

**STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

---

**MEDICAL CARE COMMISSION QUARTERLY MEETING  
DIVISION OF HEALTH SERVICE REGULATION  
809 RUGGLES DRIVE, RALEIGH NC 27603  
EDGERTON BUILDING  
CONFERENCE ROOM – 026A**

**OR**

**TEAMS Video Conference:** [Click here to join the meeting](#)

**OR**

**Dial-IN:** 1-984-204-1487 / Passcode: 566 714 070#

NOVEMBER 3, 2023

**AGENDA**

- I. Meeting Opens – Roll Call**
- II. Chairman’s Comments.....Dr. John Meier**
- III. Public Meeting Statement.....Dr. John Meier**

This meeting of the Medical Care Commission is open to the public but is not a public hearing. Therefore, any discussion will be limited to members of the Commission and staff unless questions are specifically directed by the Commission to someone in the audience.
- IV. Ethics Statement.....Dr. John Meier**

The State Government Ethics Act requires members to act in the best interest of the public and adhere to the ethical standards and rules of conduct in the State Government Ethics Act, including the duty to continually monitor, evaluate, and manage personal, financial, and professional affairs to ensure the absence of conflicts of interest.
- V. Resolution of Appreciation for Retiring DHSR Staff Member.....Dr. John Meier**
  - Nadine Pfeiffer (See Exhibit A/1)
- VI. Introduction of New Rules Review Coordinator.....Geary Knapp**
  - Taylor Corpening

VII. **Approval of Minutes (Action Item)**.....Dr. John Meier

- **August 11, 2023** (Medical Care Commission Quarterly Meeting) (**See Exhibit A**)

VIII. **Bond Program Activities**.....Geary W. Knapp

**A. Quarterly Report on Bond Program (See Exhibit B)**

IX. **Bond Projects (Action Items)**

**A. Thrivemore (Concord)**.....Geary W. Knapp

**Resolution:** The Commission grants preliminary approval for a Baptist Retirement Homes of NC (dba Thrivemore) project to provide funds to be used, together with other available funds, to 1) *refund* a taxable loan that was used to fund the purchase of Ardenwoods (CCRC in Asheville), 2) *purchase* land in New Bern for future development, and 3) *construct* the following:

- Taylor Glen (Concord) expansion
  - 50 Independent Living Units (Cottages and Villas)
  - 12 Assisted Living Units as a Green House
  - Refurbish existing dementia beds to assisted living after transfer to Green House
  - Dining renovations

Capital expenditures for the new construction shall be included as listed below, all in accordance with a preliminary application, plans and specifications and participation as follows:

<b>ESTIMATED SOURCES OF FUNDS</b>	
Principal Amount of Bonds to be Issued	\$ 81,148,101.00
<b>Total Sources</b>	<b>\$ 81,148,101.00</b>
<b>ESTIMATED USE OF FUNDS</b>	
Bridge Loan (Purchase of Ardenwoods)	\$ 13,325,000.00
New Bern Land Purchase	\$ 5,100,000.00
Construction Cost	\$ 52,890,486.49
Land Costs	\$ 62,884.36
Utility Development Costs	\$ 703,000.00
Architect Fees	\$ 1,946,742.24
Architect Reimbursables	\$ 25,950.00
Contingency	\$ 594,991.96
Surveys	\$ 107,104.94
Title/Survey Fees	\$ 121,723.48
Phase I Environment Fees	\$ 15,000.00
Consultant Fees (Wetlands, Legal, Marketing, etc.)	\$ 668,840.00
Bond Interest During Construction	\$ 4,842,295.10
Underwriter Placement Fee	\$ 112,962.17
Feasibility Study	\$ 120,000.00
Corporate Counsel	\$ 80,000.00
Bond Counsel	\$ 120,000.00
Trustee Fee	\$ 4,500.00
Trustee Counsel	\$ 10,000.00
Local Government Commission Fee	\$ 8,750.00
Bank Counsel	\$ 65,000.00
Bank Fee	\$ 202,870.26
Appraisal Fee	\$ 20,000.00
<b>Total Uses</b>	<b>\$ 81,148,101.00</b>

Tentative approval is given with the understanding that the governing board of Thrivemore accepts the following conditions:

1. The project will continue to be developed pursuant to the applicable Medical Care Commission guidelines.
2. Any required certificate of need must be in effect at the time of the issuance of the bonds or notes.
3. Final financial feasibility must be determined prior to the issuance of bonds.
4. The project must, in all respects, meet requirements of G.S. § 131A (Health Care Facilities Finance Act).

5. The Executive Committee of the Commission is delegated the authority to approve the issuance of bonds for this project and may approve the issuance of such greater principal amount of the loan as shall be necessary to finance the project; provided, however, that the amount set forth above shall not be increased by more than ten percent (10%).
6. The bonds or notes shall be sold in such a manner and upon such terms and conditions as will, in the sole judgment of the Executive Committee of the Commission, result in the lowest cost to the facility and its residents.
7. If public approval of the bonds is required for the purpose of Section 147(f) of the Internal Revenue Code of 1986, as amended (“Section 147(f)”), this tentative approval shall constitute the recommendation of the Commission that the Governor of the State of North Carolina (the “Governor”) approve the issuance of such bonds, subject to the satisfaction of the requirements of Section 147(f) concerning the holding of a public hearing prior to the submission of such recommendation to the Governor.
8. The borrower will comply with the Commission’s Resolution: Community Benefits/Charity Care Agreement and Program Description for CCRCs as adopted.
9. The borrower will furnish, prior to the sale of or issuance of the bonds or notes or execution of the leases, evidence that it is in compliance with the covenants of all of its outstanding Medical Care Commission debt.

Based on information furnished by applicant, the project is:

Financially Feasible: YES

Construction & Related Costs are Reasonable: YES

(See Exhibit E for selected application information and Bond Sale Approval Form)

**B. United Methodist Retirement Homes (Greenville).....Geary W. Knapp**

**Resolution:** The Commission grants preliminary approval for a United Methodist Retirement Homes project to provide funds to be used, together with other available funds, to *construct* the following:

- Cypress Glen (Greenville) expansion
  - 57 Independent Units
  - New Dining Facility
  - Kitchen upgrade
  - New Auditorium
  - Community Amenities & Administrative Area improvements
  - Flood Control Levee

Capital expenditures for the new construction shall be included as listed below, all in accordance with a preliminary application, plans and specifications and participation as follows:

<b>ESTIMATED SOURCES OF FUNDS</b>	
Principal Amount of Bonds to be Issued	\$ 113,800,000.00
<b>Total Sources</b>	<b>\$ 113,800,000.00</b>
<b>ESTIMATED USE OF FUNDS</b>	
Construction Cost	\$ 67,198,699.00
Architect Fees	\$ 2,953,183.00
Architect Reimbursables	\$ 35,000.00
Contingency	\$ 549,309.00
Moveable Equipmet	\$ 2,654,306.00
Surveys	\$ 230,000.00
Consultant Fees (Wetlands, Legal, Marketing, etc.)	\$ 5,208,372.00
Bond Interest During Construction	\$ 23,898,000.00
Debt Service Reserve Fund	\$ 9,172,881.00
Underwriter Placement Fee	\$ 1,055,250.00
Placement Agent Fee	\$ 95,000.00
Feasibility Study	\$ 120,000.00
Accountant Fee	\$ 45,000.00
Corporate Counsel	\$ 85,000.00
Bond Counsel	\$ 150,000.00
Trustee Fee	\$ 11,250.00
Underwriter Counsel	\$ 70,000.00
Local Government Commission Fee	\$ 8,750.00
Bank Counsel	\$ 50,000.00
Bank Fee	\$ 50,000.00
Rating Agencies Fee	\$ 100,000.00
Printing Costs	\$ 5,000.00
Blue Sky Filings	\$ 5,000.00
Real Estate/Title/Recording	\$ 50,000.00
<b>Total Uses</b>	<b>\$ 113,800,000.00</b>

Tentative approval is given with the understanding that the governing board of United Methodist Retirement Homes accepts the following conditions:

1. The project will continue to be developed pursuant to the applicable Medical Care Commission guidelines.
2. Any required certificate of need must be in effect at the time of the issuance of the bonds or notes.
3. Final financial feasibility must be determined prior to the issuance of bonds.
4. The project must, in all respects, meet requirements of G.S. § 131A (Health Care Facilities Finance Act).
5. The Executive Committee of the Commission is delegated the authority to approve the issuance of bonds for this project and may approve the issuance of such greater principal amount of the loan as shall be necessary to finance the project; provided, however, that the amount set forth above shall not be increased by more than ten percent (10%).
6. The bonds or notes shall be sold in such a manner and upon such terms and conditions as will, in the sole judgment of the Executive Committee of the Commission, result in the lowest cost to the facility and its residents.
7. If public approval of the bonds is required for the purpose of Section 147(f) of the Internal Revenue Code of 1986, as amended (“Section 147(f)”), this tentative approval shall constitute the recommendation of the Commission that the Governor of the State of North Carolina (the “Governor”) approve the issuance of such bonds, subject to the satisfaction of the requirements of Section 147(f) concerning the holding of a public hearing prior to the submission of such recommendation to the Governor.
8. The borrower will comply with the Commission’s Resolution: Community Benefits/Charity Care Agreement and Program Description for CCRCs as adopted.
9. The borrower will furnish, prior to the sale of or issuance of the bonds or notes or execution of the leases, evidence that it is in compliance with the covenants of all of its outstanding Medical Care Commission debt.

Based on information furnished by applicant, the project is:

Financially Feasible: YES

Construction & Related Costs are Reasonable: YES

**(See Exhibit F for selected application information and Bond Sale Approval Form)**

**X. Old Business** (Discuss Rules, Fiscal Note, & Comments Submitted) (Action Item)

**A. Rules for Adoption**

1. **Adult Care Home/Family Care Home Rules**.....T. Corpening & M. Lamphere

Readoption of 9 rules following Periodic Review of rules (Phase 5), Amendment of 2 rules (Total of 11 rules)

- Rules: 10A NCAC 13F .0703, .0704, .1103, .1104, .1106  
10A NCAC 13G .0702, .0703, .0704, .1102, .1103, .1106

(See Exhibits C thru C/3)

**XI. New Business** (Discuss Rules & Fiscal Note) (Action Item)

**A. Rules for Initiating Rulemaking Approval**

1. **Adult Care Home/Family Care Home Rules**.....T. Corpening & M. Lamphere

Readoption of 8 rules following Periodic Review (Phase 5.5), 6 adoptions, and 2 amendments (Total of 16 rules)

- Rules: 10A NCAC 13F .0102, .0402, .0404, .0408, .0601-.0609  
10A NCAC 13G .0102, .0404, .0601

(See Exhibits D thru D/3)

2. **Acute & Home Care Licensure Rules**.....T. Corpening & M. Lamphere

Rules for licensure of suitable facilities for the performance of surgical abortion / Adoption of 30 Rules pursuant to G.S. 150B-21.1A(b)

- Rules: 10A NCAC 13S .0101, .0104, .0106-.0107, .0109, .0111-.0112, .0114, .0201-.0202, .0207, .0209-.0212, .0315, .0318-.0331

(See Exhibit G)

**XII. Appointment of Three Executive Committee Members** (Action Item)...Dr. John Meier

In accordance with 10A NCAC 13A.0101, three members of the Executive Committee shall be appointed by a vote of the Commission of each odd year at its meeting in November. No member of the Executive Committee, except the Chairman and Vice-Chairman, shall serve more than two two-year terms in succession. The terms of the three elected/appointed Executive Committee Members will expire 12/31/2025.

**XIII. Schedule of 2024 Quarterly Meetings for Adoption (Action Item).....Dr. John Meier**

February 8-9, 2024  
May 9-10, 2024  
August 8-9, 2024  
November 7-8, 2024

**XIV. Refunding of Commission Bond Issues (Action Item).....Geary W. Knapp**

**WHEREAS** the bond market is in a period of generally fluctuating interest rates, and

**WHEREAS**, in the event of decline of rates during the next quarter, refunding of certain projects could result in significant savings in interest expense thereby reducing the cost of health care to patients, and

**WHEREAS**, the Commission will not meet again until February 9, 2024 in Raleigh, North Carolina;

**THEREFORE, BE IT RESOLVED;** that the Commission authorize its Executive Committee to approve projects involving the refunding of existing Commission debt and amend previously approved projects to include refunding components only between this date and February 9, 2024. Refunding projects may include non-Commission debt, and non-material, routine capital improvement expenditures.

**XV. Meeting Adjournment**



**STATE OF NORTH CAROLINA  
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**MEDICAL CARE COMMISSION QUARTERLY MEETING  
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801 BIGGS DRIVE, RALEIGH NC 27603  
EDGERTON BUILDING  
CONFERENCE ROOM – 026A**

**OR**

**TEAMS Video Conference:** [Click here to join the meeting](#)

**OR**

**Dial-IN:** 1-984-204-1487 / Passcode: 553 484 783#

August 11, 2023 (Friday)

9:00 a.m.

**MINUTES**

**I. Meeting Attendance**

<b>MEMBERS PRESENT</b>	<b>MEMBERS ABSENT</b>
John J. Meier, IV, M.D., Chairman Joseph D. Crocker, Vice-Chairman Kathy G. Barger Sally B. Cone Paul R.G. Cunningham, M.D. Bryant C. Foriest Linwood B. Hollowell, III Eileen C. Kugler, RN, MSN, MPH, FNP David C. Mayer, M.D. Robert E. Schaaf, M.D. Neel G. Thomas, M.D. Lisa A. Tolnitch, M.D. Pascal O. Udekwu, M.D. Timothy D. Weber, RPH Jeffrey S. Wilson  <u><b>DIVISION OF HEALTH SERVICE REGULATION STAFF</b></u> Mark Payne, Director, DHSR/Secretary, MCC Emery Milliken, Deputy Director, DHSR Geary W. Knapp, JD, CPA, Assistant Secretary, MCC Eric Hunt, Attorney General's Office Jeff Harms, Acting Construction Chief, DHSR	Ashley H. Lloyd, D.D.S. Karen E. Moriarty

Nadine Pfeiffer, Rules Review Manager, DHSR  
 Megan Lamphere, MSW, Chief, ACLS  
 Libby Kinsey, RN, Assistant Chief, ACLS  
 Shalisa Jones, Policy Coordinator, ACLS  
 Kim Ruppel, MSW, Western Branch Manager, ACLS  
 Bridget Rackley, RN, Central Branch Manager, ACLS  
 Ibtisam Zatari, Program Manager, ACLS  
 Heather Bingham, RN, Eastern Branch Manager, ACLS  
 Tameka Riggsbee, MPH, Director of Programs, ACLS  
 Tamara Talbot, RN, Training Manager, County Liaison, ACLS  
 Tom Mitchell, Chief, OEMS  
 Wally Ainsworth, Regional Supervisor, OEMS  
 Azzie Conley, Chief, AHCL  
 Greta Hill, Assistant Chief, AHCL  
 Kathy Larrison, Auditor, MCC  
 Alice Creech, Executive Assistant, MCC

**OTHERS PRESENT**

Natasha Braden, Ally Home Care  
 Adam Sholar, NC Health Care Facilities Association  
 Jeff Horton, NC Senior Living Association

**II. Chairman’s Comments.....Dr. John Meier**

Dr. Meier thanked everyone for being flexible with all the technical issues. He said we are a team and everyone’s prospective is critical to how we fulfill our mission. Everything we do is for the patient.

**III. Public Meeting Statement.....Dr. John Meier**

This meeting of the Medical Care Commission is open to the public but is not a public hearing. Therefore, any discussion will be limited to members of the Commission and staff unless questions are specifically directed by the Commission to someone in the audience.

**IV. Ethics Statement.....Dr. John Meier**

The State Government Ethics Act requires members to act in the best interest of the public and adhere to the ethical standards and rules of conduct in the State Government Ethics Act, including the duty to continually monitor, evaluate, and manage personal, financial, and professional affairs to ensure the absence of conflicts of interest.

**V. Resolution of Appreciation for Retiring Member.....Dr. John Meier**

- John A. Fagg, M.D. (See Exhibit A/1)

**VI. North Carolina Board of Ethics Letter**.....Dr. John Meier  
North Carolina Board of Ethics Letter was received for the following newly appointed member:

- Pascal Udekwu, M.D. (See Exhibit A/2)

**VII. Approval of Minutes (Action Items)**.....Dr. John Meier

- **May 19, 2023** (Medical Care Commission Quarterly Meeting) (See Exhibit A)
- **May 31, 2023** (Executive Committee) (See Exhibit B/1)
- **August 2, 2023** (Executive Committee) (See Exhibit B/2)

***COMMISSION ACTION:** A motion was made to approve the minutes by Dr. Paul Cunningham, seconded by Mrs. Kathy Barger, and unanimously approved.*

**VIII. Bond Program Activities**.....Geary W. Knapp

**A. Quarterly Report on Bond Program (See Exhibit B)**

**B. Notices & Non-Action Items & Technical Rule Changes**

**June 6, 2023** – EveryAge Series 2023B (Refunding Taxable Series 2021C)

- Par Value Outstanding: \$28,630,000
- Series 2023B is a tax-exempt bond

**July 12, 2023** – UMRH Series 2023 (Refunding Taxable Series 2021B)

- Par Value Outstanding: \$78,665,000
- Series 2023 is a tax-exempt bond

**IX. Bond Market Update**.....Geary W. Knapp

\* See Exhibit E for presentation

**X. Adult Care Update**.....Megan Lamphere

\*See Exhibit F for presentation

**XI. Old Business (Discuss Rules, Fiscal Note, & Comments Submitted) (Action Items)**

**A. Rules for Adoption**

**1. Medical Care Commission Rules**.....Nadine Pfeiffer

Amendment of one rule

- Rule: 10A NCAC 13A.0201

(See Exhibits C thru C/2)

**COMMISSION ACTION:** *A motion was made to approve the Medical Care Commission Rule by Dr. Paul Cunningham, seconded by Mr. Joe Crocker, and unanimously approved.*

**2. Adult Care Home/Family Care Home Rules.....N. Pfeiffer & M. Lamphere**

Readoption of 4 rules following Periodic Review of rules (Phase 4); Amendment of one rule.

- Rules: 10A NCAC 13F.0702, .1307 & 10A NCAC 13G .0504, .0705, .1301

(See Exhibits C/3 thru C/5)

**COMMISSION ACTION:** *A motion was to approve the Adult Care Home/Family Care Home Rules by Dr. Paul Cunningham, seconded by Mrs. Kathy Barger, and unanimously approved.*

**XII. New Business (Discuss Rules & Fiscal Note) (Action Items)**

**A. Rules for Initiating Rulemaking Approval**

**1. Emergency Medical Services & Trauma Rules.....N. Pfeiffer & T. Mitchell**

Amendment of 25 rules

- Rules: 10A NCAC 13P .0101, .0102, .0201, 0207, .0216 - .0218, .0221, .0224, .0301, .0401 - .0404, .0407, .0410, 0502, .0503, .0512, .0601, .0602, .0904, .0905, .1505, .1507

(See Exhibits D thru D/2)

**COMMISSION ACTION:** *A motion was made to approve the Emergency Medical Services & Trauma Rules by Dr. Paul Cunningham, and unanimously approved by the full Commission.*

**2. Nursing Pool Licensure Rules.....N. Pfeiffer & Azzie Conley**

Amendments in response to rulemaking petition granted by MCC

- Rules: 10A NCAC 13L.0301, 0302

(See Exhibits D/3 thru D/4)

**COMMISSION ACTION:** *A motion was made to approve the Nursing Pool Licensure Rules by Dr. Paul Cunningham, seconded by Mr. Joe Crocker, and unanimously approved.*

**XIII. Refunding of Commission Bond Issues (Action Item).....Geary W. Knapp**

**Recommended:**

**WHEREAS** the bond market is in a period of generally fluctuating interest rates, and

**WHEREAS**, in the event of decline of rates during the next quarter, refunding of certain projects could result in significant savings in interest expense thereby reducing the cost of health care to patients, and

**WHEREAS**, the Commission will not meet again until November 3, 2023 in Raleigh, North Carolina;

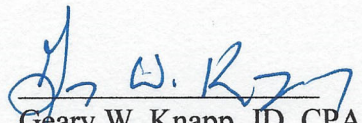
**THEREFORE, BE IT RESOLVED;** that the Commission authorize its Executive Committee to approve projects involving the refunding of existing Commission debt and amend previously approved projects to include refunding components only between this date and November 3, 2023. Refunding projects may include non-Commission debt, and non-material, routine capital improvement expenditures.

**COMMISSION ACTION:** *A motion was made to authorize its Executive Committee to approve projects involving the refunding of existing debt between this date and November 3, 2023 by Mr. Joe Crocker, seconded by Mr. Bryant Foriest, and unanimously approved.*

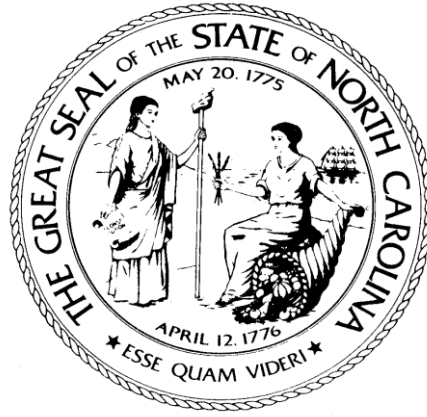
**XIV. Meeting Adjournment**

There being no further business the meeting was adjourned at 11:37 a.m.

Respectfully Submitted,

  
Geary W. Knapp, JD, CPA  
Assistant Secretary





**THE NORTH CAROLINA  
MEDICAL CARE COMMISSION  
RESOLUTION OF APPRECIATION**

**NADINE A. PFEIFFER**

**WHEREAS**, Nadine A. Pfeiffer served as the Rules Review Manager of the Division of Health Service Regulation from November 17, 2014 until October 1, 2023, and in that position served as an instrumental member of the Commission's staff; and

**WHEREAS**, Ms. Pfeiffer served with a devotion of interest beyond the call of duty with integrity, graciousness, and efficiency; and

**WHEREAS**, significant rules were revised and/or adopted by the Commission to ensure the delivery of quality healthcare services to the people of North Carolina; and

**WHEREAS**, during Ms. Pfeiffer's tenure, rule process aides in the form of flow charts were created by her to facilitate the Commission's revisions and/or adoption of rules; and

**WHEREAS**, Ms. Pfeiffer displayed professionalism and a commitment to the safety of the people of North Carolina, a common sense approach to the application of rules and regulations, and courtesy to all whom she worked with; and

**NOW, THEREFORE, BE IT RESOLVED** that the North Carolina Medical Care Commission does hereby record its great appreciation for the services of Ms. Pfeiffer; and

**BE IT RESOLVED, FURTHER**, that this resolution be recorded in the permanent minutes of the Commission.

Resolved this 3<sup>rd</sup> day of November 2023.

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John J. Meier, IV, M.D., Chairman

ATTEST:

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S. Mark Payne, Secretary

NC Medical Care Commission  
 Quarterly Report on **Outstanding Debt** (End: 1st Quarter FYE 2024)

	FYE 2023	FYE 2024
<b>Program Measures</b>		
Outstanding Debt	Ending: 6/30/2023 <b>\$4,676,200,334</b>	Ending: 9/30/2023 <b>\$4,828,963,217</b>
Outstanding Series	<b>114<sup>1</sup></b>	<b>112<sup>1</sup></b>
<b>Detail of Program Measures</b>		
Outstanding Debt per Hospitals and Healthcare Systems	Ending: 6/30/2023 \$3,212,486,549	Ending: 9/30/2023 \$3,212,486,549
Outstanding Debt per CCRCs	\$1,463,713,786	\$1,616,476,668
Outstanding Debt per Other Healthcare Service Providers	\$0	\$0
<b>Outstanding Debt Total</b>	<b>\$4,676,200,334</b>	<b>\$4,828,963,217</b>
Outstanding Series per Hospitals and Healthcare Systems	51	51
Outstanding Series per CCRCs	63	61
Outstanding Series per Other Healthcare Service Providers	0	0
<b>Series Total</b>	<b>114</b>	<b>112</b>
Number of Hospitals and Healthcare Systems with Outstanding Debt	10	10
Number of CCRCs with Outstanding Debt	19	19
Number of Other Healthcare Service Providers with Outstanding Debt	0	0
<b>Facility Total</b>	<b>29</b>	<b>29</b>

Exhibit B (Outstanding Balance)

**Note 1:** For FYE 2024, NCMCC has closed 1 **Bond Series**. Out of the closed Bond Series: 0 conversions, 0 were new money projects, 0 combination of new money project and refunding, and 1 refunding. The Bond Series outstanding from FYE 2023 to current represents all new money projects, refundings, conversions, and redemptions.

*GENERAL NOTES: Facility Totals represent a parent entity total and do not represent each individual facility owned/managed by the parent entity. CCRCs are licensed by the NC Department of Insurance. "Other Healthcare Service Providers" would include nursing homes, rehabilitation facilities, assisted living, blood donation centers, and hospice facilities. The following parent entities represent the current "other healthcare service providers" with outstanding NC MCC debt: NONE AT THIS TIME*

NC Medical Care Commission

Quarterly Report on **History** of NC MCC Finance Act Program (End: 1st Quarter FYE 2024)

	FYE 2023	FYE 2024
<b>Program Measures</b>		
	Ending: 6/30/2023	Ending: 9/30/2023
Total PAR Amount of Debt Issued	<b>\$28,995,305,288</b>	<b>\$29,203,083,260</b>
Total Project Debt Issued (excludes refunding/conversion proceeds) <sup>1</sup>	<b>\$13,523,822,513</b>	<b>\$13,653,140,486</b>
Total Series Issued	<b>708</b>	<b>709</b>
<b>Detail of Program Measures</b>		
	Ending: 6/30/2023	Ending: 9/30/2023
PAR Amount of Debt per Hospitals and Healthcare Systems	\$23,116,044,855	\$23,116,044,855
PAR Amount of Debt per CCRCs	\$5,504,965,203	\$5,712,743,175
PAR Amount of Debt per Other Healthcare Service Providers	\$374,295,230	\$374,295,230
<b>Par Amount Total</b>	<b>\$28,995,305,288</b>	<b>\$29,203,083,260</b>
Project Debt per Hospitals and Healthcare Systems	\$10,273,019,674	\$10,273,019,674
Project Debt per CCRCs	\$3,003,788,925	\$3,133,106,897
Project Debt per Other Healthcare Service Providers	\$247,013,915	\$247,013,915
<b>Project Debt Total</b>	<b>\$13,523,822,513</b>	<b>\$13,653,140,486</b>
Series per Hospitals and Healthcare Systems	433	433
Series per CCRCs	236	237
Series per Other Healthcare Service Providers	39	39
<b>Series Total</b>	<b>708</b>	<b>709</b>
Number of Hospitals and Healthcare Systems issuing debt	99	99
Number of CCRCs issuing debt	41	41
Number of Other Healthcare Service Providers issuing debt	46	46
<b>Facility Total</b>	<b>186</b>	<b>186</b>

Exhibit B (History)

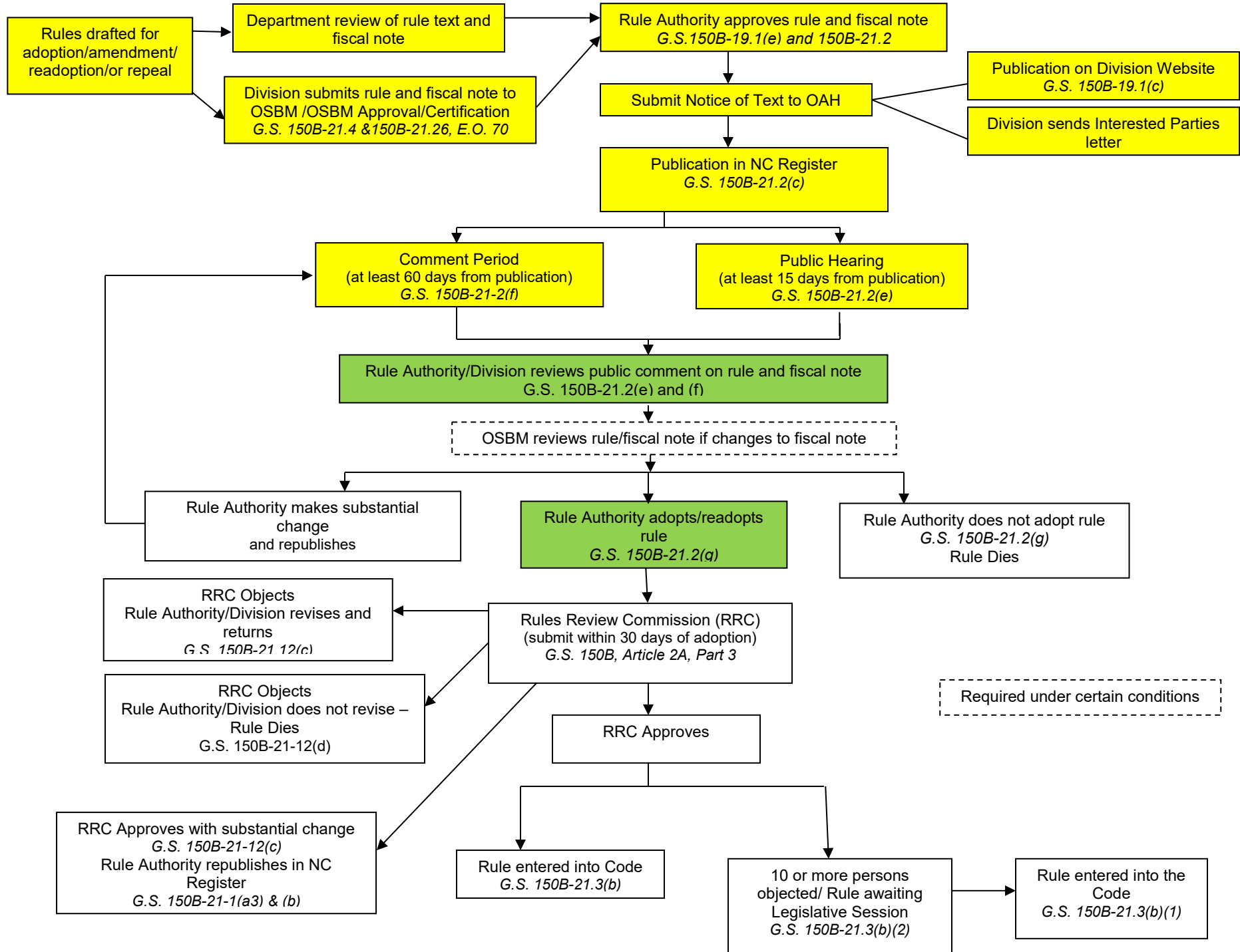
**Note 1:** Project Debt excludes bond proceeds that directly refunded prior NCMCC outstanding issues and conversion par amounts. Project Debt is an accumulation of all new project money, issuance costs (including issuance costs for refundings/conversions (if any)), and refundings of non-NCMCC debt.

*GENERAL NOTES: Facility Totals represent each individual facility and do not represent parent entity totals. CCRCs are licensed by the NC Department of Insurance. "Other Healthcare Service Providers" would include nursing homes, rehabilitation facilities, assisted living, blood donation centers, and hospice facilities.*



# Process for Medical Care Commission to Adopt/Readopt Rule

**Exhibit C**



1 10A NCAC 13F .0703 is readopted as published in 37:24 NCR 2219-2227 as follows:

2

3 **10A NCAC 13F .0703 TUBERCULOSIS TEST, MEDICAL EXAMINATION AND IMMUNIZATIONS**

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

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

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

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

18 (2) ~~The FL 2 or MR 2 shall be in the facility before admission or accompany the resident upon  
19 admission and be reviewed by the facility before admission except for emergency admissions.~~

20 (3) ~~In the case of an emergency admission, the medical examination and completion of the FL 2 or MR  
21 2 as required by this rule shall be within 72 hours of admission as long as current medication and  
22 treatment orders are available upon admission or there has been an emergency medical evaluation,  
23 including any orders for medications and treatments, upon admission.~~

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

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

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

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

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

36 (e) The result of the medical examination required in Paragraph (b) of this Rule shall be documented on the North  
37 Carolina Medicaid Adult Care Home FL-2 form which is available at no cost on the Department’s Medicaid website

1 at <https://medicaid.ncdhhs.gov/media/6549/open>. The Adult Care Home FL-2 shall be signed and dated by the  
2 physician or physician extender completing the medical examination. The medical examination shall include the  
3 following:

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

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

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

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

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

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

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

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

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

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

32 ~~(d)(i)~~ Each resident shall be immunized against pneumococcal disease and annually against influenza virus according  
33 to G.S. 13D-9, except as otherwise indicated in ~~this~~ law.

34 ~~(e)~~The facility shall make arrangements for any resident, who has been an inpatient of a psychiatric facility within 12  
35 months before entering the home and who does not have a current plan for psychiatric care, to be examined by a local  
36 physician or a physician in a mental health center within 30 days after admission and to have a plan for psychiatric  
37 follow up care when indicated.

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

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

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

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10 *History Note: Authority G.S. 131D-2.16; 143B-165;*  
11 *Temporary Adoption Eff. September 1, 2003;*  
12 *Eff. June 1, ~~2004~~ 2004;*  
13 *Readopted Eff. January 1, 2024.*

1 10A NCAC 13F .0704 is readopted as published in 37:24 NCR 2219-2227 as follows:

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3 **10A NCAC 13F .0704 RESIDENT CONTRACT, INFORMATION ON HOME FACILITY, AND**  
4 **RESIDENT REGISTER**

5 (a) An adult care home administrator or ~~administrator in charge~~ or their management designee shall furnish and  
6 review with the resident or ~~responsible person~~ the resident's authorized representative as defined in Rule .1103 of this  
7 Subchapter information on the ~~home facility~~ upon admission and when changes are made to that information. The  
8 facility shall involve the resident in the review of the resident contract and information on the facility unless the  
9 resident is cognitively unable to participate in the discussion. A statement indicating that this information has been  
10 received upon admission or amendment as required by this Rule shall be signed and dated by each person to whom it  
11 is given and retained in the resident's record in the ~~home facility~~. The information shall include the following:

- 12 (1) the resident contract to which the following applies:
- 13 (A) the contract shall specify ~~rates~~ charges for resident services and accommodations,  
14 including the cost of different levels of service, ~~if applicable,~~ description of levels of care  
15 and services, and any other charges or fees;
  - 16 (B) the contract shall disclose any health needs or conditions that the facility has determined it  
17 cannot ~~meet pursuant to G.S. 131D-2(a1)(4); meet;~~
  - 18 (C) the contract shall be signed and dated by the administrator or ~~administrator in charge~~  
19 management designee and the resident or ~~responsible person,~~ the resident's authorized  
20 representative, a copy given to the resident or ~~responsible person~~ the resident's authorized  
21 representative and a copy kept in the resident's record;
  - 22 (D) the resident or ~~responsible person~~ the resident's authorized representative shall be ~~notified~~  
23 ~~as soon as any change is known, but not less than 30 days before the change for rate changes~~  
24 ~~initiated by the facility,~~ of any changes in the contract given a written 30-day notice prior  
25 to any change in charges for resident services and accommodations, including the cost of  
26 different levels of service, description of level of care and services, and any other charges  
27 or fees, and be provided an amended contract or an amendment to the contract for review  
28 and ~~signature;~~ confirmation of receipt;
  - 29 (E) gratuities in addition to the established rates shall not be accepted; and
  - 30 (F) the maximum monthly adult care home rate that may be charged to Special Assistance  
31 recipients ~~is~~ as established by the North Carolina Social Services Commission and the  
32 North Carolina General Assembly.

33 Note: Facilities may accept payments for room and board from a third party, such as family member, charity or faith  
34 community, if the payment is made voluntarily to supplement the cost of room and board for the added benefit of a  
35 private room or a private or semi-private room in a special care unit.

- 36 (2) a written copy of all house rules, including facility policies on smoking, alcohol consumption,  
37 visitation, refunds and the requirements for discharge of residents consistent with the rules of this

1 Subchapter, and amendments disclosing any changes in the house ~~rules;~~ rules. The house rules shall  
2 be in compliance with G.S. 131D-21;

3 (3) a copy of the Declaration of Residents' Rights as found in G.S. 131D-21;

4 (4) a copy of the ~~home's facility's~~ grievance procedures ~~which that~~ shall indicate how the resident is to  
5 present complaints and make suggestions as to the ~~home's facility's~~ policies and services on behalf  
6 of himself or herself or others; and

7 (5) a statement as to whether the ~~home facility~~ has signed Form DSS-1464, Statement of Assurance of  
8 Compliance with Title VI of the Civil Rights Act of 1964 for Other Agencies, Institutions,  
9 Organizations or Facilities, and which shall also indicate that, if the ~~home facility~~ does not choose  
10 to comply or is ~~found to be in non-compliance,~~ non-compliant, the residents of the ~~home facility~~  
11 would not be able to receive State-County Special Assistance for Adults and the ~~home facility~~ would  
12 not receive supportive services from the county department of social services.

13 (b) The administrator or ~~administrator in charge~~ their management designee and the resident or the resident's  
14 responsible person representative shall complete and sign the Resident Register initial assessment within 72 hours of  
15 the resident's admission to the facility ~~and revise the information on the form as needed.~~ in accordance with G.S.  
16 131D-2.15. The facility shall involve the resident in the completion of the Resident Register unless the resident is  
17 cognitively unable to participate. The Resident Register shall include the following:

18 (1) resident's identification information including the resident's name, date of birth, sex, admission  
19 date, medical insurance, family and emergency contacts, advanced directives, and physician's name  
20 and address;

21 (2) resident's current care needs including activities of daily living and services, use of assistive aids,  
22 orientation status;

23 (3) resident's preferences including personal habits, food preferences and allergies, community  
24 involvement, and activity interests;

25 (4) resident's consent and request for assistance including the release of information, personal funds  
26 management, personal lockable space, discharge information, and assistance with personal mail;

27 (5) name of the individual identified by the resident who is to receive a copy of the notice of discharge  
28 per G.S. 131D-4.8; and

29 (6) resident's consent including a signature confirming the review and receipt of information contained  
30 in the form.

31 The Resident Register is available on the internet website, <https://info.ncdhhs.gov/dhsr/acls/pdf/resregister.pdf> ~~or at~~  
32 ~~no charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center,~~  
33 ~~Raleigh, NC 27699-2708.~~ charge. The facility may use a resident information form other than the Resident Register  
34 as long as it contains ~~at least~~ the same information as the Resident Register. Information on the Resident Register shall  
35 be kept updated and maintained in the resident's record.

36  
37 *History Note: Authority 131D-2.15; 131D-2.16; 143B-165;*

1                    *Temporary Adoption Eff. July 1, 2004;*  
2                    *Eff. July 1, 2005.*  
3                    *Amended Eff. April 1, ~~2022~~ 2022;*  
4                    *Readopted Eff. January 1, 2024.*

1 10A NCAC 13F .1103 is amended as published in 37:24 NCR 2219-2227 as follows:

2

3 **10A NCAC 13F .1103 ~~LEGAL AUTHORIZED REPRESENTATIVE OR PAYEE~~**

4 (a) In situations where a resident of an adult care home is unable to manage ~~his~~ their monetary funds, the administrator  
5 shall contact a family member or the county department of social services regarding the need for a ~~legal representative~~  
6 ~~or payee.~~ an authorized representative. For the purposes of this Rule, an “authorized representative” shall mean a  
7 person who is legally authorized or designated in writing by the resident to act on his or her behalf in the management  
8 of their funds. The administrator and other staff of the ~~home~~ facility shall not serve as a resident's ~~legal authorized~~  
9 representative, payee, or executor of a will, except as indicated in Paragraph (b) of this Rule.

10 (b) In the case of funds administered by the Social Security Administration, the Veteran's Administration or other  
11 federal government agencies, the administrator of the ~~home~~ facility may serve as a payee when so authorized as a  
12 legally constituted authority by the respective federal agencies.

13 (c) The administrator shall give the resident's ~~legal authorized~~ representative or payee receipts for any monies received  
14 on behalf of the resident.

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16 *History Note: Authority G.S. 35A-1203; 108A-37; 131D-2.16; 143B-165;*

17 *Eff. July 1, 2005;*

18 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6,*  
19 *~~2018.~~ 2018.*

20 *Amended Eff. January 1, 2024.*



1 10A NCAC 13F .1104 is amended as published in 37:24 NCR 2219-2227 as follows:

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**10A NCAC 13F .1104 ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS**

(a) To document a resident's receipt of the State-County Special Assistance personal needs allowance after payment of the cost of care, a statement shall be signed by the resident or marked by the ~~resident with two witnesses' signatures.~~ resident. If the statement is marked by the resident, there shall be one witness signature. For residents who have been adjudicated incompetent, the signature of the resident's authorized representative shall be required. Witnesses cannot include the staff handling the residents' personal funds transactions. The statement shall be maintained in the ~~home.~~ facility.

(b) Upon the written authorization of the resident or ~~his legal representative or payee,~~ their authorized representative, an ~~administrator~~ administrator, or the administrator's designee may handle the personal money for a resident, provided an accurate accounting of monies received and disbursed and the balance on hand is available upon request of the resident or ~~his legal representative or payee.~~ their authorized representative during the facility's established business days and hours.

(c) A record of each transaction involving the use of the resident's personal funds according to Paragraph (b) of this Rule shall be signed by the ~~resident, legal resident of the resident's authorized representative or payee~~ or marked by the ~~resident, if not adjudicated incompetent, with two witnesses' signatures~~ resident at least monthly verifying the accuracy of the disbursement of personal funds. If marked by the resident, there shall be one witness signature. For residents who have been adjudicated incompetent, the facility shall provide the resident's authorized representative with a copy of the monthly resident's funds statement and shall obtain verification of receipt. The ~~record~~ records shall be maintained in the ~~home.~~ facility.

(d) A resident's personal funds shall not be commingled with facility funds. The facility shall not commingle the personal funds of residents in an interest-bearing account.

(e) All or any portion of a resident's personal funds shall be available to the resident or ~~his legal representative or payee~~ their authorized representative upon request during ~~regular office hours,~~ the facility's established business days and hours except as provided in Rule .1105 of this ~~Subchapter.~~ Section.

(f) The resident's personal needs allowance shall be credited to the ~~resident"~~ resident's account within ~~24 hours of the check being deposited following endorsement.~~ one business day of the funds being available in the facility's resident personal funds account.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. July 1, 2005;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6,  
~~2018- 2018;~~  
Amended Eff. January 1, 2024.*

1 10A NCAC 13F .1106 is readopted as published in 37:24 NCR 2219-2227 as follows:

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3 **10A NCAC 13F .1106 SETTLEMENT OF COST OF CARE**

4 (a) If a resident of an adult care home, after being notified by the facility of its intent to discharge the resident in  
5 accordance with Rule .0702 of this Subchapter, ~~moves out of the facility before the period of time specified in the~~  
6 ~~notice has elapsed~~, the facility shall refund the resident an amount equal to the cost of care for the remainder of the  
7 month minus any nights spent in the facility during the notice period. The refund shall be made within 14 days after  
8 the resident leaves the facility. For the purposes of this Rule, “cost of care” means any monies paid by the resident or  
9 the resident’s legal representative in advance for room and board and services provided by the facility as agreed upon  
10 in the resident’s contract.

11 (b) If a resident moves out of the facility without giving notice, as may be required by the facility according to Rule  
12 ~~.0702(h)~~ .0702(i) of this Subchapter, or before the facility's required notice period has elapsed, the resident owes the  
13 facility an amount equal to the cost of care for the required notice period. If a resident receiving State-County Special  
14 Assistance moves before the facility's required notice period has elapsed, the former facility is entitled to the required  
15 payment for the notice period before the new facility receives any payment. The facility shall refund the resident the  
16 remainder of any advance payment following settlement of the cost of care. The refund shall be made within 14 days  
17 from the date of notice or, if no notice is given, within 14 days after the resident leaves the facility.

18 (c) When there is an exception to the notice, as provided in Rule ~~.0702(h)~~ .0702(i) of this Subchapter, to protect the  
19 health or safety of the resident or others in the facility, or when there is a sudden, unexpected closure of the facility  
20 that requires the resident to relocate, the resident is only required to pay for any nights spent in the facility. A refund  
21 shall be made to the resident by the facility within 14 days from the date of notice.

22 (d) When a resident gives notice of leaving the facility, as may be required by the facility according to Rule ~~.0702(h)~~  
23 .0702(i) of this Subchapter, and leaves at the end of the notice period, the facility shall refund the resident the  
24 remainder of any advance payment within 14 days from the date of notice. If notice is not required by the facility, the  
25 refund shall be made within 14 days after the resident leaves the facility.

26 (e) When a resident leaves the facility with the intent of returning to it, the following apply:

27 (1) The facility may reserve the resident's bed for a set number of days with the written agreement of  
28 the facility and the resident or his or her responsible person and thereby require payment for the  
29 days the bed is held.

30 (2) If, after leaving the facility, the resident decides not to return to it, the resident or someone acting  
31 on his or her behalf may be required by the facility to provide up to a 14-day written notice that he  
32 is not returning.

33 (3) Requirement of a notice, if it is to be applied by the facility, shall be a part of the written agreement  
34 and explained by the facility to the resident and his or her family or responsible person before  
35 signing.

36 (4) On notice by the resident or someone acting on his or her behalf that he will not be returning to the  
37 facility, the facility shall refund the remainder of any advance payment to the resident or his or her

1 responsible person, minus an amount equal to the cost of care for the period covered by the  
2 agreement. The refund shall be made within 14 days after notification that the resident will not be  
3 returning to the facility.

4 (5) In no situation involving a recipient of State-County Special Assistance may a facility require  
5 payment for more than 30 days since State-County Special Assistance is not authorized unless the  
6 resident is actually residing in the facility or it is anticipated that he or she will return to the facility  
7 within 30 days.

8 (6) Exceptions to the ~~two-weeks'~~ 14-day notice, if required by the facility, are cases where returning to  
9 the facility would jeopardize the health or safety of the resident or others in the facility as certified  
10 by the resident's physician or approved by the county department of social services, and in the case  
11 of the resident's death. In these cases, the facility shall refund the rest of any advance payment  
12 calculated beginning with the day the facility is notified.

13 (f) If a resident dies, the administrator of his estate or the Clerk of Superior Court, when no administrator for his or  
14 her estate has been appointed, shall be given a refund equal to the cost of care for the month minus any nights spent  
15 in the facility during the month. This is to be done within 30 days after the resident's death.

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17 *History Note:* Authority G.S. 131D-2.16; 131D-4.5; 143B-165;

18 *Eff. July 1, ~~2005~~ 2005;*

19 *Readopted Eff. January 1, 2024.*

1 10A NCAC 13G .0702 is readopted as published in 37:24 NCR 2219-2227 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.*

1 10A NCAC 13G .0703 is repealed through readoption as published in 37:24 NCR 2219-2227 as follows:

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3 **10A NCAC 13G .0703 RESIDENT REGISTER**

4

5 *History Note: Authority G.S. 131D-2.16; 143B-165;*

6 *Eff. January 1, 1977;*

7 *Readopted Eff. October 31, 1977;*

8 *Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;*

9 *Temporary Amendment Eff. July 1, 2004;*

10 *Amended Eff. April 1, 2022; July 1, ~~2005~~ 2005;*

11 *Repealed Eff. January 1, 2024.*

1 10A NCAC 13G .0704 is readopted as published in 37:24 NCR 2219-2227 as follows:

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**10A NCAC 13G .0704 ~~RESIDENT CONTRACT AND INFORMATION ON HOME~~ CONTRACT,  
INFORMATION ON FACILITY, AND RESIDENT REGISTER**

~~(a)~~ The administrator or supervisor-in-charge shall furnish and review with the resident or ~~his responsible person~~ the resident's authorized representative as defined in Rule .1103 of this Subchapter information on the family care home facility upon admission and when changes are made to that information. The facility shall involve the resident in the review of the resident contract and information on the facility unless the resident is cognitively unable to participate in the discussion. A statement indicating that this information has been received upon admission or amendment as required by this Rule shall be signed and dated by each person to whom it is given. This statement shall be retained in the resident's record in the ~~home.~~ facility. The information shall ~~include:~~ include the following:

- (1) ~~a copy of the home's resident contract specifying rates for resident services and accommodations, including the cost of different levels of service, if applicable, any other charges or fees, and any health needs or conditions the home has determined it cannot meet pursuant to G.S. 131D-2(a1)(4). In addition, the following applies: the resident contract to which the following applies:~~
  - ~~(A)~~ the contract shall specify charges for resident services and accommodations, including the cost of different levels of service, description of levels of care and services, and any other charges or fees;
  - ~~(B)~~ the contract shall disclose any health needs or conditions that the facility has determined it cannot meet;
  - ~~(C)~~ The the contract shall be signed and dated by the administrator or supervisor-in-charge and the resident or his responsible person the resident's authorized representative and a copy given to the resident or his responsible person; the resident's authorized representative and a copy kept in the resident's record;
  - ~~(D)~~ The the resident or his responsible person the resident's authorized representative shall be notified as soon as any change is known, but not less than 30 days for rate changes initiated by the home, of any rate changes or other changes in the contract affecting the resident services and accommodations given a written 30-day notice prior to any change in charges for resident services and accommodations, including the cost of different levels of service, description of level of care and services, and any other charges or fees, and be provided an amended copy of the contract for review and signature; confirmation of receipt;
  - ~~(E)~~ A copy of each signed contract shall be kept in the resident's record in the home;
  - ~~(F)~~ Gratuities gratuities in addition to the established rates shall not be accepted; and
  - ~~(G)~~ The maximum monthly rate that may be charged to Special Assistance recipients is as established by the North Carolina Social Services Commission and the North Carolina General Assembly;



Note: Facilities may accept payments for room and board from a third party, such as family member, charity or faith community, if the payment is made voluntarily to supplement the cost of room and board for the added benefit of a private room.

- (2) a written copy of any house rules, including ~~the conditions for the discharge and transfer of residents, the refund policies, and the home's facility's~~ policies on smoking, alcohol ~~consumption and visitation~~ consumption, visitation, refunds, and the requirements for discharge of residents consistent with the rules in this Subchapter and amendments disclosing any changes in the house ~~rules;~~ rules. The house rules shall be in compliance with G.S. 131D-21;
- (3) a copy of the Declaration of Residents' Rights as found in G.S. 131D-21;
- (4) a copy of the ~~home's facility's~~ grievance procedures ~~which that~~ shall indicate how the resident is to present complaints and make suggestions as to the ~~home's facility's~~ policies and services on behalf of self or others; and
- (5) a statement as to whether the ~~home facility~~ has signed Form DSS-1464, Statement of Assurance of Compliance with Title VI of the Civil Rights Act of 1964 for Other Agencies, Institutions, Organizations or Facilities, and which shall also indicate that if the ~~home facility~~ does not choose to comply or is ~~found to be in non-compliance~~ non-compliant the residents of the ~~home facility~~ would not be able to receive State-County Special Assistance for Adults and the ~~home facility~~ would not receive supportive services from the county department of social services.

(b) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register initial assessment within 72 hours of the resident's admission to the facility in accordance with G.S. 131D-2.15. The facility shall involve the resident in the completion of the Resident Register unless the resident is cognitively unable to participate. The Resident Register shall include the following:

- (1) resident's identification information including the resident's name, date of birth, sex, admission date, medical insurance, family and emergency contacts, advanced directives, and physician's name and address;
- (2) resident's current care needs including activities of daily living and services, use of assistive aids, orientation status;
- (3) resident's preferences including personal habits, food preferences and allergies, community involvement, and activity interests;
- (4) resident's consent and request for assistance including the release of information, personal funds management, personal lockable space, discharge information, and assistance with personal mail;
- (5) name of the individual identified by the resident who is to receive a copy of the notice of discharge per G.S. 131D-4.8; and
- (6) resident's consent including a signature confirming the review and receipt of information contained in the form.

The Resident Register is available on the internet website, <https://info.ncdhhs.gov/dhsr/acls/pdf/resregister.pdf>, at no charge. The facility may use a resident information form other than the Resident Register as long as it contains same

1 information as the Resident Register. Information on the Resident Register shall be kept updated and maintained in  
2 the resident's record.

3

4 *History Note: Authority G.S. 131D-2.16; 143B-165;*

5 *Eff. April 1, 1984;*

6 *Amended Eff; July 1, 1990; April 1, 1987;*

7 *Temporary Amendment Eff. July 1, 2004;*

8 *Amended Eff. July 1, ~~2005~~ 2005;*

9 *Readopted Eff. January 1, 2024.*

1 10A NCAC 13G .1102 is readopted as published in 37:24 NCR 2219-2227 as follows:

2

3 **10A NCAC 13G .1102** ~~LEGAL AUTHORIZED REPRESENTATIVE OR PAYEE~~

4 (a) In situations where a resident of a family care home is unable to manage ~~his funds,~~ their monetary funds the  
5 administrator shall contact a family member or the county department of social services regarding the need for a ~~legal~~  
6 ~~representative or payee.~~ authorized representative. For the purposes of this Rule, an “authorized representative” shall  
7 mean a person who is legally authorized or designated in writing by the resident to act on his or her behalf in the  
8 management of their funds. The administrator and other staff of the ~~home facility~~ shall not serve as a resident's ~~legal~~  
9 authorized representative, payee, or executor of a will, except as indicated in Paragraph (b) of this Rule.

10 (b) In the case of funds administered by the Social Security Administration, the Veteran's Administration or other  
11 federal government agencies, the administrator of the ~~home facility~~ may serve as a payee when so authorized as a  
12 legally constituted authority by the respective federal agencies.

13 (c) The administrator shall give the resident's ~~legal authorized~~ representative ~~or payee~~ receipts for any monies received  
14 on behalf of the resident.

15

16 *History Note: Authority G.S. 35A-1203; 108A-37; 131D-2.16; 143B-165;*

17 *Eff. January 1, 1977;*

18 *Readopted Eff. October 31, 1977;*

19 *Amended Eff. July 1, 2005; April 1, ~~1984.~~ 1984.*

20 *Effective January 1, 2024.*

1 10A NCAC 13G .1103 is readopted as published in 37:24 NCR 2219-2227 as follows:

2

3 **10A NCAC 13G .1103 ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS**

4 (a) To document a resident's receipt of the State-County Special Assistance personal needs allowance after payment  
5 of the cost of care, a statement shall be signed by the resident or marked by the ~~resident with two witnesses' signatures.~~  
6 resident. If the statement is marked by the resident, there shall be one witness signature. For residents who have been  
7 adjudicated incompetent, the signature of the resident's authorized representative shall be required. Witnesses cannot  
8 include the staff handling the residents' personal funds transactions. The statement shall be maintained in the ~~home-~~  
9 facility.

10 (b) Upon the written authorization of the resident or ~~his legal representative or payee,~~ their authorized representative,  
11 an administrator or the administrator's designee may handle the personal money for a resident, provided an accurate  
12 accounting of monies received and disbursed and the balance on hand is available upon request of the resident or ~~his~~  
13 ~~legal representative or payee.~~ their authorized representative during the facility's established business days and hours.

14 (c) A record of each transaction involving the use of the resident's personal funds according to Paragraph (b) of this  
15 Rule shall be signed by the ~~resident, legal representative or payee~~ the resident or the resident's authorized  
16 representative, or marked by the ~~resident, if not adjudicated incompetent, with two witnesses' signatures~~ resident, at  
17 least monthly verifying the accuracy of the disbursement of personal funds. If marked by the resident, there shall be  
18 one witness signature. For residents who have been adjudicated incompetent, the facility shall provide the resident's  
19 authorized representative with a copy of the monthly resident's funds statement and shall obtain verification of receipt.  
20 The ~~record~~ records shall be maintained in the ~~home-~~ facility.

21 (d) A resident's personal funds shall not be commingled with facility funds. The facility shall not commingle the  
22 personal funds of residents in an interest-bearing account.

23 (e) All or any portion of a resident's personal funds shall be available to the resident or ~~his legal~~ their authorized  
24 ~~representative or payee~~ upon request during ~~regular office hours,~~ the facility's established business days and hours  
25 except as provided in Rule .1105 of this Subchapter.

26 (f) The resident's personal needs allowance shall be credited to the resident's account within ~~24 hours of the check~~  
27 ~~being deposited following endorsement.~~ one business day of the funds being available in the facility's resident personal  
28 funds account.

29

30 *History Note: Authority G.S. 131D-2.16; 143B-165;*  
31 *Eff. April 1, 1984;*  
32 *Amended Eff. July 1, 2005; April 1, 1987, 1987;*  
33 *Readopted Eff. January 1, 2024.*

1 10A NCAC 13G .1106 is readopted as published in 37:24 NCR 2219-2227 as follows:

2

3 **10A NCAC 13G .1106 SETTLEMENT OF COST OF CARE**

4 (a) If a resident of a family care home, after being notified by the ~~home~~ facility of its intent to discharge the resident  
5 in accordance with Rule .0705 of this Subchapter, ~~moves out of the home before the period of time specified in the~~  
6 ~~notice has elapsed~~, the ~~home~~ facility shall refund the resident an amount equal to the cost of care for the remainder of  
7 the month minus any nights spent in the ~~home~~ facility during the notice period. The refund shall be made within 14  
8 days after the resident leaves the ~~home~~ facility. For the purposes of this Rule, “cost of care” means any monies paid  
9 by the resident or the resident’s legal representative in advance for room and board and services provided by facility  
10 as agreed upon in the resident’s contract.

11 (b) If a resident moves out of the ~~home~~ facility without giving notice, as may be required by the ~~home~~ facility  
12 according to Rule ~~.0705(h)~~ .0705(i) of this Subchapter, or before the ~~home’s~~ facility’s required notice period has  
13 elapsed, the resident owes the ~~home~~ facility an amount equal to the cost of care for the required notice period. If a  
14 resident receiving State-County Special Assistance moves without giving notice or before the notice period has  
15 elapsed, the former ~~home~~ facility is entitled to the required payment for the notice period before the new ~~home~~ facility  
16 receives any payment. The ~~home~~ facility shall refund the resident the remainder of any advance payment following  
17 settlement of the cost of care. The refund shall be made within 14 days from the date of notice or, if no notice is given,  
18 within 14 days of the resident leaving the ~~home~~ facility.

19 (c) When there is an exception to the notice as provided in Rule ~~.0705(h)~~ .0705(i) of this Subchapter to protect the  
20 health or safety of the resident or others in the ~~home~~ facility, or when there is a sudden, unexpected closure of the  
21 ~~facility that requires the resident to relocate~~, the resident is only required to pay for any nights spent in the ~~home~~ facility.  
22 A refund shall be made to the resident by the ~~home~~ facility within 14 days from the date of notice.

23 (d) When a resident gives notice of leaving the ~~home~~ facility, as may be required by the ~~home~~ facility according to  
24 Rule ~~.0705(h)~~ .0705(i) of this Subchapter, and leaves at the end of the notice period, the ~~home~~ facility shall refund the  
25 resident the remainder of any advance payment within 14 days from the date of notice. If notice is not required by the  
26 ~~home~~ facility, the refund shall be made within 14 days after the resident leaves the ~~home~~ facility.

27 (e) When a resident leaves the ~~home~~ facility with the intent of returning to it, the following apply:

28 (1) The ~~home~~ facility may reserve the resident's bed for a set number of days with the written agreement  
29 of the ~~home~~ facility and the resident or his or her responsible person and thereby require payment  
30 for the days the bed is held.

31 (2) If, after leaving the ~~home~~ facility, the resident decides not to return to it, the resident or someone  
32 acting on his or her behalf may be required by the ~~home~~ facility to provide up to a 14-day written  
33 notice that he or she is not returning.

34 (3) Requirement of a notice, if it is to be applied by the ~~home~~ facility, shall be a part of the written  
35 agreement and explained by the ~~home~~ facility to the resident and his or her family or responsible  
36 person before signing.

- 1 (4) On notice by the resident or someone acting on his or her behalf that he or she will not be returning  
2 to the ~~home, facility~~, the ~~home~~ facility shall refund the remainder of any advance payment to the  
3 resident or his or her responsible person, minus an amount equal to the cost of care for the period  
4 covered by the agreement. The refund shall be made within 14 days after notification that the  
5 resident will not be returning to the ~~home.~~ facility.
- 6 (5) In no situation involving a recipient of State-County Special Assistance may a ~~home~~ facility require  
7 payment for more than 30 days since State-County Special Assistance is not authorized unless the  
8 resident is actually residing in the ~~home~~ facility or it is anticipated that he or she will return to the  
9 ~~home~~ facility within 30 days.
- 10 (6) Exceptions to the ~~two-weeks'~~ 14-day notice, if required by the ~~home,~~ facility, are cases where  
11 returning to the ~~home~~ facility would jeopardize the health or safety of the resident or others in the  
12 ~~home~~ facility as certified by the resident's physician or approved by the county department of social  
13 services, and in the case of the resident's death. In these cases, the ~~home~~ facility shall refund the  
14 rest of any advance payment calculated beginning with the day the ~~home~~ facility is notified.
- 15 (f) If a resident dies, the administrator of his or her estate or the Clerk of Superior Court, when no administrator for  
16 his or her estate has been appointed, shall be given a refund equal to the cost of care for the month minus any nights  
17 spent in the ~~home-facility~~ during the month. This is to be done within 30 days after the resident's death.

18  
19 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*  
20 *Eff. January 1, 1977;*  
21 *Readopted Eff. October 31, 1977;*  
22 *Amended Eff. July 1, 1990; June 1, 1987; April 1, 1984;*  
23 *Temporary Amendment Eff. January 1, 2001;*  
24 *Temporary Amendment Expired October 13, 2001;*  
25 *Amended Eff. July 1, ~~2005.~~ 2005;*  
26 *Readopted Eff. January 1, 2024.*

DHSR Adult Care Licensure Section  
Fiscal Impact Analysis  
Permanent Rule Readoption and Amendment without Substantial Economic Impact

**Agency:** North Carolina Medical Care Commission

**Contact Persons:** Nadine Pfeiffer, DHSR Rules Review Manager, (919) 855-3811  
Megan Lamphere, Adult Care Licensure Section Chief, (919) 855-3784  
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**Impact:**

Federal Government: No  
State Government: No  
Local Government: No  
Private Entities: Yes  
Substantial Impact: No

**Titles of Rule Changes and N.C. Administrative Code Citation**

Rule Readoptions (*See proposed text of these rules in Appendix*)

10A NCAC 13F .0703 Tuberculosis Test, Medical Examination, and Immunization  
10A NCAC 13F .0704 Resident Contract, Information On Home And Resident Register  
10A NCAC 13F .1106 Settlement Of Cost Of Care  
10A NCAC 13G .0702 Tuberculosis Test And Medical Examination  
10A NCAC 13G .0704 Resident Contract And Information On Home, And Resident Register  
10A NCAC 13G .1102 Authorized Representative  
10A NCAC 13G .1103 Accounting For Resident's Personal Funds  
10A NCAC 13G .1106 Settlement Of Cost Of Care

Rule Amendments (*See proposed text of these rules in Appendix*)

10A NCAC 13F .1103 Authorized Representative  
10A NCAC 13F .1104 Accounting for Resident's Personal Funds

Rule Repeal through Readoption

10A NCAC 13G .0703 Resident Register

**Authorizing Statutes:** G.S. 131D-2.16; 131D-4.5; 143B-165

**Introduction and Background**

The agency is proposing changes to clarify the requirements of the medical examination required upon admission, update the guidelines for medical examination, and clarify the admission protocol for residents being treated for mental illness. The proposed language includes the current medical examination form that has been approved by the agency. The proposed rule language promotes a person-centered approach during the admission process by involving the resident when completing the Resident Register, allowing

the resident to provide input about their care needs and preferences. The updated rule language now includes the contents for the medical examination and Resident Register forms.

The technical changes were proposed to update information required to be included in the resident contract to specify the description of level of services. Revisions were also made to 13G .0704 to update the title of the rule and include requirements of the Resident Register to be consistent with the adult care home rules. The proposed changes will have limited fiscal impact on licensed providers as most changes have no substantial costs associated. The proposed changes will generate minimal costs and/or benefits for adult care homes and family care homes.

The proposed changes will have no impact on the Adult Care Licensure Section. The agency does not anticipate any additional impact on state government or local government (i.e. county Departments of Social Services who monitor and conduct complaint investigations in adult care homes and family care homes) beyond their current job requirements to implement, monitor, or regulate the proposed amendments.

Under the authority of G.S. 150B-21.3A, Periodic review of existing rules, the North Carolina Medical Care Commission and Rules Review Commission approved the Subchapter reports with classifications for the rules under 10A NCAC 13F Licensing of Adult Care Homes of Seven or More Beds and 10 NCAC 13G Licensing of Family Care Homes. The rules were classified in the reports as necessary with substantive public interest. Rules 10A NCAC 13F .0703, 13F .0704, 13G .0702, 13G .0704, 13G .1102 are being presented for re-adoption with substantive changes. The following rules were identified for re-adoption without substantive changes: 13F .1106, 13G .1103, 13G .1106. The following rules were not identified for re-adoption with substantive changes based on public comment but is being proposed for amendment to correlate with the 13G rule of the same title and similar content being proposed for re-adoption: 13F .1103 and 13F .1104. Rule 10A NCAC 13G .0703 is being repealed through re-adoption, it will have no impact, and will not be discussed in this analysis.

### **Rules Summary and Anticipated Fiscal Impact**

#### **10A NCAC 13F .0703/13G .0702 Tuberculosis Test, Medical Examination And Immunizations:**

These rules outline residents' medical examination and immunizing requirements needed for admission to a facility. Technical changes were made to be consistent with current writing styles. The proposed language includes the current examination form, guidelines for medical examination and clarifies the admission protocol for residents who have recently been treated for mental illness to ensure they receive proper follow-up care after admission to an adult care home.

1. A resident is required to undergo a medical examination prior to admission to an adult care home and annually thereafter. Paragraph (b) now identifies who can complete the resident medical examination and requires the form be used to determine if residents' needs are able to be met by the facility. The new term "physician extender" is inclusive of licensed nurse practitioners and licensed physician assistants. The new term clarifies that facilities have flexibility to use physician extenders to complete the required medical exam and FL-2 form. The proposed changes better align the rule with the current practices taking place in the adult care home industry.

2. The proposed language in Paragraph (e) updates how the medical examination is to be documented on the "Adult Care Home FL2 form" and the contents of the form are also included for clarity. The form was created by NC Medicaid and has been approved by the agency for use by facilities. The form is free and



provides no additional cost to facilities. An internet address has also been included for where the forms can be obtained at no cost.

3. The proposed language in Paragraph (h) was added to clarify procedures for when a resident is re-admitted to an adult care home after a recent hospitalization, including the responsibility to obtain and review the discharge summary or discharge instructions and medication orders when the resident returns. This practice ensures that residents receive appropriate follow-up care as ordered by the hospital physician, as well as prevents any issues related to discrepancies with medication orders before and after the resident's hospitalization. Clarifying these procedures in rule ensures safe continuity of care for a resident after hospitalization. Currently, facilities are required to obtain this information when a resident is hospitalized, therefore there are no additional impact beyond providing rule clarity.

4. Technical changes were made to clarify the wording in Paragraph (j) regarding residents who are being admitted with a history of treatment for mental illness. The proposed language was modified to include residents who have been evaluated and diagnosed with or treated for mental illness. The term "physician extender" was also added in this paragraph to include licensed nurse practitioners and licensed physician assistants, clarifying that physician extenders can complete a medical evaluation. The proposed language also clarifies that the follow-up examination can be completed by a licensed mental health professional. The proposed changes better align the rule with the current practices taking place in adult care homes.

#### **10A NCAC 13F/G .0704 Resident Contract, Information On Home And Resident Register:**

Technical changes were made to update information required to be included in the resident contract to specify the description of level of services. Revisions were also made to 13G .0704 to update the title of the rule and include requirements of the Resident Register to be consistent with the adult care home rules.

1. Paragraph (a)(1) requires facilities to have a resident contract that includes the rates of services and accommodations. The proposed language includes a description of the types of care and services and the charges for those services, and any other charges or fees a resident may incur while residing at the facility.

Currently, facilities are required to include rates and services and the costs. Facilities provide 24-hour care and services for residents who need assistance with various tasks such as personal care, medication administration, food and nutrition services, health care referral, housekeeping and laundry, social and recreational activities, and supervision for safety. These services are provided based on resident's assessed needs. Facilities may charge for services as a whole, such as a daily or monthly rate, or charge based on the types of services the resident needs. The proposed language promotes transparency about the description services provided and the potential costs to residents and families if those services are needed. Review of facility contracts submitted to the Adult Care Licensure Section as part of initial licensing process for new facilities revealed that most are already including the description of types of care and services in their contract, therefore, operational costs to update the contract would be minimal.

2. Paragraph (a)(1)(D) clarifies the 30-day notice facilities are required to give the resident or responsible party who is to be notified of a change in charges and accommodations and confirmation of receipt of the amended copy of the contract. The agency updated the language to include the confirmation of receipt to provide verification that the resident/responsible party is aware of the changes.

3. Technical changes were made in Paragraph (b) to update the language to include "management designee" as a person who is able to complete the Resident Register and clarifies that the resident is to be involved in the completion of the assessment form. Additionally, the rule includes Paragraph (b) was added to rule 13G .0704 to include the Resident Register information. The mailing address was also

removed from rule 13F. 0704 since the website address is included where the Resident Register is available at no charge. The contents of Resident Register form were included for clarity.

**Rationale:** Currently, rule 13F .0704 identifies the Administrator or the Administrator-In-Charge as the individuals responsible for reviewing and furnishing the Resident Register. The updated rule language now identifies an alternate person as a management designee which gives facilities flexibility to utilize other management personnel within the facility to be a part of this process. This change will be beneficial to administrators, saving them time and allowing them to focus on other job requirements as they are now able to designate this task to other management personnel. The time savings would vary depending on the time it takes to complete the Resident Register. The rule now specifies the involvement of the resident when completing the Resident Register unless they are cognitively unable to participate. Involvement of the resident allows the resident the opportunity to participate and provide input on their care and services.

**Fiscal Impact:** Facilities that do not already include the description of the types of charges for services would have minimal costs associated with the time to update the resident contract. The costs associated with obtaining confirmation of receipt of an amended contract are minimal. The resident or responsible party could verify confirmation either through email at no cost, in person, or via mail. Facilities have the flexibility of choosing how to obtain this confirmation.

**10A NCAC 13F .1103/ 13G .1102 Authorized Representative:** These rules identify the person authorized to act on behalf of the resident when managing their funds. The title of these rules was changed to “authorized representative” to update the title and provide a definition. The new definition provides clarity and the term will be used throughout the Subchapter when addressing residents’ personal funds. There are no foreseeable costs associated with the proposed rule change.

**10A NCAC 13F .1104/ 13G .1103 Accounting for Resident’s Personal Funds:** These rules outline how resident personal funds are to be accounted for if the resident is unable to manage their own funds and requests assistance in doing so. Technical changes were made to remove outdated language and provide clarity.

1. In Paragraph (a) and (c), the proposed rule language now requires only one witness signature when documents require a mark by a resident who is physically unable to sign. There are no costs associated with this proposed change. Facilities will benefit from this change as they are no longer required to have two witness signatures, minimizing the time staff are being removed from their job duties to witness and sign the funds transactions.

**Rationale:** The agency received feedback from various providers regarding the hardship of finding two witnesses to provide a signature. The proposed change only requires one witness signature to remove the hardship and clarifies that the one witness cannot include staff who directly handle the residents’ personal funds transactions. 2. Paragraph (c) requires the authorized representative to receive a copy of the monthly resident funds statement when a resident has been adjudicated incompetent. The updated rule language changes the time required for the personal needs allowance to be credited to the resident’s account from 24 hours to one business day to account for bank transactions that occur during holidays and during the weekend. It is anticipated that the costs associated with providing an authorized representative a copy of the funds statement would be minimal. Current technology and the use of email to communicate allows facilities to send a copy of the funds statement to the authorized representative quickly and easily with no cost of mailing. Based on Adult Care Licensure Section data, 99% of licensed facilities reported having an email address, and therefore, would be able to send resident fund statements electronically.

## Appendix

10A NCAC 13F .0703 is proposed for reoption with substantive changes as follows:

### **10A NCAC 13F .0703 TUBERCULOSIS TEST, MEDICAL EXAMINATION AND IMMUNIZATIONS**

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

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

(c) ~~The results of the complete examination required in Paragraph (b) of this Rule are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following:~~

- ~~(1) The examining date recorded on the FL-2 or MR-2 shall be no more than 90 days prior to the person's admission to the home.~~
- ~~(2) The FL-2 or MR-2 shall be in the facility before admission or accompany the resident upon admission and be reviewed by the facility before admission except for emergency admissions.~~
- ~~(3) In the case of an emergency admission, the medical examination and completion of the FL-2 or MR-2 as required by this rule shall be within 72 hours of admission as long as current medication and treatment orders are available upon admission or there has been an emergency medical evaluation, including any orders for medications and treatments, upon admission.~~
- ~~(4) If the information on the FL-2 or MR-2 is not clear or is insufficient, the facility shall contact the physician for clarification in order to determine if the services of the facility can meet the individual's needs.~~
- ~~(5) The completed FL-2 or MR-2 shall be filed in the resident's record in the home.~~
- ~~(6) If a resident has been hospitalized, the facility shall have a completed FL-2 or MR-2 or a transfer form or discharge summary with signed prescribing practitioner orders upon the resident's return to the facility from the hospital.~~

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

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

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

- (1) resident's identification information, including the resident's name, date of birth, sex, admission date, county and Medicaid number, current facility and address, physician's name and address, a relative's name and address, current level of care, and recommended level of care;
- (2) resident's admitting diagnoses, including primary and secondary diagnoses and dates of onset;
- (3) resident's current medical information, including orientation, behaviors, personal care assistance needs, frequency of physician visits, ambulatory status, functional limitations, information related to activities and social needs, neurological status, bowel and bladder functioning status, manner of communication of needs, skin condition, respiratory status, and nutritional status including orders for therapeutic diets;
- (4) special care factors, including physician orders for blood pressure, diabetic urine testing, physical therapy, range of motion exercises, a bowel and bladder program, a restorative feeding program, speech therapy, and restraints;
- (5) resident's medications, including the name, strength, dosage, frequency and route of administration of each medication;
- (6) results of x-rays or laboratory tests determined by the physician or physician extender to be necessary information related to the resident's care needs; and
- (7) additional information as determined by the physician or physician extender to be necessary for the care of the resident.

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

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

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

~~(d)(i)~~ Each resident shall be immunized against pneumococcal disease and annually against influenza virus according to G.S. 13D-9, except as otherwise indicated in this law.

~~(e)The facility shall make arrangements for any resident, who has been an inpatient of a psychiatric facility within 12 months before entering the home and who does not have a current plan for psychiatric care, to be examined by a local physician or a physician in a mental health center within 30 days after admission and to have a plan for psychiatric follow up care when indicated.~~

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

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

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

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Temporary Adoption Eff. September 1, 2003;  
Eff. June 1, 2004. 2004;  
Readopted Eff. January 1, 2024.*

10A NCAC 13F .0704 is proposed for readoption with substantive changes as follows:

**10A NCAC 13F .0704 RESIDENT CONTRACT, INFORMATION ON HOME FACILITY, AND RESIDENT REGISTER**

(a) An adult care home administrator or ~~administrator in charge~~ or their management designee shall furnish and review with the resident or ~~responsible person~~ the resident's authorized representative as defined in Rule .1103 of this Subchapter information on the ~~home facility~~ upon admission and when changes are made to that information. The facility shall involve the resident in the review of the resident contract and information on the facility unless the resident is cognitively unable to participate in the discussion. A statement indicating that this information has been received upon admission or amendment as required by this Rule shall be signed and dated by each person to whom it is given and retained in the resident's record in the ~~home facility~~. The information shall include the following:

- (1) the resident contract to which the following applies:
  - (A) the contract shall specify ~~rates~~ charges for resident services and accommodations, including the cost of different levels of service, ~~if applicable,~~ description of levels of care and services, and any other charges or fees;
  - (B) the contract shall disclose any health needs or conditions that the facility has determined it cannot ~~meet pursuant to G.S. 131D-2(a1)(4);~~ meet;
  - (C) the contract shall be signed and dated by the administrator or ~~administrator in charge~~ management designee and the resident or ~~responsible person,~~ the resident's authorized representative, a copy given to the resident or ~~responsible person~~ the resident's authorized representative and a copy kept in the resident's record;
  - (D) the resident or ~~responsible person~~ the resident's authorized representative shall be ~~notified as soon as any change is known, but not less than 30 days before the change~~ for rate changes initiated by the facility, of any changes in the contract given a written 30-day notice prior to any change in charges for resident services and accommodations, including the cost of different levels of service, description of level of care and services, and any other charges or fees, and be provided an amended contract or an amendment to the contract for review and ~~signature;~~ confirmation of receipt;
  - (E) gratuities in addition to the established rates shall not be accepted; and

- (F) the maximum monthly adult care home rate that may be charged to Special Assistance recipients ~~is~~ as established by the North Carolina Social Services Commission and the North Carolina General Assembly.

Note: Facilities may accept payments for room and board from a third party, such as family member, charity or faith community, if the payment is made voluntarily to supplement the cost of room and board for the added benefit of a private room or a private or semi-private room in a special care unit.

- (2) a written copy of all house rules, including facility policies on smoking, alcohol consumption, visitation, refunds and the requirements for discharge of residents consistent with the rules of this Subchapter, and amendments disclosing any changes in the house ~~rules;~~ rules. The house rules shall be in compliance with G.S. 131D-21;
- (3) a copy of the Declaration of Residents' Rights as found in G.S. 131D-21;
- (4) a copy of the ~~home's~~ facility's grievance procedures ~~which that~~ shall indicate how the resident is to present complaints and make suggestions as to the ~~home's~~ facility's policies and services on behalf of himself or herself or others; and
- (5) a statement as to whether the ~~home~~ facility has signed Form DSS-1464, Statement of Assurance of Compliance with Title VI of the Civil Rights Act of 1964 for Other Agencies, Institutions, Organizations or Facilities, and which shall also indicate that, if the ~~home~~ facility does not choose to comply or is ~~found to be in non-compliance,~~ non-compliant, the residents of the ~~home~~ facility would not be able to receive State-County Special Assistance for Adults and the ~~home~~ facility would not receive supportive services from the county department of social services.

(b) The administrator or ~~administrator in charge~~ their management designee and the resident or the resident's ~~responsible person~~ representative shall complete and sign the Resident Register initial assessment within 72 hours of the resident's admission to the facility ~~and revise the information on the form as needed.~~ in accordance with G.S. 131D-2.15. The facility shall involve the resident in the completion of the Resident Register unless the resident is cognitively unable to participate. The Resident Register shall include the following:

- (1) resident's identification information including the resident's name, date of birth, sex, admission date, medical insurance, family and emergency contacts, advanced directives, and physician's name and address;
- (2) resident's current care needs including activities of daily living and services, use of assistive aids, orientation status;
- (3) resident's preferences including personal habits, food preferences and allergies, community involvement, and activity interests;
- (4) resident's consent and request for assistance including the release of information, personal funds management, personal lockable space, discharge information, and assistance with personal mail;
- (5) name of the individual identified by the resident who is to receive a copy of the notice of discharge per G.S. 131D-4.8; and
- (6) resident's consent including a signature confirming the review and receipt of information contained in the form.

The Resident Register is available on the internet website, <https://info.ncdhhs.gov/dhsr/acls/pdf/resregister.pdf> ~~or at no charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.~~ charge. The facility may use a resident information form other than the Resident Register as long as it contains ~~at least~~ the

same information as the Resident Register. Information on the Resident Register shall be kept updated and maintained in the resident's record.

*History Note: Authority 131D-2.15; 131D-2.16; 143B-165;  
Temporary Adoption Eff. July 1, 2004;  
Eff. July 1, 2005.  
Amended Eff. April 1, 2022- 2022;  
Readopted Eff. January 1, 2024.*

10A NCAC 13F .1103 is proposed for amendment as follows:

**10A NCAC 13F .1103 ~~LEGAL AUTHORIZED REPRESENTATIVE OR PAYEE~~**

(a) In situations where a resident of an adult care home is unable to manage ~~his~~ their monetary funds, the administrator shall contact a family member or the county department of social services regarding the need for ~~a legal representative or payee.~~ an authorized representative. For the purposes of this Rule, an “authorized representative” shall mean a person who is legally authorized or designated in writing by the resident to act on his or her behalf in the management of their funds. The administrator and other staff of the ~~home~~ facility shall not serve as a resident's ~~legal~~ authorized representative, payee, or executor of a will, except as indicated in Paragraph (b) of this Rule.

(b) In the case of funds administered by the Social Security Administration, the Veteran's Administration or other federal government agencies, the administrator of the ~~home~~ facility may serve as a payee when so authorized as a legally constituted authority by the respective federal agencies.

(c) The administrator shall give the resident's ~~legal~~ authorized representative or payee receipts for any monies received on behalf of the resident.

*History Note: Authority G.S. 35A-1203; 108A-37; 131D-2.16; 143B-165;  
Eff. July 1, 2005;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018- 2018;  
Amended Eff. January 1, 2024.*

10A NCAC 13F .1104 is proposed for amendment as follows:

**10A NCAC 13F .1104 ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS**

(a) To document a resident's receipt of the State-County Special Assistance personal needs allowance after payment of the cost of care, a statement shall be signed by the resident or marked by the ~~resident with two witnesses' signatures.~~ resident. If the statement is marked by the resident, there shall be one witness signature. For residents who have been adjudicated incompetent, the signature of the resident's authorized representative shall be required. Witnesses cannot include the staff handling the residents' personal funds transactions. The statement shall be maintained in the ~~home-facility.~~

(b) Upon the written authorization of the resident or ~~his legal representative or payee,~~ their authorized representative, an ~~administrator~~ administrator, or the administrator's designee may handle the personal money for a resident, provided an accurate

accounting of monies received and disbursed and the balance on hand is available upon request of the resident or ~~his legal representative or payee~~, their authorized representative during the facility's established business days and hours.

(c) A record of each transaction involving the use of the resident's personal funds according to Paragraph (b) of this Rule shall be signed by the ~~resident, legal~~ resident of the resident's authorized representative or payee or marked by the ~~resident, if not adjudicated incompetent, with two witnesses' signatures~~ resident at least monthly verifying the accuracy of the disbursement of personal funds. If marked by the resident, there shall be one witness signature. For residents who have been adjudicated incompetent, the facility shall provide the resident's authorized representative with a copy of the monthly resident's funds statement and shall obtain verification of receipt. The ~~record~~ records shall be maintained in the ~~home~~ facility.

(d) A resident's personal funds shall not be commingled with facility funds. The facility shall not commingle the personal funds of residents in an interest-bearing account.

(e) All or any portion of a resident's personal funds shall be available to the resident or ~~his legal representative or payee~~ their authorized representative upon request during ~~regular office hours~~, the facility's established business days and hours except as provided in Rule .1105 of this ~~Subchapter~~ Section.

(f) The resident's personal needs allowance shall be credited to the ~~resident's~~ resident's account within ~~24 hours of the check being deposited following endorsement~~. one business day of the funds being available in the facility's resident personal funds account.

*History Note: Authority G.S. 131D-2.16; 143B-165;*

*Eff. July 1, 2005;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018, 2018;*

*Amended Eff. January 1, 2024.*

10A NCAC 13F .1106 is proposed for readoption without substantive changes as follows:

#### **10A NCAC 13F .1106 SETTLEMENT OF COST OF CARE**

(a) If a resident of an adult care home, after being notified by the facility of its intent to discharge the resident in accordance with Rule .0702 of this Subchapter, ~~moves out of the facility before the period of time specified in the notice has elapsed~~, the facility shall refund the resident an amount equal to the cost of care for the remainder of the month minus any nights spent in the facility during the notice period. The refund shall be made within 14 days after the resident leaves the facility. For the purposes of this Rule, "cost of care" means any monies paid by the resident or the resident's legal representative in advance for room and board and services provided by the facility as agreed upon in the resident's contract.

(b) If a resident moves out of the facility without giving notice, as may be required by the facility according to Rule ~~.0702(h)~~ .0702(i) of this Subchapter, or before the facility's required notice period has elapsed, the resident owes the facility an amount equal to the cost of care for the required notice period. If a resident receiving State-County Special Assistance moves before the facility's required notice period has elapsed, the former facility is entitled to the required payment for the notice period before the new facility receives any payment. The facility shall refund the resident the remainder of any advance payment following settlement of the cost of care. The refund shall be made within 14 days from the date of notice or, if no notice is given, within 14 days after the resident leaves the facility.



(c) When there is an exception to the notice, as provided in Rule ~~.0702(h)~~ .0702(i) of this Subchapter, to protect the health or safety of the resident or others in the facility, or when there is a sudden, unexpected closure of the facility that requires the resident to relocate, the resident is only required to pay for any nights spent in the facility. A refund shall be made to the resident by the facility within 14 days from the date of notice.

(d) When a resident gives notice of leaving the facility, as may be required by the facility according to Rule ~~.0702(h)~~ .0702(i) of this Subchapter, and leaves at the end of the notice period, the facility shall refund the resident the remainder of any advance payment within 14 days from the date of notice. If notice is not required by the facility, the refund shall be made within 14 days after the resident leaves the facility.

(e) When a resident leaves the facility with the intent of returning to it, the following apply:

- (1) The facility may reserve the resident's bed for a set number of days with the written agreement of the facility and the resident or his or her responsible person and thereby require payment for the days the bed is held.
- (2) If, after leaving the facility, the resident decides not to return to it, the resident or someone acting on his or her behalf may be required by the facility to provide up to a 14-day written notice that he is not returning.
- (3) Requirement of a notice, if it is to be applied by the facility, shall be a part of the written agreement and explained by the facility to the resident and his or her family or responsible person before signing.
- (4) On notice by the resident or someone acting on his or her behalf that he will not be returning to the facility, the facility shall refund the remainder of any advance payment to the resident or his or her responsible person, minus an amount equal to the cost of care for the period covered by the agreement. The refund shall be made within 14 days after notification that the resident will not be returning to the facility.
- (5) In no situation involving a recipient of State-County Special Assistance may a facility require payment for more than 30 days since State-County Special Assistance is not authorized unless the resident is actually residing in the facility or it is anticipated that he or she will return to the facility within 30 days.
- (6) Exceptions to the ~~two weeks'~~ 14-day notice, if required by the facility, are cases where returning to the facility would jeopardize the health or safety of the resident or others in the facility as certified by the resident's physician or approved by the county department of social services, and in the case of the resident's death. In these cases, the facility shall refund the rest of any advance payment calculated beginning with the day the facility is notified.

(f) If a resident dies, the administrator of his estate or the Clerk of Superior Court, when no administrator for his or her estate has been appointed, shall be given a refund equal to the cost of care for the month minus any nights spent in the facility during the month. This is to be done within 30 days after the resident's death.

*History Note:* Authority G.S. 131D-2.16; 131D-4.5; 143B-165;

*Eff. July 1, 2005- 2005;*

*Readopted Eff. January 1, 2024.*

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

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

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

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

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

- ~~(1) — The examining date recorded on the FL 2 or MR 2 shall be no more than 90 days prior to the person's admission to the home.~~
- ~~(2) — The FL 2 or MR 2 shall be in the facility before admission or accompany the resident upon admission and be reviewed by the administrator or supervisor in charge before admission except for emergency admissions.~~
- ~~(3) — In the case of an emergency admission, the medical examination and completion of the FL 2 or MR 2 shall be within 72 hours of admission as long as current medication and treatment orders are available upon admission or there has been an emergency medical evaluation, including any orders for medications and treatments, upon admission.~~
- ~~(4) — If the information on the FL 2 or MR 2 is not clear or is insufficient, the administrator or supervisor in charge shall contact the physician for clarification in order to determine if the services of the facility can meet the individual's needs.~~
- ~~(5) — The completed FL 2 or MR 2 shall be filed in the resident's record in the home.~~
- ~~(6) — If a resident has been hospitalized, the facility shall have a completed FL 2 or MR 2 or a transfer form or discharge summary with signed prescribing practitioner orders upon the resident's return to the facility from the hospital.~~

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

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

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

- (1) resident's identification information, including the resident's name, date of birth, sex, admission date, county and Medicaid number, current facility and address, physician's name and address, a relative's name and address, current level of care, and recommended level of care;
- (2) resident's admitting diagnoses, including primary and secondary diagnoses and dates of onset;

- (3) resident's current medical information, including orientation, behaviors, personal care assistance needs, frequency of physician visits, ambulatory status, functional limitations, information related to activities and social needs, neurological status, bowel and bladder functioning status, manner of communication of needs, skin condition, respiratory status, and nutritional status including orders for therapeutic diets;
- (4) special care factors, including physician orders for blood pressure, diabetic urine testing, physical therapy, range of motion exercises, a bowel and bladder program, a restorative feeding program, speech therapy, and restraints;
- (5) resident's medications, including the name, strength, dosage, frequency and route of administration of each medication;
- (6) results of x-rays or laboratory tests determined by the physician or physician extender to be necessary information related to the resident's care needs; and
- (7) additional information as determined by the physician or physician extender to be necessary for the care of the resident.

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

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

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

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

~~(e) The home shall make arrangements for any resident, who has been an inpatient of a psychiatric facility within 12 months before entering the home and who does not have a current plan for psychiatric care, to be examined by a local physician or a physician in a mental health center within 30 days after admission and to have a plan for psychiatric follow-up care when indicated.~~

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

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

*History Note: Authority G.S. 131D-2.16; 143B-165;*

*Eff. January 1, 1977;*  
*Readopted Eff. October 31, 1977;*  
*Amended Eff. December 1, 1993; July 1, 1990; April 1, 1987; April 1, 1984;*  
*Temporary Amendment Eff. September 1, 2003;*  
*Amended Eff. June 1, 2004. 2004;*  
*Readopted Eff. January 1, 2024.*

10A NCAC 13G .0703 is proposed for repeal through readoption as follows:

**10A NCAC 13G .0703 RESIDENT REGISTER**

*History Note: Authority G.S. 131D-2.16; 143B-165;*  
*Eff. January 1, 1977;*  
*Readopted Eff. October 31, 1977;*  
*Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;*  
*Temporary Amendment Eff. July 1, 2004;*  
*Amended Eff. April 1, 2022; July 1, 2005. 2005;*  
*Repealed Eff. January 1, 2024.*

10A NCAC 13G .0704 is proposed for readoption with substantive changes as follows:

**10A NCAC 13G .0704 ~~RESIDENT CONTRACT AND INFORMATION ON HOME~~ CONTRACT, INFORMATION ON FACILITY, AND RESIDENT REGISTER**

(a) The administrator or supervisor-in-charge shall furnish and review with the resident or ~~his responsible person~~ the resident's authorized representative as defined in Rule .1103 of this Subchapter information on the ~~family care home~~ facility upon admission and when changes are made to that information. The facility shall involve the resident in the review of the resident contract and information on the facility unless the resident is cognitively unable to participate in the discussion. A statement indicating that this information has been received upon admission or amendment as required by this Rule shall be signed and dated by each person to whom it is given. This statement shall be retained in the resident's record in the ~~home.~~ facility. The information shall ~~include:~~ include the following:

- (1) ~~a copy of the home's resident contract specifying rates for resident services and accommodations, including the cost of different levels of service, if applicable, any other charges or fees, and any health needs or conditions the home has determined it cannot meet pursuant to G.S. 131D-2(a1)(4).~~ In addition, the following applies: the resident contract to which the following applies:
  - (A) the contract shall specify charges for resident services and accommodations, including the cost of different levels of service, description of levels of care and services, and any other charges or fees;
  - (B) the contract shall disclose any health needs or conditions that the facility has determined it cannot meet;

(a)(C) ~~The~~ the contract shall be signed and dated by the administrator or supervisor-in-charge and the resident or ~~his responsible person~~ the resident's authorized representative and a copy given to the resident or ~~his responsible person~~; the resident's authorized representative and a copy kept in the resident's record;

(b)(D) ~~The~~ the resident or ~~his responsible person~~ the resident's authorized representative shall be ~~notified as soon as any change is known, but not less than 30 days for rate changes initiated by the home, of any rate changes or other changes in the contract affecting the resident services and accommodations given~~ a written 30-day notice prior to any change in charges for resident services and accommodations, including the cost of different levels of service, description of level of care and services, and any other charges or fees, and be provided an amended copy of the contract for review and signature; confirmation of receipt;

(c) ~~A copy of each signed contract shall be kept in the resident's record in the home;~~

(d)(E) ~~Gratuities~~ gratuities in addition to the established rates shall not be accepted; and

(e)(F) The maximum monthly rate that may be charged to Special Assistance recipients ~~is~~ as established by the ~~North Carolina Social Services Commission and the~~ North Carolina General Assembly;

Note: Facilities may accept payments for room and board from a third party, such as family member, charity or faith community, if the payment is made voluntarily to supplement the cost of room and board for the added benefit of a private room.

(2) a written copy of any house rules, including ~~the conditions for the discharge and transfer of residents, the refund policies, and the home's facility's~~ policies on smoking, alcohol ~~consumption and visitation~~ consumption, visitation, refunds, and the requirements for discharge of residents consistent with the rules in this Subchapter and amendments disclosing any changes in the house ~~rules;~~ rules. The house rules shall be in compliance with G.S. 131D-21;

(3) a copy of the Declaration of Residents' Rights as found in G.S. 131D-21;

(4) a copy of the ~~home's~~ facility's grievance procedures ~~which that~~ shall indicate how the resident is to present complaints and make suggestions as to the ~~home's~~ facility's policies and services on behalf of self or others; and

(5) a statement as to whether the ~~home~~ facility has signed Form DSS-1464, Statement of Assurance of Compliance with Title VI of the Civil Rights Act of 1964 for Other Agencies, Institutions, Organizations or Facilities, and which shall also indicate that if the ~~home~~ facility does not choose to comply or is ~~found to be in non-compliance~~ non-compliant the residents of the ~~home~~ facility would not be able to receive State-County Special Assistance for Adults and the ~~home~~ facility would not receive supportive services from the county department of social services.

(b) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register initial assessment within 72 hours of the resident's admission to the facility in accordance with G.S. 131D-2.15. The facility shall involve the resident in the completion of the Resident Register unless the resident is cognitively unable to participate. The Resident Register shall include the following:

(1) resident's identification information including the resident's name, date of birth, sex, admission date, medical insurance, family and emergency contacts, advanced directives, and physician's name and address;

- (2) resident's current care needs including activities of daily living and services, use of assistive aids, orientation status;
- (3) resident's preferences including personal habits, food preferences and allergies, community involvement, and activity interests;
- (4) resident's consent and request for assistance including the release of information, personal funds management, personal lockable space, discharge information, and assistance with personal mail;
- (5) name of the individual identified by the resident who is to receive a copy of the notice of discharge per G.S. 131D-4.8; and
- (6) resident's consent including a signature confirming the review and receipt of information contained in the form.

The Resident Register is available on the internet website, <https://info.ncdhhs.gov/dhsr/acls/pdf/resregister.pdf>, at no charge. The facility may use a resident information form other than the Resident Register as long as it contains same information as the Resident Register. Information on the Resident Register shall be kept updated and maintained in the resident's record.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
 Eff. April 1, 1984;  
 Amended Eff; July 1, 1990; April 1, 1987;  
 Temporary Amendment Eff. July 1, 2004;  
 Amended Eff. July 1, ~~2005~~. 2005;  
 Readopted Eff. January 1, 2024.*

10A NCAC 13G .1102 is proposed for re adoption with substantive changes as follows:

**10A NCAC 13G .1102 ~~LEGAL AUTHORIZED REPRESENTATIVE OR PAYEE~~**

- (a) In situations where a resident of a family care home is unable to manage ~~his funds~~, their monetary funds the administrator shall contact a family member or the county department of social services regarding the need for a ~~legal representative or payee~~. authorized representative. For the purposes of this Rule, an “authorized representative” shall mean a person who is legally authorized or designated in writing by the resident to act on his or her behalf in the management of their funds. The administrator and other staff of the ~~home~~ facility shall not serve as a resident's ~~legal~~ authorized representative, payee, or executor of a will, except as indicated in Paragraph (b) of this Rule.
- (b) In the case of funds administered by the Social Security Administration, the Veteran's Administration or other federal government agencies, the administrator of the ~~home~~ facility may serve as a payee when so authorized as a legally constituted authority by the respective federal agencies.
- (c) The administrator shall give the resident's ~~legal~~ authorized representative ~~or payee~~ receipts for any monies received on behalf of the resident.

*History Note: Authority G.S. 35A-1203; 108A-37; 131D-2.16; 143B-165;  
 Eff. January 1, 1977;  
 Readopted Eff. October 31, 1977;  
 Amended Eff. July 1, 2005; April 1, ~~1984~~. 1984;*

Effective January 1, 2024.

10A NCAC 13G .1103 is proposed for readoption with substantive changes as follows:

**10A NCAC 13G .1103 ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS**

(a) To document a resident's receipt of the State-County Special Assistance personal needs allowance after payment of the cost of care, a statement shall be signed by the resident or marked by the ~~resident with two witnesses' signatures.~~ resident. If the statement is marked by the resident, there shall be one witness signature. For residents who have been adjudicated incompetent, the signature of the resident's authorized representative shall be required. Witnesses cannot include the staff handling the residents' personal funds transactions. The statement shall be maintained in the ~~home.~~ facility.

(b) Upon the written authorization of the resident or ~~his legal representative or payee,~~ their authorized representative, an administrator or the administrator's designee may handle the personal money for a resident, provided an accurate accounting of monies received and disbursed and the balance on hand is available upon request of the resident or ~~his legal representative or payee.~~ their authorized representative during the facility's established business days and hours.

(c) A record of each transaction involving the use of the resident's personal funds according to Paragraph (b) of this Rule shall be signed by the ~~resident, legal representative or payee~~ the resident or the resident's authorized representative, or marked by the ~~resident, if not adjudicated incompetent, with two witnesses' signatures~~ resident, at least monthly verifying the accuracy of the disbursement of personal funds. If marked by the resident, there shall be one witness signature. For residents who have been adjudicated incompetent, the facility shall provide the resident's authorized representative with a copy of the monthly resident's funds statement and shall obtain verification of receipt. The ~~record~~ records shall be maintained in the ~~home.~~ facility.

(d) A resident's personal funds shall not be commingled with facility funds. The facility shall not commingle the personal funds of residents in an interest-bearing account.

(e) All or any portion of a resident's personal funds shall be available to the resident or ~~his legal~~ their authorized representative ~~or payee~~ upon request during ~~regular office hours,~~ the facility's established business days and hours except as provided in Rule .1105 of this Subchapter.

(f) The resident's personal needs allowance shall be credited to the resident's account within ~~24 hours of the check being deposited following endorsement.~~ one business day of the funds being available in the facility's resident personal funds account.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. April 1, 1984;  
Amended Eff. July 1, 2005; April 1, ~~1987.~~ 1987;  
Readopted Eff. January 1, 2024.*

10A NCAC 13G .1106 is proposed for readoption without substantive changes as follows:

**10A NCAC 13G .1106 SETTLEMENT OF COST OF CARE**

(a) If a resident of a family care home, after being notified by the home facility of its intent to discharge the resident in accordance with Rule .0705 of this Subchapter, ~~moves out of the home before the period of time specified in the notice has elapsed,~~ the home

facility shall refund the resident an amount equal to the cost of care for the remainder of the month minus any nights spent in the home facility during the notice period. The refund shall be made within 14 days after the resident leaves the home facility. For the purposes of this Rule, “cost of care” means any monies paid by the resident or the resident’s legal representative in advance for room and board and services provided by facility as agreed upon in the resident’s contract.

(b) If a resident moves out of the home facility without giving notice, as may be required by the home facility according to Rule ~~.0705(h)~~ .0705(i) of this Subchapter, or before the ~~home’s~~ facility’s required notice period has elapsed, the resident owes the home facility an amount equal to the cost of care for the required notice period. If a resident receiving State-County Special Assistance moves without giving notice or before the notice period has elapsed, the former home facility is entitled to the required payment for the notice period before the new home facility receives any payment. The home facility shall refund the resident the remainder of any advance payment following settlement of the cost of care. The refund shall be made within 14 days from the date of notice or, if no notice is given, within 14 days of the resident leaving the home facility.

(c) When there is an exception to the notice as provided in Rule ~~.0705(h)~~ .0705(i) of this Subchapter to protect the health or safety of the resident or others in the home facility, or when there is a sudden, unexpected closure of the facility that requires the resident to relocate, the resident is only required to pay for any nights spent in the home facility. A refund shall be made to the resident by the home facility within 14 days from the date of notice.

(d) When a resident gives notice of leaving the home facility, as may be required by the home facility according to Rule ~~.0705(h)~~ .0705(i) of this Subchapter, and leaves at the end of the notice period, the home facility shall refund the resident the remainder of any advance payment within 14 days from the date of notice. If notice is not required by the home facility, the refund shall be made within 14 days after the resident leaves the home facility.

(e) When a resident leaves the home facility with the intent of returning to it, the following apply:

- (1) The home facility may reserve the resident's bed for a set number of days with the written agreement of the home facility and the resident or his or her responsible person and thereby require payment for the days the bed is held.
- (2) If, after leaving the home facility, the resident decides not to return to it, the resident or someone acting on his or her behalf may be required by the home facility to provide up to a 14-day written notice that he or she is not returning.
- (3) Requirement of a notice, if it is to be applied by the home facility, shall be a part of the written agreement and explained by the home facility to the resident and his or her family or responsible person before signing.
- (4) On notice by the resident or someone acting on his or her behalf that he or she will not be returning to the home facility, the home facility shall refund the remainder of any advance payment to the resident or his or her responsible person, minus an amount equal to the cost of care for the period covered by the agreement. The refund shall be made within 14 days after notification that the resident will not be returning to the home facility.
- (5) In no situation involving a recipient of State-County Special Assistance may a home facility require payment for more than 30 days since State-County Special Assistance is not authorized unless the resident is actually residing in the home facility or it is anticipated that he or she will return to the home facility within 30 days.
- (6) Exceptions to the ~~two weeks'~~ 14-day notice, if required by the home facility, are cases where returning to the home facility would jeopardize the health or safety of the resident or others in the home facility as certified by the resident's physician or approved by the county department of social services, and in the case of the resident's



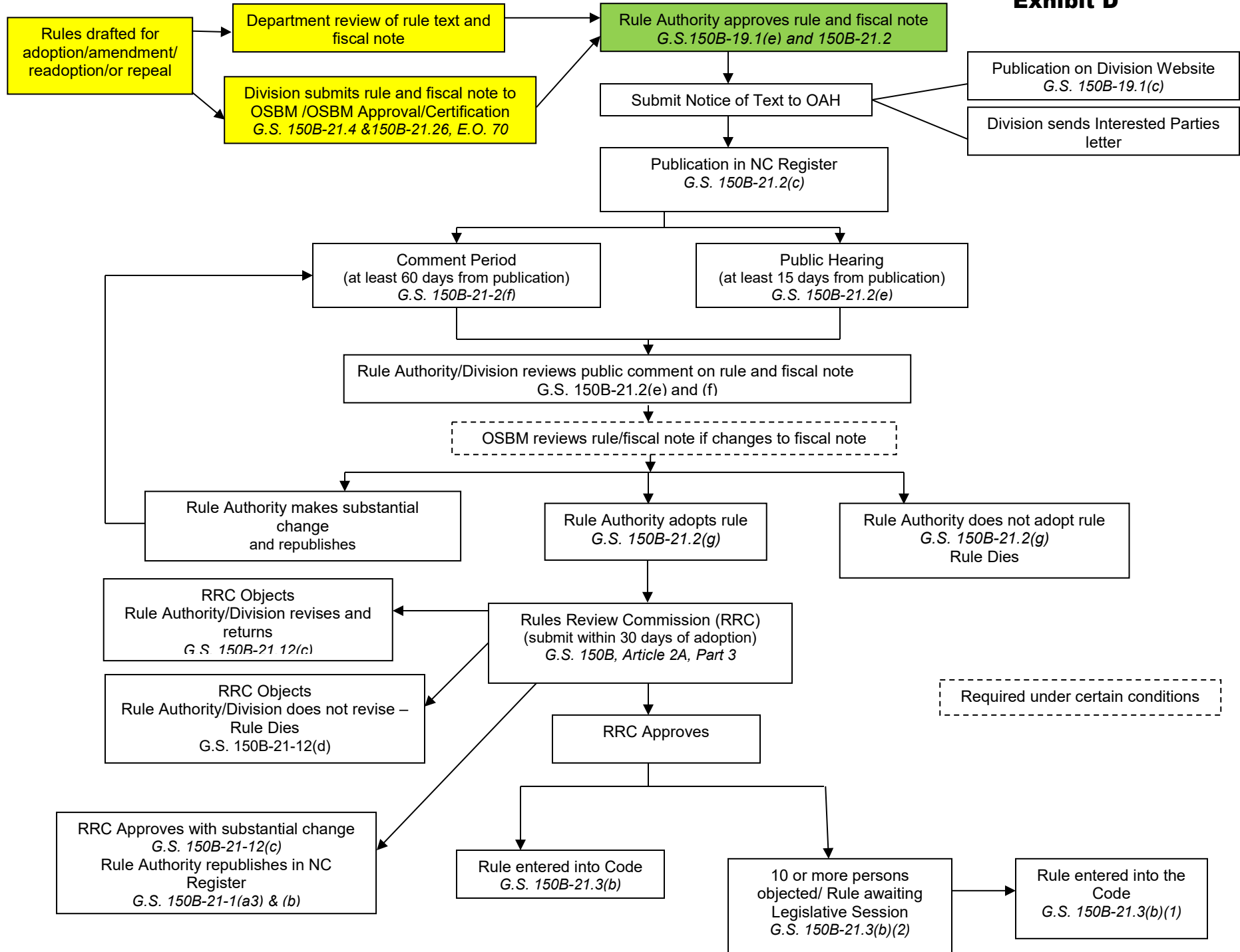
death. In these cases, the home facility shall refund the rest of any advance payment calculated beginning with the day the home facility is notified.

(f) If a resident dies, the administrator of his or her estate or the Clerk of Superior Court, when no administrator for his or her estate has been appointed, shall be given a refund equal to the cost of care for the month minus any nights spent in the home facility during the month. This is to be done within 30 days after the resident's death.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*  
*Eff. January 1, 1977;*  
*Readopted Eff. October 31, 1977;*  
*Amended Eff. July 1, 1990; June 1, 1987; April 1, 1984;*  
*Temporary Amendment Eff. January 1, 2001;*  
*Temporary Amendment Expired October 13, 2001;*  
*Amended Eff. July 1, ~~2005~~ 2005;*  
*Readopted Eff. January 1, 2024.*

# Process for Medical Care Commission to Initiate Rulemaking

## Exhibit D



1 10A NCAC 13F .0102 is proposed for adoption as follows:

2

3 **10A NCAC 13F .0102 LIST OF DEFINITIONS**

4 As used in this Subchapter, the following definitions shall apply:

5 (1) “Abuse” means the term as defined in G.S. 131D-2.1.

6 (2) “Activities of daily living” or “ADL’s” means eating, dressing, bathing, toileting, bowel and bladder  
7 control, transfers, ambulation, and communication.

8 (3) “Acute care needs” means symptoms or a condition that develops quickly and is not a part of the  
9 resident’s baseline health or mental health status or is a change or worsening in the symptoms of a  
10 resident’s chronic condition, which may have a slower onset and worsen over time.

11 (4) “Administrator” means the term as defined in G.S. 90-288.13 and G.S. 131D-2.1.

12 (5) “Adult care home” means the term as defined in G.S. 131D-2.1.

13 (6) “Alternative examination” means a test developed and administered by the Department to meet the  
14 educational requirements of an activity director, administrator-in-charge, manager, or personal care  
15 aide supervisor for those applicants who do not possess a high school diploma or General Education  
16 Diploma (G.E.D.) prior to September 1, 2024.

17 (7) “Aide duty” means time spent by qualified staff providing assistance with activities of daily living,  
18 medication administration, or supervision of residents as determined by the resident’s assessment,  
19 care plan, physician’s orders, and current symptoms.

20 (8) “Department” means the North Carolina Department of Health and Human Services.

21 (9) “Discharge” means a resident’s termination of their residency at the adult care home, resulting in  
22 the resident’s move to another location.

23 (10) “Exploitation” means the term as defined in G.S. 131D-2.1.

24 (11) “Facility” means a licensed adult care home.

25 (12) “First shift” means the hours of work between 7:01 a.m. and 3:00 p.m.

26 (13) “Food service duties” means tasks that may be performed by staff related to serving meals to  
27 residents, including assisting with food preparation, arranging, and setting the dining tables, serving  
28 food and beverages, and cleaning the dining room after meal service is complete.

29 (14) “Housekeeping duties” means tasks that may be performed by staff such as cleaning and sanitizing  
30 facility common areas and resident rooms, sweeping, vacuuming, dusting, mopping, collecting, and  
31 disposing of trash.

32 (15) “Legal representative” means a person authorized by state or federal law (including but not limited  
33 to power of attorney, legal guardian, or representative payee) to act on behalf of the resident to  
34 support the resident in decision-making; access medical, social, or other personal information of the  
35 resident; and manage financial matters or receive notifications.

36 (16) “Long-term care” means a continuum of care and services available in an individual's community  
37 that provides the care and supports required during a persistent or chronic state of health, throughout

1 which time a person is unable to independently perform some or all activities of daily living or  
2 requires supervision due to physical or cognitive impairment.

3 (17) “Manager” means an individual responsible for the day-to-day operation of an adult care home in  
4 the absence of the administrator and under the direction and supervision of the administrator as  
5 described in Rule .0402 of this Subchapter.

6 (18) “Medication aide” means an individual who administers medications to residents and meets all  
7 requirements as set forth in Rule .0403 of this Subchapter.

8 (19) “Neglect” means the term as defined in G.S. 131D-2.1.

9 (20) “On-call” means able to be contacted by two-way telecommunication.

10 (21) “On-duty” in reference to an administrator means the administrator is on-site and directly  
11 responsible for the day-to-day operations of a facility. “On-duty” in reference to a manager means  
12 a manager designated by the administrator as required in Rule .0402 of this Subchapter and who is  
13 on-site and directly responsible for the day-to-day operations of a facility under the direction and  
14 supervision of the administrator.

15 (22) “Personal care aide” means a staff member who performs personal care services as defined by G.S.  
16 131D-2.1.

17 (23) “Physical restraint” means any physical or mechanical device attached to or adjacent to the  
18 resident’s body that the resident cannot remove easily, and which restricts freedom of movement or  
19 normal access to one’s body.

20 (24) “Physician extender” means a licensed physician assistant or a licensed nurse practitioner.

21 (25) “Resident” means the term as defined in G.S. 131D-2.1.

22 (26) “Responsible person” means a person chosen by the resident to act on their behalf to support the  
23 resident in decision-making; access to medical, social, or other personal information of the resident;  
24 manage financial matters; or receive notifications.

25 (27) “Second shift” means the hours of work between 3:01 p.m. and 11:00 p.m.

26 (28) “Staff” means any person who performs duties as an employee, paid or unpaid, on behalf of the  
27 adult care home.

28 (29) “Supervision” means oversight, monitoring, and interventions implemented by the facility for the  
29 purpose of mitigating the risk of an accident, incident, illness, or injury to a resident to ensure the  
30 health, safety, and welfare of the resident and other residents.

31 (30) “Supervisor” means a personal care aide supervisor as defined in Rule .0609 of this Subchapter.

32 (31) “Third shift” means the hours of work between 11:01 p.m. and 7:00 a.m.

33  
34 *History Note: Authority G.S. 131D-2.16; 143B-153;*  
35 *Eff. September 1, 2024.*

1 10A NCAC 13F .0402 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13F .0402 QUALIFICATIONS OF ~~ADMINISTRATOR-IN-CHARGE~~ MANAGER**

4 The facility shall designate a manager when the administrator is absent from the facility. The ~~administrator in charge,~~  
5 ~~manager, who~~ is responsible to ~~the administrator~~ for carrying out the ~~program in~~ day-to-day operations of an adult  
6 care home in the absence of the ~~administrator,~~ administrator. The administrator remains ultimately responsible for the  
7 adult care home, and the manager shall serve under the direction and supervision of the administrator. The manager  
8 shall meet the following requirements:

- 9 (1) be 21 years or older;
- 10 (2) be a high school graduate or certified under the G.E.D. ~~program~~ program, or if hired before  
11 September 1, 2024, have passed ~~an~~ the alternative examination established by the Department;
- 12 (3) have six months training or experience related to management or supervision in long term care or  
13 health care settings or be a licensed health ~~professional,~~ professional such as a mental health  
14 professional, nurse practitioner, physician assistant, or registered nurse, licensed a nursing home  
15 ~~administrator~~ administrator certified pursuant to G.S. 90-276(4), or certified an assisted living  
16 ~~administrator;~~ administrator certified pursuant to G.S. 90-288.14; and
- 17 (4) earn 12 hours a year of continuing education credits ~~related to~~ in the management of adult care  
18 homes or care of ~~aged and disabled persons.~~ the elderly and individuals with physical, intellectual,  
19 or developmental disabilities, cognitive impairment, and mental illness.

20

21 *History Note: Authority G.S. 131D.2.16; 131D-4.5; 131D-25; 143B-165;*  
22 *Eff. January 1, 1977;*  
23 *Readopted Eff. October 31, 1977;*  
24 *Temporary Amendment Eff. December 1, 1999;*  
25 *Amended Eff. July 1, 2000;*  
26 *Temporary Amendment Eff. July 1, 2003;*  
27 *Amended Eff. June 1, ~~2004~~ 2004;*  
28 *Readopted Eff. September 1, 2024.*

1 10A NCAC 13F .0404 is proposed for amendment as follows:

2

3 **10A NCAC 13F .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR**

4 Adult care homes shall have an activity director who meets the following qualifications:

5 (1) The activity director hired after September 30, 2022 shall meet a minimum educational requirement  
6 by being a high school graduate or certified under the GED Program.

7 (2) The activity director hired after September 30, 2022 shall complete, within nine months of  
8 employment or assignment to this position, the basic activity course for assisted living activity  
9 directors offered by community colleges or a comparable activity course as determined by the  
10 Department based on instructional hours and content. An activity director shall be exempt from the  
11 required basic activity course if one or more of the following applies:

12 (a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation  
13 specialist as defined by the North Carolina Recreational Therapy Licensure Act in  
14 accordance with G.S. 90C;

15 (b) have two years of experience working in programming for an adult recreation or activities  
16 program within the last five years, one year of which was full-time in an activities program  
17 for patients or residents in a health care or long term care setting;

18 (c) be a licensed occupational therapist or licensed occupational therapy assistant in  
19 accordance with G.S. 90, Article 18D; ~~or~~

20 (d) be certified as an Activity ~~Director~~ Professional by the National Certification Council for  
21 Activity ~~Professionals~~. Professionals; ~~or~~

22 (e) the required basic activity course was completed prior to September 1, 2024.

23

24 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*

25 *Eff. January 1, 1977;*

26 *Readopted Eff. October 31, 1977;*

27 *Amended Eff. April 1, 1987; April 1, 1984;*

28 *Temporary Amendment Eff. July 1, 2003;*

29 *Amended Eff. June 1, 2004;*

30 *Temporary Amendment Eff. July 1, 2004;*

31 *Amended Eff. July 1, 2005;*

32 *Readopted Eff. October 1, ~~2022~~ 2022;*

33 *Amended Eff. September 1, 2024.*

1 10A NCAC 13F .0408 is proposed for adoption as follows:

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3 **10A NCAC 13F .0408 QUALIFICATIONS OF PERSONAL CARE AIDE SUPERVISOR**

4 (a) Facilities with a census of 31 or more residents shall employ a Personal Care Aide Supervisor as defined in  
5 Paragraph (b) of this Rule. The term “Supervisor” as used throughout Section .0600 of this Subchapter refers to the  
6 Personal Care Aide Supervisor.

7 (b) A supervisor shall meet the following qualifications:

8 (1) be 21 years or older;

9 (2) be a high school graduate or certified under the G.E.D. program or if hired before September 1,  
10 2024, have passed an alternative examination established by the Department;

11 (3) meet the health requirements according to Rule .0406 of this Section;

12 (4) have six months of experience in performing or supervising the performance of the duties to be  
13 supervised during the period of three years prior to July 1, 2000 or the date of hire, whichever is  
14 later, or be a licensed health professional such as a mental health professional, nurse practitioner,  
15 physician assistant, or registered nurse, or a nursing home administrator certified pursuant to G.S.  
16 90-276(4);

17 (5) meet the same minimum training and competency requirements of the aides being supervised; and

18 (6) earn 12 hours a year of continuing education credits related to the care of the elderly and individuals  
19 with physical, intellectual, or developmental disabilities, cognitive impairment, and mental illness.

20

21 History Note: Authority G.S. 131D-2.16; 131D-4.3; 143B-165;

22 Eff. September 1, 2024.

1 10A NCAC 13F .0601 is proposed for re adoption with substantive changes as follows:

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**SECTION .0600 - STAFFING**

**10A NCAC 13F .0601 MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF SEVEN TO THIRTY RESIDENTS FACILITIES - GENERAL ADMINISTRATOR AND MANAGER RESPONSIBILITIES**

(a) Each adult care home shall have an ~~An adult care home~~ administrator who is certified in accordance with Rule .1701 of this Subchapter. The administrator shall be responsible for the total operation ~~of an adult care home~~ and management of the facility to assure that all care and services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health Service Regulation and the county department of social services for ~~meeting and maintaining~~ complying with the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term ~~administrator~~ “administrator” also refers to co-administrator where it is used in this Subchapter.

(b) ~~At all times there shall be one administrator or administrator in charge who is directly responsible for assuring that all required duties are carried out in the home and for assuring that at no time is a resident left alone in the home without a staff member. Except for the provisions in Paragraph (c) of this Rule, one of the following arrangements shall be used to manage a facility with a capacity or census of 7 to 30 residents:~~

- (1) ~~The administrator is in the home or within 500 feet of the home with a means of two way telecommunication with the home at all times;~~
- (2) ~~An administrator in charge is in the home or within 500 feet of the home with a means of two way telecommunication with the home at all times; or~~
- (3) ~~When there is a cluster of licensed homes, each with a capacity of 7 to 12 residents, located adjacently on the same site, there shall be at least one staff member, either live in or on a shift basis in each of these homes. In addition, there shall be at least one administrator or administrator in charge who is within 500 feet of each home with a means of two way telecommunication with each home at all times and directly responsible for assuring that all required duties are carried out in each home.~~

(c) ~~When the administrator or administrator in charge is absent from the home or not within 500 feet of the home, the following shall apply:~~

- (1) ~~For absences of a non routine nature that do not exceed 24 hours per week, a relief person in charge designated by the administrator shall be in charge of the home during the absence and in the home or within 500 feet of the home according to the requirements in Paragraph (b) of this Rule. The administrator shall assure that the relief person in charge is prepared to respond in case of an emergency in the home. The relief person in charge shall be 21 years or older.~~



1           ~~(2) For recurring or planned absences, a relief administrator in charge designated by the administrator~~  
2           ~~shall be in charge of the home during the absence and in the home or within 500 feet of the home~~  
3           ~~according to the requirements in Paragraph (b) of this Rule. The relief administrator in charge shall~~  
4           ~~meet all of the qualifications required for the administrator in charge as specified in Rule .0402 of~~  
5           ~~this Subchapter with the exception of Item (4) pertaining to the continuing education requirement.~~

6 (b) An adult care home manager shall be responsible for carrying out the day-to-day operations and all required duties  
7 of an adult care home in the absence of an administrator.

8 (c) The administrator shall have knowledge of and shall ensure the following:

9           (1) the investigation and reporting of any allegations of resident abuse, neglect, and exploitation as  
10           specified in Rule .1212(d) of this Subchapter;

11           (2) the investigation and reporting of any suspicion of or allegations of drug diversion as specified in  
12           Rule .1008 of this Subchapter;

13           (3) the reporting of any incidents of resident elopement or when a resident is missing from the facility,  
14           as required in Rule .1212(e)(2) and Rule .0906(f)(4) of this Subchapter; and

15           (4) the investigation and reporting of any incident or accident resulting in the hospitalization or death  
16           of a resident, as specified in Rule .1208 and Rule .1212 of this Subchapter.

17 (d) The administrator shall be made aware when the facility is unable to meet the staffing requirements of this Section.

18 (e) The administrator shall be made aware any time the facility seeks the assistance of the local law enforcement  
19 authority.

20 (f) For facilities with a census of 7 to 30 residents, the manager or staff person on duty shall immediately notify the  
21 administrator of any of the circumstances listed in Paragraphs (c), (d), and (e) of this Rule.

22 (g) For facilities with a census of 31 or more the manager or supervisor shall immediately notify the administrator of  
23 any of the circumstances listed in Paragraphs (c), (d), and (e) of this Rule.

24  
25 *History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 131D-25; 143B-165;*

26 *Eff. January 1, 1977;*

27 *Readopted Eff. October 31, 1977;*

28 *Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;*

29 *Temporary Amendment Eff. January 1, 2000; December 1, 1999;*

30 *Amended Eff. July 1, 2000;*

31 *Temporary Amendment Eff. July 1, 2003;*

32 *Amended Eff. July 1, 2005; June 1, ~~2004~~; 2004;*

33 *Readopted Eff. September 1, 2024.*

1 10A NCAC 13F .0602 is proposed for readoption with substantive changes as follows:

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3 **10A NCAC 13F .0602 MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF ~~31 TO~~**  
4 **~~80~~ SEVEN TO THIRTY RESIDENTS**

5 ~~(a) In facilities with a capacity or census of 31 to 80 residents, there shall be an administrator on call, which means~~  
6 ~~able to be contacted by telephone, pager or two-way intercom, at all times when not in the building. (For staffing~~  
7 ~~chart, see Rule .0606 of this Subchapter.)~~

8 ~~(b) When the administrator is not on duty in the facility, there shall be a person designated as administrator in charge~~  
9 ~~on duty in the facility who has the responsibility for the overall operation of the facility and meets the qualifications~~  
10 ~~for administrator in charge required in Rule .0602 of this Section. The personal care aide supervisor, as required in~~  
11 ~~Rule .0605 of this Subchapter, may serve simultaneously as the administrator in charge.~~

12 In a facility with a census of greater than seven but less than 31 residents, there shall be one administrator or manager  
13 who is directly responsible for assuring that all required duties are carried out in the facility. One of the following  
14 arrangements shall be used to manage a facility with a census of seven to 30 residents:

15 (1) the administrator is in the facility or within 500 feet of the facility with a means of two-way  
16 telecommunication with the facility at all times;

17 (2) a manager is in the facility or within 500 feet of the facility with a means of two-way  
18 telecommunication with the facility at all times; or

19 (3) when there is a cluster of licensed facilities, each with a census of 12 or fewer residents, there shall  
20 be at least one staff member, either live-in or on a shift basis in each of these facilities. In addition,  
21 there shall be at least one administrator or manager who is within 500 feet of each home with a  
22 means of two-way telecommunication with each facility at all times and directly responsible for  
23 assuring that all required duties are carried out in each facility. For the purpose of the rules in this  
24 Section, “a cluster of licensed facilities” means up to six licensed adult care homes which are under  
25 common ownership and are located adjacently on the same site.

26

27 *History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; ~~131D-25~~; 143B-165;*  
28 *Temporary Adoption Eff. January 1, 2000;*  
29 *Eff. July 1, ~~2000~~ 2000;*  
30 *Readopted Eff. September 1, 2024.*

1 10A NCAC 13F .0603 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13F .0603 MANAGEMENT OF FACILITIES WITH A ~~CAPACITY OR CENSUS OF 81 OR~~**  
4 **MORE 31 TO 80 RESIDENTS**

5 ~~(a) An adult care home with a capacity or census of 81 or more residents shall be under the direct control of an~~  
6 ~~administrator, who shall be responsible for the operation, administration, management and supervision of the facility~~  
7 ~~on a full time basis to assure that all care and services to residents are provided in accordance with all applicable local,~~  
8 ~~state and federal regulations and codes. The administrator shall be on duty in the facility at least eight hours per day,~~  
9 ~~five days per week and shall not serve simultaneously as a personal care aide supervisor or other staff to meet staffing~~  
10 ~~requirements while on duty as an administrator or be an administrator for another adult care home except as follows.~~  
11 ~~If there is more than one facility on a contiguous parcel of land or campus setting, and the combined licensed capacity~~  
12 ~~of the facilities is 200 beds or less, there may be one administrator on duty for all the facilities on the campus. The~~  
13 ~~administrator shall not serve simultaneously as a personal care aide supervisor in this campus setting. For staffing~~  
14 ~~chart, see Rule .0606 of this Subchapter.~~

15 ~~(b) When the administrator is not on duty in the facility, there shall be a person designated as administrator in charge~~  
16 ~~on duty in the facility who has responsibility for the overall operation of the facility. The supervisor may serve~~  
17 ~~simultaneously as the administrator in charge. Each facility on a contiguous parcel of land or campus setting, as~~  
18 ~~described in Paragraph (a) of this Rule, shall have a person designated as the administrator in charge in the facility~~  
19 ~~when the administrator is not on duty.~~

20 ~~(c) The administrator shall be on call, which means able to be contacted by telephone, pager or two way intercom at~~  
21 ~~all times when not in the building.~~

22 Each facility with a census of greater than 30 but less than 81 residents shall:

23 (1) have an administrator on-call at all times when not in the building; and

24 (2) have a manager on-duty in the facility when the administrator is not on-duty in the facility. The  
25 personal care aide supervisor, as required in Rule .0608 of this Section, may serve simultaneously  
26 as the manager.

27

28 *History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 131D-25; 143B-165;*  
29 *Temporary Adoption Eff. January 1, 2000; December 1, 1999;*  
30 *Eff. July 1, 2000;*  
31 *Amended Eff. July 1, ~~2005~~. 2005;*  
32 *Readopted Eff. September 1, 2024.*

1 10A NCAC 13F .0604 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13F .0604 ~~PERSONAL CARE AND OTHER STAFFING~~ MANAGEMENT OF FACILITIES**  
4 **WITH A CENSUS OF 81 OR MORE RESIDENTS**

5 ~~(a) Adult care homes shall staff to the licensed capacity of the home or to the resident census. When a home is staffing~~  
6 ~~to resident census, a daily census log shall be maintained which lists current residents by name, room assignment and~~  
7 ~~date of admission and must be available for review by the Division of Health Service Regulation and the county~~  
8 ~~departments of social services.~~

9 ~~(b) Homes with capacity or census of 12 or fewer residents shall comply with the following.~~

10 ~~(1) — At all times there shall be an administrator or administrator in charge in the home or within 500 feet~~  
11 ~~of the home with a means of two way telecommunication.~~

12 ~~(2) — When the administrator or administrator in charge is not on duty within the home, there shall be at~~  
13 ~~least one staff member on duty on the first and second shifts and at least one staff member on call~~  
14 ~~within the building on third shift. There shall be a call system connecting the bedroom of the staff~~  
15 ~~member, who may be asleep on the third shift, with each resident's bedroom.~~

16 ~~(3) — When the administrator or administrator in charge is on duty within the home on the first and second~~  
17 ~~shifts and on call within the home on the third shift, another staff member (i.e., co-administrator,~~  
18 ~~administrator in charge or aide) shall be in the building or within 500 feet of the home with a means~~  
19 ~~of two way telecommunication at all times.~~

20 ~~(4) — The administrator shall prepare a plan of operation for the home (each home in a cluster) specifying~~  
21 ~~the staff involved, their regularly assigned duties and the amount of time estimated to be spent for~~  
22 ~~each duty. There shall be a current plan of operation on file in the home, available for review by~~  
23 ~~the Division of Health Service Regulation and the county department of social services.~~

24 ~~(5) — At least 12 hours shall be spent daily providing for the personal services, health services, drug~~  
25 ~~management, planned activities, and other direct services needed by the residents. These duties are~~  
26 ~~the primary responsibility of the staff member(s) on duty on the first and second shifts; however,~~  
27 ~~other help, such as administrator in charge and activities coordinator may be used to assist in~~  
28 ~~providing these services.~~

29 ~~(6) — Between the hours of 9 p.m. and 7 a.m. the staff member on duty and the person on call may perform~~  
30 ~~housekeeping and food service duties as long as a staff member can respond immediately to resident~~  
31 ~~calls or the residents are otherwise supervised. The duties shall not hinder care of residents or~~  
32 ~~immediate response to resident calls, disrupt residents' normal lifestyles and sleeping patterns, nor~~  
33 ~~take a staff member out of view of where the residents are.~~

34 ~~(7) — There shall be staff available daily to assure housekeeping and food service.~~

35 ~~(c) A cluster of homes with capacity or census of 12 or fewer residents shall comply with the following staffing:~~

36 ~~(1) — When there is a cluster of up to six licensed homes located adjacently, there shall be at least one~~  
37 ~~administrator or administrator in charge who lives within 500 feet of each of the homes with a~~

1 means of two-way telecommunication at all times and who is directly responsible for assuring that  
2 all required duties are carried out in each home; and

3 (2) — In each of the homes, at least one staff member shall be on duty on the first and second shifts and at  
4 least one staff member shall be on call within the building during the third shift. There shall be a  
5 call system connecting the bedroom of the staff member, who may be asleep on the third shift, with  
6 each resident's bedroom.

7 (d) Homes with capacity or census of 13-20 shall comply with the following staffing. When the home is staffing to  
8 census and the census falls below 13 residents, the staffing requirements for a home with 12 or fewer residents shall  
9 apply.

10 (1) — At all times there shall be an administrator or administrator in charge in the home or within 500 feet  
11 of the home with a means of two-way telecommunication.

12 (2) — When the administrator or administrator in charge is not on duty within the home, there shall be at  
13 least one staff member on duty on the first, second and third shifts.

14 (3) — When the administrator or administrator in charge is on duty within the home, another staff member  
15 (i.e. co-administrator, administrator in charge or aide) shall be in the building or within 500 feet of  
16 the home with a means of two-way telecommunication at all times.

17 (4) — The job responsibility of the staff member on duty within the home is to provide the direct personal  
18 assistance and supervision needed by the residents. Any housekeeping duties performed by the staff  
19 member between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks.  
20 The staff member may perform housekeeping duties between the hours of 9 p.m. and 7 a.m. as long  
21 as such duties do not hinder care of residents or immediate response to resident calls, do not disrupt  
22 residents' normal lifestyles and sleeping patterns and do not take the staff member out of view of  
23 where the residents are. The staff member on duty to attend to the residents shall not be assigned  
24 food service duties.

25 (5) — In addition to the staff member(s) on duty to attend to the residents, there shall be staff available  
26 daily to perform housekeeping and food service duties.

27 (e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing  
28 to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall  
29 apply.

30 (1) — The home shall have staff on duty to meet the needs of the residents. The daily total of aide duty  
31 hours on each 8-hour shift shall at all times be at least:

32 (A) — First shift (morning) 16 hours of aide duty for facilities with a census or capacity of 21 to  
33 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every  
34 additional 10 or fewer residents for facilities with a census or capacity of 40 or more  
35 residents. (For staffing chart, see Rule .0606 of this Subchapter.)

36 (B) — Second shift (afternoon) 16 hours of aide duty for facilities with a census or capacity of  
37 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for

1 every additional 10 or fewer residents for facilities with a census or capacity of 40 or more  
2 residents. (For staffing chart, see Rule .0606 of this Subchapter.)

3 (C) ~~Third shift (evening) 8.0 hours of aide duty per 30 or fewer residents (licensed capacity  
4 or resident census). (For staffing chart, see Rule .0606 of this Subchapter.)~~

5 (D) ~~The facility shall have additional aide duty to meet the needs of the facility's heavy care  
6 residents equal to the amount of time reimbursed by Medicaid. As used in this Rule, the  
7 term, "heavy care resident", means an individual residing in an adult care home who is  
8 defined as "heavy care" by Medicaid and for which the facility is receiving enhanced  
9 Medicaid payments.~~

10 (E) ~~The Department shall require additional staff if it determines the needs of residents cannot  
11 be met by the staffing requirements of this Rule.~~

12 (2) ~~The following describes the nature of the aide's duties, including allowances and limitations:~~

13 (A) ~~The job responsibility of the aide is to provide the direct personal assistance and  
14 supervision needed by the residents.~~

15 (B) ~~Any housekeeping performed by an aide between the hours of 7 a.m. and 9 p.m. shall be  
16 limited to occasional, non-routine tasks, such as wiping up a water spill to prevent an  
17 accident, attending to an individual resident's soiling of his bed, or helping a resident make  
18 his bed. Routine bed making is a permissible aide duty.~~

19 (C) ~~If the home employs more than the minimum number of aides required, any additional  
20 hours of aide duty above the required hours of direct service between 7 a.m. and 9 p.m.  
21 may involve the performance of housekeeping tasks.~~

22 (D) ~~An aide may perform housekeeping duties between the hours of 9 p.m. and 7 a.m. as long  
23 as such duties do not hinder the aide's care of residents or immediate response to resident  
24 calls, do not disrupt the residents' normal lifestyles and sleeping patterns, and do not take  
25 the aide out of view of where the residents are. The aide shall be prepared to care for the  
26 residents since that remains his primary duty.~~

27 (E) ~~Aides shall not be assigned food service duties; however, providing assistance to individual  
28 residents who need help with eating and carrying plates, trays or beverages to residents is  
29 an appropriate aide duty.~~

30 (3) ~~In addition to the staffing required for management and aide duties, there shall be sufficient  
31 personnel employed to perform housekeeping and food service duties.~~

32 (f) ~~Information on required staffing shall be posted in the facility according to G.S. 131D 4.3(a)(5).~~

33 a) For an adult care home with a census of 81 or more residents, there shall be an administrator on-duty at the facility  
34 at least eight hours per day, five days per week and shall not serve simultaneously as a personal care aide supervisor  
35 or other staff to meet staffing requirements while on duty as an administrator or be an administrator for another adult  
36 care home except as follows. If there is more than one facility under the same ownership on a contiguous parcel of  
37 land or campus setting, and the combined licensed capacity of the facilities is 200 beds or less, there may be one

1 administrator on duty for all the facilities on the campus. The administrator shall not serve simultaneously as a personal  
2 care aide supervisor or other staff in this campus setting.

3 (b) When the administrator is not on-duty, there shall be a manager on-duty. The supervisor may serve simultaneously  
4 as the manager if the individual meets the qualifications required in Rule .0402 of this Subchapter. Each facility on a  
5 contiguous parcel of land or campus setting, as described in Paragraph (a) of this Rule, shall have a person designated  
6 as the manager in the facility when the administrator is not on-duty.

7 (c) The administrator shall be on-call, at all times when not on-duty.

8

9 *History Note: Authority G.S. 131D-2.16; ~~131D-4.3~~; 131D-4.5; ~~131D-25~~; 143B-165;*

10 *Eff. January 1, 1977;*

11 *Readopted Eff. October 31, 1977;*

12 *Amended Eff. December 1, 1991; September 1, 1990; July 1, 1990; April 1, 1984;*

13 *Temporary Amendment Eff. January 1, 2000; December 1, 1999;*

14 *Amended Eff. July 1, 2005; July 1, ~~2000~~; 2000;*

15 *Readopted Eff. September 1, 2024.*

1 10A NCAC 13F .0605 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13F .0605 ~~STAFFING OF PERSONAL CARE AIDE SUPERVISORS~~ GENERAL STAFFING**  
4 **REQUIREMENTS FOR ADULT CARE HOMES**

5 ~~(a) On first and second shifts in facilities with a capacity or census of 31 or more residents and on third shift in~~  
6 ~~facilities with a capacity or census of 91 or more residents, there shall be at least one supervisor of personal care aides,~~  
7 ~~hereafter referred to as supervisor, on duty in the facility for less than 64 hours of aide duty per shift; two supervisors~~  
8 ~~for 64 to less than 96 hours of aide duty per shift; and three supervisors for 96 to less than 128 hours of aide duty per~~  
9 ~~shift. In facilities sprinklered for fire suppression with a capacity or census of 91 to 120 residents, the supervisor's~~  
10 ~~time on third shift may be counted as required aide duty. (For staffing chart, see Rule .0606 of this Section.)~~

11 ~~(b) On first and second shifts in facilities with a capacity or census of 31 to 70 residents, the supervisor may provide~~  
12 ~~up to four hours of aide duty per shift which may be counted as required aide hours of duty. The supervisor's hours~~  
13 ~~on duty shall not be counted as required hours of aide duty except as specified in this Rule.~~

14 ~~Note: Supervisors may be involved in performing some personal care in facilities with a capacity or census of 71 or~~  
15 ~~more residents, but their primary responsibility is the direct supervision of personal care aides and the time involved~~  
16 ~~in performing any personal care cannot be counted as required aide hours.~~

17 ~~(c) On third shift in facilities with a capacity or census of 31 to 60 residents, the supervisor shall be in the facility or~~  
18 ~~within 500 feet and immediately available, as defined in Rule .0601 of this Subchapter. In facilities sprinklered for~~  
19 ~~fire suppression with a capacity or census of 31 to 60 residents, the supervisor's time on duty in the facility on third~~  
20 ~~shift may be counted as required aide duty.~~

21 ~~(d) On third shift in facilities with a capacity or census of 61 to 90 residents, the supervisor shall be on duty in the~~  
22 ~~facility for at least four hours and within 500 feet and immediately available, as defined in Rule .0601 of this~~  
23 ~~Subchapter, for the remaining four hours. In facilities sprinklered for fire suppression with a capacity or census of 61~~  
24 ~~to 90 residents, the supervisor's time on duty in the facility on third shift may be counted as required aide duty.~~

25 ~~(e) A supervisor is responsible for the direct supervision of personal care aides, including those who administer~~  
26 ~~medications, to assure that care and services are provided to residents by personal care aides in a safe and secure~~  
27 ~~manner and according to licensure rules. This involves observing personal care aides in the performance of their~~  
28 ~~duties; instructing, correcting and consulting with aides as needed; and reviewing documentation by aides.~~

29 ~~(f) A supervisor on duty shall not serve simultaneously as the administrator but may serve simultaneously as the~~  
30 ~~administrator in charge in the absence of the administrator.~~

31 ~~(g) A supervisor shall meet the following qualifications:~~

32 ~~(1) — be 21 years or older;~~

33 ~~(2) — be a high school graduate or certified under the G.E.D. program, or have passed an alternative~~  
34 ~~examination established by the Department;~~

35 ~~(3) — meet the general health requirements according to Rule .0406 of this Section;~~



- 1           ~~(4) have at least six months of experience in performing or supervising the performance of duties to be~~  
2           ~~supervised during a period of three years prior to the effective date of this Rule or the date of hire,~~  
3           ~~whichever is later, or be a licensed health professional or a licensed nursing home administrator;~~  
4           ~~(5) meet the same minimum training and competency requirements of the aides being supervised; and~~  
5           ~~(6) earn at least 12 hours a year of continuing education credits related to the care of aged and disabled~~  
6           ~~persons in accordance with procedures established by the Department of Health and Human~~  
7           ~~Services.~~

8           (a) Adult care homes shall staff to the facility's resident census and provide staffing to meet the care and supervision  
9           needs of the residents in accordance with the rules of this Subchapter.

10          (b) At no time shall residents be left alone without a staff member in the facility.

11          (c) The facility shall maintain a daily census log which lists current residents by name, room assignment and date of  
12          admission, which shall be available for review by the Division of Health Service Regulation and the county  
13          departments of social services.

14          (d) The facility shall post daily staffing information in a location accessible to residents and visitors in accordance  
15          with G.S. 131D-4.3(a)(5). The information shall include:

16               (1) the name and contact information of the administrator and manager;

17               (2) the number of required supervisors on each shift; and

18               (3) the number of aides required on each shift.

19  
20          *History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*  
21                       *Temporary Adoption Eff. January 1, 2000; December 1, 1999;*  
22                       *Eff. July 1, 2000. 2000;*  
23                       *Readopted Eff. September 1, 2024.*

**Rule for: Adult Care Home Rules 13F**

**Exhibit D/1  
8/31/2023**

10A NCAC 13F .0606 is proposed for readoption with substantive changes as follows:

**10A NCAC 13F .0606 STAFFING CHART STAFFING FOR FACILITIES WITH A CENSUS OF SEVEN TO TWELVE RESIDENTS**

The following chart specifies the required aide, supervisory and management staffing for each eight hour shift in facilities with a capacity or census of 21 or more residents according to Rules .0601, .0603, .0602, .0604 and .0605 of this Subchapter.

Bed Count	Position Type	First Shift	Second Shift	Third Shift
21-30	Aide	16	16	8
	Supervisor	Not Required	Not Required	Not Required
	Administrator/SIC	In the building, or within 500 feet and immediately available.		
31-40	Aide	16	16	16
	Supervisor	8*	8*	In the building, or within 500 feet and immediately available.**
	Administrator	On call		
41-50	Aide	20	20	16
	Supervisor	8*	8*	In the building, or within 500 feet and immediately available.**
	Administrator	On call		
51-60	Aide	24	24	16
	Supervisor	8*	8*	In the building, or within 500 feet and immediately available.**
	Administrator	On call		
61-70	Aide	28	28	24
	Supervisor	8*	8*	4 hours within the facility/4 hours within 500 feet and immediately available.**
	Administrator	On call		
71-80	Aide	32	32	24
	Supervisor	8	8	4 hours within the facility/4 hours within 500 feet and immediately available.**
	Administrator	On call		
81-90	Aide	36	36	24
	Supervisor	8	8	4 hours within the facility/4 hours within 500 feet and immediately available.**
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
91-100	Aide	40	40	32
	Supervisor	8	8	8**
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
101-110	Aide	44	44	32
	Supervisor	8	8	8**
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		

111-120	Aide	48	48	32
	Supervisor	8	8	8**
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
121-130	Aide	52	52	40
	Supervisor	8	8	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
131-140	Aide	56	56	40
	Supervisor	8	8	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
141-150	Aide	60	60	40
	Supervisor	8	8	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
151-160	Aide	64	64	48
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
161-170	Aide	68	68	48
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
171-180	Aide	72	72	48
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
181-190	Aide	76	76	56
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
191-200	Aide	80	80	56
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
201-210	Aide	84	84	56
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
211-220	Aide	88	88	64
	Supervisor	16	16	16
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
221-230	Aide	92	92	64
	Supervisor	16	16	16
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
231-240	Aide	96	96	64
	Supervisor	24	24	16
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		

- 1
- 2 \*Supervisor may conduct up to four hours of aide duty.
- 3 \*\* Supervisor' time on duty in the facility may be counted as required aide duty if the facility is sprinklered.
- 4 (a) In a facility with a census of greater than six but less than 13 residents, there shall be an administrator or manager
- 5 in the facility or within 500 feet of the facility with a means of two-way telecommunication at all times.
- 6 (b) When the administrator or manager is not on-duty, there shall be at least one staff member on-duty on the first
- 7 and second shifts and at least one staff member available within the building, who need not be on-duty, on third shift.
- 8 There shall be a call system connecting the bedroom of the available staff member, who may be asleep on the third

1 shift, with each resident's bedroom. If there are residents in the facility who are disoriented or known to have  
2 wandering behavior, there shall be at least one staff member on-duty and awake at all times.

3 (c) When the administrator or manager is on duty on the first or second shifts and available within the facility on third  
4 shift, another staff member (i.e., co-administrator, manager or aide) shall be in the building or within 500 feet of the  
5 facility with a means of two-way telecommunication at all times.

6 (d) The administrator shall prepare a plan of operation for each licensed facility specifying the staff involved, their  
7 regularly assigned duties and the amount of time estimated to be spent for each duty. There shall be a current plan of  
8 operation on file in the facility, available for review by the Division of Health Service Regulation and the county  
9 department of social services.

10 (e) Each facility shall assign at least one staff member per shift to provide personal care services and supervision of  
11 residents as needed by the residents. The staff member so assigned shall not perform food service duties during the  
12 shift of rendering care services and supervision. The staff member so assigned shall not perform housekeeping duties  
13 during the shift of rendering care services and supervision, except:

14 (1) between the hours of 7:00 a.m. and 9:00 p.m., and then only when the housekeeping duties are  
15 incidental to the rendering of care services; and

16 (2) between the hours of 9:00 p.m. and 7:00 a.m. and then only to the extent that the housekeeping  
17 duties do not hinder the assigned staff's duties of care or immediate response to residents, nor  
18 impede the assigned staff member's ability to monitor the residents.

19 (f) There shall be additional staff to provide daily housekeeping and food service duties.

20 (g) A cluster of facilities, each with capacity or census of 12 or fewer residents, shall comply with the following  
21 staffing:

22 (1) When there is a cluster of up to six licensed facilities located adjacently, there shall be at least one  
23 administrator or manager who lives within 500 feet of each of the facilities with a means of two-  
24 way telecommunication at all times.

25 (2) The administrator or manager on-duty shall be directly responsible for assuring that all required  
26 daily duties are carried out in each facility.

27  
28 *History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*  
29 *Temporary Adoption Eff. January 1, 2000;*  
30 *Eff. July 1, ~~2000~~ 2000;*  
31 *Readopted Eff. September 1, 2024.*

**Rule for: Adult Care Home Rules 13F**

**Exhibit D/1  
8/31/2023**

1 10A NCAC 13F .0607 is proposed for adoption as follows:

2

3 **10A NCAC 13F .0607 STAFFING FOR FACILITIES WITH A CENSUS OF 13 TO 20 RESIDENTS**

4 (a) In a facility with a census of greater than 12 but less than 21 residents, there shall be an administrator or manager  
5 in the facility or within 500 feet of the facility with a means of two-way telecommunication at all times.

6 (b) When the administrator or manager is not on duty within the facility, there shall be at least one awake staff member  
7 on duty on the first, second, and third shifts.

8 (c) When the administrator or manager is on duty within the facility, another staff member (i.e. co-administrator,  
9 manager or aide) shall be in the building or within 500 feet of the facility with a means of two-way telecommunication  
10 at all times and available to assist if needed.

11 (d) Each facility shall assign at least one staff member per shift to provide personal care services and supervision of  
12 residents as needed by the residents. The staff member so assigned shall not perform food service duties during the  
13 shift of rendering care services and supervision. The staff member so assigned shall not perform housekeeping duties  
14 during the shift of rendering care services and supervision, except;

15 (1) between the hours of 7:00 a.m. and 9:00 p.m., and then only when the housekeeping duties are  
16 incidental to the rendering of care services; and

17 (2) between the hours of 9:00 p.m. and 7:00 a.m., and then only to the extent that the housekeeping  
18 duties do not hinder the assigned staff's duties of care or immediate response to residents, nor  
19 impede the assigned staff member's ability to monitor the residents.

20 (e) There shall be additional staff to provide daily housekeeping and food service duties.

21

22 History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;

23 Eff. September 1, 2024.

**Rule for: Adult Care Home Rules 13F**

**Exhibit D/1  
8/31/2023**

1 10A NCAC 13F .0608 is proposed for adoption as follows:

2

3 **10A NCAC 13F .0608 STAFFING FOR FACILITIES WITH A CENSUS OF 21 OR MORE RESIDENTS**

4 (a) Each facility with a census of 21 or more residents shall have staff on duty to meet the needs of the residents.

5 (b) In addition to the requirement in Paragraph (a) of this Rule, each facility with a census of 21 or more residents  
6 shall comply with the following staffing requirements:

7 (1) On first shift and second shift, the total aide duty hours shall be at least:

8 (A) 16 hours of aide duty for facilities with a census of 21 to 40 residents.

9 (B) 20 hours of aide duty for facilities with a census of 41 to 50 residents.

10 (C) 24 hours of aide duty for facilities with a census of 51 to 60 residents.

11 (D) 28 hours of aide duty for facilities with a census of 61 to 70 residents.

12 (E) 32 hours of aide duty for facilities with a census of 71 to 80 residents.

13 (F) 36 hours of aide duty for facilities with a census of 81 to 90 residents.

14 (G) 40 hours of aide duty for facilities with a census of 91 to 100 residents.

15 (H) 44 hours of aide duty for facilities with a census of 101 to 110 residents.

16 (I) 48 hours of aide duty for facilities with a census of 111 to 120 residents.

17 (J) 52 hours of aide duty for facilities with a census of 121 to 130 residents.

18 (K) 56 hours of aide duty for facilities with a census of 131 to 140 residents.

19 (L) 60 hours of aide duty for facilities with a census of 141 to 150 residents.

20 (M) 64 hours of aide duty for facilities with a census of 151 to 160 residents.

21 (N) 68 hours of aide duty for facilities with a census of 161 to 170 residents.

22 (O) 72 hours of aide duty for facilities with a census of 171 to 180 residents.

23 (P) 76 hours of aide duty for facilities with a census of 181 to 190 residents.

24 (Q) 80 hours of aide duty for facilities with a census of 191 to 200 residents.

25 (R) 84 hours of aide duty for facilities with a census of 201 to 210 residents.

26 (S) 88 hours of aide duty for facilities with a census of 211 to 220 residents.

27 (T) 92 hours of aide duty for facilities with a census of 221 to 230 residents.

28 (U) 96 hours of aide duty for facilities with a census of 231 to 240 residents.

29 (2) On third shift, the total aide duty hours shall be at least:

30 (A) 8 hours of aide duty for facilities with a census of 21 to 30 residents.

31 (B) 16 hours of aide duty for facilities with a census of 31 to 60 residents.

32 (C) 24 hours of aide duty for facilities with a census of 61 to 90 residents.

33 (D) 32 hours of aide duty for facilities with a census of 91 to 120 residents.

34 (E) 40 hours of aide duty for facilities with a census of 121 to 150 residents.

35 (F) 48 hours of aide duty for facilities with a census of 151 to 180 residents.

36 (G) 56 hours of aide duty for facilities with a census of 181 to 210 residents.

37 (H) 64 hours of aide duty for facilities with a census of 211 to 240 residents.

(3) If the Department determines the needs of the residents at a facility are not being met by staffing requirements of Paragraph (b) of this Rule, the Department shall require the facility to employ staff to meet the needs of the residents.

(b) The aide shall provide personal care services and supervision needed by the residents.

(c) Aides shall not provide housekeeping duties except:

(1) Between the hours of 7:00 a.m. to 9:00 p.m.:

(A) to prevent an accident or injury;

(B) when occasionally attending to an individual resident housekeeping need; and

(C) when the number of aides on duty exceeds the minimum required by Paragraph (a) of this Rule.

(2) Between the hours of 9:00 p.m. to 7:00 a.m., as long as the housekeeping duties do not:

(A) hinder the aide's care of residents or immediate response to resident calls;

(B) do not disrupt the residents' normal lifestyles and sleeping patterns; and

(C) do not take the aide out of view of where the residents are as the aide shall be prepared to care for the residents since that remains his or her primary duty.

(d) Aides shall not be assigned food service duties except when providing assistance to individual residents who need help with eating and carrying plates, trays, or beverages to residents.

(e) In addition to the staffing required for management and aide duties, there shall be additional staff to perform housekeeping and food service duties.

Note: The following chart illustrates the required aide, supervisory and management staffing requirements for each eight-hour shift in facilities with a census of 21 or more residents according to Rules .0602, .0603, .0604, .0608, and .0609 of this Section.

<u>Census</u>	<u>Position Type</u>	<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
<u>21 - 30</u>	<u>Aide</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Supervisor</u>	<u>Not Required</u>	<u>Not Required</u>	<u>Not Required</u>
	<u>Administrator</u>	<u>In the building, or within 500 feet and immediately available.</u>		
<u>31-40</u>	<u>Aide</u>	<u>16</u>	<u>16</u>	<u>16</u>
	<u>Supervisor</u>	<u>8*</u>	<u>8*</u>	<u>In the building, or within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>On call</u>		
<u>41-50</u>	<u>Aide</u>	<u>20</u>	<u>20</u>	<u>16</u>
	<u>Supervisor</u>	<u>8*</u>	<u>8*</u>	<u>In the building, or within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>On call</u>		
<u>51-60</u>	<u>Aide</u>	<u>24</u>	<u>24</u>	<u>16</u>
	<u>Supervisor</u>	<u>8*</u>	<u>8*</u>	<u>In the building, or within 500 feet and immediately available.**</u>

	<u>Administrator</u>	<u>On call</u>		
<u>61-70</u>	<u>Aide</u>	<u>28</u>	<u>28</u>	<u>24</u>
	<u>Supervisor</u>	<u>8*</u>	<u>8*</u>	<u>4 hours within the facility/4 hours within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>On call</u>		
<u>71-80</u>	<u>Aide</u>	<u>32</u>	<u>32</u>	<u>24</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>4 hours within the facility/4 hours within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>On call</u>		
<u>81-90</u>	<u>Aide</u>	<u>36</u>	<u>36</u>	<u>24</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>4 hours within the facility/4 hours within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>91-100</u>	<u>Aide</u>	<u>40</u>	<u>40</u>	<u>32</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8**</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>101-110</u>	<u>Aide</u>	<u>44</u>	<u>44</u>	<u>32</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8**</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>111-120</u>	<u>Aide</u>	<u>48</u>	<u>48</u>	<u>32</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8**</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>121-130</u>	<u>Aide</u>	<u>52</u>	<u>52</u>	<u>40</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>131-140</u>	<u>Aide</u>	<u>56</u>	<u>56</u>	<u>40</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>141-150</u>	<u>Aide</u>	<u>60</u>	<u>60</u>	<u>40</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>151-160</u>	<u>Aide</u>	<u>64</u>	<u>64</u>	<u>48</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>161-170</u>	<u>Aide</u>	<u>68</u>	<u>68</u>	<u>48</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>171-180</u>	<u>Aide</u>	<u>72</u>	<u>72</u>	<u>48</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>181-190</u>	<u>Aide</u>	<u>76</u>	<u>76</u>	<u>56</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>191-200</u>	<u>Aide</u>	<u>80</u>	<u>80</u>	<u>56</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>



	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>201-210</u>	<u>Aide</u>	<u>84</u>	<u>84</u>	<u>56</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>211-220</u>	<u>Aide</u>	<u>88</u>	<u>88</u>	<u>64</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>16</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>221-230</u>	<u>Aide</u>	<u>92</u>	<u>92</u>	<u>64</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>16</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>231-240</u>	<u>Aide</u>	<u>96</u>	<u>96</u>	<u>64</u>
	<u>Supervisor</u>	<u>24</u>	<u>24</u>	<u>16</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		

1

2 \*Supervisor may conduct up to four hours of aide duty.

3 \*\* Supervisor's time on duty in the facility may be counted as required aide duty if the facility is sprinklered.

4

5 History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;

6 Eff. September 1, 2024.

1 10A NCAC 13F .0609 is proposed for adoption as follows:

2

3 **10A NCAC 13F .0609 PERSONAL CARE AIDE SUPERVISORS**

4 (a) The personal care aide supervisor shall be responsible for the direct supervision of personal care aides, including  
5 those who administer medications, to assure that care and services are provided to residents by personal care aides in  
6 in accordance with their training, the facility’s policies and procedures, the licensure rules of this Subchapter, and  
7 Chapter 131D of the general statutes. The personal care aide supervisor shall also be responsible for observing personal  
8 care aides in the performance of their duties; instructing, correcting, and consulting with aides as needed; and  
9 reviewing documentation by aides.

10 (b) During the first and second shifts in facilities with a census of 31 or more residents and on third shift in facilities  
11 with a census of 91 or more residents, the facility shall have supervisors on-duty during each shift as follows:

12 (1) One supervisor, on duty in the facility for less than 64 hours of aide duty per shift.

13 (2) Two supervisors for 64 to less than 96 hours of aide duty per shift.

14 (3) Three supervisors for 96 to less than 128 hours of aide duty per shift.

15 (c) Supervisors shall not provide hours of aide duty while servicing as a supervisor except as follows:

16 (1) On third shift in facilities with a census of 31 to 120 residents and a sprinkler fire suppression  
17 system.

18 (2) On first and second shifts, up to four hours, in facilities with a census of 31 to 70 residents.

19 (3) On first and second shifts in facilities with a census of 71 or more residents in which some personal  
20 care duties are performed but however the time involved in performing any personal care cannot be  
21 counted as required aide hours.

22 (d) On third shift in facilities with a census of 31 to 60 residents, the supervisor shall be in the facility or within 500  
23 feet and immediately available, as defined in Rule .0608 of this Section.

24 (e) On third shift in facilities with a census of 61 to 90 residents, the supervisor shall be on duty in the facility for at  
25 least four hours and within 500 feet and immediately available, as defined in Rule .0608 of this Section, for the  
26 remaining four hours.

27 (f) The supervisor on duty shall not serve simultaneously as the administrator but may serve simultaneously as the  
28 manager in the absence of the administrator.

29

30 History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;

31 Eff. September 1, 2024.

1 10A NCAC 13G .0102 is proposed for adoption as follows:

2

3 **10A NCAC 13G .0102 LIST OF DEFINITIONS**

4 In addition to the definitions set forth in G.S. 131D-2.1, the following definitions shall apply throughout this  
5 Subchapter:

6 (1) “Abuse” as defined in G.S. 131D-2.1.

7 (2) “Activities of daily living” means bathing, dressing, personal hygiene, ambulation, or locomotion,  
8 transferring, toileting, and eating.

9 (3) “Acute care needs” means symptoms or a condition that develops quickly and is not a part of the  
10 resident’s baseline health or mental health status or is a change or worsening in the symptoms of a  
11 resident’s chronic condition, which may have a slower onset and worsen over time.

12 (4) “Administrator” means the term as defined in G.S. 90-288.13 and G.S. 131D-2.1.

13 (5) “Adult care home” means the term as defined in G.S. 131D-2.1.

14 (6) “Alternative examination” means a test developed and administered by the Department to meet the  
15 educational requirements of an activity director or supervisor-in-charge for those applicants who do  
16 not possess a high school diploma or General Education Diploma (G.E.D.) prior to September 1,  
17 2024.

18 (7) “Aide duty” means time spent by qualified staff providing assistance with activities of daily living,  
19 medication administration, or supervision of residents as determined by the resident’s assessment,  
20 care plan, physician’s orders, and current symptoms.

21 (8) “Ambulatory” means able to respond and evacuate a facility without physical or verbal prompting  
22 from staff or another person.

23 (9) “Department” means the North Carolina Department of Health and Human Services.

24 (10) “Discharge” means a resident’s termination of their residency at the adult care home, resulting in  
25 the resident’s move to another location.

26 (11) “Exploitation” means the term as defined in G.S. 131D-2.1.

27 (12) “Facility” means a licensed family care home.

28 (13) “Family care home” means the term as defined in G.S. 131D-2.1.

29 (14) “First shift” means between the hours of 7:01 a.m. and 3:00 p.m.

30 (15) “Food service duties” means tasks that may be performed by staff related to serving meals to  
31 residents, including assisting with food preparation, arranging, and setting the dining tables, serving  
32 food and beverages, and cleaning the dining room after meal service is complete.

33 (16) “Housekeeping duties” means tasks that may be performed by staff such as cleaning and sanitizing  
34 facility common areas and resident rooms, sweeping, vacuuming, dusting, mopping, collecting, and  
35 disposing of trash.

36 (17) “Legal representative” means a person authorized by state or federal law (including but not limited  
37 to power of attorney representative payee) to act on behalf of the resident to support the resident in

1 decision-making; access medical, social, or other personal information of the resident; manage  
2 financial matters or receive notifications.

3 (18) “Long-term care” means a continuum of care and services available in an individual's community  
4 that provides the care and supports required during a persistent or chronic state of health, throughout  
5 which time a person is unable to independently perform some or all activities of daily living or  
6 requires supervision due to physical or cognitive impairment.

7 (19) “Medication aide” means an individual who administers medications to residents and meets all  
8 requirements as set forth in Rule .0403 of this Subchapter.

9 (20) “Neglect” means the term as defined in G.S. 131D-2.1.

10 (21) “Non-ambulatory” means not able to respond and evacuate a facility without physical or verbal  
11 prompting from staff or another person.

12 (22) “On-call” means able to be contacted by two-way telecommunication.

13 (23) “On-duty” in reference to an administrator means the administrator is on-site and directly  
14 responsible for the day-to-day operations of a facility. “On-duty” in reference to a supervisor-in-  
15 charge means a supervisor-in-charge designated by the facility as required in Rule .0402 of this  
16 Subchapter and who is on-site and directly responsible for the day-to-day operations of a facility  
17 under the direction and supervision of the administrator.

18 (24) “Personal care aide” means a staff member who performs personal care services as defined by G.S.  
19 131D-2.1.

20 (25) “Physical restraint” means any physical or mechanical device attached to or adjacent to the  
21 resident’s body that the resident cannot remove easily, and which restricts freedom of movement or  
22 normal access to one’s body.

23 (26) “Physician extender” means a licensed physician assistant or licensed nurse practitioner.

24 (27) “Resident” means the term as defined in G.S. 131D-2.1.

25 (28) “Responsible person” means a person chosen by the resident to act on their behalf to support the  
26 resident in decision-making; access to medical, social, or other personal information of the resident;  
27 manage financial matters; or receive notifications.

28 (29) “Second shift” means between the hours of 3:01 p.m. and 11:00 p.m.

29 (30) “Staff” means any person who performs duties as an employee, paid or unpaid, on behalf of the  
30 family care home.

31 (31) “Supervision” means oversight, monitoring, and interventions implemented by the facility for the  
32 purpose of mitigating the risk of an accident, incident, illness, or injury to a resident to ensure the  
33 health, safety, and welfare of the resident and other residents.

34 (32) “Supervisor-in-charge” means an individual responsible for the total operation of a family care home  
35 in the absence of the administrator and under the direction and supervision of the administrator as  
36 described in Rule .0402 of this Subchapter.

37 (33) “Third shift” means between the hours of 11:01 p.m. and 7:00 a.m.

1

2 History Note: Authority G.S. 131D-2.16; 143B-153;

3 Eff. September 1, 2024.

1 10A NCAC 13G .0404 is proposed for amendment as follows:

2

3 **10A NCAC 13G .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR**

4 Adult care homes shall have an activity director who meets the following qualifications:

5 (1) The activity director hired after September 30, 2022 shall meet a minimum educational requirement  
6 by being a high school graduate or certified under the GED Program.

7 (2) The activity director hired after September 30, 2022 shall have complete, within nine months of  
8 employment or assignment to this position, the basic activity course for assisted living activity  
9 directors offered by community colleges or a comparable activity course as determined by the  
10 Department based on instructional hours and content. An activity director shall be exempt from the  
11 required basic activity course if one or more of the following applies:

12 (a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation  
13 specialist as defined by the North Carolina Recreational Therapy Licensure Act in  
14 accordance with G.S. 90C;

15 (b) have two years of experience working in programming for an adult recreation or activities  
16 program within the last five years, one year of which was full-time in an activities program  
17 for patients or residents in a health care or long term care setting;

18 (c) be a licensed occupational therapist or licensed occupational therapy assistant in  
19 accordance with G.S. 90, Article 18D; or

20 (d) be certified as an Activity ~~Director~~ Professional by the National Certification Council for  
21 Activity ~~Professionals~~. Professionals; or

22 (e) the required basic activity course was completed prior to September 1, 2024.

23

24 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*

25 *Eff. April 1, 1984;*

26 *Amended Eff. July 1, 1990; April 1, 1987; January 1, 1985;*

27 *ARRC Objection Lodged March 18, 1991;*

28 *Amended Eff. August 1, 1991;*

29 *Temporary Amendment Eff. July 1, 2004;*

30 *Amended Eff. July 1, 2005;*

31 *Readopted Eff. October 1, ~~2022~~, 2022;*

32 *Amended Eff. September 1, 2024.*

1 10A NCAC 13G .0601 is proposed for readoption with substantive changes as follows:

2

3

**SECTION .0600 – STAFFING OF THE ~~HOME~~ FACILITY**

4

**10A NCAC 13G .0601 MANAGEMENT AND OTHER STAFF**

5  
6 (a) A family care home administrator who is approved in accordance with Rule .1501 of this Subchapter shall be  
7 responsible for the total operation of a family care home and management of the facility to assure that all care and  
8 services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable  
9 local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health  
10 Service Regulation and the county department of social services for ~~meeting and maintaining~~ complying with the rules  
11 of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for  
12 the operation of the ~~home~~ facility and for meeting and maintaining the rules of this Subchapter. The term ~~administrator~~  
13 “administrator” also refers to co-administrator where it is used in this Subchapter.

14 (b) The administrator shall have knowledge of and shall ensure the following:

15 (1) the investigation and reporting of any allegations of resident abuse, neglect, and exploitation as  
16 specified in Rule .1213(d) of this Subchapter;

17 (2) the investigation and reporting of any suspicion of or allegations of drug diversion as specified in  
18 Rule .1008 of this Subchapter;

19 (3) the reporting of any incidents of resident elopement or when a resident is missing from the facility  
20 as required in Rule .1213(e)(2) and Rule .0906(f)(4) of this Subchapter; and

21 (4) the investigation and reporting of any incident or accident resulting in the hospitalization or death  
22 of a resident as specified in Rule .1209 and Rule .1213 of this Subchapter.

23 (c) The administrator shall be made aware when the facility is unable to meet the staffing requirements of this Section.

24 (d) The administrator shall be made aware any time the facility seeks the assistance of the local law enforcement  
25 authority.

26 ~~(b)~~(c) At all times there shall be one the administrator or supervisor-in-charge who shall be in the facility or within  
27 500 feet of the facility with a means of two-way telecommunication. The administrator or supervisor-in-charge is  
28 directly responsible for assuring that all required duties are carried out in the ~~home~~ facility and for assuring that at no  
29 time is a resident left alone in the ~~home~~ facility without a staff member. ~~Except for the provisions cited in Paragraph~~  
30 (e) of this Rule regarding the occasional absence of the administrator or supervisor in charge, one of the following  
31 arrangements shall be used:

32 (1) ~~The administrator shall be in the home facility or reside within 500 feet of the home with a means~~  
33 ~~of two-way telecommunication with the home at all times. When the administrator does not live in~~  
34 ~~the licensed home, there shall be at least one staff member who lives in the home or one on each~~  
35 ~~shift and the administrator shall be directly responsible for assuring that all required duties are~~  
36 ~~carried out in the home;~~

1           ~~(2) — The administrator shall employ a supervisor in charge to live in the home facility or reside within~~  
2           ~~500 feet of the home with a means of two-way telecommunication with the home at all times. When~~  
3           ~~the supervisor in charge does not live in the licensed home, there shall be at least one staff member~~  
4           ~~who lives in the home or one on each shift and the supervisor in charge shall be directly responsible~~  
5           ~~for assuring that all required duties are carried out in the home; or~~

6           ~~(3) — When there is a cluster of licensed homes located adjacently on the same site, there shall be at least~~  
7           ~~one staff member in each home, either live in or on a shift basis, and at least one administrator or~~  
8           ~~supervisor in charge who lives within 500 feet of each home with a means of two-way~~  
9           ~~telecommunication with each home at all times and who is directly responsible for assuring that all~~  
10           ~~required duties are carried out in each home.~~

11 ~~(e) When the administrator or supervisor in charge is absent from the home or not within 500 feet of the home, the~~  
12 ~~following shall apply:~~

13           ~~(1) — For absences of a non-routine nature that do not exceed 24 hours per week, a relief person in charge~~  
14           ~~designated by the administrator shall be in charge of the home during the absence and in the home~~  
15           ~~or within 500 feet of the home according to the requirements in Paragraph (b) of this Rule. The~~  
16           ~~administrator shall assure that the relief person in charge is prepared to respond appropriately in~~  
17           ~~case of an emergency in the home. The relief person in charge shall be 18 years or older.~~

18           ~~(2) — For recurring or planned absences, a relief supervisor in charge designated by the administrator~~  
19           ~~shall be in charge of the home during the absence and in the home or within 500 feet of the home~~  
20           ~~according to the requirements in Paragraph (b) of this Rule. The relief supervisor in charge shall~~  
21           ~~meet all of the qualifications required for the supervisor in charge as specified in Rule .0402 of this~~  
22           ~~Subchapter with the exception of Item (4) pertaining to the continuing education requirement.~~

23 ~~(f) When the administrator or supervisor-in-charge are not in the facility or within 500 feet of the facility, a staff~~  
24 ~~person who meets the staff qualification requirements of this Subchapter shall be on duty in the facility. The staff~~  
25 ~~person shall be on duty in the facility no more than eight hours per 24 hours and no more than 24 hours total per week.~~

26 ~~(d)(g) Additional staff shall be employed as needed for housekeeping and the supervision and care of the residents.~~  
27 ~~residents in accordance with the rules of this Subchapter.~~

28 ~~(e)(h) Information on required staffing shall be posted in the facility according to G.S. 131D-4.3(a)(5). The facility~~  
29 ~~shall post daily staffing information in a location accessible to residents and visitors in accordance with G.S.131D-~~  
30 ~~4.3(a)(5). The information shall include:~~

31           ~~(1) the name and contact information of the administrator and supervisor in charge;~~

32           ~~(2) the number of required supervisors on each shift; and~~

33           ~~(3) the number of aides required on each shift.~~

34  
35 *History Note: Authority G.S. 131D-2.16; 131D-25; 143B-165;*

36 *Eff. January 1, 1977;*

37 *Readopted Eff. October 31, 1977;*



1

*Amended Eff. July 1, 2005; July 1, 1990; April 1, 1987; April 1, 1984; June 26, ~~1980.~~ 1980.*

2

*Readopted Eff. September 1, 2024.*

N.C. Division of Health Service Regulation, Adult Care Licensure Section  
Fiscal Impact Analysis  
Permanent Rule Readoption and Amendment without Substantial Economic Impact

**Agency:** North Carolina Medical Care Commission

**Contact Persons:** Nadine Pfeiffer, DHSR Rules Review Manager, (919) 855-3811  
Megan Lamphere, Chief, DHSR Adult Care Licensure Section, (919) 855-3784  
Shalisa Jones, Regulatory Analyst, DHSR Adult Care Licensure Section (704) 589-6214

**Impact:**

Federal Government: No  
State Government: Minimal  
Local Government: No  
Private Entities: Yes  
Substantial Impact: No

**Titles of Rule Changes and N.C. Administrative Code Citation**

Rule Readoptions (*See proposed text of these rules in Appendix*)

10A NCAC 13F .0402 Qualifications of Manager

10A NCAC 13F .0601 Management of Facilities- General Administrator and Manager Responsibilities

10A NCAC 13F .0602 Management of Facilities with a Census of Seven to Thirty Residents

10A NCAC 13F .0603 Management of Facilities with a Census of 31 to 80 Residents

10A NCAC 13F .0604 Management of Facilities with a Census of 81 or More Residents

10A NCAC 13F .0605 General Staffing Requirements for Adult Care Homes

10A NCAC 13F .0606 Staffing for Facilities with a Census of Seven to Twelve Residents

10A NCAC 13G .0601 Management and Other Staff

Rule Adoptions

10A NCAC 13F .0102 List of Definitions

10A NCAC 13F .0408 Qualifications of Personal Care Aide Supervisor

10A NCAC 13F .0607 Staffing for Facilities with A Census of 13 to 20 Residents

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10A NCAC 13G .0102 List of Definitions

Rule Amendments

10A NCAC 13F .0404 Qualifications of Activity Director

10A NCAC 13G .0404 Qualifications of Activity Director

**Authorizing Statutes:** G.S. 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 131D-25; 143B-165

## **Introduction and Background**

The agency is proposing changes to clarify management and staffing requirements for licensed adult care and family care home facilities. In addition, technical changes are proposed to clarify rule language and to meet current style standards. Note that the proposed changes resulted in a shift in the rule titles and numbers to allow for easier reading and to improve comprehension. The current rules as written are complex and difficult for providers and the public to understand staffing requirements and include a variety of scenarios and requirements based on size and/or census of the facility. Technical changes had been made to remove requirements based on capacity or census to using only the census to determine management and staffing requirements. The proposed language reorganizes the rules to delineate management responsibilities from management and staffing requirements.

Under the authority of G.S. 150B-21.3A, Periodic review of existing rules, the North Carolina Medical Care Commission and Rules Review Commission approved the Subchapter reports with classifications for the rules under 10A NCAC 13F Licensing of Adult Care Homes of Seven or More Beds and 10 NCAC 13G Licensing of Family Care Homes. The rules were classified in the reports as necessary with substantive public interest. Rules 10A NCAC 13F .0402, 13F .0601, 13F .0603, 13F .0604, 13F .0605, 13F .0606, 13G .0601 are being presented for re-adoption with substantive changes. Rules 10A NCAC 13F .0102, 13F .0408, 13F .0607, 13F .0608, 13F .0609, 13G .0102 are being adopted. Rule 13F .0404 and 13G .0404 has been amended for clarity and it doesn't affect the fiscal analysis, these rules were part of the fiscal analysis in the package for the Phase 3 re-adoption rules.

## **Rule Changes and Anticipated Fiscal Impact**

**10A NCAC 13F .0102 List of Definitions:** These rules are being adopted to clarify terms used throughout the adult and family care home rules. Adopting these rules helps define words and phrases commonly used throughout the Subchapter. Adopting these new rules with definitions also addresses the Rules Review Commission's request to clarify terms.

**10A NCAC 13F .0402 Qualifications of Manager:** This rule outlines the qualification requirements of a manager, formerly referred to as the "administrator in charge."

1. The rule is currently written to outline the qualifications of an administrator-in-charge. The proposed language removes the position title of "administrator-in-charge" and changes the term to "manager" for clarity. Adult care home administrators are certified and are responsible for total operation of the facility. Administrators are required to meet the provisions of G.S. 90, Article 20A. Specific qualifications to become certified include the equivalent of two years of coursework at an accredited college or university or supervisory experience in a licensed adult care home or licensed nursing home, and completion of a Department approved administrator-in-training program of at least 120 hours of study in courses relating to assisted living residences. According to G.S. 131D-2.1 the administrator is a person approved by the Department and has the responsibility for the total operation of a licensed adult care home. Administrators' certification qualifications equip them with the knowledge of adult care regulations and training to direct and ensure compliance.

A manager is responsible for the operations of the facility in the absence of the administrator; however, they will serve under the direction and supervision of the administrator. Since the statute is clear, the responsibilities of the administrator cannot be assigned to another person who is not the administrator.

Using the term “manager,” makes it clear to providers and their staff, residents and their families, and the public that the administrator is the person responsible for the operations and the manager is in charge in their absence.

2. The rule is currently written to allow the manager to meet a minimum educational requirement of either a high school diploma, certification under the GED program or passing an alternative examination established by the department.

The agency proposes to remove the alternative examination option for meeting minimum education requirements, allowing a manager to have either a high school diploma or GED.

Review of the data provided by the NC Division of Health Service Regulation, Health Care Personnel Education and Credentialing Section, reveals the total number of test takers for the alternative exam from July 2021-June 2022 was 27. In the past, staff have reported that test takers had already met the other qualifications (high school diploma or GED) and did not have to take the test to be qualified. Taking this test did not provide the test takers with any advantage over those who met the other manager requirements. Due to the demonstrated lack of demand and need for the alternative examination, the elimination of this qualification option should have minimal, if any, impact on prospective managers. It should be noted that individuals who passed the alternative exam and were hired prior to September 1, 2024 will not be required to complete any further testing to qualify to work in this role.

There could be a potential benefit in the form of time savings to the Health Care Personnel Education and Credentialing Section from not having to administer the alternative examination. The alternative exam is offered in-person. The agency would not need to spend funds on printing test materials or use funds to have staff administer the exam.

3. In Item (4), the rule was revised to update language for continuing education topics to now specify that it includes topics related to the elderly and individuals with physical, intellectual, or developmental disabilities, cognitive impairment, and mental illness. By providing more specificity in the rule, facility staff may be more likely to consider an increased variety of courses that relate to the current needs of residents.

**10A NCAC 13F .0408 Qualifications of Personal Care Aide Supervisor:** This rule outlines the qualification requirements of a personal care aide supervisor. The requirements and qualifications listed in this rule are currently found in Rule 13F .0605. The rule language is proposed to be moved to this new rule for clarity.

1. The current requirements include a minimum educational requirement of either a high school diploma, certification under the GED program or passing an alternative examination established by the department. The agency proposes to remove the alternative examination option for meeting minimum education requirements, allowing a personal care aide supervisor to have either a high school diploma or GED.

As with Rule .0402, the elimination of this qualification option should have minimal, if any, impact to prospective personal care aide supervisors due to the demonstrated lack of demand for the alternative examination. It should be noted that individuals who passed the alternative exam and were hired prior to September 1, 2024, will not be required to complete any further testing to qualify to work in this role.

2. In Item (6) the rule was revised to update language for continuing education topics to now specify that it includes the elderly and individuals with physical, intellectual, or developmental disabilities, cognitive impairment, and mental illness. By providing more specificity in the rule, facility staff may be more likely to consider an increased variety of courses that relate to the current needs of residents.

### **10A NCAC 13F .0601 Management of Facilities- General Administrator and Manager Responsibilities:**

Proposed changes seek to delineate and define adult care home administrator and manager responsibilities. The proposed rule language clarifies specific responsibilities and involvement in Paragraph (c) which include the investigation and reporting of resident abuse, neglect, exploitation, drug diversion, elopement, missing residents, incidents involving hospitalizations or death, and clarifies that the administrator shall be aware of requirements in Paragraphs (d) and (e) which include when staffing requirements cannot be met and any time the facility seeks the assistance of local law enforcement. Under existing rules, the administrator is already responsible for the total operation of the facility. As such, the responsibilities listed in the proposed changes are already required of them. The language in the proposed rule will, however, provide additional clarity by listing them out. For example, the current rules do not specify how the administrator is to be involved when specific allegations and reporting are required.

Administrators are required to meet the provisions of G.S. 90, Article 20A. Specific qualifications to become certified include the equivalent of two years of coursework at an accredited college or university or supervisory experience in a licensed adult care home or licensed nursing home, and completion of a Department approved administrator-in-training program of at least 120 hours of study in courses relating to assisted living residences. The required training and education requirements equip administrators with the knowledge of regulations and requirements to properly respond and guide staff on how to handle situations and comply with rules when incidents occur.

According to G.S. 131D-2.1, the administrator has the responsibility for the total operation of a licensed adult care home. The categories listed in Paragraphs (c) through (e) have a direct impact on resident health and safety, even staff health and safety sometimes as these situations can be stressful and complex. Staff working in adult care homes are often unlicensed and not equipped to handle serious situations on their own without guidance from supervisors, and they may not be knowledgeable of the requirements for handling and reporting such incidents and when follow-up is needed or required.

Additionally, according to current regulations, administrators are not required to be on-site in the facility unless the facility has a census of 81 or more residents. This means that administrators are often not in the building (sometimes rarely), may live far away from the facility's location, and may also serve as the administrator of more than one adult care home at a time. Oftentimes, when the state regulatory agency cites violations related to the categories listed in this proposed rule, the findings show administrators were not aware of the situations, and the facility's staff were unsure of how to respond or failed to respond in accordance with regulations when these serious events occur. Adding the requirements in Paragraphs (c), through (e) helps to ensure administrators are knowledgeable of and involved in situations that can and do have a serious impact on the health and safety of residents (and sometimes staff, too). This will enable them to provide direction and guidance to their staff and put systems in place to ensure compliance and safety.

The proposed language is clearer and more specific and should result in improved awareness and communication among facility staff and management. These changes should ultimately improve the

health, safety, and well-being of adult care home residents as well as a facility's compliance with regulations.

There are no additional costs to implement the proposed changes as administrators already have responsibility for the total operation of a licensed adult care home under existing rules, and therefore, should be knowledgeable of and involved in the handling of these types of situations, even if it is just providing direction and oversight of staff's implementation of the requirements.

**10A NCAC 13F .0602 Management of Facilities with a Census of Seven to Thirty Residents:** This rule and title have been updated to address the required management responsibilities for facilities with a census of 7 to 30 residents. The proposed language was previously found in Rule 13F .0601; however, rule titles and numbers were shifted to accommodate rule language for general administrator responsibilities. There are no changes to the requirements for facilities with a census of 7 to 30. The agency has proposed an updated definition for "a cluster of licensed facilities" to provide clarity.

Fiscal Impact: None

**10A NCAC 13F .0603 Management of Facilities with a Census of 31 to 80 Residents:** This rule and title have been updated to address the required management responsibilities for facilities with a census of 31 to 80 residents. The proposed language was previously found in Rule 13F .0602; however, rule titles and numbers were shifted to accommodate rule language for general administrator responsibilities. There are no changes to the requirements for facilities with a census of 31 to 80.

Fiscal Impact: None

**10A NCAC 13F .0604 Management of Facilities with a Census of 81 or More Residents:** This rule and title have been updated to address the required management responsibilities for facilities with a census of 81 or more residents. The proposed language was previously found in Rule 13F .0603; however, rule titles and numbers were shifted to accommodate rule language for general administrator responsibilities. There are no changes to the requirements for facilities with a census of 81 or more. The proposed language in Paragraph (a) clarifies that facilities on a contiguous parcel of land or campus setting shall be under the same ownership.

Fiscal Impact: None

**10A NCAC 13F .0605 General Staffing Requirements for Adult Care Homes:** This rule and title have been updated to address general staffing requirements for all adult care homes regardless of the facility's census. The proposed language is currently found in Rule 13F .0604; however, rule titles and numbers were shifted to accommodate rule language for general staffing requirements. Paragraph (d) clarifies what information that shall be posted daily according to G.S. 131D-4.3(a)(5). The proposed rule language clarifies that the contact information of the administrator and manager shall also be posted daily to ensure residents and families are aware of who they need to contact if they have concerns or issues.

Fiscal Impact: None

**10A NCAC 13F .0606 Staffing for Facilities with a Census of Seven to Twelve Residents:** This rule and title have been updated to address staffing requirements for facilities with a census of 7 to 12 residents. The proposed language is currently found in Rule 13F .0604; however, rule titles and numbers were shifted to allow for easier reading and to improve comprehension of the requirements.

The proposed rule language also clarifies that staff shall always be awake to care for residents who are disoriented or known to have wandering behavior. Residents who are disoriented or known to wander are at risk of falls, elopement, or serious injury, therefore these residents need a higher level of supervision. The proposed changes align with Rule .0901(b) which requires residents to be supervised according to their needs. In the case of disoriented or wandering residents, their needs include 24-hour supervision. As such, the proposed changes do not result in any changes to existing requirements. If there is confusion over the existing requirement for 24 hour a day supervision for residents with disorientation or wandering, the additional clarity provided by the proposed change could reduce the potential for negative outcomes due to the lack of supervision related to residents who have cognitive impairment.

**10A NCAC 13F .0607 Staffing for Facilities with A Census of 13 to 20 Residents:** This rule and title have been updated to address staffing requirements for facilities with a census of 13 to 20 residents. The proposed language is currently found in Rule 13F .0604; however, rule titles and numbers were shifted to allow for easier reading and to improve comprehension of the requirements.

Fiscal Impact: None

**10A NCAC 13F .0608 Staffing for Facilities with A Census of 21 or More Residents:** A new rule number was created to address staffing requirements for facilities with a census of 21 or more residents. The proposed language is currently found in Rule 13F .0604; however, rule titles and numbers were shifted to allow for easier reading and to improve comprehension of the requirements. The proposed language has also been clarified to specify the required aide duty hours for each shift and census. These changes were made in response to comments received from the North Carolina Rules Review Commission.

Fiscal Impact: None

**10A NCAC 13F .0609 Personal Care Aide Supervisors:** This rule outlines the duties of a personal care aide supervisor. The requirements listed in this rule currently exist in Rule 13F .0605. There are no changes and no new requirements for personal care aide supervisors. A new rule number was created to allow for easier reading to improve comprehension of the requirements.

**10A NCAC 13G .0601 Management and Other Staff:** This rule defines management and staffing requirements for licensed family care home facilities. The proposed rule language outlines and clarifies specific management responsibilities and administrator involvement. Technical changes were also made to this rule to be consistent with current writing styles. Revisions were also made to update the requirements for facilities that utilize relief staff persons.

1. Proposed changes seek to delineate and define family care home administrator and supervisor-in-charge responsibilities. The proposed rule language clarifies specific responsibilities and involvement in Paragraph (b) which include the investigation and reporting of resident abuse, neglect, exploitation, drug diversion, elopement, missing residents, incidents involving hospitalizations or death and clarifies that the administrator shall be aware of requirements in Paragraphs (c) and (d) which include when staffing requirements cannot be met and any time the facility seeks the assistance of local law enforcement. The administrator is responsible for the management and total operation of the facility. As such, the responsibilities listed in the proposed changes are already required of the administrator. The language in the proposed rule will, however, provide additional clarity by listing them out. For example, the current

rules do not specify how the administrator and supervisor-in-charge are to be involved when specific allegations and reporting are required.

Administrators are approved by the department pursuant to 10A NCAC 13G .1501. Specific qualifications to obtain approval include completion of an approved administrator-in-training program of a minimum of 20 hours of instruction in N.C. Assisted Living laws and statutes, human resources, business management, and a minimum of 100 hours of on-the job training in an assisted living facility. The required training requirements equip administrators with the knowledge of regulations and requirements to properly respond and guide staff on how to handle situations and comply with rules when incidents occur. According to G.S. 131D-2.1, the administrator has the responsibility for the total operation of a licensed adult care home. The categories listed in Paragraphs (b) through (d) have a direct impact on resident health and safety, even staff health and safety sometimes as these situations can be stressful and complex. Staff working in family care homes are unlicensed, often not equipped to handle serious situations on their own without guidance from supervisors and may not be knowledgeable of the requirements for handling and reporting such incidents and when follow-up is needed or required. Additionally, according to current regulations, administrators are not required to be on-site in the facility. This means that administrators are often not in the building (sometimes rarely), may live far away from the facility's location, and may also serve as the administrator of more than one family care home at a time. Oftentimes when the state regulatory agency cites violations related to the categories listed in this proposed rule, the findings show administrators were not aware of the situations and the facility's staff were unsure of how to respond or failed to respond in accordance with regulations when these serious events occur. Adding the requirements in Paragraphs (b) through (d) helps to ensure administrators are knowledgeable of and involved in situations that can and do have a serious impact on the health and safety of residents (and sometimes staff, too) which will enable them to provide direction and guidance to their staff and put systems in place to ensure compliance and safety.

The proposed language should result in improved awareness and communication among facility staff and management. The proposed language is clearer and more specific. These changes should ultimately improve the health, safety and well-being of family care home residents as well as a facility's compliance with regulations.

There are no additional costs to implement the proposed changes as administrators already have responsibility for the total operation of a licensed adult care home under existing rules, and therefore, should be knowledgeable of and involved in the handling of these types of situations, even if it is just providing direction and oversight of staff's implementation of the requirements.

2. The rule as currently written allows a "relief-person-in-charge" to be responsible for the residents and the facility when the administrator or supervisor-in-charge is absent from the facility due to a non-routine occurrence, and a "relief-supervisor-in-charge" to be present for planned absences.

The current rule requires the relief-person-in-charge to be able to respond to emergencies and be 18 years or older. However, requirements in other family care home rules require each staff person to meet the staff qualifications including for test for tuberculosis (13G .0405), other staff qualifications (13G .0406). The current rules regarding staff orientation, training, competency, and continuing education are outlined in section .0500 of the family care home rules and specifically require staff who perform personal care duties to be trained accordingly. Also, current rules require that there must always be one person on the premises who has completed cardio-pulmonary resuscitation (CPR) and choking management (13G .0507).



These terms, “relief person in charge” and “relief supervisor in charge,” create confusion and ambiguity related to the roles these staff persons play in a family care home and the qualifications they must meet to ensure the health and safety of the residents in their care. The proposed rule language clarifies the requirements to include a staff person who meets the staff qualification requirements as indicated in the family care home rules. The proposed language seeks to clarify that the staff person in charge is qualified, trained, and is adequately able to supervise the facility to protect the safety and welfare of residents in the absence of the administrator or supervisor-in-charge. Since staff are already required to meet staff qualifications as required in the rules, there is no fiscal impact related to these changes.

### **Summary**

As compared to the existing regulatory baseline, none of the proposed changes will result in a significant cost to the regulated community, or to state or local government. The improved clarity of the rules -- in particular, for requirements related to administrator responsibilities and communication; 24-hour awake staff for residents who are disoriented or exhibit wandering behavior; and continuing education topics -- should result in improved compliance with the adult care and family care home regulations. This should, in turn, result in improvements to the overall quality of care for the residents, as well as their safety.

The proposed changes are likely to result in minimal time savings for the Health Care Personnel Education and Credentialing Section from the elimination of the alternative examination option. The agency does not anticipate any additional impact on state government or local government (county Departments of Social Services who monitor and conduct complaint investigations in adult care homes and family care homes) beyond their current job requirements to implement, monitor, and enforce the adult care home and family care home regulations.

## Appendix

10A NCAC 13F .0102 is proposed for adoption as follows:

### **10A NCAC 13F .0102 LIST OF DEFINITIONS**

As used in this Subchapter, the following definitions shall apply:

- (1) “Abuse” means the term as defined in G.S. 131D-2.1.
- (2) “Activities of daily living” or “ADL’s” means eating, dressing, bathing, toileting, bowel and bladder control, transfers, ambulation, and communication.
- (3) “Acute care needs” means symptoms or a condition that develops quickly and is not a part of the resident’s baseline health or mental health status or is a change or worsening in the symptoms of a resident’s chronic condition, which may have a slower onset and worsen over time.
- (4) “Administrator” means the term as defined in G.S. 90-288.13 and G.S. 131D-2.1.
- (5) “Adult care home” means the term as defined in G.S. 131D-2.1.
- (6) “Alternative examination” means a test developed and administered by the Department to meet the educational requirements of an activity director, administrator-in-charge, manager, or personal care aide supervisor for those applicants who do not possess a high school diploma or General Education Diploma (G.E.D.) prior to September 1, 2024.
- (7) “Aide duty” means time spent by qualified staff providing assistance with activities of daily living, medication administration, or supervision of residents as determined by the resident’s assessment, care plan, physician’s orders, and current symptoms.
- (8) “Department” means the North Carolina Department of Health and Human Services.
- (9) “Discharge” means a resident’s termination of their residency at the adult care home, resulting in the resident’s move to another location.
- (10) “Exploitation” means the term as defined in G.S. 131D-2.1.
- (11) “Facility” means a licensed adult care home.
- (12) “First shift” means the hours of work between 7:01 a.m. and 3:00 p.m.
- (13) “Food service duties” means tasks that may be performed by staff related to serving meals to residents, including assisting with food preparation, arranging, and setting the dining tables, serving food and beverages, and cleaning the dining room after meal service is complete.
- (14) “Housekeeping duties” means tasks that may be performed by staff such as cleaning and sanitizing facility common areas and resident rooms, sweeping, vacuuming, dusting, mopping, collecting, and disposing of trash.
- (15) “Legal representative” means a person authorized by state or federal law (including but not limited to power of attorney, legal guardian, or representative payee) to act on behalf of the resident to support the resident in decision-making; access medical, social, or other personal information of the resident; and manage financial matters or receive notifications.
- (16) “Long-term care” means a continuum of care and services available in an individual's community that provides the care and supports required during a persistent or chronic state of health, throughout which time a person is

- unable to independently perform some or all activities of daily living or requires supervision due to physical or cognitive impairment.
- (17) “Manager” means an individual responsible for the day-to-day operation of an adult care home in the absence of the administrator and under the direction and supervision of the administrator as described in Rule .0402 of this Subchapter.
- (18) “Medication aide” means an individual who administers medications to residents and meets all requirements as set forth in Rule .0403 of this Subchapter.
- (19) “Neglect” means the term as defined in G.S. 131D-2.1.
- (20) “On-call” means able to be contacted by two-way telecommunication.
- (21) “On-duty” in reference to an administrator means the administrator is on-site and directly responsible for the day-to-day operations of a facility. “On-duty” in reference to a manager means a manager designated by the administrator as required in Rule .0402 of this Subchapter and who is on-site and directly responsible for the day-to-day operations of a facility under the direction and supervision of the administrator.
- (22) “Personal care aide” means a staff member who performs personal care services as defined by G.S. 131D-2.1.
- (23) “Physical restraint” means any physical or mechanical device attached to or adjacent to the resident’s body that the resident cannot remove easily, and which restricts freedom of movement or normal access to one’s body.
- (24) “Physician extender” means a licensed physician assistant or a licensed nurse practitioner.
- (25) “Resident” means the term as defined in G.S. 131D-2.1.
- (26) “Responsible person” means a person chosen by the resident to act on their behalf to support the resident in decision-making; access to medical, social, or other personal information of the resident; manage financial matters; or receive notifications.
- (27) “Second shift” means the hours of work between 3:01 p.m. and 11:00 p.m.
- (28) “Staff” means any person who performs duties as an employee, paid or unpaid, on behalf of the adult care home.
- (29) “Supervision” means oversight, monitoring, and interventions implemented by the facility for the purpose of mitigating the risk of an accident, incident, illness, or injury to a resident to ensure the health, safety, and welfare of the resident and other residents.
- (30) “Supervisor” means a personal care aide supervisor as defined in Rule .0609 of this Subchapter.
- (31) “Third shift” means the hours of work between 11:01 p.m. and 7:00 a.m.

History Note: Authority G.S. 131D-2.16; 143B-153;  
Eff. September 1, 2024.

10A NCAC 13F .0402 is proposed for re adoption with substantive changes as follows:

**10A NCAC 13F .0402 QUALIFICATIONS OF ADMINISTRATOR-IN-CHARGE MANAGER**

The facility shall designate a manager when the administrator is absent from the facility. The administrator in charge, manager, who is responsible to the administrator for carrying out the program in day-to-day operations of an adult care home in the absence of the administrator, administrator. The administrator remains ultimately responsible for the adult care home, and the manager shall serve under the direction and supervision of the administrator. The manager shall meet the following requirements:

- (1) be 21 years or older;
- (2) be a high school graduate or certified under the G.E.D. ~~program~~ program, or if hired before September 1, 2024, have passed ~~an~~ the alternative examination established by the Department;
- (3) have six months training or experience related to management or supervision in long term care or health care settings or be a licensed health ~~professional~~, professional such as a mental health professional, nurse practitioner, physician assistant, or registered nurse, licensed a nursing home administrator administrator certified pursuant to G.S. 90-276(4), or certified an assisted living administrator, administrator certified pursuant to G.S. 90-288.14; and
- (4) earn 12 hours a year of continuing education credits ~~related to~~ in the management of adult care homes or care of ~~aged and disabled persons.~~ the elderly and individuals with physical, intellectual, or developmental disabilities, cognitive impairment, and mental illness.

*History Note: Authority G.S. 131D.2.16; 131D-4.5; 131D-25; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Temporary Amendment Eff. December 1, 1999;  
Amended Eff. July 1, 2000;  
Temporary Amendment Eff. July 1, 2003;  
Amended Eff. June 1, ~~2004.~~ 2004;  
Readopted Eff. September 1, 2024.*

10A NCAC 13F .0404 is proposed for amendment as follows:

**10A NCAC 13F .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR**

Adult care homes shall have an activity director who meets the following qualifications:

- (1) The activity director hired after September 30, 2022 shall meet a minimum educational requirement by being a high school graduate or certified under the GED Program.
- (2) The activity director hired after September 30, 2022 shall complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and

content. An activity director shall be exempt from the required basic activity course if one or more of the following applies:

- (a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C;
- (b) have two years of experience working in programming for an adult recreation or activities program within the last five years, one year of which was full-time in an activities program for patients or residents in a health care or long term care setting;
- (c) be a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D; ~~or~~
- (d) be certified as an Activity ~~Director~~ Professional by the National Certification Council for Activity ~~Professionals~~. Professionals; or
- (e) the required basic activity course was completed prior to September 1, 2024.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. April 1, 1987; April 1, 1984;  
Temporary Amendment Eff. July 1, 2003;  
Amended Eff. June 1, 2004;  
Temporary Amendment Eff. July 1, 2004;  
Amended Eff. July 1, 2005;  
Readopted Eff. October 1, ~~2022~~. 2022;  
Amended Eff. September 1, 2024.*

10A NCAC 13F .0408 is proposed for adoption as follows:

#### **10A NCAC 13F .0408 QUALIFICATIONS OF PERSONAL CARE AIDE SUPERVISOR**

(a) Facilities with a census of 31 or more residents shall employ a Personal Care Aide Supervisor as defined in Paragraph (b) of this Rule. The term "Supervisor" as used throughout Section .0600 of this Subchapter refers to the Personal Care Aide Supervisor.

(b) A supervisor shall meet the following qualifications:

- (1) be 21 years or older;
- (2) be a high school graduate or certified under the G.E.D. program or if hired before September 1, 2024, have passed an alternative examination established by the Department;
- (3) meet the health requirements according to Rule .0406 of this Section;
- (4) have six months of experience in performing or supervising the performance of the duties to be supervised during the period of three years prior to July 1, 2000 or the date of hire, whichever is later, or be a licensed health professional such as a mental health professional, nurse practitioner, physician assistant, or registered nurse, or a nursing home administrator certified pursuant to G.S. 90-276(4);

- (5) meet the same minimum training and competency requirements of the aides being supervised; and
- (6) earn 12 hours a year of continuing education credits related to the care of the elderly and individuals with physical, intellectual, or developmental disabilities, cognitive impairment, and mental illness.

History Note: Authority G.S. 131D-2.16; 131D-4.3; 143B-165;  
Eff. September 1, 2024.

10A NCAC 13F .0601 is proposed for readoption with substantive changes as follows:

#### **SECTION .0600 - STAFFING**

#### **10A NCAC 13F .0601 ~~MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF SEVEN TO THIRTY RESIDENTS~~ FACILITIES - GENERAL ADMINISTRATOR AND MANAGER RESPONSIBILITIES**

(a) ~~Each adult care home shall have an~~ An adult care home administrator who is certified in accordance with Rule .1701 of this Subchapter. ~~The administrator shall be responsible for the total operation of an adult care home and management of the facility to assure that all care and services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health Service Regulation and the county department of social services for~~ meeting and maintaining complying with the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term ~~administrator~~ “administrator” also refers to co-administrator where it is used in this Subchapter.

(b) ~~At all times there shall be one administrator or administrator in charge who is directly responsible for assuring that all required duties are carried out in the home and for assuring that at no time is a resident left alone in the home without a staff member. Except for the provisions in Paragraph (c) of this Rule, one of the following arrangements shall be used to manage a facility with a capacity or census of 7 to 30 residents:~~

- (1) ~~The administrator is in the home or within 500 feet of the home with a means of two way telecommunication with the home at all times;~~
- (2) ~~An administrator in charge is in the home or within 500 feet of the home with a means of two way telecommunication with the home at all times; or~~
- (3) ~~When there is a cluster of licensed homes, each with a capacity of 7 to 12 residents, located adjacently on the same site, there shall be at least one staff member, either live in or on a shift basis in each of these homes. In addition, there shall be at least one administrator or administrator in charge who is within 500 feet of each home with a means of two way telecommunication with each home at all times and directly responsible for assuring that all required duties are carried out in each home.~~

(c) ~~When the administrator or administrator in charge is absent from the home or not within 500 feet of the home, the following shall apply:~~

- ~~(1) For absences of a non routine nature that do not exceed 24 hours per week, a relief person in charge designated by the administrator shall be in charge of the home during the absence and in the home or within 500 feet of the home according to the requirements in Paragraph (b) of this Rule. The administrator shall assure that the relief person in charge is prepared to respond in case of an emergency in the home. The relief person in charge shall be 21 years or older.~~
- ~~(2) For recurring or planned absences, a relief administrator in charge designated by the administrator shall be in charge of the home during the absence and in the home or within 500 feet of the home according to the requirements in Paragraph (b) of this Rule. The relief administrator in charge shall meet all of the qualifications required for the administrator in charge as specified in Rule .0402 of this Subchapter with the exception of Item (4) pertaining to the continuing education requirement.~~

(b) An adult care home manager shall be responsible for carrying out the day-to-day operations and all required duties of an adult care home in the absence of an administrator.

(c) The administrator shall have knowledge of and shall ensure the following:

- (1) the investigation and reporting of any allegations of resident abuse, neglect, and exploitation as specified in Rule .1212(d) of this Subchapter;
- (2) the investigation and reporting of any suspicion of or allegations of drug diversion as specified in Rule .1008 of this Subchapter;
- (3) the reporting of any incidents of resident elopement or when a resident is missing from the facility, as required in Rule .1212(e)(2) and Rule .0906(f)(4) of this Subchapter; and
- (4) the investigation and reporting of any incident or accident resulting in the hospitalization or death of a resident, as specified in Rule .1208 and Rule .1212 of this Subchapter.

(d) The administrator shall be made aware when the facility is unable to meet the staffing requirements of this Section.

(e) The administrator shall be made aware any time the facility seeks the assistance of the local law enforcement authority.

(f) For facilities with a census of 7 to 30 residents, the manager or staff person on duty shall immediately notify the administrator of any of the circumstances listed in Paragraphs (c), (d), and (e) of this Rule.

(g) For facilities with a census of 31 or more the manager or supervisor shall immediately notify the administrator of any of the circumstances listed in Paragraphs (c), (d), and (e) of this Rule.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 131D-25; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;  
Temporary Amendment Eff. January 1, 2000; December 1, 1999;  
Amended Eff. July 1, 2000;  
Temporary Amendment Eff. July 1, 2003;  
Amended Eff. July 1, 2005; June 1, ~~2004~~. 2004;  
Readopted Eff. September 1, 2024.*

10A NCAC 13F .0602 is proposed for readoption with substantive changes as follows:

**10A NCAC 13F .0602     MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF ~~31 TO 80~~ SEVEN TO THIRTY RESIDENTS**

~~(a) In facilities with a capacity or census of 31 to 80 residents, there shall be an administrator on call, which means able to be contacted by telephone, pager or two-way intercom, at all times when not in the building. (For staffing chart, see Rule .0606 of this Subchapter.)~~

~~(b) When the administrator is not on duty in the facility, there shall be a person designated as administrator in charge on duty in the facility who has the responsibility for the overall operation of the facility and meets the qualifications for administrator in charge required in Rule .0602 of this Section. The personal care aide supervisor, as required in Rule .0605 of this Subchapter, may serve simultaneously as the administrator in charge.~~

In a facility with a census of greater than seven but less than 31 residents, there shall be one administrator or manager who is directly responsible for assuring that all required duties are carried out in the facility. One of the following arrangements shall be used to manage a facility with a census of seven to 30 residents:

- (1) the administrator is in the facility or within 500 feet of the facility with a means of two-way telecommunication with the facility at all times;
- (2) a manager is in the facility or within 500 feet of the facility with a means of two-way telecommunication with the facility at all times; or
- (3) when there is a cluster of licensed facilities, each with a census of 12 or fewer residents, there shall be at least one staff member, either live-in or on a shift basis in each of these facilities. In addition, there shall be at least one administrator or manager who is within 500 feet of each home with a means of two-way telecommunication with each facility at all times and directly responsible for assuring that all required duties are carried out in each facility. For the purpose of the rules in this Section, “a cluster of licensed facilities” means up to six licensed adult care homes which are under common ownership and are located adjacently on the same site.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 131D-25; 143B-165;  
Temporary Adoption Eff. January 1, 2000;  
Eff. July 1, ~~2000~~ 2000;  
Readopted Eff. September 1, 2024.*

10A NCAC 13F .0603 is proposed for readoption with substantive changes as follows:

**10A NCAC 13F .0603     MANAGEMENT OF FACILITIES WITH A ~~CAPACITY OR CENSUS OF 81 OR MORE~~ 31 TO 80 RESIDENTS**

~~(a) An adult care home with a capacity or census of 81 or more residents shall be under the direct control of an administrator, who shall be responsible for the operation, administration, management and supervision of the facility on a full-time basis to assure that all care and services to residents are provided in accordance with all applicable local, state and federal regulations and codes. The administrator shall be on duty in the facility at least eight hours per day, five days per week and shall not serve~~



~~simultaneously as a personal care aide supervisor or other staff to meet staffing requirements while on duty as an administrator or be an administrator for another adult care home except as follows. If there is more than one facility on a contiguous parcel of land or campus setting, and the combined licensed capacity of the facilities is 200 beds or less, there may be one administrator on duty for all the facilities on the campus. The administrator shall not serve simultaneously as a personal care aide supervisor in this campus setting. For staffing chart, see Rule .0606 of this Subchapter.~~

~~(b) When the administrator is not on duty in the facility, there shall be a person designated as administrator in charge on duty in the facility who has responsibility for the overall operation of the facility. The supervisor may serve simultaneously as the administrator in charge. Each facility on a contiguous parcel of land or campus setting, as described in Paragraph (a) of this Rule, shall have a person designated as the administrator in charge in the facility when the administrator is not on duty.~~

~~(c) The administrator shall be on call, which means able to be contacted by telephone, pager or two way intercom at all times when not in the building.~~

Each facility with a census of greater than 30 but less than 81 residents shall:

- (1) have an administrator on-call at all times when not in the building; and
- (2) have a manager on-duty in the facility when the administrator is not on-duty in the facility. The personal care aide supervisor, as required in Rule .0608 of this Section, may serve simultaneously as the manager.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 131D-25; 143B-165;  
Temporary Adoption Eff. January 1, 2000; December 1, 1999;  
Eff. July 1, 2000;  
Amended Eff. July 1, ~~2005~~ 2005;  
Readopted Eff. September 1, 2024.*

10A NCAC 13F .0604 is proposed for readoption with substantive changes as follows:

**10A NCAC 13F .0604 ~~PERSONAL CARE AND OTHER STAFFING~~ MANAGEMENT OF FACILITIES WITH A CENSUS OF 81 OR MORE RESIDENTS**

~~(a) Adult care homes shall staff to the licensed capacity of the home or to the resident census. When a home is staffing to resident census, a daily census log shall be maintained which lists current residents by name, room assignment and date of admission and must be available for review by the Division of Health Service Regulation and the county departments of social services.~~

~~(b) Homes with capacity or census of 12 or fewer residents shall comply with the following.~~

- ~~(1) At all times there shall be an administrator or administrator in charge in the home or within 500 feet of the home with a means of two way telecommunication.~~
- ~~(2) When the administrator or administrator in charge is not on duty within the home, there shall be at least one staff member on duty on the first and second shifts and at least one staff member on call within the building on third shift. There shall be a call system connecting the bedroom of the staff member, who may be asleep on the third shift, with each resident's bedroom.~~

- (3) ~~When the administrator or administrator in charge is on duty within the home on the first and second shifts and on call within the home on the third shift, another staff member (i.e., co-administrator, administrator in charge or aide) shall be in the building or within 500 feet of the home with a means of two-way telecommunication at all times.~~
- (4) ~~The administrator shall prepare a plan of operation for the home (each home in a cluster) specifying the staff involved, their regularly assigned duties and the amount of time estimated to be spent for each duty. There shall be a current plan of operation on file in the home, available for review by the Division of Health Service Regulation and the county department of social services.~~
- (5) ~~At least 12 hours shall be spent daily providing for the personal services, health services, drug management, planned activities, and other direct services needed by the residents. These duties are the primary responsibility of the staff member(s) on duty on the first and second shifts; however, other help, such as administrator in charge and activities coordinator may be used to assist in providing these services.~~
- (6) ~~Between the hours of 9 p.m. and 7 a.m. the staff member on duty and the person on call may perform housekeeping and food service duties as long as a staff member can respond immediately to resident calls or the residents are otherwise supervised. The duties shall not hinder care of residents or immediate response to resident calls, disrupt residents' normal lifestyles and sleeping patterns, nor take a staff member out of view of where the residents are.~~
- (7) ~~There shall be staff available daily to assure housekeeping and food service.~~
- (c) ~~A cluster of homes with capacity or census of 12 or fewer residents shall comply with the following staffing:~~
- (1) ~~When there is a cluster of up to six licensed homes located adjacently, there shall be at least one administrator or administrator in charge who lives within 500 feet of each of the homes with a means of two-way telecommunication at all times and who is directly responsible for assuring that all required duties are carried out in each home; and~~
- (2) ~~In each of the homes, at least one staff member shall be on duty on the first and second shifts and at least one staff member shall be on call within the building during the third shift. There shall be a call system connecting the bedroom of the staff member, who may be asleep on the third shift, with each resident's bedroom.~~
- (d) ~~Homes with capacity or census of 13-20 shall comply with the following staffing. When the home is staffing to census and the census falls below 13 residents, the staffing requirements for a home with 12 or fewer residents shall apply.~~
- (1) ~~At all times there shall be an administrator or administrator in charge in the home or within 500 feet of the home with a means of two-way telecommunication.~~
- (2) ~~When the administrator or administrator in charge is not on duty within the home, there shall be at least one staff member on duty on the first, second and third shifts.~~
- (3) ~~When the administrator or administrator in charge is on duty within the home, another staff member (i.e. co-administrator, administrator in charge or aide) shall be in the building or within 500 feet of the home with a means of two-way telecommunication at all times.~~
- (4) ~~The job responsibility of the staff member on duty within the home is to provide the direct personal assistance and supervision needed by the residents. Any housekeeping duties performed by the staff member between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks. The staff member may perform housekeeping duties between the hours of 9 p.m. and 7 a.m. as long as such duties do not hinder care of~~

~~residents or immediate response to resident calls, do not disrupt residents' normal lifestyles and sleeping patterns and do not take the staff member out of view of where the residents are. The staff member on duty to attend to the residents shall not be assigned food service duties.~~

~~(5) In addition to the staff member(s) on duty to attend to the residents, there shall be staff available daily to perform housekeeping and food service duties.~~

~~(e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall apply.~~

~~(1) The home shall have staff on duty to meet the needs of the residents. The daily total of aide duty hours on each 8-hour shift shall at all times be at least:~~

~~(A) First shift (morning) 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.)~~

~~(B) Second shift (afternoon) 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.)~~

~~(C) Third shift (evening) 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census). (For staffing chart, see Rule .0606 of this Subchapter.)~~

~~(D) The facility shall have additional aide duty to meet the needs of the facility's heavy care residents equal to the amount of time reimbursed by Medicaid. As used in this Rule, the term, "heavy care resident", means an individual residing in an adult care home who is defined as "heavy care" by Medicaid and for which the facility is receiving enhanced Medicaid payments.~~

~~(E) The Department shall require additional staff if it determines the needs of residents cannot be met by the staffing requirements of this Rule.~~

~~(2) The following describes the nature of the aide's duties, including allowances and limitations:~~

~~(A) The job responsibility of the aide is to provide the direct personal assistance and supervision needed by the residents.~~

~~(B) Any housekeeping performed by an aide between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks, such as wiping up a water spill to prevent an accident, attending to an individual resident's soiling of his bed, or helping a resident make his bed. Routine bed-making is a permissible aide duty.~~

~~(C) If the home employs more than the minimum number of aides required, any additional hours of aide duty above the required hours of direct service between 7 a.m. and 9 p.m. may involve the performance of housekeeping tasks.~~

~~(D) An aide may perform housekeeping duties between the hours of 9 p.m. and 7 a.m. as long as such duties do not hinder the aide's care of residents or immediate response to resident calls, do not disrupt the residents' normal lifestyles and sleeping patterns, and do not take the aide out of view of where~~

~~the residents are. The aide shall be prepared to care for the residents since that remains his primary duty.~~

~~(E) Aides shall not be assigned food service duties; however, providing assistance to individual residents who need help with eating and carrying plates, trays or beverages to residents is an appropriate aide duty.~~

~~(3) In addition to the staffing required for management and aide duties, there shall be sufficient personnel employed to perform housekeeping and food service duties.~~

~~(f) Information on required staffing shall be posted in the facility according to G.S. 131D-4.3(a)(5).~~

~~a) For an adult care home with a census of 81 or more residents, there shall be an administrator on-duty at the facility at least eight hours per day, five days per week and shall not serve simultaneously as a personal care aide supervisor or other staff to meet staffing requirements while on duty as an administrator or be an administrator for another adult care home except as follows. If there is more than one facility under the same ownership on a contiguous parcel of land or campus setting, and the combined licensed capacity of the facilities is 200 beds or less, there may be one administrator on duty for all the facilities on the campus. The administrator shall not serve simultaneously as a personal care aide supervisor or other staff in this campus setting.~~

~~(b) When the administrator is not on-duty, there shall be a manager on-duty. The supervisor may serve simultaneously as the manager if the individual meets the qualifications required in Rule .0402 of this Subchapter. Each facility on a contiguous parcel of land or campus setting, as described in Paragraph (a) of this Rule, shall have a person designated as the manager in the facility when the administrator is not on-duty.~~

~~(c) The administrator shall be on-call, at all times when not on-duty.~~

*History Note: Authority G.S. 131D-2.16; ~~131D-4.3~~; 131D-4.5; 131D-25; 143B-165;*

*Eff. January 1, 1977;*

*Readopted Eff. October 31, 1977;*

*Amended Eff. December 1, 1991; September 1, 1990; July 1, 1990; April 1, 1984;*

*Temporary Amendment Eff. January 1, 2000; December 1, 1999;*

*Amended Eff. July 1, 2005; July 1, ~~2000~~; 2000;*

*Readopted Eff. September 1, 2024.*

10A NCAC 13F .0605 is proposed for readoption with substantive changes as follows:

**10A NCAC 13F .0605 ~~STAFFING OF PERSONAL CARE AIDE SUPERVISORS~~ GENERAL STAFFING REQUIREMENTS FOR ADULT CARE HOMES**

~~(a) On first and second shifts in facilities with a capacity or census of 31 or more residents and on third shift in facilities with a capacity or census of 91 or more residents, there shall be at least one supervisor of personal care aides, hereafter referred to as supervisor, on duty in the facility for less than 64 hours of aide duty per shift; two supervisors for 64 to less than 96 hours of aide duty per shift; and three supervisors for 96 to less than 128 hours of aide duty per shift. In facilities sprinklered for fire suppression with a capacity or census of 91 to 120 residents, the supervisor's time on third shift may be counted as required aide duty. (For staffing chart, see Rule .0606 of this Section.)~~

~~(b) On first and second shifts in facilities with a capacity or census of 31 to 70 residents, the supervisor may provide up to four hours of aide duty per shift which may be counted as required aide hours of duty. The supervisor's hours on duty shall not be counted as required hours of aide duty except as specified in this Rule.~~

~~Note: Supervisors may be involved in performing some personal care in facilities with a capacity or census of 71 or more residents, but their primary responsibility is the direct supervision of personal care aides and the time involved in performing any personal care cannot be counted as required aide hours.~~

~~(c) On third shift in facilities with a capacity or census of 31 to 60 residents, the supervisor shall be in the facility or within 500 feet and immediately available, as defined in Rule .0601 of this Subchapter. In facilities sprinklered for fire suppression with a capacity or census of 31 to 60 residents, the supervisor's time on duty in the facility on third shift may be counted as required aide duty.~~

~~(d) On third shift in facilities with a capacity or census of 61 to 90 residents, the supervisor shall be on duty in the facility for at least four hours and within 500 feet and immediately available, as defined in Rule .0601 of this Subchapter, for the remaining four hours. In facilities sprinklered for fire suppression with a capacity or census of 61 to 90 residents, the supervisor's time on duty in the facility on third shift may be counted as required aide duty.~~

~~(e) A supervisor is responsible for the direct supervision of personal care aides, including those who administer medications, to assure that care and services are provided to residents by personal care aides in a safe and secure manner and according to licensure rules. This involves observing personal care aides in the performance of their duties; instructing, correcting and consulting with aides as needed; and reviewing documentation by aides.~~

~~(f) A supervisor on duty shall not serve simultaneously as the administrator but may serve simultaneously as the administrator in charge in the absence of the administrator.~~

~~(g) A supervisor shall meet the following qualifications:~~

- ~~(1) be 21 years or older;~~
- ~~(2) be a high school graduate or certified under the G.E.D. program, or have passed an alternative examination established by the Department;~~
- ~~(3) meet the general health requirements according to Rule .0406 of this Section;~~
- ~~(4) have at least six months of experience in performing or supervising the performance of duties to be supervised during a period of three years prior to the effective date of this Rule or the date of hire, whichever is later, or be a licensed health professional or a licensed nursing home administrator;~~
- ~~(5) meet the same minimum training and competency requirements of the aides being supervised; and~~
- ~~(6) earn at least 12 hours a year of continuing education credits related to the care of aged and disabled persons in accordance with procedures established by the Department of Health and Human Services.~~

(a) Adult care homes shall staff to the facility's resident census and provide staffing to meet the care and supervision needs of the residents in accordance with the rules of this Subchapter.

(b) At no time shall residents be left alone without a staff member in the facility.

(c) The facility shall maintain a daily census log which lists current residents by name, room assignment and date of admission, which shall be available for review by the Division of Health Service Regulation and the county departments of social services.

(d) The facility shall post daily staffing information in a location accessible to residents and visitors in accordance with G.S. 131D-4.3(a)(5). The information shall include:

- (1) the name and contact information of the administrator and manager;

(2) the number of required supervisors on each shift; and

(3) the number of aides required on each shift.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;  
Temporary Adoption Eff. January 1, 2000; December 1, 1999;  
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10A NCAC 13F .0606 is proposed for re adoption with substantive changes as follows:

**10A NCAC 13F .0606 ~~STAFFING CHART~~ STAFFING FOR FACILITIES WITH A CENSUS OF SEVEN TO TWELVE RESIDENTS**

The following chart specifies the required aide, supervisory and management staffing for each eight hour shift in facilities with a capacity or census of 21 or more residents according to Rules .0601, .0603, .0602, .0604 and .0605 of this Subchapter.

Bed Count	Position Type	First Shift	Second Shift	Third Shift
21 – 30	Aide	16	16	8
	Supervisor	Not Required	Not Required	Not Required
	Administrator/SIC	In the building, or within 500 feet and immediately available.		
31 – 40	Aide	16	16	16
	Supervisor	8*	8*	In the building, or within 500 feet and immediately available.**
	Administrator	On call		
41 – 50	Aide	20	20	16
	Supervisor	8*	8*	In the building, or within 500 feet and immediately available.**
	Administrator	On call		
51 – 60	Aide	24	24	16
	Supervisor	8*	8*	In the building, or within 500 feet and immediately available.**
	Administrator	On call		
61 – 70	Aide	28	28	24
	Supervisor	8*	8*	4 hours within the facility/4 hours within 500 feet and immediately available.**
	Administrator	On call		
71 – 80	Aide	32	32	24
	Supervisor	8	8	4 hours within the facility/4 hours within 500 feet and immediately available.**
	Administrator	On call		
	Aide	36	36	24

81-90	Supervisor	8	8	4 hours within the facility/4 hours within 500 feet and immediately available.**
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
91-100	Aide	40	40	32
	Supervisor	8	8	8**
101-110	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	44	44	32
	Supervisor	8	8	8**
111-120	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	48	48	32
	Supervisor	8	8	8**
121-130	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	52	52	40
	Supervisor	8	8	8
131-140	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	56	56	40
	Supervisor	8	8	8
141-150	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	60	60	40
	Supervisor	8	8	8
151-160	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	64	64	48
	Supervisor	16	16	8
161-170	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	68	68	48
	Supervisor	16	16	8
171-180	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	72	72	48
	Supervisor	16	16	8
181-190	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	76	76	56
	Supervisor	16	16	8
191-200	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	80	80	56
	Supervisor	16	16	8
201-210	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	84	84	56
	Supervisor	16	16	8
211-220	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	88	88	64
	Supervisor	16	16	16
221-230	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	92	92	64
	Supervisor	16	16	16
231-240	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
	Aide	96	96	64
	Supervisor	24	24	16

\*Supervisor may conduct up to four hours of aide duty.

~~\*\* Supervisor' time on duty in the facility may be counted as required aide duty if the facility is sprinklered.~~

(a) In a facility with a census of greater than six but less than 13 residents, there shall be an administrator or manager in the facility or within 500 feet of the facility with a means of two-way telecommunication at all times.

(b) When the administrator or manager is not on-duty, there shall be at least one staff member on-duty on the first and second shifts and at least one staff member available within the building, who need not be on-duty, on third shift. There shall be a call system connecting the bedroom of the available staff member, who may be asleep on the third shift, with each resident's bedroom. If there are residents in the facility who are disoriented or known to have wandering behavior, there shall be at least one staff member on-duty and awake at all times.

(c) When the administrator or manager is on duty on the first or second shifts and available within the facility on third shift, another staff member (i.e., co-administrator, manager or aide) shall be in the building or within 500 feet of the facility with a means of two-way telecommunication at all times.

(d) The administrator shall prepare a plan of operation for each licensed facility specifying the staff involved, their regularly assigned duties and the amount of time estimated to be spent for each duty. There shall be a current plan of operation on file in the facility, available for review by the Division of Health Service Regulation and the county department of social services.

(e) Each facility shall assign at least one staff member per shift to provide personal care services and supervision of residents as needed by the residents. The staff member so assigned shall not perform food service duties during the shift of rendering care services and supervision. The staff member so assigned shall not perform housekeeping duties during the shift of rendering care services and supervision, except:

(1) between the hours of 7:00 a.m. and 9:00 p.m., and then only when the housekeeping duties are incidental to the rendering of care services; and

(2) between the hours of 9:00 p.m. and 7:00 a.m. and then only to the extent that the housekeeping duties do not hinder the assigned staff's duties of care or immediate response to residents, nor impede the assigned staff member's ability to monitor the residents.

(f) There shall be additional staff to provide daily housekeeping and food service duties.

(g) A cluster of facilities, each with capacity or census of 12 or fewer residents, shall comply with the following staffing:

(1) When there is a cluster of up to six licensed facilities located adjacently, there shall be at least one administrator or manager who lives within 500 feet of each of the facilities with a means of two-way telecommunication at all times.

(2) The administrator or manager on-duty shall be directly responsible for assuring that all required daily duties are carried out in each facility.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*

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10A NCAC 13F .0607 is proposed for adoption as follows:

**10A NCAC 13F .0607 STAFFING FOR FACILITIES WITH A CENSUS OF 13 TO 20 RESIDENTS**

- (a) In a facility with a census of greater than 12 but less than 21 residents, there shall be an administrator or manager in the facility or within 500 feet of the facility with a means of two-way telecommunication at all times.
- (b) When the administrator or manager is not on duty within the facility, there shall be at least one awake staff member on duty on the first, second, and third shifts.
- (c) When the administrator or manager is on duty within the facility, another staff member (i.e. co-administrator, manager or aide) shall be in the building or within 500 feet of the facility with a means of two-way telecommunication at all times and available to assist if needed.
- (d) Each facility shall assign at least one staff member per shift to provide personal care services and supervision of residents as needed by the residents. The staff member so assigned shall not perform food service duties during the shift of rendering care services and supervision. The staff member so assigned shall not perform housekeeping duties during the shift of rendering care services and supervision, except:
- (1) between the hours of 7:00 a.m. and 9:00 p.m., and then only when the housekeeping duties are incidental to the rendering of care services; and
  - (2) between the hours of 9:00 p.m. and 7:00 a.m., and then only to the extent that the housekeeping duties do not hinder the assigned staff's duties of care or immediate response to residents, nor impede the assigned staff member's ability to monitor the residents.
- (e) There shall be additional staff to provide daily housekeeping and food service duties.

History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;  
Eff. September 1, 2024.

10A NCAC 13F .0608 is proposed for adoption as follows:

**10A NCAC 13F .0608 STAFFING FOR FACILITIES WITH A CENSUS OF 21 OR MORE RESIDENTS**

- (a) Each facility with a census of 21 or more residents shall have staff on duty to meet the needs of the residents.
- (b) In addition to the requirement in Paragraph (a) of this Rule, each facility with a census of 21 or more residents shall comply with the following staffing requirements:
- (1) On first shift and second shift, the total aide duty hours shall be at least:
    - (A) 16 hours of aide duty for facilities with a census of 21 to 40 residents.
    - (B) 20 hours of aide duty for facilities with a census of 41 to 50 residents.
    - (C) 24 hours of aide duty for facilities with a census of 51 to 60 residents.
    - (D) 28 hours of aide duty for facilities with a census of 61 to 70 residents.
    - (E) 32 hours of aide duty for facilities with a census of 71 to 80 residents.
    - (F) 36 hours of aide duty for facilities with a census of 81 to 90 residents.

- (G) 40 hours of aide duty for facilities with a census of 91 to 100 residents.
- (H) 44 hours of aide duty for facilities with a census of 101 to 110 residents.
- (I) 48 hours of aide duty for facilities with a census of 111 to 120 residents.
- (J) 52 hours of aide duty for facilities with a census of 121 to 130 residents.
- (K) 56 hours of aide duty for facilities with a census of 131 to 140 residents.
- (L) 60 hours of aide duty for facilities with a census of 141 to 150 residents.
- (M) 64 hours of aide duty for facilities with a census of 151 to 160 residents.
- (N) 68 hours of aide duty for facilities with a census of 161 to 170 residents.
- (O) 72 hours of aide duty for facilities with a census of 171 to 180 residents.
- (P) 76 hours of aide duty for facilities with a census of 181 to 190 residents.
- (Q) 80 hours of aide duty for facilities with a census of 191 to 200 residents.
- (R) 84 hours of aide duty for facilities with a census of 201 to 210 residents.
- (S) 88 hours of aide duty for facilities with a census of 211 to 220 residents.
- (T) 92 hours of aide duty for facilities with a census of 221 to 230 residents.
- (U) 96 hours of aide duty for facilities with a census of 231 to 240 residents.

(2) On third shift, the total aide duty hours shall be at least:

- (A) 8 hours of aide duty for facilities with a census of 21 to 30 residents.
- (B) 16 hours of aide duty for facilities with a census of 31 to 60 residents.
- (C) 24 hours of aide duty for facilities with a census of 61 to 90 residents.
- (D) 32 hours of aide duty for facilities with a census of 91 to 120 residents.
- (E) 40 hours of aide duty for facilities with a census of 121 to 150 residents.
- (F) 48 hours of aide duty for facilities with a census of 151 to 180 residents.
- (G) 56 hours of aide duty for facilities with a census of 181 to 210 residents.
- (H) 64 hours of aide duty for facilities with a census of 211 to 240 residents.

(3) If the Department determines the needs of the residents at a facility are not being met by staffing requirements of Paragraph (b) of this Rule, the Department shall require the facility to employ staff to meet the needs of the residents.

(b) The aide shall provide personal care services and supervision needed by the residents.

(c) Aides shall not provide housekeeping duties except:

(1) Between the hours of 7:00 a.m. to 9:00 p.m.:

- (A) to prevent an accident or injury;
- (B) when occasionally attending to an individual resident housekeeping need; and
- (C) when the number of aides on duty exceeds the minimum required by Paragraph (a) of this Rule.

(2) Between the hours of 9:00 p.m. to 7:00 a.m., as long as the housekeeping duties do not:

- (A) hinder the aide's care of residents or immediate response to resident calls;
- (B) do not disrupt the residents' normal lifestyles and sleeping patterns; and
- (C) do not take the aide out of view of where the residents are as the aide shall be prepared to care for the residents since that remains his or her primary duty.

(d) Aides shall not be assigned food service duties except when providing assistance to individual residents who need help with eating and carrying plates, trays, or beverages to residents.

(e) In addition to the staffing required for management and aide duties, there shall be additional staff to perform housekeeping and food service duties.

Note: The following chart illustrates the required aide, supervisory and management staffing requirements for each eight-hour shift in facilities with a census of 21 or more residents according to Rules .0602, .0603, .0604, .0608, and .0609 of this Section.

<u>Census</u>	<u>Position Type</u>	<u>First Shift</u>	<u>Second Shift</u>	<u>Third Shift</u>
<u>21 - 30</u>	<u>Aide</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Supervisor</u>	<u>Not Required</u>	<u>Not Required</u>	<u>Not Required</u>
	<u>Administrator</u>	<u>In the building, or within 500 feet and immediately available.</u>		
<u>31-40</u>	<u>Aide</u>	<u>16</u>	<u>16</u>	<u>16</u>
	<u>Supervisor</u>	<u>8*</u>	<u>8*</u>	<u>In the building, or within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>On call</u>		
<u>41-50</u>	<u>Aide</u>	<u>20</u>	<u>20</u>	<u>16</u>
	<u>Supervisor</u>	<u>8*</u>	<u>8*</u>	<u>In the building, or within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>On call</u>		
<u>51-60</u>	<u>Aide</u>	<u>24</u>	<u>24</u>	<u>16</u>
	<u>Supervisor</u>	<u>8*</u>	<u>8*</u>	<u>In the building, or within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>On call</u>		
<u>61-70</u>	<u>Aide</u>	<u>28</u>	<u>28</u>	<u>24</u>
	<u>Supervisor</u>	<u>8*</u>	<u>8*</u>	<u>4 hours within the facility/4 hours within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>On call</u>		
<u>71-80</u>	<u>Aide</u>	<u>32</u>	<u>32</u>	<u>24</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>4 hours within the facility/4 hours within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>On call</u>		
<u>81-90</u>	<u>Aide</u>	<u>36</u>	<u>36</u>	<u>24</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>4 hours within the facility/4 hours within 500 feet and immediately available.**</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>91-100</u>	<u>Aide</u>	<u>40</u>	<u>40</u>	<u>32</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8**</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>101-110</u>	<u>Aide</u>	<u>44</u>	<u>44</u>	<u>32</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8**</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
	<u>Aide</u>	<u>48</u>	<u>48</u>	<u>32</u>

<u>111-120</u>	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8**</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>121-130</u>	<u>Aide</u>	<u>52</u>	<u>52</u>	<u>40</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>131-140</u>	<u>Aide</u>	<u>56</u>	<u>56</u>	<u>40</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>141-150</u>	<u>Aide</u>	<u>60</u>	<u>60</u>	<u>40</u>
	<u>Supervisor</u>	<u>8</u>	<u>8</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>151-160</u>	<u>Aide</u>	<u>64</u>	<u>64</u>	<u>48</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>161-170</u>	<u>Aide</u>	<u>68</u>	<u>68</u>	<u>48</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>171-180</u>	<u>Aide</u>	<u>72</u>	<u>72</u>	<u>48</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>181-190</u>	<u>Aide</u>	<u>76</u>	<u>76</u>	<u>56</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>191-200</u>	<u>Aide</u>	<u>80</u>	<u>80</u>	<u>56</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>201-210</u>	<u>Aide</u>	<u>84</u>	<u>84</u>	<u>56</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>8</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>211-220</u>	<u>Aide</u>	<u>88</u>	<u>88</u>	<u>64</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>16</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>221-230</u>	<u>Aide</u>	<u>92</u>	<u>92</u>	<u>64</u>
	<u>Supervisor</u>	<u>16</u>	<u>16</u>	<u>16</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		
<u>231-240</u>	<u>Aide</u>	<u>96</u>	<u>96</u>	<u>64</u>
	<u>Supervisor</u>	<u>24</u>	<u>24</u>	<u>16</u>
	<u>Administrator</u>	<u>5 days/week: Minimum of 40 hours. When not in facility, on call.</u>		

\*Supervisor may conduct up to four hours of aide duty.

\*\* Supervisor's time on duty in the facility may be counted as required aide duty if the facility is sprinklered.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*

*Eff. September 1, 2024.*

10A NCAC 13F .0609 is proposed for adoption as follows:

**10A NCAC 13F .0609 PERSONAL CARE AIDE SUPERVISORS**

(a) The personal care aide supervisor shall be responsible for the direct supervision of personal care aides, including those who administer medications, to assure that care and services are provided to residents by personal care aides in accordance with their training, the facility’s policies and procedures, the licensure rules of this Subchapter, and Chapter 131D of the general statutes. The personal care aide supervisor shall also be responsible for observing personal care aides in the performance of their duties; instructing, correcting, and consulting with aides as needed; and reviewing documentation by aides.

(b) During the first and second shifts in facilities with a census of 31 or more residents and on third shift in facilities with a census of 91 or more residents, the facility shall have supervisors on-duty during each shift as follows:

- (1) One supervisor, on duty in the facility for less than 64 hours of aide duty per shift.
- (2) Two supervisors for 64 to less than 96 hours of aide duty per shift.
- (3) Three supervisors for 96 to less than 128 hours of aide duty per shift.

(c) Supervisors shall not provide hours of aide duty while servicing as a supervisor except as follows:

- (1) On third shift in facilities with a census of 31 to 120 residents and a sprinkler fire suppression system.
- (2) On first and second shifts, up to four hours, in facilities with a census of 31 to 70 residents.
- (3) On first and second shifts in facilities with a census of 71 or more residents in which some personal care duties are performed but however the time involved in performing any personal care cannot be counted as required aide hours.

(d) On third shift in facilities with a census of 31 to 60 residents, the supervisor shall be in the facility or within 500 feet and immediately available, as defined in Rule .0608 of this Section.

(e) On third shift in facilities with a census of 61 to 90 residents, the supervisor shall be on duty in the facility for at least four hours and within 500 feet and immediately available, as defined in Rule .0608 of this Section, for the remaining four hours.

(f) The supervisor on duty shall not serve simultaneously as the administrator but may serve simultaneously as the manager in the absence of the administrator.

History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;  
Eff. September 1, 2024.

10A NCAC 13G .0102 is proposed for adoption as follows:

**10A NCAC 13G .0102 LIST OF DEFINITIONS**

In addition to the definitions set forth in G.S. 131D-2.1, the following definitions shall apply throughout this Subchapter:

- (1) “Abuse” as defined in G.S. 131D-2.1.
- (2) “Activities of daily living” means bathing, dressing, personal hygiene, ambulation, or locomotion, transferring, toileting, and eating.
- (3) “Acute care needs” means symptoms or a condition that develops quickly and is not a part of the resident’s baseline health or mental health status or is a change or worsening in the symptoms of a resident’s chronic condition, which may have a slower onset and worsen over time.

- (4) “Administrator” means the term as defined in G.S. 90-288.13 and G.S. 131D-2.1.
- (5) “Adult care home” means the term as defined in G.S. 131D-2.1.
- (6) “Alternative examination” means a test developed and administered by the Department to meet the educational requirements of an activity director or supervisor-in-charge for those applicants who do not possess a high school diploma or General Education Diploma (G.E.D.) prior to September 1, 2024.
- (7) “Aide duty” means time spent by qualified staff providing assistance with activities of daily living, medication administration, or supervision of residents as determined by the resident’s assessment, care plan, physician’s orders, and current symptoms.
- (8) “Ambulatory” means able to respond and evacuate a facility without physical or verbal prompting from staff or another person.
- (9) “Department” means the North Carolina Department of Health and Human Services.
- (10) “Discharge” means a resident’s termination of their residency at the adult care home, resulting in the resident’s move to another location.
- (11) “Exploitation” means the term as defined in G.S. 131D-2.1.
- (12) “Facility” means a licensed family care home.
- (13) “Family care home” means the term as defined in G.S. 131D-2.1.
- (14) “First shift” means between the hours of 7:01 a.m. and 3:00 p.m.
- (15) “Food service duties” means tasks that may be performed by staff related to serving meals to residents, including assisting with food preparation, arranging, and setting the dining tables, serving food and beverages, and cleaning the dining room after meal service is complete.
- (16) “Housekeeping duties” means tasks that may be performed by staff such as cleaning and sanitizing facility common areas and resident rooms, sweeping, vacuuming, dusting, mopping, collecting, and disposing of trash.
- (17) “Legal representative” means a person authorized by state or federal law (including but not limited to power of attorney representative payee) to act on behalf of the resident to support the resident in decision-making; access medical, social, or other personal information of the resident; manage financial matters or receive notifications.
- (18) “Long-term care” means a continuum of care and services available in an individual's community that provides the care and supports required during a persistent or chronic state of health, throughout which time a person is unable to independently perform some or all activities of daily living or requires supervision due to physical or cognitive impairment.
- (19) “Medication aide” means an individual who administers medications to residents and meets all requirements as set forth in Rule .0403 of this Subchapter.
- (20) “Neglect” means the term as defined in G.S. 131D-2.1.
- (21) “Non-ambulatory” means not able to respond and evacuate a facility without physical or verbal prompting from staff or another person.
- (22) “On-call” means able to be contacted by two-way telecommunication.
- (23) “On-duty” in reference to an administrator means the administrator is on-site and directly responsible for the day-to-day operations of a facility. “On-duty” in reference to a supervisor-in-charge means a supervisor-in-

- charge designated by the facility as required in Rule .0402 of this Subchapter and who is on-site and directly responsible for the day-to-day operations of a facility under the direction and supervision of the administrator.
- (24) “Personal care aide” means a staff member who performs personal care services as defined by G.S. 131D-2.1.
- (25) “Physical restraint” means any physical or mechanical device attached to or adjacent to the resident’s body that the resident cannot remove easily, and which restricts freedom of movement or normal access to one’s body.
- (26) “Physician extender” means a licensed physician assistant or licensed nurse practitioner.
- (27) “Resident” means the term as defined in G.S. 131D-2.1.
- (28) “Responsible person” means a person chosen by the resident to act on their behalf to support the resident in decision-making; access to medical, social, or other personal information of the resident; manage financial matters; or receive notifications.
- (29) “Second shift” means between the hours of 3:01 p.m. and 11:00 p.m.
- (30) “Staff” means any person who performs duties as an employee, paid or unpaid, on behalf of the family care home.
- (31) “Supervision” means oversight, monitoring, and interventions implemented by the facility for the purpose of mitigating the risk of an accident, incident, illness, or injury to a resident to ensure the health, safety, and welfare of the resident and other residents.
- (32) “Supervisor-in-charge” means an individual responsible for the total operation of a family care home in the absence of the administrator and under the direction and supervision of the administrator as described in Rule .0402 of this Subchapter.
- (33) “Third shift” means between the hours of 11:01 p.m. and 7:00 a.m.

*History Note: Authority G.S. 131D-2.16; 143B-153;  
Eff. September 1, 2024.*

10A NCAC 13G .0404 is proposed for amendment as follows:

#### **10A NCAC 13G .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR**

Adult care homes shall have an activity director who meets the following qualifications:

- (1) The activity director hired after September 30, 2022 shall meet a minimum educational requirement by being a high school graduate or certified under the GED Program.
- (2) The activity director hired after September 30, 2022 shall have complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. An activity director shall be exempt from the required basic activity course if one or more of the following applies:
  - (a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C;

- (b) have two years of experience working in programming for an adult recreation or activities program within the last five years, one year of which was full-time in an activities program for patients or residents in a health care or long term care setting;
- (c) be a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D; or
- (d) be certified as an Activity ~~Director~~ Professional by the National Certification Council for Activity ~~Professionals~~. Professionals; or
- (e) the required basic activity course was completed prior to September 1, 2024.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;  
 Eff. April 1, 1984;  
 Amended Eff. July 1, 1990; April 1, 1987; January 1, 1985;  
 ARRC Objection Lodged March 18, 1991;  
 Amended Eff. August 1, 1991;  
 Temporary Amendment Eff. July 1, 2004;  
 Amended Eff. July 1, 2005;  
 Readopted Eff. October 1, ~~2022~~. 2022;  
 Amended Eff. September 1, 2024.*

10A NCAC 13G .0601 is proposed for readoption with substantive changes as follows:

**SECTION .0600 – STAFFING OF THE ~~HOME~~ FACILITY**

**10A NCAC 13G .0601 MANAGEMENT AND OTHER STAFF**

(a) A family care home administrator who is approved in accordance with Rule .1501 of this Subchapter shall be responsible for the total operation ~~of a family care home~~ and management of the facility to assure that all care and services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health Service Regulation and the county department of social services for ~~meeting and maintaining~~ complying with the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the ~~home facility~~ and for meeting and maintaining the rules of this Subchapter. The term ~~administrator~~ “administrator” also refers to co-administrator where it is used in this Subchapter.

- (b) The administrator shall have knowledge of and shall ensure the following:
- (1) the investigation and reporting of any allegations of resident abuse, neglect, and exploitation as specified in Rule .1213(d) of this Subchapter;
  - (2) the investigation and reporting of any suspicion of or allegations of drug diversion as specified in Rule .1008 of this Subchapter;



- (3) the reporting of any incidents of resident elopement or when a resident is missing from the facility as required in Rule .1213(e)(2) and Rule .0906(f)(4) of this Subchapter; and
- (4) the investigation and reporting of any incident or accident resulting in the hospitalization or death of a resident as specified in Rule .1209 and Rule .1213 of this Subchapter.

(c) The administrator shall be made aware when the facility is unable to meet the staffing requirements of this Section.

(d) The administrator shall be made aware any time the facility seeks the assistance of the local law enforcement authority.

~~(b)~~(e) At all times there shall be one the administrator or supervisor-in-charge who shall be in the facility or within 500 feet of the facility with a means of two-way telecommunication. The administrator or supervisor-in-charge is directly responsible for assuring that all required duties are carried out in the home facility and for assuring that at no time is a resident left alone in the home facility without a staff member. Except for the provisions cited in Paragraph (c) of this Rule regarding the occasional absence of the administrator or supervisor in charge, one of the following arrangements shall be used:

- ~~(1) — The administrator shall be in the home facility or reside within 500 feet of the home with a means of two-way telecommunication with the home at all times. When the administrator does not live in the licensed home, there shall be at least one staff member who lives in the home or one on each shift and the administrator shall be directly responsible for assuring that all required duties are carried out in the home;~~
- ~~(2) — The administrator shall employ a supervisor in charge to live in the home facility or reside within 500 feet of the home with a means of two-way telecommunication with the home at all times. When the supervisor in-charge does not live in the licensed home, there shall be at least one staff member who lives in the home or one on each shift and the supervisor in charge shall be directly responsible for assuring that all required duties are carried out in the home; or~~
- ~~(3) — When there is a cluster of licensed homes located adjacently on the same site, there shall be at least one staff member in each home, either live in or on a shift basis, and at least one administrator or supervisor in charge who lives within 500 feet of each home with a means of two-way telecommunication with each home at all times and who is directly responsible for assuring that all required duties are carried out in each home.~~

~~(c) When the administrator or supervisor in charge is absent from the home or not within 500 feet of the home, the following shall apply:~~

- ~~(1) — For absences of a non-routine nature that do not exceed 24 hours per week, a relief person in charge designated by the administrator shall be in charge of the home during the absence and in the home or within 500 feet of the home according to the requirements in Paragraph (b) of this Rule. The administrator shall assure that the relief person in charge is prepared to respond appropriately in case of an emergency in the home. The relief person in charge shall be 18 years or older.~~
- ~~(2) — For recurring or planned absences, a relief supervisor in charge designated by the administrator shall be in charge of the home during the absence and in the home or within 500 feet of the home according to the requirements in Paragraph (b) of this Rule. The relief supervisor in charge shall meet all of the qualifications required for the supervisor in charge as specified in Rule .0402 of this Subchapter with the exception of Item (4) pertaining to the continuing education requirement.~~

(f) When the administrator or supervisor-in-charge are not in the facility or within 500 feet of the facility, a staff person who meets the staff qualification requirements of this Subchapter shall be on duty in the facility. The staff person shall be on duty in the facility no more than eight hours per 24 hours and no more than 24 hours total per week.

~~(d)(g)~~ Additional staff shall be employed as needed for housekeeping and the supervision and care of the ~~residents.~~ residents in accordance with the rules of this Subchapter.

~~(e)(h)~~ ~~Information on required staffing shall be posted in the facility according to G.S. 131D-4.3(a)(5).~~ The facility shall post daily staffing information in a location accessible to residents and visitors in accordance with G.S.131D-4.3(a)(5). The information shall include:

- (1) the name and contact information of the administrator and supervisor in charge;
- (2) the number of required supervisors on each shift; and
- (3) the number of aides required on each shift.

*History Note: Authority G.S. 131D-2.16; 131D-25; 143B-165;*

*Eff. January 1, 1977;*

*Readopted Eff. October 31, 1977;*

*Amended Eff. July 1, 2005; July 1, 1990; April 1, 1987; April 1, 1984; June 26, ~~1980.~~ 1980;*

*Readopted Eff. September 1, 2024.*

# EXHIBIT E

## Compliance Summary:

- **No Violation of MCC Compliance policy**

1) Does Organization have a formal post tax issuance compliance policy?

**No; Organization does not currently have tax-exempt debt**

2) Who in the Organization will be designated to ensure appropriate compliance with the issuance?

**Chief Financial Officer**

3) What is the Organization's compliance monitoring plan?

**Thrivemore will institute quarterly reporting reviewed by the CFO and Finance Committee Chair**

4) How will the Organization report compliance deficiencies to leadership and the Board?

**Deficiencies will be reported in Board of Director's meetings.**

## Selected Application Information:

1) **Information from FYE 2022 (9/30 Year End) Audit of Baptist Retirement Homes:**

Net Income	(\$ 17,336,196)
Operating Revenue	\$ 42,586,190
Operating Expenses	(\$ 38,097,532)
Net Cash provided by Operating Activities	\$ 6,286,025
Unrestricted Cash	\$ 4,664,853

**Note: Net Loss due to unrealized loss on investments.**

2) **Ratings:**

None

**3) Community Benefits (FYE 2023):**

Per N.C.G.S § 105 – 7.9% (Eligible for 100% property tax exclusion)

- Total Community Benefits and Charity Care - \$2,656,709

**4) Long-Term Debt Service Coverage Ratios:**

Forecasted FYE 2024	1.89
Forecasted FYE 2025	1.96
Forecasted FYE 2026	2.42
Forecasted FYE 2027	1.53
Forecasted FYE 2028	1.50

**5) Transaction Participants:**

Bond Counsel:	McGuireWoods
Underwriter:	HJ Sims
Underwriter Counsel:	TBD
Accountant (AUP Forecast):	CliftonLarsonAllen LLP
Bank Purchaser:	TBD
Bank Counsel:	TBD
Trustee:	TBD
Trustee Counsel:	TBD

**6) Board Diversity:**

Male:	10
Female:	9
<b>Total:</b>	<b>19</b>

Caucasian:	16
African American:	2
Hispanic:	1
<b>Total:</b>	<b>19</b>

**7) Diversity of Residents (619 Residents):**

Male:	199
Female:	420
<b>Total:</b>	<b>619</b>

Caucasian:	606
African American:	13
<b>Total:</b>	<b>619</b>

**8) Fee Schedule:** See Page E-4

**9) Bond Sale Approval Form:** See Page E-8

**Existing Monthly Fees (Brookridge, Taylor Glen, and Taylor House):**

*Note: Western is no longer owned/operated by Thrivemore as of September 2023.*

	<b>Brookridge</b>	<b>Gardens</b>	<b>Taylor</b>	<b>Western</b>
<b>Independent Living Units (Monthly Rates):</b>				
<b>Single Rates:</b>				
Studio	\$ 1,596	\$ -	\$ -	\$ -
One Bedroom	2,070	2,218	-	-
One Bedroom, Deluxe	2,555	2,563	-	-
Two Bedrooms	2,555	3,714	-	-
Two Bedrooms, Deluxe	3,216	4,105	-	-
Two Bedrooms, Classic	2,810	4,283	-	-
Two Bedroom, Combo	-	4,653	-	-
Garden Homes, Single Unit	3,066	-	-	-
Garden Homes, Duplex	2,922	-	-	-
Second Person Fees	890 - 1,014	842	-	-
<b>Assisted Living Units (Monthly Rates):</b>				
Large Room	\$ -	\$ -	\$ 3,362	\$ -
Regular Room	6,445	5,791	3,247	4,991
Regular Room, Entrance Fee	5,436	-	-	-
Suites	10,633	-	5,196	7,986
Suites, Entrance Fee	8,972	-	-	-
Memory-Enhanced Residence	8,033	7,457	-	-
<b>Nursing Beds (Daily Rates):</b>				
Semi-Private	\$ 326	\$ -	\$ -	\$ 324
Private	348	334	-	337

Source: Management

**Existing Entrance Fees (Brookridge, Taylor Glen, and Taylor House):**

*Note: Western is no longer owned/operated by Thrivemore as of September 2023.*

<b>Table 8 Homes Entrance Fees – 2023</b>				
	<b>Brookridge</b>	<b>Gardens</b>	<b>Taylor</b>	<b>Western</b>
<b>Independent Living Units:</b>				
Studio	\$ 43,446	\$ -	\$ -	\$ -
One Bedroom	68,758	91,129	-	-
One Bedroom, Deluxe	95,662	105,149	-	-
Two Bedrooms	95,662	139,242	-	-
Two Bedrooms, Deluxe	171,989	186,436	-	-
Two Bedrooms, Classic	103,791	226,138	-	-
Two Bedroom Combo	-	255,552	-	-
Garden Homes, Single Unit	188,615	-	-	-
Garden Homes, Duplex	150,250 - 156,892	-	-	-
Second Person Fees	15,000	-	-	-
<b>Assisted Living Units:</b>				
Large Room	\$ -	\$ -	\$ -	\$ -
Regular Room	-	30,300	-	-
Suites	-	-	-	-
Memory-Enhanced Residence	-	38,380	-	-
<b>Nursing Beds:</b>				
Semi-Private	\$ -	\$ -	\$ -	\$ -
Private	-	-	-	-

Source: Management

**Existing Monthly and Entrance Fees (Ardenwoods)**

**Table 9  
Ardenwoods  
Unit Configuration, Monthly Fees and Entrance Fees**

Unit Type	Number of Units / Beds	Square Footage	Monthly Fees <sup>(1)(2)</sup>	Entrance Fee <sup>(3)</sup>
<b>The Upper Campus</b>				
<i>Independent Living Apartments</i>				
<i>Azalea:</i>				
One Bedroom	20	680	\$ 2,969	\$ 189,000
One Bedroom with Patio	3	680	2,969	221,000
<i>Laurel:</i>				
Two Bedroom	41	1,039	3,504	267,000
Two Bedroom with Patio	6	1,039	3,504	299,000
<i>Dogwood:</i>				
Three Bedroom	20	1,203	3,751	327,000
Three Bedroom with Patio	6	1,203	3,751	359,000
<b>Total / Weighted Average</b>	<b>96</b>	<b>997</b>	<b>\$ 3,443</b>	<b>\$ 269,563</b>
<b>The Lower Campus:</b>				
<i>Assisted Living Units</i>				
Studio / Private	48	360	\$ 5,251	\$ 2,500
<b>Total / Weighted Average</b>	<b>48</b>	<b>360</b>	<b>\$ 5,251</b>	<b>\$ 2,500</b>
<b>Total</b>	<b>144</b>			
Second Person Fee			\$ 900	\$ 9,200

Source: Management

Notes:

- 1) Monthly fees in effect for fiscal year ending September 30, 2023
- 2) Level I and Level II Care Fees for Assisted Living Units are \$500 and \$750, respectively.
- 3) Entrance Fee reflective above is for a 90% refundable entrance fee plan.



**Taylor Glen Expansion Monthly and Entrance Fees:**

**Table 23  
The Taylor Glen Project  
Unit Configuration, Monthly Fees and Entrance Fees  
(in 2023 Dollars)**

Unit Name	Unit Type	Number of Units / Beds	Square Footage	Monthly Service Fees	Entrance Fee	
					90% Refundable Plan	0% Refundabl e Plan
<b>New Independent Living Units</b>						
Lily	2 Bedroom	5	1,508	\$ 4,578	\$ 565,000	\$280,300
Peony	2 Bedroom	7	1,800	5,465	675,000	334,570
Dahlia	2 Bedroom	5	2,006	6,090	750,000	372,860
Dogwood	2 Bedroom	9	1,700	5,161	690,000	342,310
Dogwood II	2 Bedroom	-	1,700	5,161	690,000	342,310
Lupine	2 Bedroom	17	1,842	5,592	745,000	370,910
Iris	2 Bedroom	4	2,085	6,330	845,000	419,840
Iris Two-Story	3 Bedroom	3	2,962	8,993	1,200,000	596,430
<b>Total / Weighted Average - New Independent Living Units</b>		<b>50</b>	<b>1,880</b>	<b>\$ 5,708</b>	<b>\$ 743,100</b>	<b>\$369,254</b>
<i>Second Person Fees</i>				<b>\$ 800</b>	<b>\$21,697</b>	<b>\$21,697</b>
<b>New Assisted Living Units</b>		<b>12</b>		<b>\$ 7,489</b>		

Source: Management

NC MCC Bond Sale Approval Form					
Facility Name: Thrivemore					
	Time of Preliminary Approval	Time of Mailing POS (if applicable)	Time of Final Approval	Total Variance	Explanation of Variance
<b>SERIES: Taylor Glen Expansion Financing (Long-Term Debt)</b>					
PAR Amount	\$39,865,334.00				
Estimated Interest Rate*	5.68%				
All-in True Interest Cost*	5.71%				
Maturity Schedule (Interest) - Date	Monthly, beginning on 2/1/2024				
Maturity Schedule (Principal) - Date	Monthly, beginning on 2/1/2028 and amortized through 1/1/2053				
Bank Holding Period (if applicable) - Date	10 years				
Estimated NPV Savings (\$) (if refunded bonds)	N/A				
Estimated NPV Savings (%) (if refunded bonds)	N/A				
NOTES:					
*The sizing assumes a 6.00% interest rate, but the draw down feature of the bank loan causes DBC to calculate a rate lower than 6.00% for the average coupon/All-in TIC.					
	Time of Preliminary Approval	Time of Mailing POS (if applicable)	Time of Final Approval	Total Variance	Explanation of Variance
<b>SERIES: Taylor Glen Expansion Financing (Entrance Fee Loan)</b>					
PAR Amount	\$22,651,650.00				
Estimated Interest Rate*	5.68%				
All-in True Interest Cost*	5.71%				
Maturity Schedule (Interest) - Date	Monthly, beginning on 2/1/2024				
Maturity Schedule (Principal) - Date	Repaid from entrance fees, expected by 7/1/2026				
Bank Holding Period (if applicable) - Date	5 Years				
Estimated NPV Savings (\$) (if refunded bonds)	N/A				
Estimated NPV Savings (%) (if refunded bonds)	N/A				
*The sizing assumes a 6.00% interest rate, but the draw down feature of the bank loan causes DBC to calculate a rate lower than 6.00% for the average coupon/All-in TIC.					
<b>SERIES: Ardenwoods Bridge Loan Refinancing and New Bern Land Purchase</b>					
PAR Amount	\$18,631,117.00				
Estimated Interest Rate	5.68%				
All-in True Interest Cost	5.71%				
Maturity Schedule (Interest) - Date	Monthly, beginning on 2/1/2024				
Maturity Schedule (Principal) - Date	Monthly, beginning on 2/1/2024, ending on 1/1/2049				
Bank Holding Period (if applicable) - Date	10 Years				
Estimated NPV Savings (\$) (if refunded bonds)	N/A				
Estimated NPV Savings (%) (if refunded bonds)	N/A				

# EXHIBIT F

## Compliance Summary:

- **No Violation of MCC Compliance policy**

1) Does Organization have a formal post tax issuance compliance policy?

**Yes**

2) Who in the Organization will be designated to ensure appropriate compliance with the issuance?

**CFO**

3) What is the Organization's compliance monitoring plan?

**Annual reporting reviewed by the CFO**

4) How will the Organization report compliance deficiencies to leadership and the Board?

**Any deficiencies would be reported in a Board of Directors meeting.**

## Selected Application Information:

### 1) Information from FYE 2022 (9/30 Year End) Audit of UMRH:

Net Income	(\$ 9,035,082)
Operating Revenue	\$ 84,551,344
Operating Expenses	(\$ 81,898,445)
Net Cash provided by Operating Activities	\$ 23,093,536
Unrestricted Cash	\$ 5,954,084

**Note: Net Loss due to unrealized loss on investments.**

### 2) Ratings:

Fitch – BBB Outlook Stable

### 3) Community Benefits (FYE 2022):

Per N.C.G.S § 105 – 6.17% (Eligible for 100% property tax exclusion)

- Total Community Benefits and Charity Care - \$5,213,108

**4) Long-Term Debt Service Coverage Ratios:**

Actual FYE 2022	2.48
Forecasted FYE 2023	2.44
Forecasted FYE 2024	1.95
Forecasted FYE 2025	1.88
Forecasted FYE 2026	1.89
Forecasted FYE 2027	1.91

**5) Transaction Participants:**

Bond Counsel:	Robinson Bradshaw & Hinson
Underwriter:	Ziegler
Underwriter Counsel:	TBD
Accountant (AUP Forecast):	TBD
Bank Purchaser:	TBD
Bank Counsel:	TBD
Trustee:	TBD
Trustee Counsel:	TBD

**6) Board Diversity:**

Male:	8
Female:	3
<b>Total:</b>	<b>11</b>

Caucasian:	8
African American:	2
Asian American:	1
<b>Total:</b>	<b>11</b>

**7) Diversity of Residents (1142 Residents):**

Male:	395
Female:	789
<b>Total:</b>	<b>1184</b>

Caucasian:	1142
African American:	24
Hispanic American:	3
Asian American:	2
Native American:	13
<b>Total:</b>	<b>1184</b>

**8) Fee Schedule:** See Page F-4

**9) Bond Sale Approval Form: See Page F-9**

# EXPANSION APARTMENTS BEING FINANCED

## South Wing Apartments

Styles	Sq. Ft.	Standard EF*	Monthly Fee
		1st person	1st person
Minimum 25 Meal per month/person			
Holly (Unit E)	1,080	223,000	\$4,052.00
Pine (Unit F)	1,149	235,000	\$4,258.00
Maple (Unit G)	1,270	260,000	\$4,731.00
Spruce (Unit H)	1,343	274,000	\$4,965.00
Cedar (Unit I)	1,400	285,000	\$5,164.00
Sycamore (Unit K)	1,892	393,000	\$6,590.00
<b>Second Person Fee add...</b>		<b>\$9,751</b>	<b>\$1,347.00</b>



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### OR Choose from Guaranteed Refund Entrance Fee Options

Styles	Sq. Ft.	50% ROC EF	80% ROC EF	90% ROC EF	Monthly Fee
		1st person	1st person	1st person	1st person
Minimum 25 Meals per month/person					
Holly (Unit E)	1,080	312,200	379,100	429,275	\$4,052.00
Pine (Unit F)	1,149	329,000	399,500	452,375	\$4,258.00
Maple (Unit G)	1,270	364,000	442,000	500,500	\$4,731.00
Spruce (Unit H)	1,343	383,600	465,800	527,450	\$4,965.00
Cedar (Unit I)	1,400	399,000	484,500	548,625	\$5,164.00
Sycamore (Unit K)	1,892	550,200	668,100	756,525	\$6,590.00
<b>Second Person Fee add...</b>		<b>13,651</b>	<b>16,577</b>	<b>18,771</b>	<b>\$1,347.00</b>

\*The Standard Entrance Fee Plan amortizes at 2% per month for 50 months. After 50 months, there is no refund.

\*The 50% Refund of Capital Plan (ROC) amortizes at 2% per month for 25 months with 50% refunded as outlined in the Residency Agreement.

\*The 80% Refund of Capital Plan (ROC) amortizes at 2% per month for 10 months with 80% refunded as outlined in the Residency Agreement.

\*The 90% Refund of Capital Plan (ROC) amortizes at 2% per month for 5 months with 90% refunded as outlined in the Residency Agreement.

For Apartments with patios add to Entrance Fee: \$2,500 for Standard EF, \$3,417 for 50% ROC, \$4,150 for 80% ROC or \$4,699 for 90% ROC

The Monthly fee includes:		
- Meal Plan	- Weekly housekeeping services	-TV Service
Utilities (heating, cooling, electricity, water, sewer, trash removal)	- Emergency communications system	-Wellness Center
	- Maintenance-free lifestyle	

Effective: October 1, 2024

## Residential Living Apartments

Description	Sq. Ft.	Standard Entrance Fee*	
		Monthly Fee	
		1st person	
<b>A &amp; B Wings</b>		<b>Minimum 2 Meals per day/person</b>	
Studio	230	22,550	2,309
Single	280	27,450	2,425
Deluxe Single	399	39,110	3,029
Deluxe Studio	460	45,094	3,204
Combination	468	46,502	3,267
Deluxe Suite	560	54,896	3,443
1 Bedroom Main	616	56,858	3,501
1 Bedroom Suite	695	68,131	3,522
2 Bedroom Suite	840	82,344	3,688
1 Bedroom Grand	859	85,306	3,720
1 Bedroom Den Main	935	87,627	3,775
2 Bedroom Deluxe Suite	935	87,627	3,775
1 Bedroom Flex	936	93,829	3,775
2 Bedroom Main Grand	1,120	103,502	3,859
<b>D Wing</b>		<b>Minimum 25 Meals per month/person</b>	
One Bedroom	745	109,357	3,523
One Bedroom Deluxe	826	115,278	3,560
Two Bedroom	1,076	143,199	4,001
Two Bedroom Deluxe	1,322	165,858	4,591
Three Bedroom	1,399	170,966	4,884
Three Bedroom Spec/Del	1,455	189,804	5,179
<b>East &amp; West Wings</b>		<b>Minimum 25 Meals per month/person</b>	
One Bedroom Alcove	744	115,768	3,535
One Bedroom	805	122,428	3,559
One Bedroom Den	961	135,270	3,779
Two Bedroom	1,090	156,329	4,019
Two Bedroom Bay	1,301	182,566	4,883
Two Bedroom Greatroom	1,513	205,739	5,249
<b>Second Person Fee add...</b>		<b>9,995</b>	<b>1,347</b>

**For Apartments with patios add to entrance fee: \$2,500 for Standard Agreement**

\*The Standard Entrance Fee Plan amortizes at 2% per month for 50 months. After 50 months, there is no refund.



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Monthly fee includes:

- Meal Plan
- Utilities (electricity, water, sewer, trash)
- TV Service
- Weekly Housekeeping
- Emergency communications system
- Local medical appointment transportation
- Maintenance-free lifestyle
- Planned activities & trips
- Wellness Center

**Residential Living Apartments  
Guaranteed Refund Entrance Fee Options**

		Monthly Fee	50% ROC Entrance Fee*	80% ROC Entrance Fee*	90% ROC Entrance Fee*
Description	Sq. Ft.	1st person	1st Person	1st Person	1st Person
<b><i>Apartments - A &amp; B Wings</i></b>		<b>Minimum 2 Meals per day/person</b>			
Studio	230	2,309	31,569	38,334	43,408
Single	280	2,425	38,429	46,664	52,839
Deluxe Single	399	3,029	54,756	66,488	75,287
Deluxe Studio	460	3,204	63,132	76,660	86,805
Combination	468	3,267	65,103	79,053	89,517
Deluxe Suite	560	3,443	76,853	93,322	105,674
1 Bedroom Main	616	3,501	79,600	96,658	109,451
1 Bedroom Suite	695	3,522	95,383	115,823	131,153
2 Bedroom Suite	840	3,688	115,283	139,986	158,513
1 Bedroom Grand	859	3,720	119,429	145,020	164,214
1 Bedroom Den Main	935	3,775	122,678	148,966	168,682
2 Bedroom Deluxe Suite	935	3,775	122,678	148,966	168,682
1 Bedroom Flex	936	3,775	131,360	159,508	180,619
2 Bedroom Main Grand	1,120	3,859	144,904	175,956	199,243
<b><i>Apartments - D Wing</i></b>		<b>Minimum 25 Meals per month/person</b>			
One Bedroom	745	3,523	153,100	185,907	210,512
One Bedroom Deluxe	826	3,560	161,388	195,971	221,908
Two Bedroom	1,076	4,001	200,478	243,438	275,657
Two Bedroom Deluxe	1,322	4,591	232,201	281,958	319,275
Three Bedroom	1,399	4,884	239,353	290,643	329,110
Three Bedroom Spec/Del	1,455	5,179	265,726	322,688	365,374
<b><i>Apartments - East &amp; West Wing</i></b>		<b>Minimum 25 Meals per month/person</b>			
One Bedroom Alcove	744	3,535	162,075	196,806	222,852
One Bedroom	805	3,559	171,399	208,127	235,674
One Bedroom Den	961	3,779	189,378	229,960	260,395
Two Bedroom	1,090	4,019	218,861	265,759	300,933
Two Bedroom Bay	1,301	4,883	255,592	310,362	351,441
Two Bedroom Greatroom	1,513	5,249	288,034	349,755	396,046
<b>Second Person Fee add...</b>		<b>1,347</b>	<b>13,993</b>	<b>16,991</b>	<b>19,240</b>

**For Apartments w/patios add to entrance fee: \$3,500 for 50% ROC Agreement; \$4,250 for 80% ROC Agreement; or \$4,812 for 90% ROC Agreement**

\*The 50% Refund of Capital Plan (ROC) amortizes at 2% per month for 25 months with 50% refunded as outlined in the Residency Agreement.

\*The 80% Refund of Capital Plan (ROC) amortizes at 2% per month for 10 months with 80% refunded as outlined in the Residency Agreement.

\*The 90% Refund of Capital Plan (ROC) amortizes at 2% per month for 5 months with 90% refunded as outlined in the Residency Agreement.



## Cottages and Garden Villas

Style	Sq. Ft.	Standard Entrance Fee*	Monthly Fee
		1st person	1st person
<b>Minimum 25 meals per month/person</b>			
Dogwood Cottage	1,074	146,967	3,955
Cypress Cottage	1,310	185,574	4,884
Birch Cottage	1,437	189,323	5,104
Hawthorn Villa	1,530	247,230	5,182
Alder Cottage	1,680	212,273	5,325
Magnolia Villa	1,708	275,992	5,405
Hawthorn Cottage	1,782	288,221	5,540
Oak Villa	1,865	301,362	5,592
Elm Cottage	2,042	250,680	5,771
Willow Cottage	2,061	273,769	5,888
Evergreen Cottage	2,250	277,154	6,310
Oak Cottage	2,348	326,463	6,388
<b>Second Person Fee add...</b>		<b>9,995</b>	<b>1,347</b>



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Guaranteed Refund Entrance Fee Options		50% ROC EF	80% ROC EF	90% ROC EF	Monthly Fee
Styles	Sq Ft.	1st person	1st person	1st person	1st person
<b>Minimum 25 meals per month/person</b>					
Dogwood Cottage	1,074	205,754	249,844	282,911	3,955
Cypress Cottage	1,130	259,806	315,478	357,233	4,884
Birch Cottage	1,437	265,051	321,848	364,446	5,104
Hawthorn Villa	1,530	346,122	420,290	475,916	5,182
Alder Cottage	1,680	297,182	360,865	408,625	5,325
Magnolia Villa	1,708	386,388	469,186	531,284	5,405
Hawthorn Cottage	1,782	403,509	489,975	554,824	5,540
Oak Villa	1,865	421,906	512,314	580,121	5,592
Elm Cottage	2,042	350,951	426,156	482,559	5,771
Willow Cottage	2,061	383,275	465,407	527,004	5,888
Evergreen Cottage	2,250	388,015	471,161	533,521	6,310
Oak Cottage	2,348	457,050	544,988	628,441	6,388
<b>Second Person Fee add....</b>		<b>13,993</b>	<b>16,991</b>	<b>19,240</b>	<b>1,347</b>

\*The Standard Entrance Fee Plan amortizes at 2% per month for 50 months. After 50 months, there is no refund.

\*The 50% Refund of Capital Plan (ROC) amortizes at 2% per month for 25 months with 50% refunded as outlined in the Residency Agreement.

\*The 80% Refund of Capital Plan (ROC) amortizes at 2% per month for 10 months with 80% refunded as outlined in the Residency Agreement.

\*The 90% Refund of Capital Plan (ROC) amortizes at 2% per month for 5 months with 90% refunded as outlined in the Residency Agreement.

All rates are reviewed annually /Effective: October 1, 2023

## Assisted Living, Memory Care and Skilled Nursing

**Entrance Fee for direct admission to Assisted Living or the Memory Care Cottage: \$15,000 \***

\* The Assisted Living and Memory Care Cottage Entrance Fee amortizes at 2% per month for 50 months, with a maximum refund of \$14,000. After 50 months, there is no refund.

**Residents using the continuum of care have paid their Entrance Fee.**

Assisted Living	Daily Rate	Avg Monthly
Semi-Private	\$289	\$8,790
Private	\$313	\$9,520

Memory Care Cottage	Daily Rate	Avg Monthly
Private	\$330	\$10,037

***In accordance with NC law, direct admission to Skilled Care is not permitted unless a person is already a Cypress Glen Resident.***

Skilled Care	Daily Rate	Avg Monthly
Semi-Private	\$349	\$10,615
Private	\$372	\$11,315



GREENVILLE'S CHOICE FOR SENIOR LIVING

*Surround yourself with possibility*

100 Hickory Street  
Greenville, North Carolina 27858  
(252) 830-2001



A United Methodist Retirement Community

[www.CypressGlen.org](http://www.CypressGlen.org)

### **The Daily Rate includes:**

- Staff assistance 24/7 to help with Activities of Daily Living
- Three meals/day
- Medication administration
- Daily housekeeping services
- Personal laundry
- Private room with private bath
- Semi-private room with shared bath
- Scheduled medical appointment transportation
- Engaging Activities programs
- Ask about additional services provided

All rates are reviewed annually.  
Rates effective: October 1, 2023

NC MCC Bond Sale Approval Form					
UNITED METHODIST METHODIST HOMES					
	Time of Preliminary Approval	Time of Mailing POS (if applicable)	Time of Final Approval	Total Variance	Explanation of Variance
<b>SERIES:</b>					
PAR Amount	\$93,800,000				
Estimated Interest Rate	7.50%				
All-in True Interest Cost	7.75%				
Maturity Schedule (Interest) - Date	10/01/24				
Maturity Schedule (Principal) - Date	10/01/34				
Bank Holding Period (if applicable) - Date	NA				
Estimated NPV Savings (\$) (if refunded bonds)	NA				
Estimated NPV Savings (%) (if refunded bonds)	NA				
<b>NOTES:</b>	Long-Term Financing Component				
	Time of Preliminary Approval	Time of Mailing POS (if applicable)	Time of Final Approval	Total Variance	Explanation of Variance
<b>SERIES:</b>					
PAR Amount	\$20,000,000				
Estimated Interest Rate	7.00%				
All-in True Interest Cost	7.25%				
Maturity Schedule (Interest) - Date	10/01/24				
Maturity Schedule (Principal) - Date	10/01/26				
Bank Holding Period (if applicable) - Date	5-Years				
Estimated NPV Savings (\$) (if refunded bonds)	NA				
Estimated NPV Savings (%) (if refunded bonds)	NA				
<b>NOTES:</b>	Short-Term Entry Fee Component				
	In-Process on Bank Solicitation				

1 10A NCAC 13S .0101 is adopted under emergency procedures as follows:  
2

3 **SUBCHAPTER 13S - LICENSURE OF SUITABLE FACILITIES FOR THE PERFORMANCE OF**  
4 **SURGICAL ABORTIONS**

5  
6 **SECTION .0100 – LICENSURE PROCEDURE**

7  
8 **10A NCAC 13S .0101 DEFINITIONS**

9 The following definitions will apply throughout this Subchapter:

- 10 (1) "Abortion" means the termination of a pregnancy as defined in G.S 90-21.81(1c).  
11 (2) "Clinic" means a freestanding facility neither physically attached nor operated by a licensed hospital  
12 for the performance of abortions completed during the first 12 weeks of pregnancy.  
13 (3) "Division" means the Division of Health Service Regulation of the North Carolina Department of  
14 Health and Human Services.  
15 (4) "Gestational age" means the length of pregnancy as indicated by the date of the first day of the last  
16 normal monthly menstrual period, if known, or as determined by ultrasound.  
17 (5) "Governing authority" means the individual, agency, group, or corporation appointed, elected or  
18 otherwise designated, in which the ultimate responsibility and authority for the conduct of the  
19 abortion clinic is vested pursuant to Rule .0318 of this Subchapter.  
20 (6) "Health Screening" means an evaluation of an employee or contractual employee, including  
21 tuberculosis testing, to identify any underlying conditions that may affect the person's ability to  
22 work in the clinic.  
23 (7) "New clinic" means one that is not certified as an abortion clinic by the Division as of July 1, 2023,  
24 and has not been certified or licensed within the previous six months of the application for licensure.  
25 (8) "Registered Nurse" means a person who holds a valid license issued by the North Carolina Board  
26 of Nursing to practice professional nursing in accordance with the Nursing Practice Act, G.S. 90,  
27 Article 9A.

28  
29 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0104 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0104 PLANS**

4 Prior to issuance of a license pursuant to Rule .0107 of this Section, an applicant for a new clinic shall submit two  
5 copies of the building plans to the Division. When the clinic requires a review by the Division and the Department of  
6 Insurance, according to the North Carolina State Building Code, 2018 edition, including subsequent amendments and  
7 editions. Copies of the Code are available from the International Code Council at  
8 <https://codes.iccsafe.org/content/NCAPC2018/chapter-1-administrative-code> at no cost. When the local jurisdiction  
9 has authority from the North Carolina Building Code Council to review the plans, the clinic shall submit only one  
10 copy of the plans to the Division. In that case, the clinic shall submit an additional set of plans directly to the local  
11 jurisdiction.

12

13 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

14

1 10A NCAC 13S .0106 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0106 APPLICATION**

4 (a) Prior to the admission of patients, an applicant for a new clinic shall submit an application for licensure and receive  
5 approval from the Division.

6 (b) Application forms may be obtained by contacting the Division at 2712 Mail Service Center Raleigh, NC 27699-  
7 2712.

8 (c) The application form shall set forth:

9 (1) Name of applicant;

10 (2) Name of facility;

11 (3) Ownership disclosure;

12 (4) Building owner;

13 (5) Building owner;

14 (6) Building management;

15 (7) Sanitation services;

16 (8) Medical director;

17 (9) Other medical staff;

18 (10) Director of nursing;

19 (11) Other nursing staff; and

20 (12) Consulting pathologist.

21 (d) After construction requirements in Section .0200 of this Subchapter have been met and the application for licensure  
22 has been received and approved, the Division shall conduct an on-site, licensure survey.

23

24 History Note: Authority G.S. 131E-153;131E-153.2; 131E-153.5; 143B-165.

1 10A NCAC 13S .0107 is adopted under emergency procedures as follows:  
2

3 **10A NCAC 13S .0107 ISSUANCE OF LICENSE**

4 (a) The Division shall issue a license if it finds the facility can:

5 (1) Comply with all requirements described in this Subchapter; and

6 (2) Have a board certified OB-GYN or board eligible physician by the American Board of Obstetrics  
7 and Gynecology shall be available in the event that complications arise from an abortion procedure.

8 (b) Each license shall be issued only for the premises and persons or organizations named in the application and shall  
9 not be transferable.

10 (c) The governing authority shall notify the Division in writing, within 10 working days, of any change in the name  
11 of the facility or change in the name of the administrator.

12 (d) The facility shall report to the Division all incidents, within 10 working days, of vandalism to the facility such as  
13 fires, explosions, or other action that prevents services from providing abortion services.

14  
15 History Note: Authority G.S. 131E-153; 131E-153.2; 131E-153.5; 143B-165.  
16

1 10A NCAC 13S .0109 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0109 RENEWAL**

4 (a) Each license, renewed at the beginning of each calendar year.

5 (b) The renewal application form shall set forth:

6 (1) Name of applicant;

7 (2) Name of facility;

8 (3) Ownership disclosure;

9 (4) Building owner;

10 (5) Building owner;

11 (6) Building management;

12 (7) Sanitation services;

13 (8) Medical director;

14 (9) Other medical staff;

15 (10) Director of nursing;

16 (11) Other nursing staff;

17 (12) Consulting pathologist;

18 (13) The number of procedures performed during the reporting period; and

19 (14) The number of patients that were transferred to a hospital during a reporting period.

20 (c) Upon the filing of a renewal application, the clinic must pay a non-refundable renewal fee as defined in G.S. 131E-  
21 153.2.

22 (d) An application for renewal of licensure must be filed with the Division at least 30 days prior to the date of  
23 expiration. Renewal application forms shall be furnished by the Division.

24 (e) Failure to file a renewal application shall result in expiration of the license to operate.

25

26 History Note: Authority G.S. 131E-153; 131E-153.2; 131E-153.5; 143B-165.

27



1 10A NCAC 13S .0111 is adopted under emergency procedures as follows:  
2

3 **10A NCAC 13S .0111 INSPECTIONS**

4 (a) Any clinic licensed by the Division to perform abortions shall be inspected by representatives of the Division  
5 annually and as it may deem necessary as a condition of holding such license. An inspection may be conducted  
6 whenever the Division receives a complaint alleging the clinic is not in compliance with the rules of the Subchapter.

7 (b) Representatives of the Division shall make their identities known to the clinic staff prior to inspection of the clinic.

8 (c) Representatives of the Division may review any records in any medium necessary to determine compliance with  
9 the rules of this Subchapter. The Department shall maintain the confidentiality of the complainant and the patient,  
10 unless otherwise required by law.

11 (d) The clinic shall allow the Division to have immediate access to its premises and the records necessary to conduct  
12 an inspection and determine compliance with the rules of this Subchapter.

13 (e) A clinic shall file a written plan of correction for cited deficiencies within 10 business days of receipt of the report  
14 of the survey. The Division shall review and respond to a written plan of correction within 10 business days of receipt  
15 of the corrective action plan.

16  
17 History Note: Authority G.S. 131E-153; 131E-153.2; 131E-153.5; 131E-153.6; 143B-165.

1 10A NCAC 13S .0112 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0112 ALTERATIONS**

4 Any license holder or prospective applicant desiring to make alterations or additions to a clinic or to construct a new  
5 clinic, before commencing such alteration, addition or new construction shall submit plans and specifications to the  
6 Division for preliminary inspection and approval or recommendations with respect to compliance with this  
7 Subchapter.

8

9 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0114 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0114 APPROVAL**

4 (a) Approval of building plans shall be obtained from the Division of Health Service Regulation, in accordance with  
5 the rules in Section .0200 of this Subchapter.

6 (b) Approval of building plans shall expire one year after the date of approval unless a building permit for the  
7 construction has been obtained prior to the expiration date of the approval of building plans.

8

9 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0201 is adopted under emergency procedures as follows:  
2

3 **SECTION .0200 - MINIMUM STANDARDS FOR CONSTRUCTION AND EQUIPMENT**  
4

5 **10A NCAC 13S .0201 BUILDING CODE REQUIREMENTS**

6 (a) The physical plant for a clinic shall meet or exceed minimum requirements of the North Carolina State Building  
7 Code for Group B occupancy (business office facilities) which is incorporated herein by reference including  
8 subsequent amendments and editions. Copies of the Code can be obtained from the International Code Council online  
9 at <http://shop.iccsafe.org/north-carolina-doi.discounts?ref=NC> for a cost of five hundred twenty-seven dollars  
10 (\$527.00) or accessed electronically free of charge at [https://codes.iccsafe.org/content/NCAPC2018/chapter-1-](https://codes.iccsafe.org/content/NCAPC2018/chapter-1-administrative-code)  
11 administrative-code.

12 (b) The requirements contained in this Section shall apply to new clinics and to any alterations, repairs, rehabilitation  
13 work, or additions which are made to a previously licensed facility.

14  
15 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0202 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0202 SANITATION**

4 Clinics that are licensed by the Division to perform abortions shall comply with the Rules governing the sanitation of  
5 hospitals, nursing homes, adult care homes, and other institutions, contained in 15A NCAC 18A .1300 which is hereby  
6 incorporated by reference including subsequent amendments and editions. Copies of 15A NCAC 18A .1300 may be  
7 obtained at no charge from the Division of Public Health, Environmental Health Section, 1632 Mail Service Center,  
8 Raleigh, NC 27699-1632, or accessed electronically free of charge from the Office of Administrative Hearings at  
9 <https://reports.oah.state.nc.us/ncac.asp>.

10

11 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

1 10A NCAC 13S .0207 is adopted under emergency procedures as follows:

2  
3 **10A NCAC 13S .0207 AREA REQUIREMENTS**

4 The following areas shall comply with Rule .0212 of this Section, and are considered minimum requirements for  
5 clinics that are licensed by the Division to perform abortions:

6 (1) receiving area;

7 (2) examining room;

8 (3) preoperative preparation and holding room;

9 (4) individual patient locker facilities or equivalent;

10 (5) procedure room;

11 (6) recovery room;

12 (7) clean workroom;

13 (8) soiled workroom;

14 (9) a clean area for self-contained secure medication storage complying with security requirements of  
15 state and federal laws is provided;

16 (10) separate and distinct areas for storage and handling of clean and soiled linen;

17 (11) patient toilet;

18 (12) personnel lockers and toilet facilities;

19 (13) laboratory;

20 (14) nourishment station with storage and preparation area for serving meals or in-between meal snacks;

21 (15) janitor's closets;

22 (16) adequate space and equipment for assembling, sterilizing and storing medical and surgical supplies;

23 (17) storage space for medical records; and

24 (18) office space for nurses' charting, doctors' charting, communications, counseling, and business  
25 functions.

26  
27 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0209 is adopted under emergency procedures as follows:  
2

3 **10A NCAC 13S .0209 ELEVATOR**

4 (a) In multi-story buildings, the clinic shall provide at least one elevator for patient use.

5 (b) At least one dimension of the elevator cab shall be six and one-half feet to accommodate stretcher patients.

6 (c) The elevator door shall have an opening of no less than three feet in width, which is minimum for stretcher use.

7

8 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.  
9

1 10A NCAC 13S .0210 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0210 CORRIDORS**

4 The width of patient use corridors shall be no less than 60 inches.

5

6 History Note: Authority 131E-153; 131E-153.5; 143B-165.



1 10A NCAC 13S .0211 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0211 DOORS**

4 Minimum width of doors to all rooms needing access for stretchers shall be three feet. No door shall swing into  
5 corridors in a manner that might obstruct traffic flow or reduce the required corridor width except doors to spaces not  
6 subject to occupancy.

7

8 History Note: Authority 131E-153; 131E-153.5; 143B-165.

9

1 10A NCAC 13S .0212 is adopted under emergency procedures as follows:

2  
3 **10A NCAC 13S .0212 ELEMENTS AND EQUIPMENT**

4 The physical plant shall provide equipment to carry out the functions of the clinic with the following minimum  
5 requirements:

6 (1) Mechanical requirements.

7 (a) Temperatures and humidities:

8 (i) The mechanical systems shall be designed to provide the temperature and  
9 humidities shown in this Sub-Item:

<u>Area</u>	<u>Temperature</u>	<u>Relative Humidity</u>
<u>Procedure</u>	<u>70-76 degrees F.</u>	<u>50-60%</u>
<u>Recovery</u>	<u>75-80 degrees F.</u>	<u>30-60%</u>

10  
11  
12  
13 (b) All air supply and exhaust systems for the procedure suite and recovery area shall be  
14 mechanically operated. All fans serving exhaust systems shall be located at the discharge  
15 end of the system. The ventilation rates shown herein shall be considered as minimum  
16 acceptable rates.

17 (i) The ventilation system shall be designed and balanced to provide the pressure  
18 relationships detailed in Sub-Item (b)(vii) of this Rule.

19 (ii) All air supplied to procedure rooms shall be delivered at or near the ceiling of the  
20 room and all exhaust or return from the area shall be removed near the floor level  
21 at not less than three inches above the floor.

22 (iii) Corridors shall not be used to supply air to or exhaust air from any procedure or  
23 recovery room except to maintain required pressure relationships.

24 (iv) All ventilation or air conditioning systems serving procedure rooms shall have a  
25 minimum of one filter bed with a minimum filter efficiency of 80 percent.

26 (v) Ventilation systems serving the procedure or recovery rooms shall not be tied in  
27 with the soiled holding or work rooms, janitors' closets, or locker rooms if the air  
28 is to be recirculated in any manner.

29 (vi) Air handling duct systems shall not have duct linings.

30 (vii) The following general air pressure relationships to adjacent areas and ventilation  
31 rates shall apply:

<u>Area</u>	<u>Pressure Relationship</u>	<u>Minimum Air</u> <u>Changes/Hour</u>
<u>Procedure</u>	<u>P</u>	<u>6</u>
<u>Recovery</u>	<u>P</u>	<u>6</u>
<u>Soiled work,</u>		
<u>Janitor's closet,</u>		

Toilets.

Soiled holding                    N                    10

Clean work or

Clean holding                    P                    4

(P = positive pressure N = negative pressure)

(2) Plumbing And Other Piping Systems.(a) Medical Gas and Vacuum Systems

(i) Piped-in medical gas and vacuum systems, if installed, shall meet the requirements of NFPA-99-2012, category 1 system, which is hereby incorporated by reference including subsequent amendments and editions. Copies of NFPA-99-2012 may be purchased from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101, or accessed electronically free of charge at <http://www.nfpa.org>.

(ii) The facility must meet the inhalation anesthesia requirements of NFPA 70-2020 and NFPA 99-2021, which are hereby incorporated by reference including subsequent amendments and editions. Copies of NFPA 70-2011 and NFPA 99-2012 may be purchased from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101, or accessed electronically free of charge at <http://www.nfpa.org>.

(b) Lavatories and sinks for use by medical personnel shall have the water supply spout mounted so that its discharge point is a minimum distance of five inches above the rim of the fixture with mixing type fixture valves that can be operated without the use of the hands.

(c) Hot water distribution systems shall provide hot water at hand washing and bathing facilities at a minimum temperature of 100 degrees F. and a maximum temperature of 116 degrees F.

(d) Floor drains shall not be installed in procedure rooms.

(e) Building drainage and waste systems shall be designed to avoid installations in the ceiling directly above procedure rooms.

(3) Electrical Requirements.

(a) Procedure and recovery rooms, and paths of egress from these rooms to the outside shall have at a minimum, listed battery backup lighting units of one and one-half hour capability that will automatically provide at least five foot candles of illumination at the floor in the event needed for a utility or local lighting circuit failure.

(b) Electrically operated medical equipment necessary for the safety of the patient shall have, at a minimum, battery backup.

(c) Receptacles located within six feet of sinks or lavatories shall be ground-fault protected.

1                    (d) At least one wired-in, ionization-type smoke detector shall be within 15 feet of each  
2                    procedure or recovery room entrance.

3                    (4) Buildings systems and medical equipment shall have preventative maintenance conducted as  
4                    recommended by the equipment manufacturers' or installers' literature to assure operation in  
5                    compliance with manufacturer's instructions.

6  
7                    *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

1 10A NCAC 13S .0315 is adopted under emergency procedures as follows:  
2

3 **SECTION .0300 – SERVICES**  
4

5 **10A NCAC 13S .0315 HOUSEKEEPING**

6 In addition to the standards set forth in Rule .0202 of this Subchapter, clinics that are licensed by the Division to  
7 perform abortions shall meet the following standards:

8 (1) the floors, walls, woodwork, and windows must be cleaned at least daily;

9 (2) the premises must be kept free from rodents and insect infestation;

10 (3) bath and toilet facilities must be maintained in a clean and sanitary condition consistent with 15A  
11 NCAC 18A .1312; and

12 (4) linen that comes directly in contact with the patient shall be provided for each individual patient.

13 No such linen shall be interchangeable from one patient to another before being cleaned, sterilized,  
14 or laundered.

15 Copies of 15A NCAC 18A .1300 may be obtained at no charge from the Division of Public Health, Environmental  
16 Health Section, 1632 Mail Service Center, Raleigh, NC, 27699-1632, or accessed electronically free of charge from  
17 the Office of Administrative Hearings at <https://www.oah.nc.gov/>.

18  
19 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0318 is adopted under emergency procedures as follows:

2  
3 **10A NCAC 13S .0318 GOVERNING AUTHORITY**

4 (a) The governing authority, as defined in Rule .0101(6) of this Subchapter, shall appoint a chief executive officer or  
5 a designee of the clinic to represent the governing authority and shall define his or her authority and duties in writing.  
6 This person shall be responsible for the management of the clinic, implementation of the policies of the governing  
7 authority and authorized and empowered to carry out the provisions of these Rules.

8 (b) The chief executive officer or designee shall designate, in writing, a person to act on his or her behalf during his  
9 or her absence. In the absence of the chief executive officer or designee, the person on the grounds of the clinic who  
10 is designated by the chief executive officer or designee to be in charge of the clinic shall have access to all areas in  
11 the clinic related to patient care and to the operation of the physical plant.

12 (c) When there is a planned change in ownership or in the chief executive officer, the governing authority of the clinic  
13 shall notify the Division in writing of the change.

14 (d) The clinic's governing authority shall adopt operating policies and procedures that shall:

15 (1) specify the individual to whom responsibility for operation and maintenance of the clinic is  
16 delegated and methods established by the governing authority for holding such individuals  
17 responsible;

18 (2) provide for at least annual meetings of the governing authority, for which minutes shall be  
19 maintained; and

20 (3) maintain a policies and procedures manual designed to ensure safe and adequate care for the patients  
21 which shall be reviewed, and revised when necessary, at least annually, and shall include provisions  
22 for administration and use of the clinic, compliance, personnel quality assurance, procurement of  
23 outside services and consultations, patient care policies, and services offered.

24 (e) When the clinic contracts with outside vendors to provide services such as laundry or therapy services, the  
25 governing authority shall be responsible to assure the supplier meets the same local and State standards the clinic  
26 would have to meet if it were providing those services itself using its own staff.

27 (f) The governing authority shall provide for the selection and appointment of the professional staff and the granting  
28 of clinical privileges and shall be responsible for the professional conduct of these persons.

29 (g) The governing authority shall be responsible for ensuring the availability of supporting personnel to meet patient  
30 needs and to provide safe and adequate treatment.

31  
32 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0319 is adopted under emergency procedures as follows:

2  
3 **10A NCAC 13S .0319 POLICIES AND PROCEDURES AND ADMINISTRATIVE RECORDS**

4 (a) The following essential documents and references shall be on file in the administrative office of the clinic:

- 5 (1) documents evidencing control and ownerships, such as deeds, leases, or incorporation or partnership  
6 papers;  
7 (2) policies and procedures of the governing authority, as required by Rule .0318 of this Section;  
8 (3) minutes of the governing authority meetings;  
9 (4) minutes of the clinic's professional and administrative staff meetings;  
10 (5) a current copy of the rules of this Subchapter;  
11 (6) reports of inspections, reviews, and corrective actions taken related to licensure; and  
12 (7) contracts and agreements related to care and services provided by the clinic is a party.

13 (b) All operating licenses, permits, and certificates shall be displayed on the licensed premises.

14 (c) The governing authority shall prepare a manual of clinic policies and procedures for use by employees, medical  
15 staff, and contractual physicians to assist them in understanding their responsibilities within the organizational  
16 framework of the clinic. These shall include:

- 17 (1) patient selection and exclusion criteria;  
18 (2) clinical discharge criteria;  
19 (3) policy and procedure for validating the full and true name of the patient;  
20 (4) policy and procedure for abortion procedures performed at the clinic;  
21 (5) policy and procedure for the provision of patient privacy in the recovery area of the clinic;  
22 (6) protocol for determining gestational age as defined in Rule .0101(5) of this Subchapter;  
23 (7) protocol for referral of patients for whom services have been declined; and  
24 (8) protocol for discharge instructions that informs patients who to contact for post-procedural problems  
25 and questions.

26  
27 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

1 10A NCAC 13S .0320 is adopted under emergency procedures as follows:  
2

3 **10A NCAC 13S .0320 ADMISSION AND DISCHARGE**

4 (a) There shall be on the premises throughout all hours of operation an employee authorized to receive patients and  
5 make administrative decisions regarding patients.

6 (b) All patients shall be admitted only under the care of a physician who is currently licensed to practice medicine in  
7 North Carolina.

8 (c) Any patient not discharged within 12 hours following the abortion procedure shall be transferred to a hospital  
9 licensed pursuant to Chapter 131E, Article 5 of the General Statutes.

10 (d) Following admission and prior to obtaining the consent for the procedure, representatives of the clinic's  
11 management shall provide to each patient the following information:

12 (1) a fee schedule and any extra charges routinely applied;

13 (2) the name of the attending physician or physicians and hospital admitting privileges, if any. In the  
14 absence of admitting privileges a statement to that effect shall be included;

15 (3) instructions for post-procedure problems and questions as outlined in Rule .0329(d) of this Section;

16 (4) grievance procedures a patient may follow if dissatisfied with the care and services rendered; and

17 (5) the telephone number for Complaint Intake of the Division.  
18

19 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.



1 10A NCAC 13S .0321 is adopted under emergency procedures as follows:

2  
3 **10A NCAC 13S .0321 MEDICAL RECORDS**

4 (a) The clinic shall maintain a complete and permanent record for all patients including:

5 (1) the date and time of admission and discharge;

6 (2) the patient's full and true name;

7 (3) the patient's address;

8 (4) the patient's date of birth;

9 (5) the patient's emergency contact information;

10 (6) the patient's diagnoses;

11 (7) the patient's duration of pregnancy;

12 (8) the patient's condition on admission and discharge;

13 (9) a voluntarily-signed consent for each surgery or procedure and signature of the physician performing  
14 the procedure witnessed by a family member, other patient representative, or facility staff member;

15 (10) the patient's history and physical examination including identification of pre-existing or current  
16 illnesses, drug sensitivities or other idiosyncrasies that may impact the procedure or anesthetic to be  
17 administered; and

18 (11) documentation that indicates all items listed in Rule .0320(d) of this Section were provided to the  
19 patient.

20 (b) The clinic shall record and authenticate by signature, date, and time all other pertinent information such as pre-  
21 and post-procedure instructions, laboratory reports, drugs administered, report of abortion procedure, and follow-up  
22 instruction, including family planning advice.

23 (c) If Rh is negative, the clinic shall explain the significance to the patient and shall record the explanation. The  
24 patient in writing may reject Rh immunoglobulin. A written record of the patient's decision shall be a permanent part  
25 of her medical record.

26 (d) An ultrasound examination shall be performed by a technician qualified in ultrasonography and the results,  
27 including gestational age, placed in the patient's medical record for any patient who is scheduled for an abortion  
28 procedure.

29 (e) The clinic shall maintain a daily procedure log of all patients receiving abortion services. This log shall contain at  
30 least the following:

31 (1) the patient name;

32 (2) the estimated length of gestation;

33 (3) the type of procedure;

34 (4) the name of the physician;

35 (5) the name of the Registered Nurse on duty; and

36 (6) the date and time of procedure.

1 (f) Medical records shall be the property of the clinic and shall be preserved or retained in the State of North Carolina  
2 for a period of not less than 10 years from the date of the most recent discharge, unless the client is a minor, in which  
3 case the record must be retained until three years after the client's 18th birthday, regardless of change of clinic  
4 ownership or administration. Such medical records shall be made available to the Division upon request and shall not  
5 be removed from the premises where they are retained except by subpoena or court order.

6 (g) The clinic shall have a written plan for destruction of medical records to identify information to be retained and  
7 the manner of destruction to ensure confidentiality of all material.

8 (h) Should a clinic cease operation, the clinic shall arrange for preservation of records for at least 10 years. The clinic  
9 shall send written notification to the Division of these arrangements.

10  
11 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

1 10A NCAC 13S .0322 is adopted under emergency procedures as follows:

2  
3 **10A NCAC 13S .0322 PERSONNEL RECORDS**

4 (a) Personnel Records:

5 (1) A record of each employee shall be maintained that includes the following:

6 (A) the employee's identification;

7 (B) the application for employment that includes education, training, experience and  
8 references;

9 (C) a resume of education and work experience;

10 (D) a copy of a valid license (if required), education, training, and prior employment  
11 experience; and

12 (E) a list of references.

13 (2) Personnel records shall be confidential.

14 (3) Representatives of the Division conducting an inspection of the clinic shall have the right to inspect  
15 personnel records.

16 (b) Job Descriptions:

17 (1) The clinic shall have a written description that describes the duties of every position.

18 (2) Each job description shall include position title, authority, specific responsibilities, and minimum  
19 qualifications. Qualifications shall include education, training, experience, special abilities, and  
20 valid license or certification required.

21 (3) The clinic shall review annually and, if needed, update all job descriptions. The clinic shall provide  
22 the updated job description to each employee or contractual employee assigned to the position.

23 (c) All persons having direct responsibility for patient care shall be at least 18 years of age.

24 (d) The clinic shall provide an orientation program to familiarize each new employee or contractual employee with  
25 the clinic, its policies, and the employee's job responsibilities.

26 (e) The governing authority shall be responsible for implementing health standards for employees, as well as  
27 contractual employees, which are consistent with recognized professional practices for the prevention and  
28 transmission of communicable diseases.

29 (f) Employee and contractual employee records for health screening as defined in Rule .0101(7) of this Subchapter,  
30 education, training, and verification of professional certification shall be available for review by the Division.

31  
32 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0323 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0323 NURSING SERVICE**

4 (a) The clinic shall have an organized nursing staff under the supervision of a nursing supervisor who is currently  
5 licensed as a Registered Nurse and who has responsibility for all nursing services.

6 (b) The nursing supervisor shall report to the chief executive officer or designee and shall be responsible for:

7 (1) provision of nursing services to patients; and

8 (2) developing a nursing policy and procedure manual and written job descriptions for nursing  
9 personnel.

10 (c) The clinic shall have the number of licensed and ancillary nursing personnel on duty to assure that staffing levels  
11 meet the total nursing needs of patients based on the number of patients in the clinic and their individual nursing care  
12 needs.

13 (d) There shall be at least one Registered Nurse with experience in post-operative or post-partum care who is currently  
14 licensed to practice professional nursing in North Carolina on duty in the clinic at all times patients are in the clinic.

15

16 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0324 is adopted under emergency procedures as follows:  
2

3 **10A NCAC 13S .0324 QUALITY ASSURANCE**

4 (a) The governing authority shall establish a quality assurance program for the purpose of providing standards of care  
5 for the clinic. The program shall include the establishment of a committee that shall evaluate compliance with clinic  
6 procedures and policies.

7 (b) The committee shall determine corrective action, if necessary to achieve and maintain compliance with clinic  
8 procedures and policies.

9 (c) The committee shall consist of at least one physician who is not an owner, the chief executive officer or designee,  
10 and other health professionals. The committee shall meet at least once per quarter.

11 (d) The functions of the committee shall include development of policies for selection of patients, approval for  
12 adoption of policies, review of credentials for staff privileges, peer review, tissue inspection, establishment of infection  
13 control procedures, and approval of additional procedures to be performed in the clinic.

14 (e) Records shall be kept of the activities of the committee for a period not less than 10 years. These records shall  
15 include:

16 (1) reports made to the governing authority;

17 (2) minutes of committee meetings including date, time, persons attending, description and results of  
18 cases reviewed, and recommendations made by the committee; and

19 (3) information on any corrective action taken.

20 (f) The clinic shall conduct orientation, training, or education programs to correct deficiencies that are uncovered as  
21 a result of the quality assurance program.

22

23 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0325 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0325 LABORATORY SERVICES**

4 (a) Each clinic shall have the capability to provide or obtain laboratory tests required in connection with the procedure  
5 to be performed.

6 (b) The governing authority shall establish written policies regarding which surgical specimens require examination  
7 by a pathologist.

8 (c) Each patient shall have the following performed and a record of the results placed in the patient's medical record  
9 prior to the abortion:

10 (1) pregnancy testing, except when a positive diagnosis of pregnancy has been established by  
11 ultrasound;

12 (2) anemia testing (hemoglobin or hematocrit); and

13 (3) Rh factor testing.

14 (d) Patients requiring the administration of blood shall be transferred to a local hospital having blood bank facilities.

15 (e) The clinic shall maintain a manual in a location accessible by employees, that includes the procedures, instructions,  
16 and manufacturer's instructions for each test procedure performed, including:

17 (1) sources of reagents, standard and calibration procedures, and quality control procedures; and

18 (2) information concerning the basis for the listed "normal" ranges.

19 (f) The clinic shall perform and document, at least quarterly, calibration of equipment and validation of test results.

20

21 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0326 is adopted under emergency procedures as follows:

2  
3 **10A NCAC 13S .0326 EMERGENCY BACK-UP SERVICES**

4 (a) Each clinic shall have a written plan for the transfer of emergency cases from the clinic to the closest hospital  
5 when hospitalization becomes necessary. Emergency case is defined as a condition manifesting itself by acute  
6 symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could  
7 reasonably be expected to result in placing the individual's health in serious jeopardy, serious impairment to bodily  
8 functions, or serious dysfunction of bodily organs.

9 (b) The clinic shall have written protocols, personnel, and equipment to handle medical emergencies as defined above  
10 which may arise in connection with services provided by the clinic.

11 (c) The clinic shall have a written agreement between the clinic and a hospital to facilitate the transfer of patients who  
12 are in need of emergency care. A clinic that has documentation of its efforts to establish such a transfer agreement  
13 with a hospital that provides emergency services and has been unable to secure such an agreement shall be considered  
14 to be in compliance with this Rule.

15 (d) The clinic shall provide intervention for emergency situations. These provisions shall include:

16 (1) basic cardio-pulmonary life support;

17 (2) emergency protocols for:

18 (A) administration of intravenous fluids;

19 (B) establishing and maintaining airway support;

20 (C) oxygen administration;

21 (D) utilizing a bag-valve-mask resuscitator with oxygen reservoir;

22 (E) utilizing a suction machine; and

23 (F) utilizing an automated external defibrillator;

24 (3) emergency lighting available in the procedure room as set forth in Rule .0212 of this Subchapter;

25 and

26 (4) ultrasound equipment.

27  
28 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0327 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0327 SURGICAL SERVICES**

4 (a) The procedure room shall be maintained exclusively for surgical procedures and shall be so designed and  
5 maintained to provide an environment free of contamination. The clinic shall establish procedures for infection control  
6 and universal precautions.

7 (b) Tissue Examination:

8 (1) The physician performing the abortion is responsible for examination of all products of conception  
9 (P.O.C.) prior to patient discharge. Such examination shall note specifically the presence or absence  
10 of chorionic villi and fetal parts, or the amniotic sac. The results of the examination shall be recorded  
11 in the patient's medical record.

12 (2) If adequate tissue is not obtained based on the gestational age, the physician performing the  
13 procedure shall evaluate for ectopic pregnancy, or an incomplete procedure.

14 (3) The clinic shall establish procedures for obtaining, identifying, storing, and transporting specimens.

15

16 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.



1 10A NCAC 13S .0328 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0328 MEDICATIONS AND ANESTHESIA**

4 (a) No medication or treatment shall be given except on written order of a physician.

5 (b) Any medications shall be administered by a physician or Registered Nurse and shall be recorded in the patient's  
6 permanent record.

7 (c) The anesthesia shall be administered only under the direct supervision of a licensed physician. Direct supervision  
8 means the physician must be present in the clinic and immediately available to furnish assistance and direction  
9 throughout the administration of the anesthesia. It does not mean the physician must be present in the room when the  
10 anesthesia is administered.

11

12 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0329 is adopted under emergency procedures as follows:

2

3 **10A NCAC 13S .0329 POST-OPERATIVE CARE**

4 (a) A patient whose pregnancy is terminated shall be observed in the clinic to ensure that no post-operative  
5 complications are present. Thereafter, patients may be discharged according to a physician's order and the clinic's  
6 protocols.

7 (b) Any patient having a complication known or suspected to have occurred during or after the performance of the  
8 abortion shall be transferred to a hospital for evaluation or admission.

9 (c) The following criteria shall be documented prior to discharge:

10 (1) the patient shall be able to move independently with a stable blood pressure and pulse; and

11 (2) bleeding and pain are assessed to be stable and not a concern for discharge.

12 (d) Written instructions shall be issued to all patients in accordance with the orders of the physician in charge of the  
13 abortion procedure and shall include the following:

14 (1) symptoms and complications to be looked for; and

15 (2) a dedicated telephone number to be used by the patients should any complication occur or question  
16 arise. This number shall be answered by a person 24 hours a day, seven days a week.

17 (e) The clinic shall have a defined protocol for triaging post-operative calls and complications. This protocol shall  
18 establish a pathway for physician contact to ensure ongoing care of complications that the operating physician is  
19 incapable of managing.

20

21 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

1 10A NCAC 13S .0330 is adopted under emergency procedures as follows:  
2

3 **10A NCAC 13S .0330 CLEANING OF MATERIALS AND EQUIPMENT**

4 (a) All supplies and equipment used in patient care shall be cleaned or sterilized between use for different patients.

5 (b) Methods of cleaning, handling, and storing all supplies and equipment shall be such as to prevent the transmission  
6 of infection through their use as determined by the clinic through their governing authority.

7

8 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.