**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include

(2) a procedure for identification and transfer of a client who, during the course of pregnancy, labor, or recovery, is determined to be ineligible for continued care in the birth center;

**Interpretive Guideline**

**ST - B202 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(3)

**Type** Rule

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**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include  
(3) plans for consultation, backup services, transfer, and transport of a client or newborn to a hospital where appropriate care is available;

**Interpretive Guideline**

**ST - B203 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(4)

**Type** Rule

**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include  
(4) a requirement for an informed consent that  
(A) is signed by the client before the onset of labor; and  
(B) includes evidence that the client has received an explanation by personnel of the birth services offered and potential risks involved;

**Interpretive Guideline**

**ST - B204 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(5)

**Type** Rule

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**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include  
(5) provision of education of clients, family, and support persons in childbirth and newborn care;

**Interpretive Guideline**

**ST - B205 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(6)

**Type** Rule

**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include  
(6) plans for immediate follow-up of clients after discharge from the birth center;

**Interpretive Guideline**

**ST - B206 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(7)

**Type** Condition

**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include

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(7) entering onto the client's medical record evidence of registration of birth with the bureau of vital statistics and completion of a birth certificate;

**ST - B207 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(8)

**Type** Rule

**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include

(8) reporting of complications and anomalies to the department, and to the pediatric or neonatal provider identified by the client;

**Interpretive Guideline**

**ST - B208 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(9)

**Type** Rule

**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include

(9) prophylactic care of the newborn's eyes;

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**ST - B209 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(10)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include

(10) procedures for

(A) distribution of information to clients regarding availability of resources for vitamin K, erythromycin eye prophylaxis, newborn hearing screening tests, metabolic screening, and other screening tests required by law;

(B) providing a referral to each client before discharge;

(C) following up with each client after discharge to remind the client that the tests referred to in (A) of this paragraph are critical to the newborn's health; and

(D) documenting that the steps set out in (A) - (C) of this paragraph have been followed;

**ST - B210 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(11)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that

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include  
(11) methods to protect each client's right to dignity, privacy, safety, and confidentiality;

**ST - B211 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(12)

**Type** Rule

**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include

(12) procedures for administering newborn metabolic screening in compliance with 7 AAC 27.510 - 7 AAC 27.590 (Screening of Newborn Children for Metabolic Disorders);

**Interpretive Guideline**

**ST - B212 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(13)

**Type** Rule

**Regulation Definition**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include

(13) policies and procedures that cover medical emergencies, client teaching, and discharge planning; in this paragraph, "client teaching" means instruction of a client in diet, medication, exercise, and other therapeutic measures

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suggested for consideration by the client after discharge;

**ST - B213 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(a)(14)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Client management - (a) A birth center must develop and implement written policies and procedures for client management that are approved by the governing body and that include

(14) policies and procedures for

(A) gram positive Group B Streptococcus screening, management, and treatment;

(B) information to be provided to the client regarding Group B Streptococcus; and

(C) monitoring after delivery of each newborn born to a client who tests positive for Group B Streptococcus or to a client with unknown status.

**ST - B214 - Client management**

**Title** Client management

**Rule** 7 AAC 12.416(b)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Client management - (b) In addition to the orientation and training required under 7 AAC 12.860(4), the birth center shall provide and document orientation and in-service training for all employees in client management consistent with the policies and procedures developed under (a) of this section.



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**ST - B220 - Evaluation and improvement of quality of care**

**Title** Evaluation and improvement of quality of care

**Rule** 7 AAC 12.418(a)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Evaluation and improvement of quality of care - (a) The birth center shall develop and implement a program for evaluating and improving the quality of

- (1) direct care services to childbearing families; and
- (2) the environment in which services are provided.

**ST - B221 - Evaluation and improvement of quality of care**

**Title** Evaluation and improvement of quality of care

**Rule** 7 AAC 12.418(b)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Evaluation and improvement of quality of care - (b) The birth center shall

- (1) include in its evaluation and improvement program an organizational plan to identify and resolve problems; and
- (2) hold regular meetings of the clinical staff to review the management of care of individual clients and newborns and to make recommendations for improving the plan of care.

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**ST - B222 - Evaluation and improvement of quality of care**

**Title** Evaluation and improvement of quality of care

**Rule** 7 AAC 12.418(c)

**Type** Rule

**Regulation Definition**

Evaluation and improvement of quality of care - (c) In the evaluation and improvement program for direct care services for clients and newborns, the birth center shall review and document at least annually

(1) protocols, policies, and procedures relating to client and newborn care, and revise any protocol, policy, or procedure as necessary;

(2) the appropriateness of the risk assessment standards developed under 7 AAC 12.403(f) for determining eligibility for admission to and continuation in the birth center program of care;

(3) the appropriateness of diagnostic and screening procedures, including laboratory studies, sonography, and non-stress tests, as those procedures affect quality of care and cost to the client;

(4) the appropriateness of medications prescribed, dispensed, or administered by the birth center;

(5) performance evaluation, including peer review, for each employee, including contract staff, with results maintained in the personnel record;

(6) transfers of clients and newborns to hospital care; to determine the appropriateness and quality of each transfer, the birth center shall establish procedures for the evaluation of emergency and non-emergency transfers, including

(A) the amount of time to complete transfers;

(B) the efficiency of transportation services;

(C) the reception of the client and newborn at the hospital;

and

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(D) client satisfaction with the transfer, if that information is provided by the client, either verbally or in writing;

(7) problems or complications of pregnancy, labor, and postpartum care, and the appropriateness of the practitioner's clinical judgment in obtaining consultation and addressing each problem; and

(8) an evaluation of staff ability to manage emergency situations, including client and newborn emergencies, power failures and similar emergencies, and unannounced periodic fire drills.

**ST - B223 - Evaluation and improvement of quality of care**

**Title** Evaluation and improvement of quality of care

**Rule** 7 AAC 12.418(d)

**Type** Rule

**Regulation Definition**

Evaluation and improvement of quality of care - (d) The birth center shall ensure that each review under this section includes at least 20 percent of all births, 100 percent of all transfers to a hospital of clients or newborns, and all significant outcomes required to be reported under 7 AAC 12.405(j)(9)(B), during the period covered by the review. The birth center shall document each review and any action taken as a result of the identification of issues that might affect the quality of care and services.

**Interpretive Guideline**

**ST - B224 - Evaluation and improvement of quality of care**

**Title** Evaluation and improvement of quality of care

**Rule** 7 AAC 12.418(e)

**Type** Rule

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**Regulation Definition**

Evaluation and improvement of quality of care - (e) The birth center shall include in the evaluation and improvement program at least the following measures, for purposes of ensuring a safe, home-like environment:

- (1) routine testing of the efficiency and effectiveness of equipment, including sphygmomanometers, Doppler fetal heart monitors, sterilizers, resuscitation equipment, transport equipment, oxygen equipment, communication equipment, heat sources for newborns, smoke alarms, and fire extinguishers;
- (2) routine review of housekeeping procedures and infection control;
- (3) an evaluation of maintenance policies and procedures for heat, ventilation, emergency lighting, waste disposal, water supply, and laundry and kitchen equipment.

**Interpretive Guideline**

**ST - B225 - Evaluation and improvement of quality of care**

**Title** Evaluation and improvement of quality of care

**Rule** 7 AAC 12.418(f)

**Type** Rule

**Regulation Definition**

Evaluation and improvement of quality of care - (f) The birth center shall ensure that the evaluation and improvement program monitors and promotes quality of care to clients and newborns through an effective system for collection and analysis of data, including

- (1) utilization of
  - (A) orientation sessions;
  - (B) childbirth-related educational programs;
  - (C) postpartum home visits;
  - (D) follow-up postpartum office visits by the client;

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and

- (E) follow-up office visits for the newborn;
  - (2) types of local anesthetics and analgesia used; and
  - (3) outcomes of care provided, including
- (A) clients registered for care;
- (B) time in the birth center before birth;
  - (C) time in the birth center after birth;
- (D) clients admitted to the birth center for intrapartum care;
- (E) births in the birth center;
  - (F) births en route to the birth center;
  - (G) clients transferred antepartum, intrapartum, or postpartum, including the reason for the transfer;
  - (H) newborns transferred, including the reason for the transfer;
  - (I) type of delivery, including nonsterile vaginal delivery;
  - (J) episiotomies;
  - (K) fourth degree lacerations;
- (L) newborns with birth weight less than 2,500 grams;
- (M) newborns with birth weight greater than 4,500 grams;
- (N) Apgar scores six and below, when taken at five minutes after birth;
- (O) neonatal mortality;
- (P) spontaneous abortions;
- (Q) maternal mortality; and
- (R) client satisfaction with services provided, if that information is provided by the client, either verbally or in writing.

**ST - B226 - Evaluation and improvement of quality of care**

**Title** Evaluation and improvement of quality of care

**Rule** 7 AAC 12.418(g)

**Type** Rule

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**Regulation Definition**

Evaluation and improvement of quality of care - (g) The birth center shall seek consultation and expertise from individuals who are not associated with the birth center to review problems that are identified through the evaluation and improvement program and that the birth center is unable to resolve internally.

**Interpretive Guideline**

**ST - B227 - Evaluation and improvement of quality of care**

**Title** Evaluation and improvement of quality of care

**Rule** 7 AAC 12.418(h)

**Type** Rule

**Regulation Definition**

Evaluation and improvement of quality of care - (h) The birth center shall take appropriate action to resolve problems, including

- (1) administrative or supervisory action;
- (2) in-service education and training;
- (3) modification of policies and procedures;
- (4) revision of the risk assessment standards developed under 7 AAC 12.403(f); and
- (5) revision of any standard forms used for client and newborn records or other purposes.

**Interpretive Guideline**

**ST - B228 - Evaluation and improvement of quality of care**

**Title** Evaluation and improvement of quality of care

**Rule** 7 AAC 12.418(i)

**Type** Rule

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**Regulation Definition**

Evaluation and improvement of quality of care - (i) The birth center may provide an alternative intervention appropriate for use in birth centers, including water birth, use of homeopathic or herbal medicines, or another alternative intervention intended for use in the perinatal period. In this subsection, " alternative intervention " means a low-technology intervention that is not generally used in a medical or hospital setting. Before using an alternative intervention, the birth center must ensure that

- (1) documented science-based evidence exists that the alternative intervention can be used safely in a birth center setting for pregnant or laboring women; and
- (2) the alternative intervention is supported by the American College of Nurse Midwives, the American Association of Birth Centers, the Midwives Association of North America, or another nationally-recognized professional organization.

**Interpretive Guideline**

**ST - B230 - Drugs and biologicals**

**Title** Drugs and biologicals

**Rule** 7 AAC 12.420

**Type** Rule

**Regulation Definition**

Drugs and biologicals - (a) A birth center must have and observe written policies and procedures for

- (1) receiving, transcribing, and implementing orders for the administration of drugs;
  - (2) labeling of every drug, medication, and chemical in the center with its name, strength, and expiration date; and
  - (3) ensuring that a midwife who administers medications and intravenous solutions does so only as authorized under
- (A) AS 08.68 and 12 AAC 44, if the midwife is a certified

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nurse midwife; and

(B) AS 08.65 and 12 AAC 14, if the midwife is a direct-entry midwife.

(b) Anesthetic agents other than local anesthetics may not be present at a birth center.

(c) Every drug, chemical, and medication must be stored and secured in a cabinet, closet, drawer, or storeroom and may be accessible only to authorized persons.

(d) Every poisonous chemical, caustic material, or drug must have a warning or poison label and must be stored separately from other drugs. Drugs for external use must be separated from drugs for internal use.

(e) A birth center shall ensure that 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 in accordance with a written procedure for accountability.

**ST - B235 - Medical Records**

**Title** Medical Records

**Rule** 7 AAC 12.425(a)

**Type** Rule

**Regulation Definition**

Medical Records - (a) A birth center shall keep records for all clients admitted. Originals, or accurate reproductions of the contents of the originals, of all records, including x-rays, must be maintained in a form that is legible and uniform, contains complete and accurate client and newborn information, and fully describes continuity of care. The birth center shall ensure that these records are readily available upon the request of the physician, consulting physician, midwife, or the department or, upon the client's written request, to other practitioners. The birth center shall maintain each record in a system that protects confidentiality of the information

**Interpretive Guideline**



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contained in its records, that provides for proper storage, easy retrieval, and prevention of loss, and that protects against the use or disclosure of 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, adopted by reference in 7 AAC 12.770(d). The birth center shall develop, for use by the clinical staff, a form for providing information necessary for a transfer of a client or newborn to a hospital. The birth center shall ensure that a copy of the prenatal record is available before and during labor. The birth center shall ensure that a copy of the complete record for a client or newborn is provided at the time of any transfer or referral.

**ST - B236 - Medical Records**

**Title** Medical Records

**Rule** 7 AAC 12.425(b)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Medical Records - (b) Each medical record must include

(1) an identification sheet that includes

(A) the client's

(i) name;

(ii) medical record number;

(iii) address on admission;

(iv) date of birth; and

(v) marital status;

(B) the date of admission;

(C) the name, address, and telephone number of a

contact person;

(D) proof that the birth center provided the client a complete orientation in accordance with 7 AAC 12.403(d);

(E) a plan for payment for services;

(F) the client's social, family, medical, reproductive, nutritional, and behavioral history;

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- (G) the results of an initial physical examination;
  - (H) the results of a risk assessment conducted upon admission in accordance with the standards developed under 7 AAC 12.403(f);
  - (I) evidence of appropriate referral for an ineligible client, including the report completed during initial screening;
  - (J) the results of continuous periodic prenatal examination, including evaluation of risk factors and risk status in accordance with the standards developed under 7 AAC 12.403(f); and
  - (K) information regarding instruction and education provided, including nutritional counseling, changes in pregnancy, self-care in pregnancy, orientation to health records, understanding of findings on examinations and laboratory tests, preparation for labor, sibling preparation, and newborn assessment and care;
- (2) an order sheet that includes medication and treatment, signed by a midwife or another practitioner who ordered the medication or treatment;
- (3) notes entered by the clinical staff, including
- (A) an accurate record of care given;
  - (B) a record of pertinent observations and responses to treatment of the client including psychosocial and physical manifestations;
  - (C) an assessment at the time of admission;
  - (D) a discharge plan;
  - (E) the name, dosage, and time of administration of a medication or treatment, the route of administration and site of injection of a medication if other than by oral administration, the client's or newborn's response, and the signature of the person who administered the medication or treatment;
  - (F) documentation that initial metabolic screening was completed for the newborn;
  - (G) documentation on admission of the client's vital signs, including temperature, pulse, respiration, and blood

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pressure;

(H) documentation of the client's vital signs at least every four hours during the latent phase of labor;

(I) documentation of any change in vital signs in the presence of risk factors, including rupture of membranes and borderline blood pressure;

(J) documentation on admission of uterine contractions;

(K) documentation of fetal heart tones on admission and periodically during the latent phase of labor;

(L) documentation of fetal heart tones at least every 30 minutes during the active phase of labor;

(M) documentation of fetal heart tones at least every 5 to 15 minutes when pushing is occurring;

(N) documentation of fetal heart tones after rupture of membranes;

(O) documentation of the client's vital signs within the first hour after delivery;

(P) documentation of the newborn's vital signs, including tone color, within the first hour after delivery; and

(Q) documentation of at least one additional set of client and newborn vital signs before discharge from the birth center;

(4) treatments, consultations, and laboratory reports;

(5) informed consent forms signed by the client and midwife;

(6) monitoring of progress in labor with ongoing assessment of client and fetal reaction to the process of labor;

(7) the delivery record;

(8) the record of a neonatal physical examination, including Apgar scores, client and newborn interaction, prophylactic procedures, accommodation of the newborn to extrauterine life, and blood glucose if clinically indicated;

(9) any consultation regarding referral and transfer for any client or neonatal problem that elevates risk status under

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the standards developed under 7 AAC 12.403(f);

(10) evidence of screening for gram positive Group B Streptococcus by an approved laboratory, Group B Streptococcus treatment as necessary, information provided to the client regarding Group B Streptococcus, and monitoring after delivery of each newborn born to a client who tests positive for Group B Streptococcus or to a client with unknown status;

(11) ongoing physical assessment of the client and newborn during recovery;

(12) a summary of the progress of labor;

(13) a discharge summary for the client and the newborn;

(14) a plan for newborn health supervision, completion of the initial metabolic screening, and required follow-up screening, including the provision for newborn hearing screening; and

(15) follow-up postpartum evaluation of the client, counseling for family planning, and other services.

**ST - B237 - Medical Records**

**Title** Medical Records

**Rule** 7 AAC 12.425(c)

**Type** Rule

**Regulation Definition**

Medical Records - (c) The birth center shall maintain procedures to protect the information in medical records from loss, defacement, tampering, or access by unauthorized persons.

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**ST - B238 - Medical Records**

**Title** Medical Records

**Rule** 7 AAC 12.425(d)

**Type** Rule

**Regulation Definition**

Medical Records - (d) The birth center shall index and file records using a uniform system that allows for efficient retrieval according to a single identifying number for each client.

**Interpretive Guideline**

**ST - B239 - Medical Records**

**Title** Medical Records

**Rule** 7 AAC 12.425(e)

**Type** Rule

**Regulation Definition**

Medical Records - (e) A transfer summary, signed by the midwife or collaborating physician, must accompany the client or newborn if the client or newborn is transferred to a hospital. The transfer summary must include essential information regarding the client's or newborn's diagnosis, condition, medications, treatments, dietary requirements, known allergies, and treatment plan.

**Interpretive Guideline**

**ST - B240 - Medical Records**

**Title** Medical Records

**Rule** 7 AAC 12.425(f)

**Type** Rule

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**Regulation Definition**

Medical Records - (f) The birth center shall establish and maintain a system for periodic review of the birth center 's record-keeping system and its policies and procedures for the maintenance, storage, retrieval, and retirement of client and newborn records.

**Interpretive Guideline**

**ST - B241 - Medical Records**

**Title** Medical Records

**Rule** 7 AAC 12.425(g)

**Type** Rule

**Regulation Definition**

Medical Records - (g) The birth center shall appoint an individual who is a member of the clinical or support staff to be responsible for the processing, maintenance, and storage of records, and who will ensure that access to records is limited to persons authorized to review those records.

**Interpretive Guideline**

**ST - B242 - Medical Records**

**Title** Medical Records

**Rule** 7 AAC 12.425(h)

**Type** Rule

**Regulation Definition**

Medical Records - (h) The birth center shall retain and preserve records that relate directly to the care and treatment of a client or newborn for at least seven years after discharge. However, the records of a client who is under 19 years of age must be kept until at least two years after the client has reached 19 years of age or until seven years after discharge,

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whichever is longer. The birth center shall retain and preserve records consisting of x-ray film for at least five years.

**ST - B245 - Equipment And Supplies**

**Title** Equipment And Supplies

**Rule** 7 AAC 12.430

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Equipment and supplies - (a) A birth center shall ensure that sufficient supplies and equipment are maintained in a convenient area and immediately available for the care of maternal clients and newborns. Supplies and equipment must include

- (1) an emergency cart or tray for the client that
  - (A) is equipped to assist the staff in carrying out the birth center's written emergency procedures;
  - (B) is kept secure from unauthorized access;
  - (C) is readily accessible in an emergency; and
  - (D) includes a written log of routine maintenance for readiness;
- (2) an emergency cart or tray for the newborn that
  - (A) is equipped to assist the staff in carrying out the birth center's written emergency procedures;
  - (B) is kept secure from unauthorized access;
  - (C) is readily accessible in an emergency; and
  - (D) includes a written log of routine maintenance for readiness;
- (3) properly maintained equipment for the routine care of clients and newborns, including
  - (A) a bed suitable for labor, birth, and recovery;
  - (B) at least 30 minutes' supply of oxygen with flow meters and appropriate-sized masks or the equivalent for the client and the newborn; if a portable oxygen tank is used, the tank must be readily accessible and secure to prevent tipping;

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(C) wall-mounted or mechanical suction and bulb suction;

(D) bag valve mask (BVM) resuscitators and oral airways appropriate for the client and the newborn;

(E) laryngoscopes and endotracheal tubes appropriate for the newborn;

(F) firm surfaces suitable for client and newborn resuscitation;

(G) fetal monitoring equipment, including a fetoscope or Doppler fetal heart monitor;

(H) equipment for monitoring and maintaining the optimum body temperature of the newborn, including a heat source appropriate for use in newborn warming, examination, or resuscitation;

(I) a transfer incubator or isolette or demonstrated capability of ready access to a transfer incubator or isolette; the incubator or isolette must be equipped with a heat source that is appropriate for newborns, and that measures and maintains normal body temperature;

(J) a clock with a sweep second hand;

(K) a sterilizer or demonstration of sterilizing capability;

(L) blood pressure equipment with an appropriate range of cuffs;

(M) thermometers;

(N) intravenous equipment;

(O) sterile suturing equipment and instruments for episiotomy repair and suturing of lacerations;

(P) adjustable examination lights; and

(Q) closed or covered containers for soiled linen and waste materials;

(4) properly maintained accessory equipment, including

(A) conveniently placed telephones;

(B) portable lighting;

(C) kitchen equipment of the type typically found in



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a private home, for light refreshment; and

(D) laundry equipment of the type typically found in a private home, or contracted laundry services;

(5) an inventory of medications, intravenous medications, and intravenous fluids for routine and emergency treatment, sufficient for the number of clients registered for care; the inventory must include, at a minimum, the medications listed in 12 AAC 14.570;

(6) routine monitoring of the shelf life of medications and intravenous fluids; and

(7) a sufficient inventory of disposable supplies, including needles, suturing supplies, and prescription pads; the birth center shall ensure that these supplies are stored and disposed of appropriately.

(b) Equipment must be maintained in a clean, safe, and operable condition.

(c) Supplies must be maintained and stored in a clean environment.

**ST - B250 - Physical environment**

**Title** Physical environment

**Rule** 7 AAC 12.435(a)

**Type** Rule

**Regulation Definition**

Physical environment - (a) A birth center must have at least one birth room that is adequate to provide for the equipment, staff, supplies, and emergency procedures required for the physical and emotional care of a client, her support person, and the newborn during birth, labor, and the recovery period.

A birth room must

(1) be located so as to provide unimpeded, rapid access to an exit of the building that opens to an area that will accommodate an emergency transportation vehicle;

(2) have a minimum room area, exclusive of a toilet room,

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closet, locker, wardrobe, alcove, or vestibule, of 100 square feet in a single-bed room, and 80 square feet for each bed in a multi-bed room;  
(3) have adequate fixed or portable work surface areas; and  
(4) have a toilet and lavatory in its vicinity.

**ST - B251 - Physical environment**

**Title** Physical environment

**Rule** 7 AAC 12.435(b)

**Type** Rule

**Regulation Definition**

Physical environment - (b) A birth center must have available for its clients

- (1) one shower for every six clients;
- (2) one toilet and lavatory for every six clients;
- (3) secure storage for a client's personal belongings and valuables; and
- (4) visual privacy for each client and her support person.

**Interpretive Guideline**

**ST - B252 - Physical environment**

**Title** Physical environment

**Rule** 7 AAC 12.435(c)

**Type** Rule

**Regulation Definition**

Physical environment - (c) All floor and wall surfaces, water closets, lavatories, tubs, and showers must be kept clean and in good condition.

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**ST - B253 - Physical environment**

**Title** Physical environment

**Rule** 7 AAC 12.435(d)

**Type** Rule

**Regulation Definition**

Physical environment - (d) A birth center must provide safe emergency lighting if it does not have automatic emergency lighting.

**Interpretive Guideline**

**ST - B254 - Physical environment**

**Title** Physical environment

**Rule** 7 AAC 12.435(e)

**Type** Rule

**Regulation Definition**

Physical environment - (e) All sewage, garbage, refuse, and liquid waste must be collected and disposed of in a manner to prevent the creation of an unsafe or unsanitary condition.

**Interpretive Guideline**

**ST - B255 - Physical environment**

**Title** Physical environment

**Rule** 7 AAC 12.435(f)

**Type** Rule

**Regulation Definition**

Physical environment - (f) A birth center must have an electric or gas refrigerator capable of maintaining a temperature of 45

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degrees Fahrenheit or lower.

**ST - B256 - Physical environment**

**Title** Physical environment

**Rule** 7 AAC 12.435(g)

**Type** Rule

**Regulation Definition**

Physical environment - (g) Vehicle parking must be provided at the ratio of two spaces for each birth room plus sufficient parking spaces to accommodate the maximum number of staff on duty at one time. On-street parking, if available, may be considered as meeting part of this requirement. Exceptions may be made with approval of the department for a center located in an area with a high population density if adequate public parking is available or if the center is accessible to a public transportation system.

**Interpretive Guideline**

**ST - B257 - Physical environment**

**Title** Physical environment

**Rule** 7 AAC 12.435(h)

**Type** Rule

**Regulation Definition**

Physical environment - (h) The birth center must protect clients, their families, and others from any environmental hazard that might cause injury, including injury from a fall, electrical shock, poisoning, or burns. The birth center shall ensure that

- (1) electrical outlets are covered;
- (2) any toys provided by the birth center are safe for the children who will play with them;

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- (3) access by children to stairways is prevented;
- (4) storage cabinets are kept locked;
- (5) walkways, parking lots, and outside play areas are safe;
- (6) ventilation and lighting are adequate;
- (7) privacy is provided for clients and their families;
- (8) clients, their families, and birth center personnel have adequate space, including space allotted for
  - (A) business operations;
  - (B) secure medical records storage;
  - (C) a waiting room and reception area;
  - (D) examination rooms;
  - (E) family rooms and play areas for children;
  - (F) bath and toilet facilities;
  - (G) birth rooms;
  - (H) staff areas;
  - (I) utility and work areas;
  - (J) storage;
- (K) emergency care areas;
- (L) office and laboratory areas; and
- (M) coats, boots, and umbrellas.

**ST - B258 - Physical environment**

**Title** Physical environment

**Rule** 7 AAC 12.435(i)

**Type** Rule

**Regulation Definition**

Physical environment - (i) The birth center must provide

- (1) adequate handwashing facilities for clients, their families, and birth center personnel;
- (2) adequate and sanitary trash storage;
- (3) for the safe storage and removal of waste, including biomedical waste; in this paragraph, " biomedical waste " means any solid or liquid waste that may present a threat of infection to humans, including non-liquid human tissue and

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body parts, discarded sharps, human blood, human blood products, and any waste that contains human disease-causing agents or body fluids; and  
(4) equipment, or a contract, for snow removal.

**ST - B260 - Physical plant**

**Title** Physical plant

**Rule** 7 AAC 12.437(a)

**Type** Rule

**Regulation Definition**

Physical plant - (a) 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, secs. 1 - 6 and sec. 9, adopted by reference;  
(2) 7 AAC 09.010 - 7 AAC 09.170;  
(3) AS 18.60.580 - 18.60.660; and  
(4) AS 18.60.705 - 18.60.740.

**Interpretive Guideline**

**ST - B261 - Physical Plant**

**Title** Physical Plant

**Rule** 7 AAC 12.437(b)

**Type** Rule

**Regulation Definition**

Physical Plant - (b) A birth center must comply with municipal fire safety regulations, with 13 AAC 50 - 13 AAC 55, and with the following National Fire Protection Association (NFPA) standards:  
(1) NFPA 99: Standard for Health Care Facilities 2005

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edition, adopted by reference;  
(2) NFPA 101: Life Safety Code, 2000 edition, adopted by reference;  
(3) NFPA 10: Standard for Portable Fire Extinguishers, 2002 edition, adopted by reference.

**ST - B262 - Physical Plant**

**Title** Physical Plant

**Rule** 7 AAC 12.437(c)

**Type** Rule

**Regulation Definition**

Physical Plant - (c) A birth center must specify in writing the maximum allowable water temperature at an outlet for client bathing, showering, and washing, and a safety factor expressed in minutes required to reduce water temperature for particular client sensitivity due to illness or medication.

**Interpretive Guideline**

**ST - B263 - Physical Plant**

**Title** Physical Plant

**Rule** 7 AAC 12.437(d)

**Type** Rule

**Regulation Definition**

Physical Plant - (d) 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 clients is assured. If a birth center 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;

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- (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 - B265 - Determination of low-risk maternal client**

**Title** Determination of low-risk maternal client

**Rule** 7 AAC 12.446

**Type** Rule

**Regulation Definition**

Determination of low-risk maternal client - For purposes of 7 AAC 12.401 - 7 AAC 12.449, the department will consider a woman who seeks the services of a free-standing birth center to be a low-risk maternal client if, based on physical examinations and risk assessments conducted in accordance with the standards developed under 7 AAC 12.403(f), the woman

- (1) is in general good health with uncomplicated prenatal care;
- (2) is 16 years of age or older;
- (3) has documented evidence of ongoing prenatal care or meets the requirements of 7 AAC 12.403(h)(1) - (3);
- (4) has no major medical problems;
- (5) has no previous significant obstetrical complications that are likely to recur;
- (6) has gestation that is
  - (A) greater than or equal to 37 weeks at the onset of labor;
  - and
  - (B) less than or equal to 42 weeks;
- (7) has never had uterine wall surgery, including a previous cesarean section;
- (8) is appropriate for a setting where anesthesia is limited to

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- local anesthesia as described in 7 AAC 12.403(n);
- (9) during labor, is progressing normally; and
- (10) has no signs or symptoms that cannot be remedied by normal midwifery intervention before labor, and has no signs or symptoms during labor, of
- (A) active herpes genitalis;
  - (B) chronic or significant hypertension; in this subparagraph, "significant hypertension" means a sustained blood pressure in excess of 140/90, or the presence of chronic hypertension that has been diagnosed before pregnancy;
  - (C) placenta previa or abruption;
  - (D) chorioamnionitis;
  - (E) anemia or thrombocytopenia;
  - (F) nonreassuring fetal heart tones; in this subparagraph, "nonreassuring fetal heart tones" means that, based on assessment of fetal heart tones, the physician or midwife has lost confidence regarding, or is unable to alleviate doubts about, fetal condition;
  - (G) thick fetal meconium;
  - (H) breech presentation;
  - (I) prolonged ruptured membranes in the absence of active labor; in this subparagraph, "prolonged" means that the membranes have been ruptured or leaking for 24 hours or longer;
  - (J) toxemia;
  - (K) poly-hydramnios or oligo-hydramnios;
  - (L) intrauterine growth retardation;
  - (M) multiple gestation;
  - (N) intrauterine fetal malformation;
  - (O) insulin-dependent diabetes mellitus or uncontrolled gestational diabetes;
  - (P) immunosuppressive disorder
  - (Q) alcoholism or inappropriate use of controlled substances, including those obtained by prescription;
  - (R) compromised fetal status according to antepartum testing;

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or

(S) abnormal labor pattern as defined in the birth center's risk assessment tool developed under 7 AAC 12.403(f) and its policy and procedure manual.

**ST - B300 - Scope**

**Title** Scope

**Rule** 7 AAC 12.600(a), (e) 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.

(e) A free-standing birth center must comply with 7 AAC 12.650 - 7 AAC 12.660, 7 AAC 12.730 - 7 AAC 12.760, 7 AAC 12.860, 7 AAC 12.890, and 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 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.

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**ST - B301 - 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).

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**ST - B302 - 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 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,

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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 safety of patients;

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

(A) permitting, aiding, or abetting the commission of

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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 - B340 - 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

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clinical specimens;

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

(i) shall have a health evaluation by a health care provider to identify symptoms suggesting that tuberculosis disease is present; the health evaluation must also include evaluation for the presence of any of the following risk factors: evidence of inadequately treated past tuberculosis disease, history of close exposure to a case of communicable pulmonary tuberculosis within the previous two years, history of a negative tuberculin test within the previous two years, diabetes mellitus (severe or poorly controlled), diseases associated with severe immunologic deficiencies, immunosuppressive therapy, silicosis, gastrectomy, excessive alcohol intake, or human immunodeficiency virus infection; if symptoms suggesting tuberculosis disease are present, or if any of the risk factors is present, a chest x-ray shall be obtained as part of the health evaluation and the health care provider shall report the case to the section of epidemiology, division of public health; and

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

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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.

**ST - B350 - Personnel**

**Title** Personnel

**Rule** 7 AAC 12.660(a)

**Type** Rule

**Regulation Definition**

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,

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and Centralized Registry).

**ST - B351 - 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 in the state for the practice of their particular profession.

**ST - B352 - Personnel**

**Title** Personnel

**Rule** 7 AAC 12.660(c)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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.

**ST - B353 - Personnel**

**Title** Personnel

**Rule** 7 AAC 12.660(d)

**Type** Rule



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**Regulation Definition**

**Interpretive Guideline**

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.

**ST - B360 - Nursing Service (if applicable)**

**Title** Nursing Service (if applicable)

**Rule** 7 AAC 12.670(a) - (b)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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.

**ST - B361 - Nursing Service (if applicable)**

**Title** Nursing Service (if applicable)

**Rule** 7 AAC 12.670(c)

**Type** Rule

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

**Interpretive Guideline**

**ST - B362 - Nursing Service (if applicable)**

**Title** Nursing Service (if applicable)

**Rule** 7 AAC 12.670(d)

**Type** Rule

**Regulation Definition**

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

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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 - B363 - Nursing Service (if applicable)**

**Title** Nursing Service (if applicable)

**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 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 - B364 - Nursing Service (if applicable)**

**Title** Nursing Service (if applicable)

**Rule** 7 AAC 12.670(g)

**Type** Rule

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**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 - B365 - Nursing Service (if applicable)**

**Title** Nursing Service (if applicable)

**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 members.

**ST - B366 - Nursing Service (if applicable)**

**Title** Nursing Service (if applicable)

**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

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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 - B385 - Physical Therapy Service (if applicable)**

**Title** Physical Therapy Service (if applicable)

**Rule** 7 AAC 12.690

**Type** Rule

**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**

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**ST - B390 - Social Work Service (if applicable)**

**Title** Social Work Service (if applicable)

**Rule** 7 AAC 12.700(a)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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

- (1) regularly assess the social service needs for each patient, resident, or client, implementing the plan of care to meet those needs, and reevaluating those needs as appropriate;
- (2) link each patient, resident, or client and that individual's family with applicable community resources as necessary to assist in meeting ongoing social, emotional, and economic needs;
- (3) assist the physician, any interdisciplinary team, and other staff in understanding the social and emotional factors related to the health of each patient, resident, or client;
- (4) prepare clinical and progress notes;
- (5) participate in in-service training; and
- (6) plan, supervise, and delegate any services furnished by a social services specialist as provided in (c) of this section.

**ST - B391 - Social Work Service (if applicable)**

**Title** Social Work Service (if applicable)

**Rule** 7 AAC 12.700(b)

**Type** Rule

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**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 - B392 - Social Work Service (if applicable)**

**Title** Social Work Service (if applicable)

**Rule** 7 AAC 12.700(c) - (d)

**Type** Rule

**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.

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**ST - B396 - Occupational Therapy Service (if applicable)**

**Title** Occupational Therapy Service (if applicable)

**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.

**Interpretive Guideline**

**ST - B420 - 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.

**Interpretive Guideline**



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**ST - B421 - 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 - B422 - 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 - B423 - 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 - B424 - Central Service**

**Title** Central Service

**Rule** 7 AAC 12.730(e)

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - B425 - Central Service**

**Title** Central Service

**Rule** 7 AAC 12.730(f)

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - B426 - 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 - B427 - 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 - B430 - 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 - B431 - 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 - B432 - 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 - B433 - 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 - B434 - 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 - B435 - 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 - B436 - 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 - B440 - 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 - B441 - 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 - B442 - 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 - B443 - 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 - B444 - 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 - B445 - 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 - B450 - 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.

**Interpretive Guideline**



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**ST - B451 - 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 - B510 - 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 injury to a patient, resident, or staff, and provisions for documenting deficiencies found and remedial actions taken;

**Interpretive Guideline**

**ST - B511 - 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

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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;

**ST - B512 - Risk Management**

**Title** Risk Management

**Rule** 7 AAC 12.860(3)

**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

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

**Interpretive Guideline**

**ST - B513 - 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

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(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;

**ST - B514 - 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 - B515 - Risk Management**

**Title** Risk Management

**Rule** 7 AAC 12.860(6)

**Type** Rule

**Regulation Definition**

Risk management - A facility, with the exception of home

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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;

**ST - B516 - 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 - B517 - 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

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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

**ST - B518 - 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 - B519 - 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

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allocation of staff resources, telephone triage, and plans for establishing and maintaining communication with local, state, and federal emergency response agencies; the disaster plan must be in place on or before January 1, 2007, and must address response to

(A) an earthquake, flood, major fire, tsunami, or other potential disaster relative to the area; and

(B) a pandemic influenza outbreak; the plan must include plans for

(i) separate entrances to buildings, and segregated seating, for patients with influenza-like illness; and

(ii) other measures to contain or prevent transmission of the illness.

**ST - B540 - Outpatient Services (if applicable)**

**Title** Outpatient Services (if applicable)

**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 - B541 - Outpatient Services (if applicable)**

**Title** Outpatient Services (if applicable)

**Rule** 7 AAC 12.880(b)

**Type** Rule

**Regulation Definition**

Outpatient service - (b) The outpatient service must develop a

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written plan describing its treatment philosophy, objectives, and organization.

**ST - B542 - Outpatient Service (if applicable)**

**Title** Outpatient Service (if applicable)

**Rule** 7 AAC 12.880(c)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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 may be required in the event of an unforeseen circumstance;and
- (7) examination of each patient by a physician before discharge.



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**ST - B543 - Outpatient Service (if applicable)**

**Title** Outpatient Service (if applicable)

**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 - B544 - Outpatient Service (if applicable)**

**Title** Outpatient Service (if applicable)

**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 - B545 - Outpatient Services (if applicable)**

**Title** Outpatient Services (if applicable)

**Rule** 7 AAC 12.880(f)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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.

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**ST - B550 - Rights**

**Title** Rights

**Rule** 7 AAC 12.890(a)

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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;
- (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

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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 - B551 - Rights**

**Title** Rights

**Rule** 7 AAC 12.890(b)

**Type** Rule

**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.

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**ST - B552 - 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 - B553 - Rights**

**Title** Rights

**Rule** 7 AAC 12.890(d)

**Type** Rule

**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.

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**ST - B570 - 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 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.

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**ST - B571 - 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 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.

**Interpretive Guideline**

**ST - B575 - 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.

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**ST - B580 - 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 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.

**Interpretive Guideline**