

1 10A NCAC 13G .0702 is proposed for reoption with substantive changes as follows:

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3 **10A NCAC 13G .0702 TUBERCULOSIS TEST AND MEDICAL ~~EXAMINATION~~ EXAMINATION, AND**  
4 **IMMUNIZATIONS**

5 (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with  
6 the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including  
7 subsequent amendments and editions. ~~Copies of the rule are available at no charge by contacting the Department of~~  
8 ~~Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina~~  
9 ~~27699-1902.~~

10 (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to  
11 admission to the home and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed  
12 physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used  
13 by the facility to determine if the facility can meet the needs of the resident.

14 (c) ~~The results of the complete examination are to be entered on the FL 2, North Carolina Medicaid Program Long~~  
15 ~~Term Care Services, or MR 2, North Carolina Medicaid Program Mental Retardation Services, which shall comply~~  
16 ~~with the following:~~

17 (1) ~~— The examining date recorded on the FL 2 or MR 2 shall be no more than 90 days prior to the person's~~  
18 ~~admission to the home.~~

19 (2) ~~— The FL 2 or MR 2 shall be in the facility before admission or accompany the resident upon~~  
20 ~~admission and be reviewed by the administrator or supervisor in charge before admission except~~  
21 ~~for emergency admissions.~~

22 (3) ~~— In the case of an emergency admission, the medical examination and completion of the FL 2 or MR~~  
23 ~~2 shall be within 72 hours of admission as long as current medication and treatment orders are~~  
24 ~~available upon admission or there has been an emergency medical evaluation, including any orders~~  
25 ~~for medications and treatments, upon admission.~~

26 (4) ~~— If the information on the FL 2 or MR 2 is not clear or is insufficient, the administrator or~~  
27 ~~supervisor in charge shall contact the physician for clarification in order to determine if the services~~  
28 ~~of the facility can meet the individual's needs.~~

29 (5) ~~— The completed FL 2 or MR 2 shall be filed in the resident's record in the home.~~

30 (6) ~~— If a resident has been hospitalized, the facility shall have a completed FL 2 or MR 2 or a transfer~~  
31 ~~form or discharge summary with signed prescribing practitioner orders upon the resident's return to~~  
32 ~~the facility from the hospital.~~

33 The medical examination shall be completed no more than 90 days prior to the resident's admission to the facility,  
34 except in the case of emergency admission.

35 (d) In the case of an unplanned, emergency admission, the medical examination of the resident shall be conducted  
36 within 72 hours after admission. Prior to an emergency admission, the facility shall obtain current medication and  
37 treatment orders from a licensed physician or physician extender.

1 (e) The result of the medical examination required in Paragraph (b) of this Rule shall be documented on the North  
2 Carolina Medicaid Adult Care Home FL-2 form which is available at no cost on the Department's Medicaid website  
3 at <https://medicaid.ncdhhs.gov/media/6549/open>. The Adult Care Home FL-2 shall be signed and dated by the  
4 physician or physician extender completing the medical examination. The medical examination shall include the  
5 following:

6 (1) resident's identification information, including the resident's name, date of birth, sex, admission  
7 date, county and Medicaid number, current facility and address, physician's name and address, a  
8 relative's name and address, current level of care, and recommended level of care;

9 (2) resident's admitting diagnoses, including primary and secondary diagnoses and dates of onset;

10 (3) resident's current medical information, including orientation, behaviors, personal care assistance  
11 needs, frequency of physician visits, ambulatory status, functional limitations, information related  
12 to activities and social needs, neurological status, bowel and bladder functioning status, manner of  
13 communication of needs, skin condition, respiratory status, and nutritional status including orders  
14 for therapeutic diets;

15 (4) special care factors, including physician orders for blood pressure, diabetic urine testing, physical  
16 therapy, range of motion exercises, a bowel and bladder program, a restorative feeding program,  
17 speech therapy, and restraints;

18 (5) resident's medications, including the name, strength, dosage, frequency and route of administration  
19 of each medication;

20 (6) results of x-rays or laboratory tests determined by the physician or physician extender to be  
21 necessary information related to the resident's care needs; and

22 (7) additional information as determined by the physician or physician extender to be necessary for the  
23 care of the resident.

24 (f) If the information on the Adult Care Home FL-2 is not clear or is insufficient, or information provided to the  
25 facility related to the resident's condition or medications after the completion of the medical examination conflicts  
26 with the information provided on the Adult Care Home FL-2, the facility shall contact the physician or physician  
27 extender for clarification in order to determine if the facility can meet the individual's needs.

28 (g) The results of the medical examination shall be maintained in the resident's record in accordance with Rule .1201  
29 of this Subchapter. Discharge medication orders shall be clarified in accordance with Rule .1002(a) of this Subchapter.

30 (h) Upon a resident's return to the facility from a hospitalization, the facility shall obtain and review the hospital  
31 discharge summary or discharge instructions, including any discharge medication orders. If the facility identifies  
32 discrepancies between the discharge orders and current orders at the facility, the facility shall clarify the discrepancies  
33 with the resident's physician or physician extender.

34 ~~(d)~~(i) Each resident shall be immunized against pneumococcal disease and annually against influenza virus according  
35 to G.S. 131D-9, except as otherwise indicated in this law.

36 ~~(e)~~ The home shall make arrangements for any resident, who has been an inpatient of a psychiatric facility within 12  
37 months before entering the home and who does not have a current plan for psychiatric care, to be examined by a local

1 ~~physician or a physician in a mental health center within 30 days after admission and to have a plan for psychiatric~~  
2 ~~follow-up care when indicated.~~

3 (j) The facility shall make arrangements for a resident to be evaluated by a licensed mental health professional, licensed  
4 physician or licensed physician extender for follow-up psychiatric care within 30 days of admission or re-admission  
5 to the facility when the resident:

6 (1) has been an inpatient of a psychiatric facility within 12 months prior to admission to the facility and  
7 does not have a current plan for follow-up psychiatric care; or

8 (2) has been hospitalized due to threatening or violent behavior, suicidal ideation or self-harm, or other  
9 psychiatric symptoms that required hospitalization within 12 months prior to admission to the  
10 facility and does not have a current plan for follow-up psychiatric care.

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12 *History Note: Authority G.S. 131D-2.16; 143B-165;*  
13 *Eff. January 1, 1977;*  
14 *Readopted Eff. October 31, 1977;*  
15 *Amended Eff. December 1, 1993; July 1, 1990; April 1, 1987; April 1, 1984;*  
16 *Temporary Amendment Eff. September 1, 2003;*  
17 *Amended Eff. June 1, ~~2004~~ 2004;*  
18 *Readopted Eff. January 1, 2024.*