

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

---

**MEDICAL CARE COMMISSION QUARTERLY MEETING  
DIVISION OF HEALTH SERVICE REGULATION  
809 RUGGLES DRIVE  
RALEIGH, NORTH CAROLINA 27603  
CONFERENCE ROOM 026A**

**OR**

**TEAMS Video Conference:**

**[Join the meeting now](#)**

**OR**

**Dial-IN: 1-984-204-1487 / Passcode: 4 4 7 6 3 9 9 9 2 #**

MAY 17, 2024 (Friday)  
9:00 a.m.

**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. Approval of Minutes (Action Items).....Dr. John Meier**
  - **February 2, 2024** (NCMCC Quarterly Meeting) (See Exhibit A)
  - **February 15, 2024** (Executive Committee) (See Exhibit B/1)
  - **April 10, 2024** (NCMCC Full Commission Meeting) (See Exhibit A/1)

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

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

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

**A. Rules for Adoption**

**1. Adult Care Licensure Section Rules.....T. Corpening & M. Lamphere**

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

**(See Exhibits C thru C/4)**

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

**A. Periodic Review of Existing Rules (150B-21.3A) – Initial Category Determination**

**1. Nursing Home Licensing Rules.....Taylor Corpening & Beverly Speroff**

- **Rules:** 10A NCAC 13D .2001, .2101-.2109, .2201-.2212, .2301-.2309, .2401-.2402, .2501-.2505, .2601-.2607, .2701, .2801-.2802, .2901-.2902, .3003-.3005, .3031, .3101-.3104, .3201, and .3401-.3404.

**(See Exhibits D thru D/1)**

**B. Rules for Approval**

**1. Adult Care Licensure Section Rules “Super phase”.....Corpening & M. Lamphere**

- Rules: Phase 4.5 Construction: 10A NCAC 13F .0302, .0304, .0305, .0307, .0310, .0311, .1304, 10A NCAC 13G .0301, .0305-.0309, .0312, .0313, .0317, .0318
- Phase 6: 10A NCAC 13F .0801, .0802, 10A NCAC 13G .0801, .0802
- Phase 6.5: 10A NCAC 13F .0206, .0306, .0309, .1501, .1601-.1605, 10A NCAC .0206, .0315, .0316, .1601-.1605

**(See Exhibits E thru E/3)**

2. **Acute & Home Care Licensure Rules**.....T. Corpening & A. Conley  
13S Rules: 20 adoptions and (20 total rules)

- Rules: 10A NCAC 13S .0101, .0104, .0201, .0207, .0212, .0315 and .0318-.0331.

(See Exhibits F thru F/1)

**IX. DHSR Construction Presentation**.....Jeff Harms

**X. 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 August 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 August 9, 2024. Refunding projects may include non-Commission debt, and non-material, routine capital improvement expenditures.

**XI. Meeting Adjournment**

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

---

**MEDICAL CARE COMMISSION QUARTERLY MEETING  
DIVISION OF HEALTH SERVICE REGULATION  
MOBILE DISASTER HOSPITAL  
315 BETHEL CHURCH ROAD  
MOCKSVILLE, NC 27028**

**OR**

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

**OR**

**Dial-IN:** 1-984-204-1487 / Passcode: 445 807 125#

FEBRUARY 2, 2024 (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 Ashley H. Lloyd, D.D.S. Karen E. Moriarty 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. Jeffrey S. Wilson	Timothy D. Weber, RPH

**DIVISION OF HEALTH SERVICE REGULATION STAFF**

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  
Taylor Corpening, Rules Review Coordinator, DHSR  
Bethany Burgon, Attorney General’s Office  
Azzie Conley, Chief, Acute & Home Care Licensure  
Greta Hill, Asst. Chief, Acute & Home Care Licensure  
Crystal Abbott, Auditor, MCC  
Kathy Larrison, Auditor, MCC  
Alice Creech, Executive Assistant, MCC

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

- **October 27, 2023** (NCMCC Special Rules Meeting) (**See Exhibit A**)
- **November 3, 2023** (NCMCC Quarterly Meeting) (**See Exhibit A/1**)
- **November 8, 2023** (Executive Committee) (**See Exhibit B/1**)
- **December 18, 2023** (NCMCC Special Rules Meeting) (**See Exhibit B/2**)
- **January 23, 2024** (NCMCC Special Rules Meeting) (**See Exhibit B/3**)

**COMMISSION ACTION:** *A motion was made to approve the minutes by Mr. Joe Crocker, seconded by Mr. Bryant Foriest, and unanimously approved.*

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

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

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

**A. Rules for Adoption**

**1. Emergency Medical Services and Trauma Rules..T. Corpening & W. Ainsworth**

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 C thru C/3)**

**COMMISSION ACTION:** *A motion was made by Dr. Paul Cunningham to approve the Emergency Medical Services and Trauma Rules, seconded by Mr. Joe Crocker, and unanimously approved.*

**2. Nursing Pool Licensure Rules.....Taylor Corpening & Azzie Conley**

Amendments in response to rulemaking petition granted by MCC

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

**(See Exhibits D thru D/3)**

**COMMISSION ACTION:** *A motion was made to approve the Nursing Pool Licensure Rules by Mrs. Kathy Barger, seconded by Mr. Bryant Foriest, and unanimously approved.*

**3. Acute & Home Care Licensure Rules.....Taylor Corpening & Azzie Conley**

Discussion of text of rules.

- **Rules:** 10A NCAC 13S .0101, .0104, .0111, .0112, .0114, .0201, .0202, .0207, .0209, .0210, .0211, .0212, .0315, .0318, .0319, .0320, .0321, .0322, .0323, .0324, .0325, .0326, .0327, .0328, .0329, .0330, & .0331. (27 Rules)

**(See Exhibits F thru F/1)**

**COMMISSION ACTION:** *A motion was made by Dr. Paul Cunningham to enter a closed session, seconded by Mr. Joe Crocker, and unanimously approved.*

**COMMISSION ACTION:** *A motion was made by Mrs. Kathy Barger to come out of a closed session, seconded by Mr. Bryant Foriest, and unanimously approved.*

**No Action taken.**

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

A. Periodic Review of Existing Rules (150B-21.3A) – Initial Category Determination

1. Executive Committee.....Taylor Corpening & Geary Knapp

- 10A NCAC 13A .0101, .0201, .0202, & .0203 (4 Rules)

(See Exhibits E thru E/2)

**COMMISSION ACTION:** *A motion was made by Mr. Bryant Foriest to approve the Executive Committee Rules, seconded by Mr. Joe Crocker, and unanimously approved.*

IX. 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 May 10, 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 May 10, 2024. Refunding projects may include non-Commission debt, and non-material, routine capital improvement expenditures.

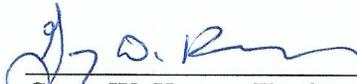
**COMMISSION ACTION:** *A motion was made to authorize the Executive Committee to approve projects involving the refunding of existing debt between this date and May 10, 2024 by Mr. Joe Crocker, seconded by Mr. Jeff Wilson, and unanimously approved.*

X. Tour of the Mobile Disaster Hospital.....Geary W. Knapp & Kimberly Clement

XI. Meeting Adjournment

There being no further business the meeting was adjourned at 11:25 a.m.

Respectfully submitted,

  
 Geary W. Knapp, JD, CPA  
 Assistant Secretary

**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: [Join the meeting now](#)**

**OR**

**Dial-IN: 1-984-204-1487 / Passcode: 322 477 150#**

April 10, 2024  
11:30 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 Bryant C. Foriest Linwood B. Hollowell, III Ashley H. Lloyd, D.D.S. David C. Mayer, M.D. Jeffrey S. Wilson  <u><b>DIVISION OF HEALTH SERVICE REGULATION STAFF</b></u> Geary W. Knapp, JD, CPA, Assistant Secretary, MCC Jeff Harms, Acting Construction Chief, DHSR Taylor Corpening, Rules Review Coordinator, DHSR Crystal Abbott, Auditor, MCC Kathy Larrison, Auditor, MCC Alice Creech, Executive Assistant, MCC	Paul R.G. Cunningham, M.D. Eileen C. Kugler, RN, MSN, MPH, FNP Karen E. Moriarty Robert E. Schaaf, M.D. Neel G. Thomas, M.D. Lisa A. Tolnitch, M.D. Pascal O. Udekwu, M.D. Timothy D. Weber, RPH

<p><b><u>OTHERS PRESENT</u></b>  Kevin Mcleod, Carolina Meadows  Gary Levine, Carolina Meadows  Ben Cornthwaite, Carolina Meadows  Carolyn Twisdale, Carolina Meadows  Jeff Poley, Hawkins Delafield &amp; Wood  Tad Melton, Ziegler</p>	
--	--

**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. Bond Project (Action Item)**

**A. Carolina Meadows (Chapel Hill).....Geary W. Knapp**

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

- 90 bed skilled nursing facility (replacing current skilled nursing facility)
- 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:

**ESTIMATED SOURCES OF FUNDS**

Principal Amount of Bonds to be Issued	\$ 80,657,816
<b>Total Sources</b>	<b>\$ 80,657,816</b>

**ESTIMATED USE OF FUNDS**

Construction Contracts	\$	65,769,838
Architect Fees	\$	2,442,500
Architect Reimbursables	\$	50,000
Contingency (1% of Construction Costs)	\$	664,342
Surveys	\$	448,000
Landscaping	\$	230,500
Furniture / Fixtures	\$	2,825,000
Geotesting	\$	233,977
Engineering	\$	169,500
Owner's Representative	\$	395,000
Bond Interest during Construction	\$	5,875,816
Underwriter's Fee	\$	804,593
Feasibility Study Fee	\$	90,000
Accountant Fee	\$	35,000
Corporate Counsel Fee	\$	75,000
Bond Counsel Fee	\$	90,000
Rating Agencies	\$	90,000
Truste Fee	\$	10,000
Printing Costs	\$	7,500
Local Government Commission Fee	\$	8,750
Underwriter Counsel Fee	\$	90,000
DHSR Construction Review Fee	\$	60,000
Survey / Title / Recording Fees	\$	185,000
Truste Counsel Fee	\$	7,500
<b>Total Uses</b>	<b>\$</b>	<b>80,657,816</b>

Tentative approval is given with the understanding that the governing board of Carolina Meadows 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 the 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 borrower 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

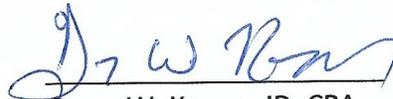
\* See **Exhibit A** and **Exhibit B** for selected application information and presentation

**COMMISSION ACTION:** *A motion was made to approve the resolution by Mr. Joe Crocker, seconded by, Mr. Bryant Foriest and unanimously approved.*

## VI. Meeting Adjournment

There being no further business the meeting was adjourned at 12:30 p.m.

Respectfully submitted,



Geary W. Knapp, JD, CPA

Assistant Secretary

NC Medical Care Commission  
 Quarterly Report on **Outstanding Debt** (End: 3rd Quarter FYE 2024)

	FYE 2023	FYE 2024
<b>Program Measures</b>		
Outstanding Debt	Ending: 6/30/2023 <b>\$4,676,200,334</b>	Ending: 3/31/2024 <b>\$4,712,706,085</b>
Outstanding Series	<b>114<sup>1</sup></b>	<b>114<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: 3/31/2024 \$3,143,553,522
Outstanding Debt per CCRCs	\$1,463,713,786	\$1,569,152,563
Outstanding Debt per Other Healthcare Service Providers	\$0	\$0
<b>Outstanding Debt Total</b>	<b>\$4,676,200,334</b>	<b>\$4,712,706,085</b>
Outstanding Series per Hospitals and Healthcare Systems	51	51
Outstanding Series per CCRCs	63	63
Outstanding Series per Other Healthcare Service Providers	0	0
<b>Series Total</b>	<b>114</b>	<b>114</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 4 **Bond Series**. Out of the closed Bond Series: 0 conversions, 3 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: 3rd Quarter FYE 2024)

	FYE 2023	FYE 2024
<b>Program Measures</b>		
Total PAR Amount of Debt Issued	Ending: 6/30/2023 <b>\$28,995,305,288</b>	Ending: 3/31/2024 <b>\$29,270,263,260</b>
Total Project Debt Issued (excludes refunding/conversion proceeds) <sup>1</sup>	<b>\$13,523,822,513</b>	<b>\$13,720,320,486</b>
Total Series Issued	<b>708</b>	<b>712</b>
<b>Detail of Program Measures</b>		
PAR Amount of Debt per Hospitals and Healthcare Systems	Ending: 6/30/2023 \$23,116,044,855	Ending: 3/31/2024 \$23,116,044,855
PAR Amount of Debt per CCRCs	\$5,504,965,203	\$5,779,923,175
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>\$29,270,263,260</b>
Project Debt per Hospitals and Healthcare Systems	\$10,273,019,674	\$10,273,019,674
Project Debt per CCRCs	\$3,003,788,925	\$3,200,286,897
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>\$13,720,320,486</b>
Series per Hospitals and Healthcare Systems	433	433
Series per CCRCs	236	240
Series per Other Healthcare Service Providers	39	39
<b>Series Total</b>	<b>708</b>	<b>712</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.*

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

**The North Carolina Medical Care Commission  
809 Ruggles Drive  
Raleigh, North Carolina**

**MINUTES**

**CALLED MEETING OF THE EXECUTIVE COMMITTEE  
CONFERENCE TELEPHONE MEETING ORIGINATING  
FROM THE COMMISSION'S OFFICE  
FEBRUARY 15, 2024  
11:30 A.M.**

**Members of the Executive Committee Present:**

John J. Meier, IV, M.D., Chairman  
Kathy G. Barger  
Paul R.G. Cunningham, M.D.  
Eileen C. Kugler, RN, MSN, MPH, FNP  
Neel G. Thomas, M.D.

**Members of the Executive Committee Absent:**

Joseph D. Crocker, Vice-Chairman  
Sally B. Cone

**Members of Staff Present:**

Emery E. Milliken, Deputy Director, DHSR  
Geary W. Knapp, JD, CPA, Assistant Secretary, MCC  
Kathy C. Larrison, Auditor, MCC

**Others Present:**

Alice Adams, Robinson Bradshaw & Hinson, PA  
Laurie Stallings, Cypress Glen Retirement Community  
Stacy Dobson, UMRH Retirement Homes, Inc.  
Tommy Brewer, Ziegler Securities  
Adam Garcia, Ziegler Securities

1. **Purpose of Meeting**

To authorize the sale of bonds, the proceeds of which are to be loaned to The United Methodist Retirement Homes, Incorporated.

2. **Resolution of the North Carolina Medical Care Commission Authorizing the Issuance of \$67,180,000 North Carolina Medical Care Commission Retirement Facilities First Mortgage Revenue Bonds (The United Methodist Retirement Homes Project) Series 2024A, Tax-Exempt Mandatory Paydown Securities (Temps-85<sup>SM</sup>) Series 2024B-1 and Tax-Exempt Mandatory Paydown Securities (Temps-50<sup>SM</sup>) Series 2024B-2.**

**Executive Committee Action:** *A motion to approve the sale of bonds was made by Mrs. Kathy Barger, seconded by Dr. Paul Cunningham, and unanimously approved.*

WHEREAS, the North Carolina Medical Care Commission (the “Commission”) is a commission of the Department of Health and Human Services of the State of North Carolina and is authorized under Chapter 131A of the General Statutes of North Carolina, as amended (the “Act”), to borrow money and to issue in evidence thereof bonds and notes for the purpose of providing funds to pay all or any part of the cost of financing or refinancing health care facilities (including retirement facilities); and

WHEREAS, The United Methodist Retirement Homes, Incorporated (the “Corporation”) is a nonprofit corporation duly incorporated and validly existing under and by virtue of the laws of the State of North Carolina and is a “nonprofit agency” within the meaning of the Act; and

WHEREAS, the Corporation has made application to the Commission for a loan for the purpose of providing funds, together with other available funds, to (1) pay, or reimburse the Corporation for paying, all or a portion of the cost of acquiring, improving, constructing and equipping health care facilities at the Corporation’s continuing care retirement community known as Cypress Glen, including (a) constructing and equipping approximately 57 new independent living apartments with underground parking and related dining and common areas, (b) renovating various kitchen and dining facilities and resident activity spaces, (c) improving administrative areas and community amenities and (d) installing flood control and other improvements to outdoor areas (collectively, the “Project”); (2) pay interest accruing on the Bonds (as defined below) for approximately 25 months; and (3) pay certain expenses incurred in connection with the issuance of the Bonds by the Commission; and

WHEREAS, the Commission has determined that the public will best be served by the proposed financing and, by a resolution adopted on November 3, 2023, has approved the issuance of the Bonds, subject to compliance by the Corporation with the conditions set forth in such resolution, and the Corporation has complied with such conditions to the satisfaction of the Commission; and

WHEREAS, there have been presented to officers and staff of the Commission draft copies of the following documents relating to the issuance of the Bonds:

(a) a Trust Agreement, dated as of March 1, 2024 (the “Trust Agreement”), between the Commission and U.S. Bank Trust Company, National Association, as bond trustee (the “Bond Trustee”), the provisions of which relate to the issuance of and security for the Bonds and includes the form of the Bonds;

(b) a Loan Agreement, dated as of March 1, 2024 (the “Loan Agreement”), between the Commission and the Corporation, pursuant to which the Commission will lend the proceeds of the Bonds to the Corporation;

(c) a Contract of Purchase, dated February 15, 2024 (the “Purchase Agreement”), between B.C. Ziegler & Company (the “Underwriter”) and the Local Government Commission of North Carolina (the “LGC”), and approved by the Commission and the Corporation, pursuant to which the Underwriter has agreed to purchase the Bonds on the terms and conditions set forth therein and in the Trust Agreement;

(d) a Supplemental Indenture for 2024 Obligations, dated as of March 1, 2024 (the “Supplemental Indenture”), between the Corporation and U.S. Bank Trust Company, National Association, as successor master trustee (the “Master Trustee”) under the Second Amended and Restated Master Trust Indenture, dated as of December 1, 2017 (the “Master Indenture”), between the Corporation, The United Methodist Retirement Homes Foundation, Inc. (the “Foundation”) and U.S. Bank National Association, as master trustee;

(e) each of Obligation No. 32A, Obligation No. 32B-1 and Obligation No. 32B-2, each dated the date of delivery of the Bonds (collectively, the “2024 Obligations”), to be issued by the Corporation to the Commission;

(f) three Second Amendments, each dated as of March 1, 2024, to each of the three Second Amended and Restated Deeds of Trust, Assignment of Rents, Security Agreement and Fixture Filing, each dated as of December 1, 2017 (as amended, the “Corporation Deeds of Trust”), and each from the Corporation to the trustee named therein for the benefit of the Master Trustee;

(g) an Assignment of Contracts, dated as of March 1, 2024 (the “Assignment of Contracts”), from the Corporation to the Master Trustee; and

(h) a Preliminary Official Statement, dated February 6, 2024, relating to the Bonds (the “Preliminary Official Statement”); and

WHEREAS, the Commission has determined that the Corporation is financially responsible and capable of fulfilling its obligations under the Loan Agreement, the Master Indenture, the Supplemental Indenture and the 2024 Obligations; and

WHEREAS, the Commission has determined that adequate provision has been made for the payment of the principal of, redemption premium, if any, and interest on the Bonds;

NOW, THEREFORE, THE NORTH CAROLINA MEDICAL CARE COMMISSION DOES HEREBY RESOLVE, as follows:

Section 1. Capitalized words and terms used in this Series Resolution and not defined herein shall have the same meanings in this Series Resolution as such words and terms are given in the Master Indenture, the Trust Agreement and the Loan Agreement.

Section 2. Pursuant to the authority granted to it by the Act, the Commission hereby authorizes the issuance of its Retirement Facilities First Mortgage Revenue Bonds (The United Methodist Retirement Homes Project) Series 2024A (the “2024A Bonds”), Tax-Exempt Mandatory Paydown Securities (TEMPS-85<sup>SM</sup>) (The United Methodist Retirement Homes Project) Series 2024B-1 (the “2024B-1 Bonds”) and Tax-Exempt Mandatory Paydown Securities (TEMPS-50<sup>SM</sup>) (The United Methodist Retirement Homes Project) Series 2024B-2 (the “2024B-2 Bonds,” and collectively with the 2024A Bonds and the 2024B-1, the “Bonds”) in the aggregate principal amount of \$67,180,000. The Bonds shall mature in such amounts and at such times and shall bear interest at such rates as are set forth in Schedule 1 attached hereto. The 2024A Bonds designated as Term Bonds shall be subject to the Sinking Fund Requirements set forth in Schedule 1 hereto.

The Bonds shall be issued as fully registered bonds in the denominations of \$5,000 or any whole multiple thereof. The Bonds shall be issued in book-entry form as provided in the Trust Agreement. Interest on the Bonds shall be paid on each April 1 and October 1, beginning October 1, 2024. Payments of principal of and interest on the Bonds shall be made to the registered owners of the Bonds in such manner as is set forth in the Trust Agreement.

Section 3. The Bonds shall be subject to optional, extraordinary and mandatory sinking fund redemption, all at the times, upon the terms and conditions, and at the prices set forth in the Trust Agreement. Additionally, the 2024B-1 Bonds and the 2024B-2 Bonds are subject to redemption on a quarterly basis from initial entrance fees received from the Project in accordance with the provisions set forth in the Trust Agreement and the Supplemental Indenture.

Section 4. The proceeds of the Bonds shall be applied as provided in Section 2.08 of the Trust Agreement. The Commission hereby finds that the use of the proceeds of the Bonds for a loan to fund a portion of the cost of the Project, fund interest on the Bonds for approximately 25 months and pay certain costs of issuing the Bonds will accomplish the public purposes set forth in the Act.

Section 5. The forms, terms and provisions of the Trust Agreement and the Loan Agreement are hereby approved in all respects, and the Chairman or Vice Chairman (or any member of the Commission designated by the Chairman) and the Secretary or any Assistant Secretary of the Commission are hereby authorized and directed to execute and deliver the Trust Agreement and the Loan Agreement in substantially the forms presented, together with such changes, modifications and deletions as they, with the advice of counsel, may deem necessary and appropriate, and such execution and delivery shall be conclusive evidence of the approval and authorization thereof by the Commission.

Section 6. The form, terms and provisions of the Purchase Agreement are hereby approved in all respects, and the Chairman, Vice Chairman, Secretary or any Assistant Secretary of the

Commission (or any member of the Commission designated by the Chairman) are hereby authorized and directed to execute and deliver the Purchase Agreement in substantially the form presented, together with such changes, modifications, insertions and deletions as they, with the advice of counsel, may deem necessary and appropriate, and such execution and delivery shall be conclusive evidence of the approval and authorization thereof by the Commission.

Section 7. The form of the Bonds set forth in the Trust Agreement is hereby approved in all respects, and the Chairman or Vice Chairman (or any member of the Commission designated by the Chairman) and the Secretary or any Assistant Secretary of the Commission are hereby authorized and directed to execute, by manual or facsimile signature as provided in such form of the Bonds, and to deliver to the Bond Trustee for authentication on behalf of the Commission, the Bonds in definitive form, which shall be in substantially the form presented, together with such changes, modifications and deletions as they, with the advice of counsel, may deem necessary, appropriate and consistent with the Trust Agreement, and such execution and delivery shall be conclusive evidence of the approval and authorization thereof by the Commission.

Section 8. The forms, terms and provisions of the Supplemental Indenture, the 2024 Obligations, the Corporation Deeds of Trust and the Assignment of Contracts are hereby approved in substantially the forms presented, together with such changes, modifications, insertions and deletions as the Chairman or Vice Chairman (or any member of the Commission designated by the Chairman) and the Secretary or any Assistant Secretary of the Commission, with the advice of counsel may deem necessary and appropriate; and the execution and delivery of the Trust Agreement as provided in Section 5 of this Series Resolution shall be conclusive evidence of the approval of the documents listed in this Section by the Commission.

Section 9. The Commission hereby approves the action of the Local Government Commission in awarding the Bonds to the Underwriter at the purchase price of \$67,346,419.90 (representing the principal amount of the Bonds plus original issue premium of \$1,006,169.90 and less underwriter's discount of \$839,750.00).

Section 10. Upon their execution in the form and manner set forth in the Trust Agreement, the Bonds shall be deposited with the Bond Trustee for authentication, and the Bond Trustee is hereby authorized and directed to authenticate the Bonds and, upon the satisfaction of the conditions set forth in Section 2.08 of the Trust Agreement, the Bond Trustee shall deliver the Bonds to the Underwriter against payment therefor.

Section 11. The Commission hereby approves and ratifies the use and distribution of the Preliminary Official Statement and approves the use and distribution of a final Official Statement (the "Official Statement"), both in connection with the offer and sale of the Bonds. The Chairman, Vice Chairman, Secretary or any Assistant Secretary (or any member of the Commission designated by the Chairman) are hereby authorized to execute, on behalf of the Commission, the Official Statement in substantially the form of the Preliminary Official Statement, together with such changes, modifications and deletions as they, with the advice of counsel, may deem appropriate. Such execution shall be conclusive evidence of the approval thereof by the Commission. The Commission hereby approves and authorizes the distribution and use of copies of the Official Statement, the Trust Agreement, the Loan Agreement, the Master Indenture, the

Supplemental Indenture, the 2024 Obligations, the Corporation Deeds of Trust and the Assignment of Contracts by the Underwriter in connection with such offer and sale.

Section 12. U.S. Bank Trust Company, National Association is hereby appointed as the initial Bond Trustee for the Bonds.

Section 13. The Depository Trust Company, New York, New York is hereby appointed as the initial Securities Depository for the Bonds, with Cede & Co., a nominee thereof, being the initial Securities Depository Nominee and initial registered owner of the Bonds.

Section 14. S. Mark Payne, Secretary of the Commission, Geary W. Knapp, Assistant Secretary of the Commission, Anthony J. Harms, Acting Chief of the Construction Section of the Division of Health Service Regulation, and Kathy C. Larrison and Crystal Watson-Abbott, Auditors for the Commission, are each hereby appointed a Commission Representative as that term is defined in the Loan Agreement, with full power to carry out the duties set forth therein.

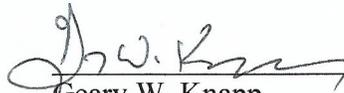
Section 15. The Chairman, Vice Chairman, Secretary, and any Assistant Secretary of the Commission (or any member of the Commission designated by the Chairman) are each hereby authorized and directed (without limitation except as may be expressly set forth herein) to take such action and to execute and deliver any such documents, certificates, undertakings, agreements or other instruments as they, with the advice of counsel, may deem necessary or appropriate to effect the transactions contemplated by the Trust Agreement, the Loan Agreement, the Purchase Agreement and the Official Statement.

Section 16. This Series Resolution shall take effect immediately upon its passage.

**3. Adjournment**

There being no further business, the meeting was adjourned at 11:45 a.m.

Respectfully submitted,



---

Geary W. Knapp  
Assistant Secretary

**Schedule 1**

**Series 2024A Bonds**

\$4,855,000 5.00% Term Bonds due October 1, 2039

<u>Due October 1</u>	<u>Sinking Fund Requirement</u>
2036	\$1,155,000
2037	1,165,000
2038	1,260,000
2039*	1,275,000

---

\* Maturity

\$7,785,000 5.00% Term Bonds due October 1, 2044

<u>Due October 1</u>	<u>Sinking Fund Requirement</u>
2040	\$1,410,000
2041	1,475,000
2042	1,555,000
2043	1,630,000
2044*	1,715,000

---

\* Maturity

\$9,970,000 5.00% Term Bonds due October 1, 2049

<u>Due October 1</u>	<u>Sinking Fund Requirement</u>
2045	\$1,800,000
2046	1,895,000
2047	1,990,000
2048	2,090,000
2049*	2,195,000

---

\* Maturity

\$31,295,000 5.125% Term Bonds due October 1, 2054

<u>Due October 1</u>	<u>Sinking Fund Requirement</u>
2050	\$2,310,000
2051	2,430,000
2052	8,400,000
2053	8,845,000
2054*	9,310,000

---

\* Maturity

**Series 2024B-1 Bonds (TEMPS-85)**

\$5,475,000 4.25% Term Bonds due October 1, 2028

**Series 2024B-2 Bonds (TEMPS-50)**

\$7,800,000 3.75% Term Bonds due October 1, 2028

Both of the Series 2024B-1 Bonds and the Series 2024B-2 Bonds are required to be redeemed on a quarterly basis from initial entrance fees received from the Project in accordance with the provisions set forth in the Trust Agreement and the Supplemental Indenture.

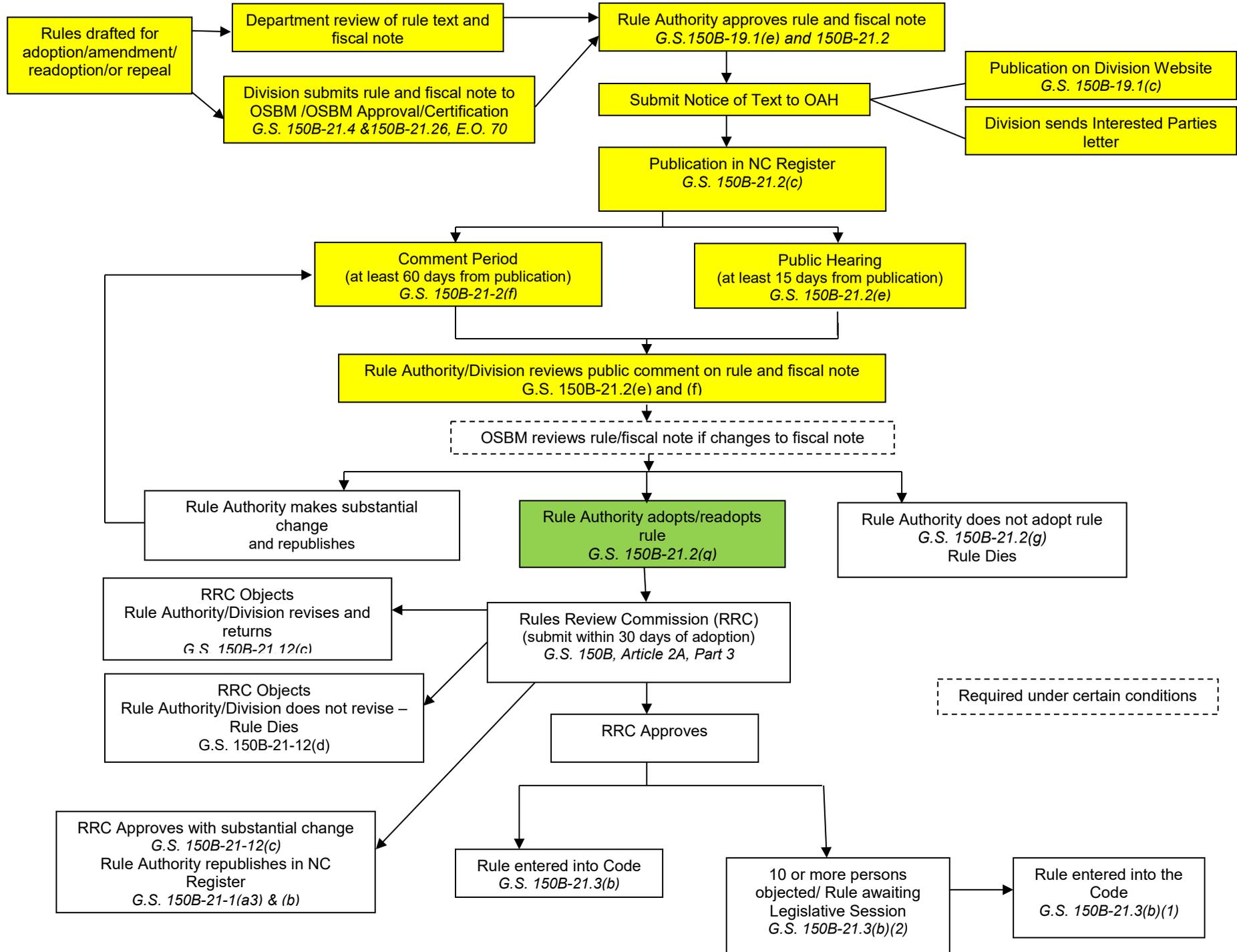
**Professional Fees Comparison for  
United Methodist Retirement Homes**

<u>Professional</u>	<u>Fees Estimated In Preliminary Approval Resolution</u>	<u>Actual Fees</u>
Underwriter's Discount	\$1,055,250	\$839,750
Underwriter's Counsel	70,000	75,000
Accountants	45,000	50,000
Bond Counsel	150,000	98,000
Corporation Counsel	85,000	95,000
Feasibility Consultant	120,000	135,000
Trustee Fee	11,250	6,900
Trustee Counsel	N/A	6,000

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	\$94,800,000	\$55,760,000	\$53,905,000	(\$1,855,000)	Equity contribution of \$20MM and no DSRF due to BBB rating
Estimated Interest Rate	7.50%	5.66%	5.08%	-0.58%	Reflects average coupon (market improvement is reason for drop)
All-in True Interest Cost	7.75%	5.78%	5.10%	-0.68%	Market improvement over past 3+ months
Maturity Schedule (Interest) - Date	10/01/24	10/01/24	10/01/24		
Maturity Schedule (Principal) - Date	10/01/34	10/01/36	10/01/36		
Bank Holding Period (if applicable) - Date	NA	NA	NA		
Estimated NPV Savings (\$) (if refunded bonds)	NA	NA	NA		
Estimated NPV Savings (%) (if refunded bonds)	NA	NA	NA		
NOTES:	Long-Term Financing Component	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	\$13,275,000	\$13,275,000	\$0	Lack of need for DSRF given BBB rating
Estimated Interest Rate	7.00%	5.12%	3.97%	-1.15%	Reflects average coupon (market improvement is reason for drop)
All-in True Interest Cost	7.25%	6.22%	5.10%	-1.12%	Market improvement over past 3+ months
Maturity Schedule (Interest) - Date	10/01/24	10/01/24	10/01/24		
Maturity Schedule (Principal) - Date	10/01/26	01/01/26	01/01/26		
Bank Holding Period (if applicable) - Date	5-Years	NA	NA		
Estimated NPV Savings (\$) (if refunded bonds)	NA	NA	NA		
Estimated NPV Savings (%) (if refunded bonds)	NA	NA	NA		
NOTES:	Short-Term Entry Fee Component	Ran bank solicitation process and got several proposals but the economics did not justify this structure			
	In-Process on Bank Solicitation	over the public fixed rate bond TEMP structure			

**Process for Medical Care Commission to Adopt/Readopt Rule**

**Exhibit C**



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:

2

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 readoption with substantive changes as follows:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37

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 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:

2

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  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37

**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~~

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.*

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.*

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.

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  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37

**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

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

5 **10A NCAC 13G .0601 MANAGEMENT AND OTHER STAFF**

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

10A NCAC 13F .0608 Staffing for Facilities with A Census of 21 or More Residents

10A NCAC 13F .0609 Personal Care Aide Supervisors

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;  
 Eff. July 1, 2000- 2000;  
 Readopted Eff. September 1, 2024.*

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;*

*Temporary Adoption Eff. January 1, 2000;*

*Eff. July 1, 2000- 2000;*

*Readopted Eff. September 1, 2024.*

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.*

Public Comments Summary  
 Licensing of Adult Care Homes of Seven or More Beds Rules  
 Licensing of Family Care Homes Rules  
 Phase 5.5 Readoptions 10A NCAC 13F/G  
 Comment Period 12/1/23 – 01/30/24

Introduction:

There was one written comment received during the public comment period on the Phase 5.5 readoption of Rules 10A NCAC 13F/G. No individuals made statements during the public hearing conducted on January 24, 2024. This comment was submitted by representatives from the National Center for Montessori and Aging.

1) Listing of Comments Received and Agency’s Consideration of Comments for Readoption Rule 13F .0404 – Qualifications of Activity Director:

<b>Commenter</b>	<b>Comment Summary</b>
1) National Center for Montessori and Aging (Written Comment)	<p>The National Center for Montessori Aging (NCMA) would like to be added to the list of part (2) of 10A NCAC 13F .0404, specifically as:                      “ (e) be certified as a Life Enrichment Director by the National Center for Montessori and Aging”</p> <p>The basis of the request is from a formal partnership with the Coalition of Resident Councils that delivers the proper training that is accepted by NCDHHS as meeting the qualifications of an Activity Director in Adult Care Homes in NC.</p>

Agency Response to Comments Above:

The agency has reviewed the comment received. The agency will not be making any changes to the proposed rule language. The request to include an additional certification will not be included in the rule. All programs that meet the requirements outline in 13F .0404 Item (2) as a “comparable activity course as determined by the Department based on instructional hours and content” will have satisfied the requirements of an activity director, therefore the requested exemption would not need to be included in the rule.



## National Center for Montessori and Aging

January 30, 2024

NC Department of Health and Human Services  
Division of Health Service Regulation  
Office of the Director  
2701 Mail Service Center, Raleigh, NC 27699-2701

Subject: Inclusion of the National Center for Montessori and Aging (NCMA) in “10A NCAC 13F .0404 Qualifications of Activity Director.”

Dear NC DHHS,

The National Center for Montessori and Aging (NCMA) respectfully asks that our organization be added to the list of part (2) of 10A NCAC 13F .0404.

Specifically, we request that the following language, or similar be added as point (e): *“be certified as a Life Enrichment Director by the National Center for Montessori and Aging.”*

The basis for our request is our formal partnership with the Coalition of Resident Councils (The CORC) that delivers an 85-hour education, training and practicum that is accepted by NCDHHS as meeting the qualifications of an Activity Director in Adult Care Homes in North Carolina.

Accordingly, individuals who receive certification from NCMA as a Life Enrichment Director do so based upon completing the existing requirements for the knowledge and skills to work and function as an Activity Director in Adult Care Homes in your state.

The NCMA was founded in 2017 as a program of Crossway Community, a 501.c.3 nonprofit founded in 1990 to provide local, regional, and national resources to enhance quality of life and the physical, mental, and psychosocial well-being of older adults,

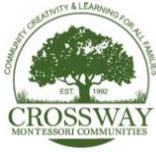
Please let me know if you have any questions.

Sincerely,

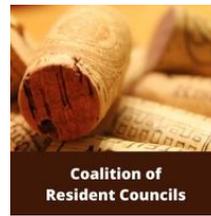
Peter J. Illig  
Executive Director

Attachments:

1. NCMA and CORC Partnership Agreement
2. Crossway Community/NCMA legal standing



# National Center for Montessori and Aging



## PARTNERSHIP AGREEMENT

Between the National Center for Montessori and Aging and the Coalition of Resident Councils

May 2023

---

Whereas, the National Center for Montessori and Aging (NCMA) was created in 2017 as a program of Crossway Community, a Maryland 501.c.3 that was founded in 1990 to provide local, regional and national resources to enhance human potential and quality of life across the lifespan, and in particular to enhance the physical, mental and psychosocial well-being of older adults;

Whereas, the Coalition of Resident Councils (CORC) was created in 2008 to increase public awareness of Resident Councils within nursing homes and assisted living communities on the National level, and, among other things, educate and establish Resident Council organizational standards;

Whereas, the CORC has been offering an approximately 85-hour education, training, and practicum course for the knowledge and skills to meet the NC DHHS requirements to qualify as an Activity Director in Adult Care Homes;

Therefore, the NCMA and the CORC seek to enter into this Partnership Agreement for the purpose of the NCMA to offer a national Life Enrichment Certification for individuals who successfully complete the CORC education, training, and practicum course.

Heretofore, the NCMA and CORC commit to collaborate on promoting and disseminating education, training and practicum courses for the certification of the competency of individuals responsible for the activity and life enrichment departments and programs of long-term care organizations.

For NCMA: Peter J. Illig, Executive Director

For CORC: Kathy Wright Moore

Signature:

Date: 1/30/2024

Signature:

*Kathy Wright Moore*

Date: 1/30/2024



OFFICE OF THE SECRETARY OF STATE  
STATE HOUSE  
ANNAPOLIS, MARYLAND 21401  
(410) 974-5521  
TOLL FREE 888-874-0013  
FAX (410) 974-5190  
TDD: 800-735-2258

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF REGISTRATION

CHARITABLE ORGANIZATION

WHEREAS The Maryland Solicitations Act (Business Regulation Article, Title 6 of the Annotated Code of Maryland) requires certain parties to register in this state;

WHEREAS has submitted an application and the proper forms for registration; and

WHEREAS said application has been reviewed and found to be complete and acceptable for registration under Title 6 of the Business Regulation Article of the laws of Maryland,

NOW THEREFORE BE IT ORDERED that:

Crossway Community, Inc.

3015 Upton Drive

Kensington, Maryland 20895

is hereby registered with the Secretary of State of Maryland as a Charitable Organization.



IN TESTIMONY WHEREOF I have hereunto set my hand and caused to be affixed the Seal of the Secretary of State at Annapolis, Maryland on May 25, 2023

Susan C. Lee

Secretary of State

**SUBCHAPTER 13D – RULES FOR THE LICENSING OF NURSING HOMES**

**SECTION .0100 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .0100 RESERVED FOR FUTURE CODIFICATION**

**SECTION .0200 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .0200 RESERVED FOR FUTURE CODIFICATION**

**SECTION .0300 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .0300 RESERVED FOR FUTURE CODIFICATION**

**SECTION .0400 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .0400 RESERVED FOR FUTURE CODIFICATION**

**SECTION .0500 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .0500 RESERVED FOR FUTURE CODIFICATION**

**SECTION .0600 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .0600 RESERVED FOR FUTURE CODIFICATION**

**SECTION .0700 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .0700 RESERVED FOR FUTURE CODIFICATION**

**SECTION .0800 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .0800 RESERVED FOR FUTURE CODIFICATION**

**SECTION .0900 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .0900 RESERVED FOR FUTURE CODIFICATION**

**SECTION .1000 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .1000 RESERVED FOR FUTURE CODIFICATION**

**SECTION .1100 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .1100 RESERVED FOR FUTURE CODIFICATION**

**SECTION .1200 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .1200 RESERVED FOR FUTURE CODIFICATION**

**SECTION .1300 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .1300 RESERVED FOR FUTURE CODIFICATION**

**SECTION .1400 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .1400    RESERVED FOR FUTURE CODIFICATION**

**SECTION .1500 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .1500    RESERVED FOR FUTURE CODIFICATION**

**SECTION .1600 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .1600    RESERVED FOR FUTURE CODIFICATION**

**SECTION .1700 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .1700    RESERVED FOR FUTURE CODIFICATION**

**SECTION .1800 – RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .1800    RESERVED FOR FUTURE CODIFICATION**

**SECTION .1900 - RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .1900    RESERVED FOR FUTURE CODIFICATION**

**SECTION .2000 – GENERAL INFORMATION**

**10A NCAC 13D .2001    DEFINITIONS**

In addition to the definitions set forth in G.S. 131E-101, the following definitions shall apply throughout this Subchapter:

- (1) "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish.
- (2) "Accident" means an unplanned event resulting in the injury or wounding of a patient or other individual.
- (3) "Addition" means an extension or increase in floor area or height of a building.
- (4) "Administrator" as defined in G.S. 90-276(4).
- (5) "Alteration" means any construction or renovation to an existing structure other than repair, maintenance, or addition.
- (6) "Brain injury long term care" means an interdisciplinary, intensive maintenance program for patients who have incurred brain damage caused by external physical trauma and who have completed a primary course of rehabilitative treatment and have reached a point of no gain or progress for more than three consecutive months. Brain injury long term care is provided through a medically supervised interdisciplinary process and is directed toward maintaining the individual at the optimal level of physical, cognitive, and behavioral functions.
- (7) "Capacity" means the maximum number of patient or resident beds for which the facility is licensed to maintain at any given time.
- (8) "Combination facility" means a combination home as defined in G.S. 131E-101.
- (9) "Comprehensive, inpatient rehabilitation program" means a program for the treatment of persons with functional limitations or chronic disabling conditions who have the potential to achieve a significant improvement in activities of daily living, including bathing, dressing, grooming, transferring, eating, and using speech, language, or other communication systems. A comprehensive, inpatient rehabilitation program utilizes a coordinated and integrated, interdisciplinary approach, directed by a physician, to assess patient needs and to provide treatment and evaluation of physical, psychosocial, and cognitive deficits.
- (10) "Department" means the North Carolina Department of Health and Human Services.
- (11) "Director of nursing" means a registered nurse who has authority and responsibility for all nursing services and nursing care.
- (12) "Discharge" means a physical relocation of a patient to another health care setting; the discharge of a patient to his or her home; or the relocation of a patient from a nursing bed to an adult care home bed, or from an adult care home bed to a nursing bed.

- (13) "Existing facility" means a facility currently licensed and built prior to the effective date of this Rule.
- (14) "Facility" means a nursing facility or combination facility as defined in this Rule.
- (15) "Incident" means any accident, event, or occurrence that is unplanned, or unusual, and has caused harm to a patient, or has the potential for harm.
- (16) "Inpatient rehabilitation facility or unit" means a free-standing facility or a unit (unit pertains to contiguous dedicated beds and spaces) within an existing licensed health service facility approved in accordance with G.S. 131E, Article 9 to establish inpatient, rehabilitation beds and to provide a comprehensive, inpatient rehabilitation program.
- (17) "Interdisciplinary" means an integrated process involving representatives from disciplines of the health care team.
- (18) "Licensee" means the person, firm, partnership, association, corporation, or organization to whom a license to operate the facility has been issued. The licensee is the legal entity that is responsible for the operation of the business.
- (19) "Medication error rate" means the measure of discrepancies between medication that was ordered for a patient by the health care provider and medication that is administered to the patient. The medication error rate is calculated by dividing the number of errors observed by the surveyor by the opportunities for error, multiplied times 100.
- (20) "Misappropriation of property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent.
- (21) "Neglect" means a failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
- (22) "New facility" means a facility for which an initial license is sought, a proposed addition to an existing facility, or a proposed remodeled portion of an existing facility that will be built according to construction documents and specifications approved by the Department for compliance with the standards established in Sections .3100, .3200, and .3400 of this Subchapter.
- (23) "Nurse Aide" means a person who is listed on the N.C. Nurse Aide Registry and provides nursing or nursing-related services to patients in a nursing home. A nurse aide is not a licensed health professional. Nursing homes that participate in Medicare or Medicaid shall comply with 42 CFR 483.35, which is incorporated by reference, including subsequent amendments. The Code of Federal Regulations may be accessed at <https://www.ecfr.gov>.
- (24) "Nursing facility" means a nursing home as defined in G.S. 131E-101.
- (25) "Patient" means any person admitted for nursing care.
- (26) "Remodeling" means alterations, renovations, rehabilitation work, repairs to structural systems, and replacement of building systems at a nursing or combination facility.
- (27) "Repair" means reconstruction or renewal of any part of an existing building for the purpose of its maintenance.
- (28) "Resident" means any person admitted for care to an adult care home part of a combination facility.
- (29) "Respite care" means services provided for a patient on a temporary basis, not to exceed 30 days.
- (30) "Surveyor" means a representative of the Department who inspects nursing facilities and combination facilities to determine compliance with rules, laws, and regulations as set forth in G.S. 131E-117; Subchapters 13D and 13F of this Chapter; and 42 CFR Part 483, Requirements for States and Long Term Care Facilities.
- (31) "Violation" means a failure to comply with rules, laws, and regulations as set forth in G.S. 131E-117 and 131D-21; Subchapters 13D and 13F of this Chapter; or 42 CFR Part 483, Requirements for States and Long Term Care Facilities, that relates to a patient's or resident's health, safety, or welfare, or that creates a risk that death, or physical harm may occur.

*History Note: Authority G.S. 131E-104;  
 RRC objection due to lack of statutory authority Eff. July 13, 1995;  
 Eff. January 1, 1996;  
 Readopted Eff. July 1, 2016;  
 Amended Eff. October 1, 2021; January 1, 2021.*

## **SECTION .2100 - LICENSURE**

### **10A NCAC 13D .2101 APPLICATION REQUIREMENTS**

(a) A legal entity shall submit an application for licensure for a new facility to the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation at least 30 days prior to a license being issued or patients admitted.

(b) The application shall contain the following:

- (1) legal identity of applicant (licensee) and mailing address;
- (2) name or names under which the facility is presented to the public;
- (3) location and mailing address of facility;
- (4) ownership disclosure;
- (5) bed complement;
- (6) magnitude and scope of services offered;
- (7) name and current license number of the administrator;
- (8) name and current license number of the director of nursing; and
- (9) name and current license number of the medical director.

*History Note: Authority G.S. 131E-104; 131E-102;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2012;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **10A NCAC 13D .2102 ISSUANCE OF LICENSE**

(a) Only one license shall be issued to each facility. The Department shall issue a license to the licensee of the facility following review of operational policies and procedures and verification of compliance with applicable laws and rules.

(b) Licenses are not transferable.

(c) The bed capacity and services provided in a facility shall be in compliance with G.S. 131E, Article 9 regarding Certificate of Need.

(d) The license shall be posted in a prominent location, accessible to public view, within the licensed premises.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **10A NCAC 13D .2103 LENGTH OF LICENSURE**

Licenses shall remain in effect up to 12 months, unless any of the following occurs:

- (1) Department imposes an administrative sanction which specifies license expiration;
- (2) closure;
- (3) change of ownership;
- (4) change of site;
- (5) change in bed complement; or
- (6) failure to comply with Rule .2104 of this Section.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **10A NCAC 13D .2104 REQUIREMENTS FOR LICENSURE RENEWAL OR CHANGES**

(a) The Department shall renew the facility's license at the end of each calendar year, if the following occur:

- (1) The licensee maintains and submits to the Department, at least 30 days prior to the licensure expiration date, statistical data for the State's medical facilities plan and review for certificate of need determination. The Department shall provide forms annually to the facility for this purpose.
- (2) The facility is in conformance with G.S. 131E-102(c).
- (3) The combination facility shall specify on the annual license renewal application with which rules for the adult care home beds it plans to comply for the upcoming calendar year. The rule selection shall be effective for the duration of the renewed licensed year. The facility may choose one of the following:
  - (A) nursing home licensure rules under this Subchapter;
  - (B) adult care home licensure rules under 10A NCAC 13F; or

- (C) a combination of nursing home and adult care home licensure rules. The facility shall identify in writing the specific rule governing compliance with the adult care home rules and shall identify in writing the specific requirements governing compliance with the nursing home rules.
- (b) The facility shall notify the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation in writing and make changes in the licensure application at least 30 days prior to the occurrence of the following:
  - (1) a change in the name or names under which the facility is presented to the public;
  - (2) a change in the legal identity (licensee) which has ownership responsibility and liability (such information shall be submitted by the proposed new owner);
  - (3) a change in the licensed bed capacity; or
  - (4) a change in the location of the facility.

The Department shall issue a new license following notification and verification of data submitted.

- (c) The facility shall notify the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation within one working day following the occurrence of:
  - (1) change in administration;
  - (2) change in the director of nursing;
  - (3) change in facility mailing address or telephone number;
  - (4) changes in magnitude or scope of services; or
  - (5) emergencies or situations requiring relocation of patients to a temporary location away from the facility.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Amended Eff. September 1, 2006;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2105 TEMPORARY CHANGE IN BED CAPACITY**

- (a) A continuing care retirement community, having an agreement to care for all residents regardless of level of care needs, may temporarily increase bed capacity by 10 percent or 10 beds, whichever is less, over the licensed bed capacity for a period up to 60 days following notification to and approval by the Division of Health Service Regulation.
- (b) In an emergency situation, such as a natural disaster, a facility may exceed its licensed capacity as determined by its disaster plan and as authorized by the Division of Health Service Regulation. Emergency authorizations shall not exceed 60 days.
- (c) The Division shall authorize, in writing, a temporary increase in licensed beds in accordance with Paragraphs (a) and (b) of this Rule, if it is determined that:
  - (1) the increase is not associated with a capital expenditure; and
  - (2) the increase would not jeopardize the health, safety and welfare of the patients.

*History Note: Authority G.S. 131E-104; 131E-112;  
Eff. January 1, 1996;  
Amended Eff. March 1, 2013;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2106 DENIAL, AMENDMENT, OR REVOCATION OF LICENSE**

- (a) The Department shall deny any licensure application upon becoming aware that the applicant is not in compliance with G.S. 131E, Article 9 and the rules adopted under that law.
- (b) The Department may amend a license by reducing it from a full license to a provisional license whenever the Department finds that:
  - (1) the licensee has substantially failed to comply with the provisions of G.S. 131E, Article 6 and the rules promulgated under that article; and
  - (2) there is continued non-compliance after the third revisit.
- (c) The Department shall give the licensee written notice of the amendment to the license. This notice shall be given personally or by certified mail and shall set forth:
  - (1) the length of the provisional license;
  - (2) a reference to the statement of deficiencies that contains the facts;
  - (3) the statutes or rules alleged to be violated; and
  - (4) notice of the facility's right to a contested case hearing on the amendment of the license.

- (d) The provisional license shall be effective as specified in the notice and shall be posted in a location within the facility, accessible to public view, in lieu of the full license. The provisional license shall remain in effect until:
- (1) the Department restores the licensee to full licensure status; or
  - (2) the Department revokes the licensee's license.
- (e) The Department may revoke a license whenever:
- (1) The Department finds that:
    - (A) the licensee has substantially failed to comply with the provisions of G.S. 131E, Article 6 and the rules promulgated under that article; and
    - (B) there continues to be non-compliance at the third revisit; or
  - (2) The Department finds that there has been any failure to comply with the provisions of G.S. 131E, Article 6 and the rules promulgated under that article that endanger the health, safety or welfare of the patients in the facility.
- (f) The issuance of a provisional license is not a procedural prerequisite to the revocation of a license pursuant to Paragraph (e) of this Rule.
- (g) The Department may, in accordance with G.S. 131E-232, petition to have a temporary manager appointed to operate a facility.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Amended Eff. January 1, 2013;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2107 SUSPENSION OF ADMISSIONS**

- (a) The Department may suspend the admission of new patients to a facility when warranted under the provisions of G.S. 131E-109(c).
- (b) The Department shall notify the facility personally or by certified mail of the decision to suspend admissions. Such notice shall include:
- (1) a reference to the statement of deficiencies that contains the facts;
  - (2) citation of statutes and rules alleged to be violated; and
  - (3) notice of the facility's right to a contested case hearing on the suspension.
- (c) The suspension is effective on the date specified in the notice of suspension. The suspension shall remain effective until the facility demonstrates to the Department that conditions are no longer detrimental to the health and safety of the patients.
- (d) The facility shall not admit new patients during the effective period of the suspension.
- (e) Patients requiring hospitalization during the period of suspension of admissions shall be readmitted after hospitalization or on return from temporary care to the facility based on the availability of a bed and the ability of the facility to provide necessary care. Upon return from the hospital, the requirements of G.S. 131E-130 apply.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Amended Eff. January 1, 2013;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2108 PROCEDURE FOR APPEAL**

- (a) The facility may appeal any decision of the Department to deny, revoke or alter a license or any decision to suspend admissions by making such an appeal in accordance with G.S. 150B and 10A NCAC 01.
- (b) A decision to issue a provisional license is stayed during the pendency of an administrative appeal and the licensee may continue to display full license during the appeal.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2109 INSPECTIONS**

- (a) The facility shall allow inspection by an authorized representative of the Department at any time.

- (b) At the time of inspection, any authorized representative of the Department shall make his or her presence known to the administrator or other person in charge who shall cooperate with the representative and facilitate the inspection.
- (c) Inspections of medical records will be carried out in accordance with G.S. 131E-105.
- (d) The administrator shall provide and make available to representatives of the Department financial and statistical records required to verify compliance with all rules contained in this Subchapter.
- (e) The Department shall mail a written report to the facility within 10 working days from the date of the licensure survey or complaint investigation exit conference. The report shall include statements of any deficiencies or violations cited during the survey or investigation.
- (f) The administrator shall prepare a written plan of correction and mail it to the Department within 10 working days following receipt of any statement of deficiencies or violations. The Department shall review and accept or reject the plan of correction, with written notice given to the administrator within 10 working days following receipt of the plan.

*History Note:* Authority G.S. 131E-104;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.

**10A NCAC 13D .2110 PUBLIC ACCESS TO DEPARTMENT LICENSURE RECORDS**

*History Note:* Authority G.S. 8-53; 108A-80; 131E-104; 131E-124(c); 132-1.1;  
 Eff. January 1, 1996;  
 Repealed Eff. July 1, 2012.

**10A NCAC 13D .2111 ADMINISTRATIVE PENALTY DETERMINATION PROCESS**

*History Note:* Authority G.S. 131D-34; 131E-104; 143B-165;  
 Eff. August 3, 1992;  
 Amended Eff. March 1, 1995;  
 Transferred and recodified from 10 NCAC 03H .0221 Eff. January 10, 1996;  
 Amended Eff. July 1, 2014;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015;  
 Repealed Eff. July 1, 2017.

**SECTION .2200 - GENERAL STANDARDS OF ADMINISTRATION**

**10A NCAC 13D .2201 ADMINISTRATOR**

- (a) A facility shall be under the control of an administrator licensed by the North Carolina State Board of Examiners for Nursing Home Administrators.
- (b) If an administrator is not the sole owner of a facility, his or her authority and responsibility shall be defined in a written agreement or in the facility's governing bylaws.
- (c) The administrator shall be responsible for the operation of a facility.
- (d) The administrator shall comply with the rules of this Subchapter.
- (e) The administrator shall be responsible for developing and implementing policies for the management and operation of the facility as set forth in 21 NCAC 37B .0204, which is incorporated herein by reference including subsequent amendments and editions. These rules may be accessed free of charge at <http://reports.oah.state.nc.us/ncac.asp>.
- (f) In the physical absence of the administrator, a person shall be on-site who is designated to be in charge of the facility operation.

*History Note:* Authority G.S. 131E-104; 131E-116;  
 RRC objection due to lack of statutory authority Eff. July 13, 1995;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015;  
 Amended Eff. January 1, 2018.

**10A NCAC 13D .2202 ADMISSIONS**

- (a) No patient shall be admitted except by a physician. Admission shall be in accordance with facility policies and procedures.
- (b) The facility shall acquire, prior to or at the time of admission, orders for the immediate care of the patient from the admitting physician.
- (c) Within 48 hours of admission, the facility shall acquire medical information which shall include current medical findings, diagnoses, and other information necessary to formalize the initial plan of care.
- (d) Only persons who are 18 years of age or older shall be admitted to the adult care home portion of a combination facility.

*History Note: Authority G.S. 131E-104;  
 RRC objection due to lack of statutory authority Eff. July 13, 1995;  
 Eff. January 1, 1996;  
 Amended Eff. January 1, 2013;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2203 PATIENTS NOT TO BE ADMITTED**

- (a) Patients who require health, habilitative or rehabilitative care beyond those for which the facility is licensed and is capable of providing shall not be admitted to the licensed nursing home.
- (b) No person requiring continuous nursing care shall be admitted to an adult care home bed in a combination facility, except under emergency situations as described in Rule .2105 of this Subchapter. Should an existing resident of an adult care home bed require continuous nursing care, the facility shall either discharge the resident or provide the next available nursing facility bed (that is not needed to comply with G.S. 131E-130) to the resident to ensure continuity of care and to prevent unnecessary discharge from the facility.
- (c) During the resident's stay in the adult care section of the combination facility, the facility shall ensure that necessary nursing services are provided. Should the facility be unable to provide necessary services the resident requires, whether in the adult care or nursing section, the facility shall follow discharge procedures according to Rule .2205 of this Subchapter.

*History Note: Authority G.S. 131E-104;  
 RRC objection due to lack of statutory authority Eff. July 13, 1995;  
 Eff. January 1, 1996;  
 Amended Eff. January 1, 2013;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2204 RESPITE CARE**

- (a) Respite care is not required as a condition of licensure. Facilities providing respite care, however, shall meet the requirements of this Subchapter with the following exceptions: Rules .2205, .2301, and .2501(b) and (c) of this Subchapter.
- (b) Facilities providing respite care shall meet the following additional requirements:
  - (1) A patient's descriptive record of stay shall include the preadmission or admission assessment, interdisciplinary notes as warranted by episodic events, medication administration records and a summary of the stay upon discharge.
  - (2) The facility shall complete a preadmission or admission assessment which allows for the development of a short-term plan of care and is based on the patient's customary routine. The assessment shall address needs, including but not limited to identifying information, customary routines, hearing, vision, cognitive ability, functional limitations, continence, special procedures and treatments, skin conditions, behavior and mood, oral and nutritional status and medication regimen. The plan shall be developed to meet the respite care patient's needs.
  - (3) The attending physician of the respite care patient will be notified of any acute changes or acute episode which warrant medical involvement. Medical orders and progress notes shall be written following the physician's visits.

*History Note: Authority G.S. 131E-104;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2205 DISCHARGE OF PATIENTS**

- (a) The facility shall ensure a medical order for discharge is obtained for all patients except when a patient leaves against medical advice or is discharged for non-payment.
- (b) The facility shall ensure discharge planning is accomplished according to each patient's needs when a discharge is anticipated.
- (c) The facility shall ensure the patient or the legal representative is informed and included in the discharge planning process.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2206 MEDICAL DIRECTOR**

- (a) The facility shall designate a physician to serve as medical director.
- (b) The medical director shall be responsible for implementation of patient care policies and coordination of medical care in the facility.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2207 PATIENT RIGHTS**

- (a) The facility shall enforce the Nursing Facility Patient's Bill of Rights as described in G.S. 131E-115 through G.S. 131E-127.
- (b) In matters of patient abuse, neglect or misappropriation the definitions shall have the meaning defined in Rule .2001 of this Subchapter.

*History Note: Authority G.S. 131E-104; 131E-131;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2208 SAFETY**

- (a) The facility shall have detailed written plans and procedures to meet potential emergencies and disasters, including but not limited to fire, severe weather and missing patients or residents.
- (b) The plans and procedures shall be made available upon request to local or regional emergency management offices.
- (c) The facility shall provide training for all employees in emergency procedures upon employment and annually.
- (d) The facility shall conduct unannounced drills using the emergency procedures.
- (e) The facility shall ensure that:
  - (1) the patients' environment remains as free of accident hazards as possible; and
  - (2) each patient receives adequate supervision and assistance to prevent accidents.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2209 INFECTION CONTROL**

- (a) A facility shall establish and maintain an infection control program for the purpose of providing a safe, clean and comfortable environment and preventing the transmission of diseases and infection.
- (b) Under the infection control program, the facility shall decide what procedures, such as isolation techniques, are needed for individual patients, investigate episodes of infection and attempt to control and prevent infections in the facility.
- (c) The facility shall maintain records of infections and of the corrective actions taken.
- (d) The facility shall ensure communicable disease testing as required by 10A NCAC 41A, "Communicable Disease Control" which is incorporated by reference, including subsequent amendments. Copies of these Rules may be obtained at no charge by contacting the N.C. Department of Health and Human Services, Division of Public Health, Tuberculosis Control Branch, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. Screening shall be done upon admission of all patients being

admitted from settings other than hospitals, nursing facilities or combination facilities. Staff shall be screened within seven days of the hire date. The facility shall ensure tuberculosis screening annually thereafter for patients and staff.

(e) All cases of reportable disease as defined by 10A NCAC 41A "Communicable Disease Control" and outbreaks consisting of two or more linked cases of disease transmission shall be reported to the local health department.

(f) The facility shall use isolation precautions for any patient deemed appropriate by its infection control program and as recommended by the following Centers for Disease Control guidelines, Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006, <http://www.cdc.gov/ncidod/dhqp/pdf/ar/MDROGuideline2006.pdf> and 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, <http://www.cdc.gov/hicpac/2007ip/2007isolationprecautions.html>.

(g) The facility shall prohibit any employee with a communicable disease or infected skin lesion from direct contact with patients or their food, if direct contact is the mode of transmission of the disease.

(h) The facility shall require all staff to use hand washing technique as indicated in the Centers for Disease Control, "Guideline for Hand Hygiene in Health-Care Settings, Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force". This information can be accessed at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>.

(i) All linen shall be handled, store, processed and transported so as to prevent the spread of infection.

*History Note: Authority G.S. 131E-104; 131E-113;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2012;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2210 REPORTING AND INVESTIGATING ABUSE, NEGLECT OR MISAPPROPRIATION**

(a) A facility shall take measures to prevent patient abuse, patient neglect, or misappropriation of patient property, including orientation and instruction of facility staff on patients' rights and the screening of and requesting of references for all prospective employees.

(b) A facility shall ensure that the Division of Health Service Regulation is notified within 24 hours of the facility's becoming aware of any allegation against health care personnel of any act listed in G.S. 131E-256(a)(1).

(c) A facility shall investigate allegations of any act listed in G.S. 131E-256(a)(1), shall document all information pertaining to such investigation, and shall take the necessary steps to prevent further incidents while the investigation is in progress.

(d) A facility shall ensure that the report of investigation is printed or typed and sent to the Division of Health Service Regulation within five working days of the allegation. The report shall include:

- (1) the date and time of the alleged incident;
- (2) the patient's full name and room number;
- (3) details of the allegation and any injury;
- (4) names of the accused and any witnesses;
- (5) names of the facility staff who investigated the allegation;
- (6) results of the investigation; and
- (7) any corrective action that was taken by the facility.

*History Note: Authority G.S. 131E-104; 131E-131; 131E-255; 131E-256;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2014; February 1, 2013; August 1, 2008; October 1, 1998;  
Readopted Eff. July 1, 2016.*

#### **10A NCAC 13D .2211 PERSONNEL STANDARDS**

(a) The facility shall employ the types and numbers of qualified staff, professional and non-professional, necessary to provide for the health, safety and proper care of patients.

(b) Each employee shall be assigned duties consistent with his or her job description and with his or her level of education and training.

(c) Professional staff shall be licensed, certified or registered in accordance with applicable state laws.

(d) The facility shall provide orientation regarding facility policies and procedures for all staff upon employment.

(e) The facility shall train all staff periodically in accordance with their job duties.

(f) The facility shall maintain an individual personnel record for each employee, including verification of credentials.

(g) The facility shall have a written agreement with any nursing personnel agency providing staff to the facility and shall orient agency staff as to facility policies and procedures.

*History Note: Authority G.S.131E-104;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2212 QUALITY ASSURANCE COMMITTEE**

(a) The administrator shall establish a quality assessment and assurance committee that consists of the director of nursing, a physician designated by the facility, a pharmacist and at least three other staff members.

(b) The committee shall meet at least quarterly.

(c) The committee shall develop and implement appropriate plans of action which will correct identified quality care problems.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **SECTION .2300 - PATIENT AND RESIDENT CARE AND SERVICES**

#### **10A NCAC 13D .2301 PATIENT ASSESSMENT AND PLAN OF CARE**

(a) At the time each patient is admitted, the facility shall ensure medical orders are available for the patient's immediate care and that, within 24 hours, a nursing assessment of immediate needs is completed by a registered nurse and measures implemented as appropriate.

(b) The facility shall perform, within 14 days of admission and at least annually, a comprehensive, accurate, documented assessment of each patient's capability to perform daily life functions. This comprehensive assessment shall be coordinated by a registered nurse and shall include at least the following:

- (1) current medical diagnoses;
- (2) medical status measurements, including current cognitive status, stability of current conditions and diseases, vital signs, and abnormal lab values and diagnostic tests that are a part of the medical history;
- (3) the patient's ability to perform activities of daily living, including the need for staff assistance and assistive devices, and the patient's ability to make decisions;
- (4) presence of neurological or muscular deficits;
- (5) nutritional status measurements and requirements, including but not limited to height, weight, lab work, eating habits and preferences, and any dietary restrictions;
- (6) special care needs, including but not limited to pressure sores, enteral feedings, specialized rehabilitation services or respiratory care;
- (7) indicators of special needs related to patient behavior or mood, interpersonal relationships and other psychosocial needs;
- (8) facility's expectation of discharging the patient within the three months following admission;
- (9) condition of teeth and gums, and need and use of dentures or other dental appliances;
- (10) patient's ability and desire to take part in activities, including an assessment of the patient's normal routine and lifetime preferences;
- (11) patient's ability to improve in functional abilities through restorative care;
- (12) presence of visual, hearing or other sensory deficits; and
- (13) drug therapy.

(c) The facility shall develop a comprehensive plan of care for each patient and shall include measurable objectives and timetables to meet needs identified in the comprehensive assessment. The facility shall ensure the comprehensive plan of care is developed within seven days of completion of the comprehensive assessment by an interdisciplinary team. To the extent practicable, preparation of the comprehensive plan of care shall include the participation of the patient and the patient's family or legal representative. The physician may participate by alternative methods, including, but not limited to, telephone or face-to-face discussion, or written notice.

(d) The facility shall review comprehensive assessments and plans of care no less frequently than once every 90 days and make necessary revisions to ensure accuracy.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Amended Eff. February 1, 2013;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2302 NURSING SERVICES**

- (a) The facility shall designate a registered nurse to serve as the director of nursing on a full-time basis.
- (b) The director of nursing shall be responsible for the administering of nursing services.
- (c) The director of nursing may serve also as nurse-in-charge, only if the average daily occupancy is less than 60.
- (d) The director of nursing shall not serve as administrator, assistant administrator or acting administrator during an employment vacancy in the administrator position.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2303 NURSE STAFFING REQUIREMENTS**

- (a) A facility shall provide licensed nursing staff sufficient to accomplish the following:
  - (1) patient needs assessment;
  - (2) patient care planning; and
  - (3) supervisory functions in accordance with the levels of patient care advertised or offered by the facility.
- (b) A facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the physical, mental, and psychosocial well-being of each patient, as determined by patient assessments and individual plans of care.
- (c) A multi-storied facility shall have at least one nurse aide on duty on each patient care floor at all times.
- (d) Except for designated units with higher staffing requirements noted elsewhere in this Subchapter, daily direct patient care nursing staff, licensed and unlicensed, shall include:
  - (1) at least one licensed nurse on duty for direct patient care at all times; and
  - (2) a registered nurse for at least eight consecutive hours a day, seven days a week. This coverage may be spread over more than one shift if such a need exists. The director of nursing may be counted as meeting the requirements for both the director of nursing and patient staffing for facilities with a total census of 60 nursing beds or less.

*History Note: Authority G.S. 131E-104; 131E-114.1;  
Eff. January 1, 1996;  
Amended Eff. January 1, 2013;  
Readopted Eff. July 1, 2016.*

#### **10A NCAC 13D .2304 NURSE AIDES**

- (a) A facility shall employ or contract individuals as nurse aides in compliance with N.C. General Statute 131E, Article 15 and facilities certified for Medicare or Medicaid participation shall also comply with 42 CFR Part 483 which is incorporated by reference, including subsequent amendments. The Code of Federal Regulations may be accessed at [http://www.access.gpo.gov/nara/cfr/waisidx\\_08/42cfr483\\_08](http://www.access.gpo.gov/nara/cfr/waisidx_08/42cfr483_08).
- (b) A facility shall provide to the Department, upon request, verification of in-service training and of past or present employment of any nurse aide employed by the facility.

*History Note: Authority G.S. 131E-104; 131E-255; 143B-165; 42 U.S.C. 1395; 42 U.S.C. 1396;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2012;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2305 QUALITY OF CARE**

- (a) The facility shall provide necessary care and services in accordance with medical orders, the patient's comprehensive assessment and on-going plan of care.
- (b) Acute changes in the patient's physical, mental or psychosocial status shall be evaluated and reported to the physician or other persons legally authorized to perform medical acts.
- (c) The facility shall not utilize any chemical or physical restraints for the purpose of discipline or convenience, and that are not required to treat the patient's medical condition. An evaluation shall be done to ensure that the least restrictive means of restraint have been initiated on patients requiring restraints.
- (d) The facility shall ensure that all patients who are unable to perform activities of daily living receive the necessary assistance to maintain good grooming, and oral and personal hygiene. The facility shall ensure appropriate measures are taken to restore the patient's ability to bathe, dress, groom, transfer and ambulate, toilet and eat.
- (e) The facility shall ensure measures are taken to prevent the formation of pressure sores and to promote healing of existing pressure sores. The facility shall ensure that patients with limited mobility receive appropriate care to promote comfort and maintain skin integrity.
- (f) The facility shall ensure that in-dwelling catheters are not used unless the patient's clinical condition necessitates their use. The facility shall ensure incontinent patients receive appropriate treatment to prevent infections and to regain continence to the degree possible.
- (g) The facility shall ensure that patients with limited range of motion, or who are at risk for loss of range of motion, receive treatment services to prevent development of contractures or deformities, and to obtain and maintain their optimal level of functioning.
- (h) The facility shall ensure that patients who are unable to feed themselves receive the appropriate assistance, retraining and assistive devices when needed.
- (i) The facility shall ensure that enteral feeding tubes are used only when the patient's condition indicates the use of an enteral feeding tube is unavoidable.
- (j) The facility shall ensure that patients fed by enteral feeding tubes receive the proper treatment to avoid aspiration pneumonia, metabolic and gastrointestinal problems, and to restore the patient to the highest practicable level of normal feeding function. The facility shall ensure appropriate care and services are provided to address needs related to hydration and nutrition.
- (k) The facility shall ensure that patients requiring special respiratory care receive appropriate services.
- (l) The facility shall ensure that patients are assisted to utilize personal visual lenses, hearing aids and dentures.

*History Note: Authority G.S. 131E-104;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2306 MEDICATION ADMINISTRATION**

- (a) The facility shall ensure that medications are administered in accordance with applicable occupational licensure regulations and manufacturer's recommendations.
- (b) The facility shall ensure that each patient's drug regimen is free from drugs used in excessive dose or duplicative therapy, for excessive duration or without indications for the prescription of the drug. Drugs shall not be used without monitoring or in the presence of adverse conditions that indicate the drugs' usage should be modified or discontinued. As used in this Paragraph:
  - (1) "Excessive dose" means the total amount of any medication (including duplicate therapy) given at one time or over a period of time that is greater than the amount recommended by the manufacturer for a resident's age and condition.
  - (2) "Excessive Duration" means the medication is administered beyond the manufacturer's recommended time frames or facility-established stop order policies or without either evidence of additional therapeutic benefit for the resident or clinical evidence that would warrant the continued use of the medication.
  - (3) "Duplicative Therapy" means multiple medications of the same pharmacological class or category or any medication therapy that replicates a particular effect of another medication that the individual is taking.
  - (4) "Indications for the prescription" means a documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations.
  - (5) "Monitoring" means ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to baseline data in order to:

- (A) Ascertain the individual's response to treatment and care, including progress or lack of progress toward a therapeutic goal;
  - (B) Detect any complications or adverse consequences of the condition or of the treatments; and
  - (C) Support decisions about modifying, discontinuing, or continuing any interventions.
- (c) Antipsychotic therapy shall not be initiated on any patient unless necessary to treat a clinically diagnosed and clinically documented condition. When antipsychotic therapy is prescribed, unless clinically contraindicated, gradual dose reductions and behavioral interventions shall be employed in an effort to discontinue these drugs. "Gradual dose reduction" means the stepwise tapering of a dose to determine if symptoms, conditions or risks can be managed by a lower dose or if the dose or the medication can be discontinued.
- (d) The facility shall ensure that procedures aimed at minimizing medication error rates include the following:
- (1) All medications or drugs and treatments shall be administered and discontinued in accordance with signed medical orders which are recorded in the patient's medical record. Such orders shall be complete and include drug name, strength, quantity to be administered, route of administration, frequency and, if ordered on an as-needed basis, a stated indication for use.
  - (2) The requirements for self-administration of medication shall include the following:
    - (A) determination by the interdisciplinary team that this practice is safe;
    - (B) administration ordered by the physician or other person legally authorized to prescribe medications;
    - (C) instructions for administration printed on the medication label; and
    - (D) administration of medication monitored by the nursing staff and consultant pharmacist.
  - (3) The administration of one patient's medications to another patient is prohibited except in the case of an emergency. In the event of such emergency, the facility shall ensure that the borrowed medications are replaced and so documented.
  - (4) Omission of medications and the reason for omission shall be indicated in the patient's medical record.
  - (5) Medication administration records shall provide time of administration, identification of the drug and strength of drug, quantity of drug administered, route of administration, frequency, documentation sufficient to determine the staff who administered the drugs. Medication administration records shall indicate documentation of injection sites and topical medication sites requiring rotation of transdermal medication.
  - (6) The pharmacy shall receive an exact copy of each physician's order for medications and treatments.
  - (7) When medication orders do not state the number of doses or days to administer the medication, the facility shall implement automatic stop orders according to manufacturer's recommendations.
  - (8) The facility shall maintain an accountability of controlled substances as defined by the North Carolina Controlled Substances Act, G.S. 90, Article 5.

*History Note: Authority G.S. 131E-104;  
 Eff. January 1, 1996;  
 Amended Eff. January 1, 2013;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2307 DENTAL CARE AND SERVICES**

- (a) The facility shall ensure that routine and emergency dental services are available for all patients.
- (b) The facility shall, if necessary, assist the patient in making appointments and obtaining transportation to the dentist's office.

*History Note: Authority G.S. 131E-104;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2308 ADULT CARE HOME PERSONNEL REQUIREMENTS**

- (a) The administrator of a combination home shall designate a person to be in charge of the adult care home residents at all times. The nurse-in-charge of the nursing facility may also serve as supervisor-in-charge of the domiciliary beds.
- (b) If adult care home beds are located in a separate building or a separate level of the same building, there shall be a person on duty in the adult care home portion of the facility at all times.

*History Note: Authority G.S. 131E-104;  
RRC Objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2012;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2309 CARDIO-PULMONARY RESUSCITATION**

- (a) Each facility shall develop and implement a Cardio-Pulmonary Resuscitation (CPR) policy.
- (b) The policy shall be communicated to all residents or their responsible party prior to admission.
- (c) Upon admission each resident or his or her responsible party must acknowledge in writing having received a copy of the policy.
- (d) The policy shall designate an outside emergency medical service provider to be immediately notified whenever an emergency occurs.
- (e) The policy shall designate the level of CPR that is available using terminology defined by the American Heart Association. American Heart Association terminology is as follows:
  - (1) Heartsaver CPR;
  - (2) Heartsaver Automatic External Defibrillator (AED);
  - (3) Basic Life Support (BLS); or
  - (4) Advanced Cardiac Life Support (ACLS).
- (f) The facility shall maintain staff on duty 24 hours a day trained by someone with valid certification from the American Heart Association or American Red Cross capable of providing CPR at the level stated in the policy. The facility shall maintain a record in the personnel file of each staff person who has received CPR training.
- (g) The facility shall have equipment readily available as required to deliver services stated in the policy.
- (h) The facility shall provide training for staff members who are responsible for providing CPR with regards to the location of resources and measures for self- protection while administering CPR.

*History Note: Authority G.S. 131E-104;  
Eff. October 1, 2006;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**SECTION .2400 - MEDICAL RECORDS**

**10A NCAC 13D .2401 MAINTENANCE OF MEDICAL RECORDS**

- (a) The facility shall establish a medical records service. It shall be directed, staffed and equipped to ensure:
  - (1) records are processed, indexed and filed accurately;
  - (2) records are stored in such a manner as to provide protection from loss, damage or unauthorized use;
  - (3) records contain sufficient information to identify the patient plus a record of all assessments; plan of care; pre-admission screening, if applicable; records of implementation of plan of care; progress notes; and record of discharge, including a discharge summary signed by the physician; and
  - (4) records are readily accessible by authorized personnel.
- (b) The facility shall ensure that a master patient index is maintained, listing patients alphabetically by name, dates of admission, dates of discharge and case number.
- (c) The administrator shall designate an employee who works full-time to be the medical records manager. The manager shall advise, administer, supervise and perform work involved in the development, analysis, maintenance and use of medical records and reports. If that employee is not qualified by training or experience in medical record science, he or she shall receive consultation from a registered records administrator or an accredited medical record technician to ensure compliance with rules contained in this Subchapter. The facility shall provide orientation, on-the-job training and in-service programs for all medical records personnel.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2402 PRESERVATION OF MEDICAL RECORDS**

- (a) A facility shall keep medical records on file for five years following the discharge of an adult patient.
- (b) Notwithstanding Paragraph (c) of this Rule, if the patient is a minor when discharged from the nursing facility, the records shall be kept on file until his or her 19th birthday and for the additional time specified in G.S. 1-17(b) for commencement of an action on behalf of a minor.
- (c) If a facility discontinues operation, the licensee shall inform the Division of Health Service Regulation where its records are stored. For five years after a facility discontinues operations, records shall be stored with a business offering medical record storage and retrieval services.
- (d) All medical records are confidential. A facility shall comply with 42 CFR Parts 160, 162 and 164 of the Health Insurance Portability and Accountability Act.
- (e) At the time of the inspection, a facility shall inform the surveyor of the name of any patient who has denied the Department access to his or her medical record pursuant to G.S. 131E-105.

*History Note: Authority G.S. 131E-104; 131E-105;  
 Eff. January 1, 1996.  
 Amended Eff. November 1, 2014;  
 Readopted Eff. July 1, 2016.*

## **SECTION .2500 - PHYSICIAN'S SERVICES**

### **10A NCAC 13D .2501 AVAILABILITY OF PHYSICIAN'S SERVICES**

- (a) The facility shall ensure each patient's care is supervised by a physician and that provisions are made for emergency physicians when attending physicians are unavailable. The names and telephone numbers of the designated physicians shall be posted at each nurse's station.
- (b) Patients shall be seen by a physician at least once every 30 days for the first 90 days and at least every 60 days thereafter. Following the initial visit, the physician may delegate this responsibility to a physician assistant or nurse practitioner every other visit. A physician's visit is considered timely if the visit occurs not later than 10 days after the visit was required.
- (c) Physicians shall review the patient's medical plan of care, write or dictate and sign progress notes; and sign and date all current orders at each visit.
- (d) Medical orders, given orally by the physician, nurse practitioner or physician assistant, shall be given only to a licensed nurse or other licensed professional who by law is allowed to accept physician's orders, except orders for therapeutic diets which shall be given either to a dietitian or licensed nurse. The record of each telephone order shall include the name of physician giving the order, or other person legally authorized to prescribe, date and time of order, content of order and name of person receiving the order. The physician, or other person legally authorized to prescribe, who gives oral orders shall sign the orders within five days.

*History Note: Authority G.S. 131E-104;  
 RRC objection due to lack of statutory authority and ambiguity Eff. July 13, 1995;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **10A NCAC 13D .2502 PRIVATE PHYSICIAN**

- (a) Each patient or legal representative shall be allowed to select his or her private physician except in those facilities affiliated with medical teaching programs and having written policies requiring all patients to participate in the medical teaching program.
- (b) The private physician shall fulfill given requirements as determined by applicable state and federal regulations, and the facility's policies and procedures pertaining to physician services.
- (c) The facility shall have the right, after informing the patient, to seek an alternative physician, when requirements are not being met and to ensure that the patient is provided with appropriate, adequate care and treatment.

*History Note: Authority G.S. 131E-104;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **10A NCAC 13D .2503 USE OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS**

(a) Any facility that employs nurse practitioners or physician assistants shall maintain the following information for each nurse practitioner and physician assistant:

- (1) verification of current approval to practice as a nurse practitioner by the Medical Board and Board of Nursing for each practitioner, or verification of current approval to practice as a physician assistant by the Medical Board for each physician assistant; and
- (2) a copy of the job description or contract signed by the nurse practitioner or physician assistant and the supervising physicians.

(b) The privileges of the nurse practitioner or physician assistant shall be defined by the facility's policies and procedures, and shall be limited to those privileges authorized in 21 NCAC 36 .0802 and .0809 for the nurse practitioner or 21 NCAC 32S .0212 for the physician assistant.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Amended Eff. November 1, 2014;  
Readopted Eff. July 1, 2016.*

#### **10A NCAC 13D .2504 LABORATORY AND RADIOLOGY SERVICES**

The facility shall provide or obtain clinical laboratory and radiology services to ensure that each patient's needs are met. Such services shall include the following:

- (1) provision of laboratory and radiology services within the facility or by contractual agreement;
- (2) diagnostic testing to be done only in accordance with a medical order;
- (3) reports to be dated once filed in the patient's medical record;
- (4) notification of the physician, nurse practitioner or physician assistant regarding findings; and
- (5) assistance in arranging transportation for the patient when testing must be done other than in the facility.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2505 BRAIN INJURY LONG-TERM CARE PHYSICIAN SERVICES**

(a) For facility patients located in designated brain injury long-term care units, there shall be an attending physician who is responsible for the patient's specialized care program. The intensity of the program requires that there shall be direct patient contact by a physician at least once per week and more often as the patient's condition warrants. Each patient's interdisciplinary, rehabilitation program shall be developed and implemented under the supervision of a physiatrist (a physician trained in physical medicine and rehabilitation) or a physician of equivalent training and experience.

(b) If a physiatrist or physician of equivalent training or experience is not available on a weekly basis to the facility, the facility shall provide for weekly medical management of the patient by another physician. In addition, oversight for the patient's interdisciplinary, long-term care program shall be provided by a qualified consultant physician who visits patients monthly, makes recommendations for and approves the interdisciplinary care plan, and provides consultation as requested to the physician who is managing the patient on a weekly basis.

(c) The attending physician shall actively participate in individual case conference or care planning sessions and shall review and sign discharge summaries and records within 15 days of a patient discharge. When patients are to be discharged to either another health care facility or a residential setting, the attending physician shall ensure that the patient has been provided with a discharge plan which incorporates optimum utilization of community resources and post discharge continuity of care and services.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2506 PHYSICIAN SERVICES FOR VENTILATOR DEPENDENT PATIENTS**

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority and ambiguity Eff. July 13, 1995;*

*Eff. January 1, 1996;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015;*  
*Repealed Eff. January 1, 2021.*

## **SECTION .2600 - PHARMACEUTICAL SERVICES**

### **10A NCAC 13D .2601 AVAILABILITY OF PHARMACEUTICAL SERVICES**

- (a) The facility shall provide pharmaceutical services under the supervision of a pharmacist, including procedures that ensure the accurate acquiring, receiving and administering of all drugs and biologicals.
- (b) The facility shall be responsible for obtaining drugs, therapeutic nutrients and related products prescribed or ordered by a physician for patients in the facility.
- (c) To ensure that drug therapy is rational, safe and effective, a pharmaceutical care assessment shall be conducted in the facility at least every 31 days for each patient. All new admissions shall receive a pharmaceutical care assessment at the time of the pharmacist's next visit or within 31 days, whichever comes first. This assessment shall include at least:
- (1) a review of the patient's diagnoses, history and physical, discharge summary, diet, vital signs, current physician's orders, laboratory values, progress notes, interdisciplinary care plans and medication administration records; and
  - (2) the pharmacist's progress notes in the patient's medical record which reflect the results of this assessment and, if necessary, recommendations for change based on desired drug outcomes.

*History Note: Authority G.S. 131E-104; 131E-117;*  
*RRC objection due to lack of statutory authority Eff. July 13, 1995;*  
*Eff. January 1, 1996;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **10A NCAC 13D .2602 PHARMACY PERSONNEL**

- (a) If the pharmacist is an employee of the facility and performs vending or clinical services, an up-to-date job description and personnel file shall be maintained.
- (b) If pharmaceutical vending or clinical services are contracted, there shall be a current written agreement for each service which includes a statement of responsibilities for each party.
- (c) The facility shall keep, or be able to make available, a copy of the current license of the pharmacists.

*History Note: Authority G.S. 131E-104; 131E-117;*  
*Eff. January 1, 1996;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **10A NCAC 13D .2603 ADMINISTRATIVE RESPONSIBILITIES**

- (a) The pharmacist shall report any potential drug therapy irregularities or discrepancies in drug accountability and administration with recommendations for change to the director of nursing and the attending physician. Recommendations shall be communicated to the health care professionals in the facility who have the authority to effect a change. These reports shall be submitted monthly following the pharmacist's pharmaceutical care assessments.
- (b) The administrator shall ensure documentation of action taken relative to the pharmacist's reports.

*History Note: Authority G.S. 131E-104; 131E-117;*  
*Eff. January 1, 1996;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **10A NCAC 13D .2604 DRUG PROCUREMENT**

- (a) The facility shall not possess a stock of prescription drugs for general or common use except as permitted by the North Carolina Board of Pharmacy and as follows:
- (1) for all intravenous and irrigation solutions in single unit quantities exceeding 49 ml. and related equipment for the use and administration of such;
  - (2) diagnostic agents;
  - (3) vaccines;
  - (4) drugs designated for inclusion in an emergency kit approved by the facility's Quality Assurance Committee;

- (5) water for injection; and
  - (6) normal saline for injection.
- (b) Patient Drugs:
- (1) The contents of all prescriptions shall be kept in the original container bearing the original label as described in Subparagraph (b)(2) of this Rule.
  - (2) Except in a 72-hour or less unit dose system, each individual patient's prescription drugs shall be labeled with the following information:
    - (A) the name of the patient for whom the drug is intended;
    - (B) the most recent date of issue;
    - (C) the name of the prescriber;
    - (D) the name and concentration of the drug, quantity dispensed, and prescription serial number;
    - (E) a statement of generic equivalency which shall be indicated if a brand other than the brand prescribed is dispensed;
    - (F) the expiration date, unless dispensed in a single unit or unit dose package;
    - (G) auxiliary statements as required of the drug;
    - (H) the name, address and telephone number of the dispensing pharmacy; and
    - (I) the name of the dispensing pharmacist.
- (c) Non-prescription drugs shall be kept in the original container as received from the supplier and shall be labeled with at least:
- (1) the name and concentration of the drug, and quantity packaged;
  - (2) the name of the manufacturer, lot number and expiration date.

*History Note: Authority G.S. 131E-104; 131E-117;  
 Eff. January 1, 1996;  
 Amended Eff. January 1, 2013;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2605 DRUG STORAGE AND DISPOSITION**

- (a) A facility shall ensure that drug storage areas are clean, secure, well lighted and well ventilated; that room temperature is maintained between 59 degrees F. and 86 degrees F.; and that the following conditions are met:
- (1) All drugs shall be maintained under locked security except when under the direct physical supervision of a nurse or pharmacist.
  - (2) Drugs requiring refrigeration shall be stored in a refrigerator containing a thermometer and capable of maintaining a temperature range of 2 degrees C. to 8 degrees C. (36 degrees F. to 46 degrees F.) Drug containers must be placed in another container separate from non-drug items when stored in a refrigerator.
  - (3) Drugs intended for topical use, except for ophthalmic, otic and transdermal medications, shall be stored in an area separate from the drugs intended for oral and injectable use.
  - (4) Drugs that are outdated, discontinued or deteriorated shall be removed from the facility within five days.
- (b) Upon discontinuation of a drug or upon discharge of a patient, the remainder of the drug supply shall be disposed of according to the facility's policy. If it is reasonably expected that the patient will return to the facility and that the drug therapy will be resumed, the remaining drug supply may be held for not more than 30 calendar days after the date of discharge or discontinuation.
- (c) The disposition of drugs shall be in accordance with written policies and procedures established by the Quality Assurance Committee.
- (d) Destruction of controlled substances shall be in compliance with Disposal of Unused Controlled Substances From Nursing Home as described in 10A NCAC 26E .0406, which is hereby incorporated by reference including subsequent amendments. These Rules can be accessed online at <http://reports.oah.state.nc.us/ncac.asp>.

*History Note: Authority G.S. 131E-104; 131E-117;  
 RRC objection due to lack of statutory authority Eff. July 13, 1995;  
 Eff. January 1, 1996;  
 Amended Eff. July 1, 2012;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2606 PHARMACEUTICAL RECORDS**

- (a) A facility shall ensure that accurate records of the receipt, use and disposition of drugs are maintained and readily available.
- (b) A facility shall ensure accountability of controlled substances as defined by the Disposal of Unused Controlled Substances From Nursing Home as described in 10A NCAC 26E .0406, which is hereby incorporated by reference including subsequent amendments. These Rules can be accessed online at <http://reports.oah.state.nc.us/ncac.asp>.

*History Note: Authority G.S. 131E-104; 131E-117;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2012;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .2607 EMERGENCY DRUGS**

- (a) A facility shall maintain a supply of emergency drugs in compliance with 10A NCAC 26E .0408 which is hereby incorporated by reference including subsequent amendments. This Rule can be accessed online at <http://reports.oah.state.nc.us/ncac.asp>.
- (b) Emergency drugs shall be stored in a portable container sealed with an easily breakable closure which cannot be resealed or reused and shall be readily accessible for use.
- (c) Emergency drug kits shall be stored in a locked storage cabinet or room out of sight of patients and the general public. If stored in a locked area the kits shall be accessible to all licensed nursing personnel.
- (d) All emergency drugs and quantity to be maintained shall be approved by the Quality Assurance Committee as defined in 10A NCAC 13D .2212.
- (e) If emergency drug items require refrigerated storage, they shall be stored in a separate sealed container within the medication refrigerator. The container shall be labeled to indicate the emergency status of the enclosed drug and sealed as indicated in Paragraph (b) of this Rule.
- (f) An accurate inventory of emergency drugs and supplies shall be maintained with each emergency drug kit.
- (g) A facility shall examine the refrigerated and non-refrigerated emergency drug supply at least every 90 days and make any necessary changes at that time.
- (h) The facility shall have written policies and procedures which are enforced to ensure that in the event the sealed emergency drug container is opened and contents utilized, steps are taken to replace the items used.
- (i) The availability of a controlled substance in an emergency kit shall be in compliance with the North Carolina Controlled Substances Act and Regulations (10A NCAC 26E) which is hereby incorporated by reference including subsequent amendments. These Rules can be accessed online at <http://reports.oah.state.nc.us/ncac.asp>.

*History Note: Authority G.S. 131E-104; 131E-117;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2012;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **SECTION .2700 - DIETARY SERVICES**

#### **10A NCAC 13D .2701 PROVISION OF NUTRITION AND DIETETIC SERVICES**

- (a) A facility shall ensure that each patient is provided with a palatable diet that meets his or her daily nutritional and specialized nutritional needs.
- (b) The facility shall designate a person to be known as the director of food service who shall be responsible for the facility's dietetic service and for supervision of dietetic service personnel.
- (c) Based on a resident's assessment, the nursing home must ensure that a patient maintains nutritional status, such as body weight and protein levels, unless the patient's clinical condition demonstrates that it is not possible.
- (d) There shall be sufficient personnel employed to meet the nutritional needs of all patients in the areas of therapeutic diets, food preparation and service, principles of sanitation, and resident's preferences as related to food services.
- (e) The facility shall ensure that menus are followed which meet the nutritional needs of patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences which are incorporated by reference, including subsequent amendments. Copies of this publication may be obtained

by contacting The National Academy Press, 500 Fifth St. N.W., Washington, D.C. 20001 or accessing it at [http://www.nap.edu/catalog.php?record\\_id=1349](http://www.nap.edu/catalog.php?record_id=1349). Menus shall:

- (1) be planned at least 14 days in advance,
  - (2) provide for substitutes of similar nutritive value for patients who refuse food that is served, and
  - (3) be provided to patients orally or written through such methods as posting and daily announcements.
- (f) Food must be prepared to conserve its nutritive value and appearance.
- (g) Food shall be served at the preferred temperature as discerned by the resident and customary practice, in a form to meet the patient's individual needs and with assistive devices as dictated by the patient's needs. Hot foods shall leave the kitchen (or steam table) above 135 degrees F; and cold foods below 41 degrees F. The freezer must keep frozen foods frozen solid.
- (h) If patients require assistance in eating, food shall be maintained at the appropriate temperature until assistance is provided.
- (i) All diets, including enteral and parenteral nutrition therapy, shall be as ordered by the physician or other legally authorized person, and served as ordered.
- (j) At least three meals shall be served daily to all patients in accordance with medical orders.
- (k) No more than 14 hours shall elapse between an evening meal containing a protein food and a morning meal containing a protein food.
- (l) Hour-of-sleep (hs) nourishment shall be available to patients upon request or in accordance with nutritional plans.
- (m) Between-meal fluids for hydration shall be available and offered to all patients in accordance with medical orders.
- (n) The facility shall have a current online or hard copy nutrition care manual or handbook approved by the dietitian, medical staff and the Administrator which shall be used in the planning of the regular and therapeutic diets and be accessible to all staff.
- (o) Food services shall comply with Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments (15A NCAC 18A .1300) as promulgated by the Commission for Public Health which are incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food under sanitary conditions. Copies of these Rules can be accessed online at <http://www.deh.enr.state.nc.us/rules.htm>.

*History Note: Authority G.S. 90-368(4); 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Amended Eff. August 1, 2012;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

## **SECTION .2800 - ACTIVITIES, RECREATION AND SOCIAL SERVICES**

### **10A NCAC 13D .2801 ACTIVITY SERVICES**

- (a) The facility shall provide a program of activities that is on-going and in accordance with the comprehensive assessment, and that promotes the interests, as well as physical, mental and psychosocial well-being, of each patient.
- (b) The administrator shall designate an activities director who shall be responsible for activity and recreational services for all patients and who shall have appropriate management authority. The director shall:
- (1) be a recreation therapist or be eligible for certification as a therapeutic recreation specialist by a recognized accrediting body; or
  - (2) have two years of experience in a social or recreation program within the last five years, one of which was full-time in a patient activities program in a health care setting; or
  - (3) be an occupational therapist or occupational therapy assistant; or
  - (4) be certified by the National Certification Council for Activity Professionals; or
  - (5) have completed an activities training course approved by the State.

*History Note: Authority G.S. 131E-104; 143B-165(10); 42 C.F.R. 483.15(f);  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **10A NCAC 13D .2802 SOCIAL SERVICES**

- (a) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.

- (b) The administrator shall designate an employee to be responsible full-time for social services.
- (c) A facility with more than 120 nursing beds shall employ on a full time basis, a social worker who has:
  - (1) a Bachelors' degree in social work or a Bachelors' degree in human services field, including but not limited to sociology special education, rehabilitation counseling and psychology; and
  - (2) one year of supervised social work experience in a health care setting working directly with patients.

*History Note: Authority G.S. 131E-104;  
 RRC objection due to lack of statutory authority Eff. July 13, 1995;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**SECTION .2900 - SPECIAL REQUIREMENTS**

**10A NCAC 13D .2901 REPORT OF DEATH**

The facility shall have a written plan to be followed in case of patient death. The plan shall provide for the following:

- (1) collection of data needed for the death certificate as required by G.S. 130A-117;
- (2) recording time of death;
- (3) pronouncement of death in accordance with facility policy;
- (4) notification of the attending physician responsible for signing the death certificate;
- (5) documented notification of next of kin or legal guardian;
- (6) authorization and release of the body to a funeral home.

*History Note: Authority G.S. 131E-104;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .2902 PETS**

When facility policies permit pets in the facility, the following conditions shall be met:

- (1) The facility policy shall not be in violation of any local health ordinances regarding pet health and control.
- (2) Pets shall not be permitted to enter areas where food is being prepared.

*History Note: Authority G.S. 131E-104;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**SECTION .3000 - SPECIALLY DESIGNATED UNITS**

**10A NCAC 13D .3001 SPECIALIZED REHABILITATIVE AND HABILITATIVE SERVICES**

**10A NCAC 13D .3002 QUALITY OF SPECIALIZED REHABILITATION SERVICES**

*History Note: Authority G.S. 131E-104;  
 RRC objection due to lack of statutory authority Eff. July 13, 1995 (Rule .3002);  
 Eff. January 1, 1996;  
 Repealed Eff. January 1, 2013.*

**10A NCAC 13D .3003 VENTILATOR ASSISTED CARE**

(a) For the purpose of this Rule, ventilator assisted individuals, means as defined in the federal State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities, herein incorporated by reference including subsequent amendments and editions. Copies of the State Operations Manual may be accessed free of charge online at [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltc.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf).

(b) Facilities having patients who are ventilator assisted individuals shall:

- (1) administer respiratory care in accordance with 42 CFR Part 483.25(i), and the federal State Operations Manual F695;
- (2) administer respiratory care in accordance with the scope of practice for respiratory therapists defined in G.S. 90-648; and

- (3) provide pulmonary services from a physician who has training in pulmonary medicine. The physician shall be responsible for respiratory services and shall:
    - (A) establish with the respiratory therapist and nursing staff, ventilator policies and procedures, including emergency procedures;
    - (B) assess each ventilator assisted patient's status at least monthly with corresponding progress notes;
    - (C) respond to emergency communications 24 hours a day; and
    - (D) participate in individual care planning.
- (c) Direct care nursing personnel staffing ratios established in Rule .2303 of this Subchapter shall not be applied to nursing services for patients who are ventilator assisted at life support settings. The minimum direct care nursing staff shall be 5.5 hours per patient day, allocated on a per shift basis as the facility chooses; however, in no event shall the direct care nursing staff fall below a registered nurse and a nurse aide I at any time during a 24-hour period.

*History Note: Authority G.S. 131E-104;  
 RRC objection due to lack of statutory authority Eff. July 13, 1995;  
 Eff. January 1, 1996;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015;  
 Amended Eff. January 1, 2021.*

**10A NCAC 13D .3004 BRAIN INJURY LONG-TERM CARE**

(a) The general requirements in this Subchapter shall apply when applicable, but brain injury long term care units shall meet the supplement requirements in Rules .3004 and .3005 of this Section. The facility shall provide services through a medically supervised interdisciplinary process as provided in Rule .2505 of this Subchapter and that are directed toward maintaining the individual at the optimal level of physical, cognitive and behavioral functioning. Following are the minimum requirements for specific services that may be necessary to maintain the individual at optimum level:

- (1) Overall supervisory responsibility for brain injury long term care services shall be assigned to a registered nurse with one year experience in caring for brain injured patients.
- (2) Physical therapy shall be provided by a physical therapist with a current valid North Carolina license. Occupational therapy shall be provided by an occupational therapist with a current valid North Carolina License. The services of a physical therapist and occupational therapist shall be combined to provide one full-time equivalent position for each 20 patients. The assistance of a physical therapy aide and occupational therapy aide, with appropriate supervision, shall be combined to provide one full-time equivalent position for each 20 patients. A proportionate number of hours shall be provided for a census less than 20 patients.
- (3) Clinical nutrition services shall be provided by a dietitian with two years clinical training and experience in nutrition. The number of hours of clinical nutrition services on either a full-time or part-time employment or contract basis shall be adequate to meet the needs of the patients. Each patient's nutrition needs shall be reviewed at least monthly. Clinical nutrition services shall include:
  - (A) Assessing the appropriateness of the ordered diet for conformance with each patient's physiological and pharmacological condition.
  - (B) Evaluating each patient's laboratory data in relation to nutritional status and hydration.
  - (C) Applying technical knowledge of feeding tubes, pumps and equipment to each patient's specialized needs.
- (4) Clinical social work shall be provided by a social worker meeting the requirements of Rule .2802 of this Subchapter.
- (5) Recreation therapy, when required, shall be provided on either a full-time or part-time employment or contract basis by a clinician eligible for certification as a therapeutic recreation specialist by the State of North Carolina Therapeutic Recreational Certification Board. The number of hours of therapeutic recreation services shall be adequate to meet the needs of the patients. In event that a qualified specialist is not locally available, alternate treatment modalities shall be developed by the occupational therapist and reviewed by the attending physician. The program designed shall be adequate to meet the needs of this specialized population and shall be administered in accordance with Section .3000 of this Subchapter.
- (6) Speech therapy, when required, shall be provided by a clinician with a current valid license in speech pathology issued by the State Board of Speech and Language Pathologists and Audiologists.
- (7) Respiratory therapy, when required, shall be provided by an individual meeting the same qualifications for providing respiratory therapy under Rule .3003 of this Section.

(b) Each patient's program shall be governed by an interdisciplinary treatment plan incorporating and expanding upon the health plan required under Section .2300 of this Subchapter. The plan is to be initiated on the first day of admission. Upon completion of baseline data development and an integrated interdisciplinary assessment, the initial treatment plan is to be expanded and finalized within 14 days of admission. Through an interdisciplinary process the treatment plan shall be reviewed at least monthly and revised as appropriate. In executing the treatment plan, the interdisciplinary team shall be the major decision making body and shall determine the goals, process, and time frames for accomplishment of each patient's program. Disciplines to be represented on the team shall be medicine, nursing, clinical pharmacy and all other disciplines directly involved in the patient's treatment or treatment plan.

(c) Each patient's overall program shall be assigned to an individually designated case manager. The case manager acts as the coordinator for assigned patients. Any professional staff member involved in a patient's care may be assigned this responsibility for one or more patients. Professional staff may divide this responsibility for all patients on the unit in the best manner to meet all patients' needs for a coordinated, interdisciplinary approach to care. This case manager shall be responsible for:

- (1) coordinating the development, implementation and periodic review of the patient's treatment plan;
- (2) preparing a monthly summary of the patient's progress;
- (3) cultivating the patient's participation in the program;
- (4) general supervision of the patient during the course of treatment;
- (5) evaluating appropriateness of the treatment plan in relation to the attainment of stated goals; and
- (6) assuring that discharge decisions and arrangements for post discharge follow-up are properly made.

(d) For each 20 patients or fraction thereof, dedicated treatment facilities and equipment shall be provided as follows:

- (1) a combined therapy space equal to or exceeding 600 square feet, adequately equipped and arranged to support each of the therapies;
- (2) access to one full reclining wheel chair per patient;
- (3) special physical therapy and occupational therapy equipment for use in fabricating positioning devices for beds and wheelchairs including splints, casts, cushions, wedges, and bolsters; and
- (4) roll-in bath facilities with a dressing area available to all patients, providing maximum privacy to the patient.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .3005 SPECIAL NURSING REQUIREMENTS FOR BRAIN INJURY LONG-TERM CARE**

Direct care nursing personnel staffing ratios established in Rule .2303 of this Subchapter shall not be applied to nursing services for patients who require brain injury long-term care. The minimum direct care nursing staff shall be 5.5 hours per patient day, allocated on a per shift basis as the facility chooses, to appropriately meet the patients' needs. It is also required that regardless of how low the patient census, the direct care nursing staff shall not fall below a registered nurse and a nurse aide I at any time during a 24-hour period.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .3006 RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .3007 RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .3008 RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .3009 RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .3010 RESERVED FOR FUTURE CODIFICATION**

- 10A NCAC 13D .3011 HIV DESIGNATED UNIT POLICIES AND PROCEDURES**
- 10A NCAC 13D .3012 PHYSICIAN SERVICES IN AN HIV DESIGNATED UNIT**
- 10A NCAC 13D .3013 SPECIAL NURSING REQUIREMENTS FOR AN HIV DESIGNATED UNIT**
- 10A NCAC 13D .3014 SPECIALIZED STAFF EDUCATION FOR HIV DESIGNATED UNITS**
- 10A NCAC 13D .3015 USE OF INVESTIGATIONAL DRUGS FOR HIV DESIGNATED UNITS**
- 10A NCAC 13D .3016 ADDITIONAL SOCIAL WORK REQUIREMENTS FOR HIV DESIGNATED UNITS**

*History Note: Authority G.S. 131E-104;  
 RRC objection due to ambiguity Eff. July 13, 1995 (Rules .3011, .3012);  
 RRC objection due to lack of statutory authority and ambiguity Eff. July 13, 1995 (Rule .3013);  
 RRC objection due to lack of statutory authority Eff. July 13, 1995 (Rules .3015, .3016);  
 Eff. January 1, 1996;  
 Repealed Eff. January 1, 2013.*

- 10A NCAC 13D .3017 RESERVED FOR FUTURE CODIFICATION**
- 10A NCAC 13D .3018 RESERVED FOR FUTURE CODIFICATION**
- 10A NCAC 13D .3019 RESERVED FOR FUTURE CODIFICATION**
- 10A NCAC 13D .3020 RESERVED FOR FUTURE CODIFICATION**
- 10A NCAC 13D .3021 PHYSICIAN REQUIREMENTS FOR INPATIENT REHABILITATION FACILITIES OR UNITS**
- 10A NCAC 13D .3022 ADMISSION CRITERIA FOR INPATIENT REHABILITATION FACILITIES OR UNITS**
- 10A NCAC 13D .3023 COMPREHENSIVE INPATIENT REHABILITATION EVALUATION**
- 10A NCAC 13D .3024 COMPREHENSIVE INPATIENT REHABILITATION INTERDISCIPLINARY TREAT/PLAN**
- 10A NCAC 13D .3025 DISCHARGE CRITERIA FOR INPATIENT REHABILITATION FACILITIES OR UNITS**
- 10A NCAC 13D .3026 COMPREHENSIVE REHABILITATION PERSONNEL ADMINISTRATION**
- 10A NCAC 13D .3027 COMPREHENSIVE INPATIENT REHABILITATION PROGRAM STAFFING REQUIREMENTS**
- 10A NCAC 13D .3028 STAFF TRAINING FOR INPATIENT REHABILITATION FACILITIES OR UNIT**
- 10A NCAC 13D .3029 EQUIPMENT REQS/COMPREHENSIVE INPATIENT REHABILITATION PROGRAMS**
- 10A NCAC 13D .3030 PHYSICAL FACILITY REQS/INPATIENT REHABILITATION FACILITIES OR UNIT**

*History Note: Authority G.S. 131E-104;  
 RRC objection due to lack of statutory authority Eff. July 13, 1995 (Rules .3021, .3027);  
 Eff. January 1, 1996;  
 Repealed Eff. January 1, 2013.*

**10A NCAC 13D .3031 ADDITIONAL REQUIREMENTS FOR SPINAL CORD INJURY PATIENTS**

Inpatient rehabilitation facilities providing services to persons with spinal cord injuries shall meet the requirements in this Rule in addition to those identified in this Section.

- (1) Direct-care nursing personnel staffing ratios established in Rule .3027 of this Section shall not be applied to nursing services for spinal cord injury patients in the inpatient rehabilitation facility or unit. The minimum nursing hours per spinal cord injury patient in the unit shall be 6.0 nursing hours per patient day. At no time shall direct care nursing staff be less than two full-time equivalents, one of which shall be a registered nurse.

- (2) The inpatient rehabilitation facility or unit shall employ or provide by contractual agreements physical, occupational or speech therapists in order to provide a minimum of 4.0 hours of specific or combined rehabilitation therapy services per spinal cord injury patient day.
- (3) The facility shall provide special facility or special equipment needs of patients with spinal cord injury, including specially designed wheelchairs, tilt tables and standing tables.
- (4) The medical director of an inpatient spinal cord injury program shall have either two years experience in the medical care of persons with spinal cord injuries or six months minimum in a spinal cord injury fellowship.
- (5) The facility shall provide continuing education in the care and treatment of spinal cord injury patients for all staff.
- (6) The facility shall provide specific staff training and education in the care and treatment of spinal cord injury.
- (7) The size of the spinal cord injury program shall be adequate to support a comprehensive, dedicated ongoing spinal cord injury program.

*History Note: Authority G.S. 131E-104;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

**10A NCAC 13D .3032 RESERVED FOR FUTURE CODIFICATION**

**10A NCAC 13D .3033 DEEMED STATUS FOR INPATIENT REHABILITATION FACILITIES OR UNITS**

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Repealed Eff. January 1, 2013.*

**SECTION .3100 - DESIGN AND CONSTRUCTION**

**10A NCAC 13D .3101 GENERAL RULES**

- (a) Each facility shall be planned, constructed, equipped, and maintained to provide the services offered in the facility.
- (b) A new facility or remodeling of an existing facility shall meet the requirements of the North Carolina State Building Codes which are incorporated by reference, including all subsequent amendments. Copies of these codes may be purchased from the International Code Council online at <http://www.iccsafe.org/Store/Pages/default.aspx> at a cost of five hundred twenty-seven dollars (\$527.00) or accessed electronically free of charge at [http://www.ecodes.biz/ecodes\\_support/Free\\_Resources/2012NorthCarolina/12NorthCarolina\\_main.html](http://www.ecodes.biz/ecodes_support/Free_Resources/2012NorthCarolina/12NorthCarolina_main.html). Existing licensed facilities shall meet the requirements of the North Carolina State Building Codes in effect at the time of construction or remodeling.
- (c) Any existing building converted from another use to a nursing facility shall meet all requirements of a new facility.
- (d) The sanitation, water supply, sewage disposal, and dietary facilities shall comply with the rules of the North Carolina Division of Public Health, Environmental Health Services Section, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Services Section 5605 Six Forks Road, Raleigh, North Carolina 27509.  
Copies may be obtained from the Environmental Health Services Section, 1632 Mail Service Center, Raleigh, NC 27699-1632 at no. cost, or can accessed electronically free of charge at <http://reports.oah.state.nc.us/ncac.asp?folderName=\Title 15A - Environment and Natural Resources\Chapter 18 - Environmental Health>.
- (e) The adult care home portion of a combination facility shall meet the rules for a nursing facility contained in Sections .3100, .3200, and .3400 of this Subchapter, except when separated by two-hour fire resistive construction. When separated by two-hour fire-resistive construction, the adult care home portion of the facility shall meet the rules for adult care homes in 10A NCAC 13F, Licensing of Adult Care Homes, which are incorporated by reference, including all subsequent amendments; and adult care home resident areas must be located in the adult care home section of the facility. Copies of 10A NCAC 13F can be obtained free of charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service

Center, Raleigh, NC 27699-2708, or accessed electronically free of charge at <http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2013%20-%20nc%20medical%20care%20commission/subchapter%20d/subchapter%20d%20rules.html>.

(f) An addition to an existing facility shall meet the same requirements as a new facility.

*History Note: Authority G.S. 131E-102; 131E-104;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2014;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .3102 APPLICATION OF PHYSICAL PLANT REQUIREMENTS**

The physical plant requirements for each facility shall be applied as follows:

- (1) New construction shall comply with the requirements of Sections .3100-.3400 of this Subchapter.
- (2) Except where otherwise specified, existing buildings shall meet licensure and code requirements in effect at the time of construction, alteration or modification.
- (3) New additions, alterations, modifications and repairs shall meet the technical requirements of Sections .3100-.3400 of this Subchapter; however, where strict conformance with current requirements would be impractical, the Division may approve alternative measures where the facility can demonstrate to the Division's satisfaction that the alternative measures do not reduce the safety or operating effectiveness of the facility.
- (4) Rules contained in Sections .3100-.3400 of this Subchapter are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that exceed minimum requirements.
- (5) Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements, because of extraordinary circumstances, new programs or unusual conditions, may be approved by the Division when the facility can effectively demonstrate to the Division's satisfaction, that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility.
- (6) Where rules, codes or standards have any conflict, the most stringent requirement shall apply.

*History Note: Authority G.S. 131E-104;  
Eff. January 1, 1996;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .3103 SITE**

The site of a proposed facility must be approved by the Department prior to construction as:

- (1) accessible by public roads;
- (2) accessible to fire fighting services;
- (3) having a water supply, sewage disposal system, garbage disposal system, and trash disposal system approved by the local health department having jurisdiction;
- (4) meeting all local ordinances and zoning laws; and
- (5) being free from exposure to hazards and pollutants.

*History Note: Authority G.S. 131E-102; 131E-104;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2014;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .3104 PLANS AND SPECIFICATIONS**

(a) When construction or remodeling of a facility is planned, one copy of construction documents and specifications shall be submitted by the owner or owner's appointed representative to the Department for review and approval. As a preliminary step to avoid last minute difficulty with construction documents approval, schematic design drawings and design development drawings may be submitted for approval prior to the required submission of construction documents.

(b) Approval of construction documents and specifications shall be obtained from the Department prior to licensure. Approval of construction documents and specifications shall expire one year after the date of approval unless a building

permit for the construction has been obtained prior to the expiration date of the approval of construction documents and specifications.

(c) If an approval expires, renewed approval shall be issued by the Department, provided revised construction documents and specifications meeting the standards established in Sections .3100, .3200, and .3400 of this Subchapter are submitted by the owner or owner's appointed representative and reviewed by the Department.

(d) Any changes made during construction shall require the approval of the Department in order to maintain compliance with the standards established in Sections .3100, .3200, and .3400 of this Subchapter.

(e) Completed construction or remodeling shall conform to the standards established in Sections .3100, .3200, and .3400 of this Subchapter. Construction documents and building construction including the operation of all building systems shall be approved in writing by the Department prior to licensure or patient and resident occupancy.

(f) The owner or owner's appointed representative shall notify the Department in writing either by U.S. Mail or e-mail when actual construction or remodeling is complete.

*History Note: Authority G.S. 131E-102; 131E-104;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2014;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

## **SECTION .3200 - FUNCTIONAL REQUIREMENTS**

### **10A NCAC 13D .3201 REQUIRED SPACES**

(a) A facility shall meet the following requirements for bedrooms:

- (1) single bedrooms shall be provided with not less than 100 square feet of floor area;
- (2) bedrooms with more than one bed shall be provided with not less than 80 square feet of floor area per bed;
- (3) bedrooms shall have windows with views to the outdoors. The gross window area shall not be less than eight percent of the bedroom floor area required by Subparagraphs (1) and (2) of this Paragraph;
- (4) each bedroom shall be provided with one closet or wardrobe per bed. In nursing facilities and the nursing home portion of combination facilities, the closet or wardrobe shall have clothing storage space of not less than 36 cubic feet per bed with one-half of this space for hanging clothes. In the adult care home portion of a combination facility, the closet or wardrobe shall have clothing storage space of not less than 48 cubic feet per bed with one-half of this space for hanging clothes; and
- (5) floor space for closets, toilet rooms, vestibules, or wardrobes shall not be included in the areas required by this Subparagraph.

(b) A facility shall meet the following requirements for dining, activity, and common use areas:

- (1) nursing facilities and the nursing home portion of combination facilities shall have:
  - (A) a separate area or areas set aside for dining, measuring not less than 10 square feet per bed;
  - (B) a separate area or areas set aside for activities, measuring not less than 10 square feet per bed; and
  - (C) an additional dining, activity and common use area or areas, measuring not less than five square feet per bed. This area may be in a separate area or combined with the separate dining and activity areas required by Part (A) and (B) of this Subparagraph.
- (2) the adult care home portion of combination facilities shall have:
  - (A) a separate area or areas set aside for dining, measuring not less than 14 square feet per bed; and
  - (B) a separate area or areas set aside for activities, measuring not less than 16 square feet per bed.
- (3) the dining room area or areas required by this Paragraph may be combined.
- (4) the activity area or areas in nursing facilities and the nursing home portion of combination facilities shall not be combined with the activity area or areas in the adult care home portion of combination facilities.
- (5) floor space for physical, occupational, and rehabilitation therapy shall not be included in the areas required by this Paragraph. Closets and storage units for equipment and supplies shall not be included in the areas required by this Paragraph.
- (6) dining, activity, and common use areas shall be designed and equipped to provide accessibility to both patients and residents confined to wheelchairs and ambulatory patients or residents.
- (7) dining, activity, and common use areas required by this Paragraph shall have windows with views to the outdoors. The gross window area shall not be less than eight percent of the required floor area required by Subparagraphs (1) and (2) of this Paragraph.

- (8) for facilities designed with household units for 30 or fewer patients or residents, the dining and activity areas may be combined.
- (c) Outdoor areas for individual and group activities shall be provided and shall be accessible to patients and residents with physical disabilities. In the adult care portion of a combination facility, a nursing unit with a control mechanism and staff procedures as required by Rule .3404(f) of this Subchapter shall have direct access to an outdoor area.
- (d) Some means for patients and residents to lock personal articles within the facility shall be provided.
- (e) A facility shall meet the following requirements for toilet rooms, tubs, showers, and central bathing areas:
- (1) a toilet room shall contain a toilet and lavatory. If a lavatory is provided in each bedroom, the toilet room is not required to have a lavatory.
  - (2) a toilet room shall be accessible from each bedroom without going through the general corridor.
  - (3) one toilet room may serve two bedrooms, but not more than eight beds.
  - (4) one tub or shower shall be provided for each 15 beds not individually served by a tub or shower.
  - (5) for each 120 beds or fraction thereof, a central bathing area shall be provided with the following:
    - (A) a bathtub or a manufactured walk-in bathtub or a similar manufactured bathtub designed for easy transfer of patients and residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in bathtubs or a similar manufactured bathtubs shall be accessible on two sides;
    - (B) a roll-in shower designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each bedroom in the facility, the central bathing area is not required to have a roll-in shower;
    - (C) a toilet and lavatory; and
    - (D) a cubicle curtain enclosing the toilet, tub, and shower. A closed cubicle curtain at one of these plumbing fixtures shall not restrict access to the other plumbing fixtures.
- (f) For each nursing unit, or fraction thereof on each floor, the following shall be provided:
- (1) a medication preparation area with:
    - (A) a counter;
    - (B) a double locked narcotic storage area under the visual control of nursing staff;
    - (C) a medication refrigerator;
    - (D) eye-level medication storage;
    - (E) cabinet storage; and
    - (F) a sink. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of 10 inches above the bottom of the sink basin;
  - (2) a clean utility room with:
    - (A) a counter;
    - (B) storage; and
    - (C) a sink. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of 10 inches above the bottom of the sink basin;
  - (3) a soiled utility room with:
    - (A) a counter;
    - (B) storage; and
    - (C) a sink. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of 10 inches above the bottom of the sink basin. The soiled utility room shall be equipped for the cleaning and sanitizing of bedpans as required by 15A NCAC 18A .1312 Toilet: Handwashing: Laundry: And Bathing Facilities;
  - (4) a nurses' toilet and locker space for personal belongings;
  - (5) a soiled linen storage room. If the soiled linen storage room is combined with the soiled utility room, a separate soiled linen storage room is not required;
  - (6) clean linen storage provided in one or more of the following:

- (A) a separate linen storage room;
  - (B) cabinets in the clean utility room; or
  - (C) a linen closet;
  - (7) a nourishment station in an area enclosed with walls and doors with:
    - (A) work space;
    - (B) cabinets;
    - (C) refrigerated storage; and
    - (D) a small stove, microwave, or hot plate;
  - (8) an audio-visual nurse-patient call system arranged to ensure that a patient's or resident's call in the facility notifies and directs staff to the location where the call was activated;
  - (9) a control point located no more than 150 feet from the furthest patient or resident bedroom door with:
    - (A) an area for charting patient and resident records;
    - (B) space for storage of emergency equipment and supplies; and
    - (C) nurse patient call and alarm annunciation systems; and
  - (10) a janitor's closet.
- (g) If a facility is designed with patient or resident household units, a patient and resident dietary area located within the patient or resident household unit may substitute for the nourishment station. The patient or resident dietary area shall be for the use of staff, patients, residents, and families. The patient or resident dietary area shall contain:
- (1) cooking equipment;
  - (2) a kitchen sink;
  - (3) refrigerated storage; and
  - (4) storage areas.
- (h) Clean linen storage shall be provided in a separate room from bulk supplies.
- (i) The kitchen area and laundry area each shall have a janitor's closet. Administration, occupational and physical therapy, recreation, personal care, and employee areas shall be provided janitor's closets and may share one as a group.
- (j) Stretcher and wheelchair storage shall be provided.
- (k) The facility shall provide patient and resident storage at the rate of not less than five square feet of floor area per licensed bed. This storage space shall:
- (1) be used by patients and residents to store out-of-season clothing and suitcases;
  - (2) be either in the facility or within 500 feet of the facility on the same site; and
  - (3) be in addition to the other storage space required by this Rule.
- (l) Office space shall be provided for business transactions. Office space shall be provided for persons holding the following positions:
- (1) administrator;
  - (2) director of nursing;
  - (3) social services director;
  - (4) activities director; and
  - (5) physical therapist.
- (m) Each combination facility shall provide a minimum of one residential washer and residential dryer in a location accessible by adult care home staff, residents, and residents' families.

*History Note: Authority G.S. 131E-104; 42 CFR 483.70;  
 Eff. January 1, 1996;  
 Amended Eff. August 1, 2014; October 1, 2008;  
 Readopted Eff. July 1, 2016;  
 Amended Eff. October 1, 2016.*

**10A NCAC 13D .3202 FURNISHINGS**

- (a) A facility shall provide handgrips at all toilet and bath facilities used by residents. Handrails shall be provided on both sides of all corridors where corridors are defined by walls and used by residents.
- (b) A facility shall provide flame resistant privacy screens or curtains in multi-bedded rooms.

*History Note: Authority G.S. 131E-102; 131E-104;  
 Eff. January 1, 1996;  
 Amended Eff. July 1, 2014;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

## **SECTION .3300 - FIRE AND SAFETY REQUIREMENTS**

### **10A NCAC 13D .3301 NEW FACILITY REQUIREMENTS**

### **10A NCAC 13D .3302 ADDITIONS**

*History Note: Authority G.S. 131E-102; 131E-104;  
Eff. January 1, 1996;  
Repealed Eff. July 1, 2014.*

## **SECTION .3400 - MECHANICAL: ELECTRICAL: PLUMBING**

### **10A NCAC 13D .3401 HEATING AND AIR CONDITIONING**

(a) A facility shall provide heating and cooling systems complying with the following:

- (1) The American National Standards Institute and American Society of Heating, Refrigerating, and Air Conditioning Engineers Standard 170: Ventilation of Health Care Facilities, which is incorporated by reference, including all subsequent amendments and editions, and may be purchased for a cost of fifty-four dollars (\$54.00) online at [http://www.techstreet.com/ashrae/lists/ashrae\\_standards.tmpl](http://www.techstreet.com/ashrae/lists/ashrae_standards.tmpl). This incorporation does not apply to Section 7.1, Table 7-1 Design Temperature for Skilled Nursing Facility. The environmental temperature control systems shall be capable of maintaining temperatures in the facility at 71 degrees F. minimum in the heating season and a maximum of 81 degrees F. during the non-heating season; and
- (2) The National Fire Protection Association 90A: Standard for the Installation of Air-Conditioning and Ventilating Systems, which is incorporated by reference, including all subsequent amendments and editions, and may be purchased at a cost of thirty-nine dollars (\$39.00) from the National Fire Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=90A>.

(b) In a facility, the windows in dining, activity and living spaces, and bedrooms shall be openable from the inside. To inhibit patient and resident elopement from any window, the facility may restrict the window opening to a six-inch opening.

*History Note: Authority G.S. 131E-102; 131E-104;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2014;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

### **10A NCAC 13D .3402 EMERGENCY ELECTRICAL SERVICE**

A facility shall provide an emergency electrical service for use in the event of failure of the normal electrical service. This emergency electrical service shall consist of the following:

- (1) In any existing facility:
  - (a) type 1 or 2 emergency lights as required by the North Carolina State Building Codes: Electrical Code;
  - (b) additional emergency lights for all control points required by Rule .3201(1)(9) of this Subchapter, medication preparation areas required by Rule .3201(1)(1) of this Subchapter and storage areas, and for the telephone switchboard, if applicable;
  - (c) one or more portable battery-powered lamps at each control point required by Rule .3201(1)(9) of this Subchapter; and
  - (d) a source of emergency power for life-sustaining equipment, if the facility admits or cares for occupants needing such equipment, to ensure continuous operation with on-site fuel storage for a minimum of 72 hours.
- (2) An emergency power generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the essential electrical system. For the purposes of this Rule, the "essential electrical system" means a system comprised of alternate sources of power and all connected distribution systems and ancillary equipment, designed to ensure continuity of electrical power to designated areas and functions of a facility during disruption of normal power sources, and also to

- minimize disruption within the internal wiring system as defined by the North Carolina State Building Codes: Electrical Code.
- (3) Emergency electrical services shall be provided as required by Rule .3101(b) of this Subchapter with the following modification: Section 517.10(B)(2) of the North Carolina State Building Codes: Electrical Code shall not apply to new facilities.
  - (4) The following equipment, devices, and systems which are essential to life safety and the protection of important equipment or vital materials shall be connected to the critical branch of the essential electrical system as follows:
    - (a) nurses' calling system;
    - (b) fire pump, if installed;
    - (c) one elevator, where elevators are used for the transportation of patients;
    - (d) equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating and sterilization, if installed;
    - (e) equipment necessary for maintaining telephone service; and
    - (f) task illumination of boiler rooms, if applicable.
  - (5) A dedicated critical branch circuit per bed for ventilator-dependent patients is required. This critical branch circuit shall be provided with two duplex receptacles identified for emergency use. When staff determines that the electrical life support needs of the patient exceed the requirements stated in this Item, additional critical branch circuits and receptacles shall be provided. For the purposes of this Rule, a "critical branch circuit" is a circuit of the critical branch subsystem of the essential electrical system which supplies energy to task lighting, selected receptacles and special power circuits serving patient care areas as defined by the North Carolina State Building Codes: Electrical Code. This Item applies to both new and existing facilities.
  - (6) Heating equipment provided for ventilator dependent patient bedrooms shall be connected to the critical branch of the essential electrical system and arranged for delayed automatic or manual connection to the emergency power source if the heating equipment depends upon electricity for proper operation. This Item applies to both new and existing facilities.
  - (7) Task lighting connected to the automatically transferred critical branch of the essential electrical system shall be provided for each ventilator dependent patient bedroom. For the purposes of this Item, task lighting is defined as lighting needed to carry out necessary tasks for the care of a ventilator dependent patient. This Item applies to both new and existing facilities.
  - (8) Where electricity is the only source of power normally used for the heating of space, an essential electrical system shall provide for heating of patient rooms. Emergency heating of patient rooms shall not be required in areas where the facility is supplied by at least two separate generating sources or a network distribution system with the facility feeders so routed, connected, and protected that a fault any place between the generating sources and the facility will not cause an interruption of more than one of the facility service feeders.
  - (9) An essential electrical system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within 10 seconds through one or more primary automatic transfer switches to all emergency lighting, alarms, nurses' call, and equipment necessary for maintaining telephone service. All other lighting and equipment required to be connected to the essential electrical system shall either be connected through the 10 second primary automatic transfer switching or shall be connected through delayed automatic or manual transfer switching. If manual transfer switching is provided, staff of the facility shall operate the manual transfer switch.
  - (10) Sufficient fuel shall be stored for the operation of the emergency power generator for a period not less than 72 hours, on a 24-hour per day operational basis with on-site fuel storage. The generator system shall be tested and maintained per National Fire Protection Association Health Care Facilities Code, NFPA 99, which is incorporated by reference, including all subsequent amendments and editions. Copies of this code may be obtained from the National Fire Protection Association - online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=99>. The facility shall maintain records of the generator system tests and shall make these records available to the Department for inspection upon request.
  - (11) The electrical emergency service at existing facilities shall comply with the requirements established in Sections .3100, and .3400 of this Subchapter in effect at the time a license is first issued. Any remodeling of an existing facility that results in changes to the emergency electrical service shall comply with the

requirements established in Sections .3100, and .3400 of this Subchapter in effect at the time of remodeling.

*History Note: Authority G.S. 131E-102; 131E-104;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2014;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .3403 GENERAL ELECTRICAL**

- (a) In a facility, all main water supply shut off valves in the sprinkler system shall be electronically supervised so that if any valve is closed an alarm will sound at a central station manned 24 hours per day, seven days per week.
- (b) No two adjacent emergency lighting fixtures shall be on the same circuit.
- (c) Receptacles in bathrooms shall have ground fault protection.
- (d) Each patient bed location shall be provided with a minimum of four single or two duplex receptacles. Two single receptacles or one duplex receptacle shall be connected to the critical branch of the emergency power system at each bed location. Each patient bed location shall also be provided with a minimum of two single receptacles or one duplex receptacle connected to the normal electrical system.
- (e) Each patient bed location shall be supplied by at least two branch circuits.
- (f) The fire alarm system shall be installed to transmit an alarm automatically to the fire department that is legally committed to serve the area in which the facility is located. The alarm shall be transmitted either to a fire department or to a third-party service that shall transmit the alarm to the fire department. The method used to transmit the alarm shall be approved by local ordinances.
- (g) In patient areas, fire alarms shall be gongs or chimes rather than horns or bells.

*History Note: Authority G.S. 131E-102; 131E-104;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2014;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

#### **10A NCAC 13D .3404 OTHER**

- (a) In general patient areas of a facility, each room shall be served by at least one calling station and each bed shall be provided with a call button. Two call buttons serving adjacent beds may be served by one calling station. Calls shall register with the floor staff and shall activate a visible signal in the corridor at the patient's or resident's door. On multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each station. Nurses' calling systems that provide two-way voice communication shall be equipped with an indicating light at each calling station that lights and remains lighted as long as the voice circuit is operating. A nurses' call emergency button shall be provided for patients' and residents' use at each patient and resident toilet, bath, and shower.
- (b) A facility shall provide:
  - (1) at least one telephone located to be accessible by patients, residents, and families for making local phone calls; and
  - (2) cordless telephones or telephone jacks in patient and resident rooms to allow access to a telephone by patients and residents when needed.
- (c) Outdoor lighting shall be provided to illuminate walkways and drives.
- (d) A flow of hot water shall be within safety ranges specified as follows:
  - (1) Patient Areas - 6 1/2 gallons per hour per bed and at a temperature of 100 to 116 degrees F;
  - (2) Dietary Services - 4 gallons per hour per bed and at a minimum temperature of 140 degrees F; and
  - (3) Laundry Area - 4 1/2 gallons per hour per bed and at a minimum temperature of 140 degrees F.
- (e) If provided in a facility, medical gas and vacuum systems shall be installed, tested, and maintained in accordance with the National Fire Protection Association Health Care Facilities Code, NFPA 99, which is incorporated by reference, including all subsequent amendments and editions. Copies of this code may be purchased for a cost of sixty-one dollars (\$61.50) from the National Fire Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=99>.
- (f) Each facility shall have a control mechanism and staff procedures for monitoring and managing patients who wander or are disoriented. The control mechanism shall include egress alarms and any of the following:

- (1) an electronic locking system;
- (2) manual locks; and
- (3) staff supervision.

This requirement applies to new and existing facilities.

(g) Sections of the National Fire Protection Association Life Safety Code, NFPA 101, 2012 edition listed in this Paragraph are adopted by reference.

- (1) 18.2.3.4 with requirements for projections into the means of egress corridor width of wheeled equipment and fixed furniture;
- (2) 18.3.2.5 with requirements for the installation of cook tops, ovens and ranges in rooms and areas open to the corridors;
- (3) 18.5.2.3(2), (3) and (4) with requirements for the installation of direct-vent gas and solid fuel-burning fireplaces in smoke compartments; and
- (4) 18.7.5.6 with requirements for the installation of combustible decorations on walls, doors and ceilings.

Smoke compartments where the requirements of these Sections are applied must be protected throughout by an approved automatic sprinkler system. For the purposes of this Rule, "smoke compartments" are spaces within a building enclosed by smoke barriers on all sides, including the top and bottom as indicated in NFPA 101, 2012 edition. Where these Sections are less stringent than requirements of the North Carolina State Building Codes, the requirements of the North Carolina State Building Codes shall apply. Where these Sections are more stringent than the North Carolina State Building Codes, the requirements of these Sections shall apply. Copies of this code may be purchased for a cost of ninety-three dollars (\$93.00) from the National Fire Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=101>.

(h) Ovens, ranges, cook tops, and hot plates located in rooms or areas accessible by patients or residents shall not be used by patients or residents except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each patient and resident.

*History Note: Authority G.S. 131E-102; 131E-104;  
Eff. January 1, 1996;  
Amended Eff. July 1, 2014;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.*

<b>G.S. 150B-21.3A Report for 10A NCAC 13D, RULES FOR THE LICENSING OF NURSING HOMES</b>						
Agency - Medical Care Commission						
Comment Period -						
Date Submitted to APO - Filled in by RRC staff						
Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)]
SUBCHAPTER 13D – RULES FOR THE LICENSING OF NURSING HOMES	SECTION .2000 – GENERAL INFORMATION	10A NCAC 13D .2001	DEFINITIONS	Amended Eff. October 1, 2021	Necessary	No
	SECTION .2100 - LICENSURE	10A NCAC 13D .2101	APPLICATION REQUIREMENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2102	ISSUANCE OF LICENSE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2103	LENGTH OF LICENSURE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2104	REQUIREMENTS FOR LICENSURE RENEWAL OR CHANGES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2105	TEMPORARY CHANGE IN BED CAPACITY	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2106	DENIAL, AMENDMENT, OR REVOCATION OF LICENSE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2107	SUSPENSION OF ADMISSIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2108	PROCEDURE FOR APPEAL	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2109	INSPECTIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
SECTION .2200 - GENERAL STANDARDS OF ADMINISTRATION	ADMINISTRATOR	10A NCAC 13D .2201	ADMINISTRATOR	Amended Eff. January 1, 2018	Necessary	No
		10A NCAC 13D .2202	ADMISSIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2203	PATIENTS NOT TO BE ADMITTED	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2204	RESPIRE CARE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2205	DISCHARGE OF PATIENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2206	MEDICAL DIRECTOR	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2207	PATIENT RIGHTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2208	SAFETY	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2209	INFECTION CONTROL	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No

**G.S. 150B-21.3A Report for 10A NCAC 13D, RULES FOR THE LICENSING OF NURSING HOMES**

Agency - Medical Care Commission

Comment Period -

Date Submitted to APO - Filled in by RRC staff

Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)]
		10A NCAC 13D .2210	REPORTING AND INVESTIGATING ABUSE, NEGLECT OR MISAPPROPRIATION	Readopted Eff. July 1, 2016	Necessary	No
		10A NCAC 13D .2211	PERSONNEL STANDARDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2212	QUALITY ASSURANCE COMMITTEE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
	<b>SECTION .2300 - PATIENT AND RESIDENT CARE AND SERVICES</b>	10A NCAC 13D .2301	PATIENT ASSESSMENT AND PLAN OF CARE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2302	NURSING SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2303	NURSE STAFFING REQUIREMENTS	Readopted Eff. July 1, 2016	Necessary	No
		10A NCAC 13D .2304	NURSE AIDES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2305	QUALITY OF CARE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2306	MEDICATION ADMINISTRATION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2307	DENTAL CARE AND SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2308	ADULT CARE HOME PERSONNEL REQUIREMENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2309	CARDIO-PULMONARY RESUSCITATION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
	<b>SECTION .2400 - MEDICAL RECORDS</b>	10A NCAC 13D .2401	MAINTENANCE OF MEDICAL RECORDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2402	PRESERVATION OF MEDICAL RECORDS	Readopted Eff. July 1, 2016	Necessary	No
	<b>SECTION .2500 - PHYSICIAN'S SERVICES</b>	10A NCAC 13D .2501	AVAILABILITY OF PHYSICIAN'S SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2502	PRIVATE PHYSICIAN	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2503	USE OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS	Readopted Eff. July 1, 2016	Necessary	No
		10A NCAC 13D .2504	LABORATORY AND RADIOLOGY SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2505	BRAIN INJURY LONG-TERM CARE PHYSICIAN SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Unnecessary	No
	<b>SECTION .2600 - PHARMACEUTICAL SERVICES</b>	10A NCAC 13D .2601	AVAILABILITY OF PHARMACEUTICAL SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No

**G.S. 150B-21.3A Report for 10A NCAC 13D, RULES FOR THE LICENSING OF NURSING HOMES**

Agency - Medical Care Commission

Comment Period -

Date Submitted to APO - Filled in by RRC staff

Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)]
		10A NCAC 13D .2602	PHARMACY PERSONNEL	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2603	ADMINISTRATIVE RESPONSIBILITIES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2604	DRUG PROCUREMENT	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2605	DRUG STORAGE AND DISPOSITION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2606	PHARMACEUTICAL RECORDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2607	EMERGENCY DRUGS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
	<b>SECTION .2700 - DIETARY SERVICES</b>	10A NCAC 13D .2701	PROVISION OF NUTRITION AND DIETETIC SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
	<b>SECTION .2800 - ACTIVITIES, RECREATION AND SOCIAL SERVICES</b>	10A NCAC 13D .2801	ACTIVITY SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2802	SOCIAL SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
	<b>SECTION .2900 - SPECIAL REQUIREMENTS</b>	10A NCAC 13D .2901	REPORT OF DEATH	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .2902	PETS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
	<b>SECTION .3000 - SPECIALLY DESIGNATED UNITS</b>	10A NCAC 13D .3003	VENTILATOR ASSISTED CARE	Amended Eff. January 1, 2021	Necessary	No
		10A NCAC 13D .3004	BRAIN INJURY LONG-TERM CARE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Unnecessary	No
		10A NCAC 13D .3005	SPECIAL NURSING REQUIREMENTS FOR BRAIN INJURY LONG-TERM CARE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Unnecessary	No
		10A NCAC 13D .3031	ADDITIONAL REQUIREMENTS FOR SPINAL CORD INJURY PATIENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Unnecessary	No
	<b>SECTION .3100 - DESIGN AND CONSTRUCTION</b>	10A NCAC 13D .3101	GENERAL RULES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .3102	APPLICATION OF PHYSICAL PLANT REQUIREMENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .3103	SITE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .3104	PLANS AND SPECIFICATIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No

**G.S. 150B-21.3A Report for 10A NCAC 13D, RULES FOR THE LICENSING OF NURSING HOMES**

Agency - Medical Care Commission

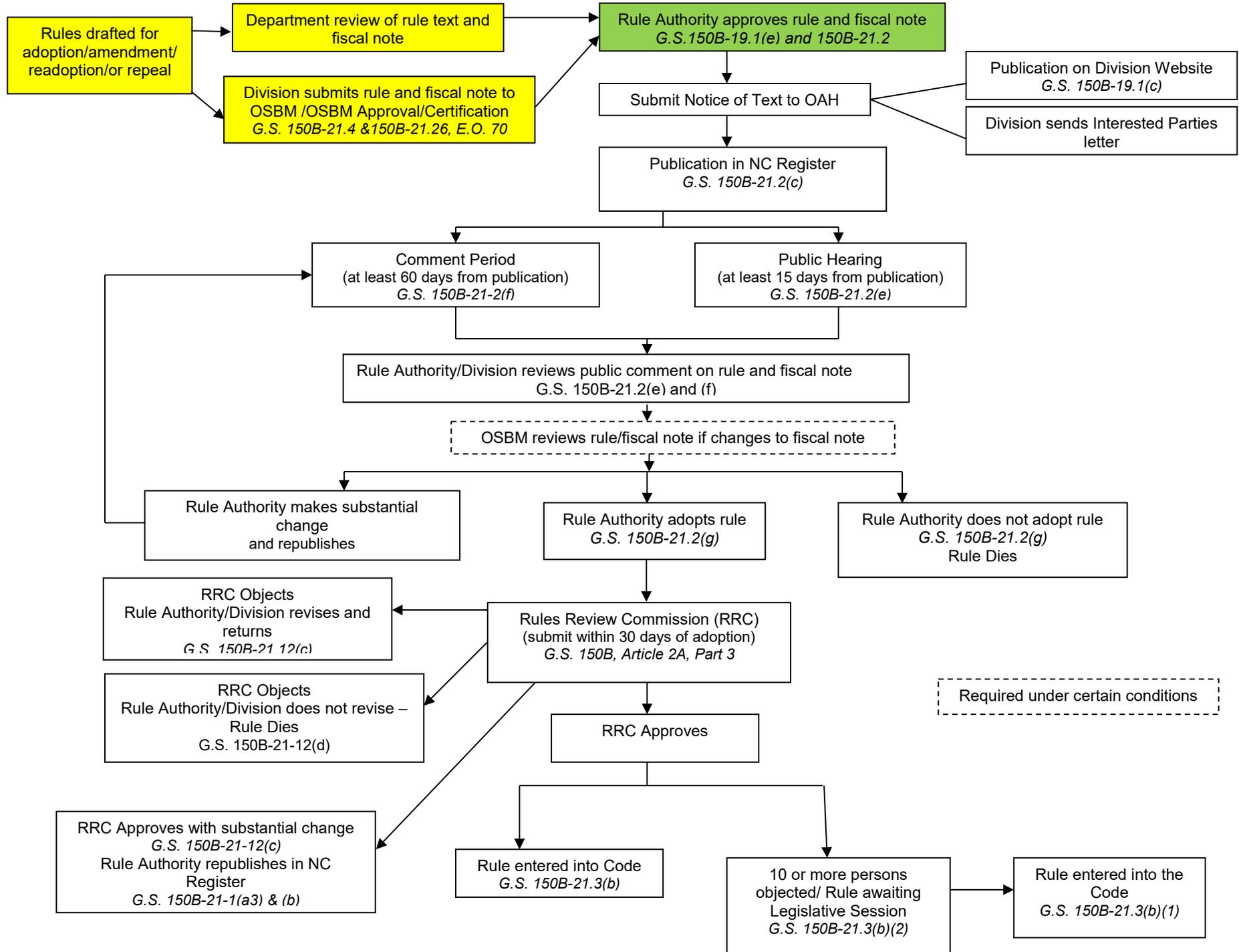
Comment Period -

Date Submitted to APO - Filled in by RRC staff

Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)]
	SECTION .3200 - FUNCTIONAL REQUIREMENTS	10A NCAC 13D .3201	REQUIRED SPACES	Amended Eff. October 1, 2016	Necessary	No
		10A NCAC 13D .3202	FURNISHINGS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
	SECTION .3400 - MECHANICAL: ELECTRICAL: PLUMBING	10A NCAC 13D .3401	HEATING AND AIR CONDITIONING	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .3402	EMERGENCY ELECTRICAL SERVICE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .3403	GENERAL ELECTRICAL	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No
		10A NCAC 13D .3404	OTHER	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015	Necessary	No

# Process for Medical Care Commission to Initiate Rulemaking

**Exhibit E**



1 10A NCAC 13F .0302 is proposed for readoption with substantive changes as follows:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37

**10A NCAC 13F .0302 DESIGN AND CONSTRUCTION**

(a) ~~Any~~ A building licensed for the first time as an adult care home ~~or a licensed adult care home that is closed or vacant and not serving residents for more than one year for reasons other than approved construction or remodeling~~ shall meet the requirements of the North Carolina State Building ~~Code~~ Codes for new construction. All new construction, ~~additions~~ additions, alterations, repairs, modifications, and renovations to ~~existing~~ buildings shall meet the requirements of the North Carolina State Building ~~Code~~ Codes for I-2 Institutional Occupancy if the facility houses 13 or more residents or the North Carolina State Building ~~Code~~ Codes requirements for Large Residential Care Facilities if the facility houses seven to twelve residents. The North Carolina State Building ~~Code~~, ~~all applicable volumes,~~ Codes, which ~~is~~ are incorporated by reference, including ~~all~~ subsequent amendments ~~and editions,~~ may be purchased from the ~~Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).~~ International Code Council online at <https://shop.iccsafe.org/> at a cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at <https://codes.iccsafe.org/codes/north-carolina>. Licensed facilities shall meet the North Carolina State Building Codes in effect at the time of licensure, construction, or remodeling. The facility shall also meet all of the rules of this Section.

(b) ~~Each facility shall be planned, constructed, equipped and maintained to provide the services offered in the facility.~~ A facility shall not offer services for which the facility was not planned, constructed, equipped, or maintained.

(c) ~~Any existing~~ A building converted from another use to an adult care home shall meet all requirements of ~~a new facility.~~ Paragraph (a) of this Rule.

(d) ~~Any existing licensed facility that is closed or vacant for more than one year shall meet all requirements of a new facility.~~

(~~e~~)(d) The sanitation, water supply, sewage ~~disposal~~ disposal, and dietary facilities shall ~~comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", meet the requirements of 15A NCAC 18A .1300 .1300, which are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699 1632 at no cost.~~ are incorporated by reference, including subsequent amendments and editions. Copies of these rules may be accessed online free of charge at <https://ehs.ncpublichealth.com/rules.htm>.

(~~f~~)(c) The facility shall maintain in the facility and have available for review current sanitation and fire ~~and building~~ safety inspection ~~reports which shall be maintained in the home and available for review.~~ reports.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;*

1                    *Readopted Eff. October 31, 1977;*  
2                    *Amended Eff. July 1, 1990; September 1, 1986; April 1, 1984;*  
3                    *Temporary Amendment Eff. September 1, 2003;*  
4                    *Amended Eff. June 1, 2004;*  
5                    *Temporary Amendment Eff. July 1, 2004;*  
6                    *Amended Eff. July 1, ~~2005~~ 2005;*  
7                    *Readopted Eff. January 1, 2025.*

1 10A NCAC 13F .0304 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13F .0304 PLANS AND SPECIFICATIONS**

4 (a) When construction or remodeling of an adult care home is planned, ~~two copies~~ the owner or owner's appointed  
5 representative shall submit one copy of Construction Documents ~~construction documents~~ and specifications ~~shall be~~  
6 ~~submitted by the applicant or appointed representative~~ to the Division for review and approval. ~~As a preliminary step~~  
7 ~~to avoid last minute difficulty with final plan approval,~~ Schematic Design Drawings ~~design drawings~~ and Design  
8 Development Drawings ~~design development drawings~~ may be submitted for review and approval prior to the required  
9 submission of ~~Construction Documents.~~ construction documents.

10 (b) Approval of ~~Construction Documents~~ construction documents and specifications shall be obtained from the  
11 Division prior to licensure. Approval of ~~Construction Documents~~ construction documents and specifications shall  
12 expire ~~after~~ one year after the date of approval unless a building permit for the construction has been ~~obtained.~~ obtained  
13 prior to the expiration date of the approval of construction documents and specifications.

14 (c) If an approval expires, renewed approval shall be issued by the Division, provided revised ~~Construction~~  
15 Documents ~~construction documents and specifications~~ meeting ~~all current regulations, codes and standards~~ the rules  
16 established in this Section are submitted by the ~~applicant or appointed~~ owner or owner's appointed representative and  
17 reviewed by the Division.

18 (d) ~~Any changes made during construction shall require the approval of the Division to assure that licensing~~  
19 ~~requirements are maintained.~~ An adult care home owner or the owner's representative shall submit changes made  
20 during construction to the Division for review and approval to ensure compliance with the rules established in this  
21 Section.

22 (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation  
23 of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. ~~Within 90~~  
24 ~~days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings~~  
25 ~~have been received from the builder.~~

26 (f) ~~The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at~~  
27 ~~points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.~~ The owner or  
28 owner's appointed representative shall notify the Division in writing either by U.S. Mail or e-mail when actual  
29 construction or remodeling is complete.

30

31 *History Note: Authority G.S. 131D-2.16; 143B-165;*  
32 *Temporary Adoption Eff. July 1, 2004;*  
33 *Eff. July 1, 2005; 2005;*  
34 *Readopted Eff. January 1, 2025.*

1 10A NCAC 13F .0305 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13F .0305 PHYSICAL ENVIRONMENT**

4 (a) An adult care home shall provide living arrangements ~~to meet the individual needs of~~ for the residents, the live-in  
5 ~~staff~~ staff, and other live-in persons.

6 (b) The requirements for ~~each~~ a living room and recreational area are:

7 (1) ~~Each~~ a living room and recreational area shall be located off a lobby or ~~corridor~~. ~~At least 50 percent~~  
8 ~~of required living and recreational areas shall be enclosed with walls and doors;~~ corridor;

9 (2) ~~In~~ in buildings with a licensed capacity of 15 or less, there shall be a minimum area of 250 square  
10 feet;

11 (3) ~~In~~ in buildings with a licensed capacity of 16 or more, there shall be a minimum of 16 square feet  
12 per resident; and

13 (4) ~~Each~~ a required living room and recreational area shall have ~~windows~~. windows with views to the  
14 outside. The total gross window area shall not be less than eight percent of the gross floor area of  
15 the room. The window shall be openable from the inside and shall have insect-proof screens.

16 (c) The requirements for the dining room are:

17 (1) ~~The~~ the dining room shall be located off a lobby or ~~corridor and enclosed with walls and doors;~~  
18 corridor;

19 (2) ~~In~~ in buildings with a licensed capacity of 15 or less, there shall be a minimum of 200 square feet;

20 (3) ~~In~~ in building with a licensed capacity of 16 or more, there shall be a minimum of 14 square feet per  
21 resident; and

22 (4) ~~The~~ the required dining room shall have ~~windows~~. windows with views to the outside. The total  
23 gross window area shall not be less than eight percent of the gross floor area of the room. The  
24 window shall be openable from the inside and shall have insect-proof screens.

25 (d) The requirements for the bedroom are:

26 (1) ~~The~~ the number of resident beds set up shall not exceed the licensed capacity of the facility;

27 (2) ~~live-in staff shall be permitted in facilities with a capacity of 7 to 12 residents provided all of the~~  
28 ~~requirements of Section .0600 of these Rules are met;~~

29 (2) ~~There shall be bedrooms sufficient in number and size to meet the individual needs according to age~~  
30 ~~and sex of the residents, any live in staff and other persons living in the home. Residents shall not~~  
31 ~~share bedrooms with staff or other live in non residents;~~

32 (3) ~~there shall be separate bedrooms for any live-in staff and other persons living in the facility.~~  
33 Residents shall not share bedrooms with live-in staff and other live-in non-residents;

34 (5) ~~live-in staff shall not occupy a licensed bed or live in a licensed bed;~~

35 (6) ~~residents shall reside in bedrooms with the same sex of the resident unless other arrangements are~~  
36 made with each resident's consent;

1 ~~(3)~~(7) ~~Only~~ only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used  
2 for ~~residents'~~ bedrooms;

3 (4)(8) ~~Bedrooms~~ bedrooms shall be located on an outside wall and off a corridor. A room where access is  
4 through a bathroom, kitchen, or another bedroom shall not be approved ~~for~~ as a resident's bedroom;

5 (5)(9) ~~There shall be a minimum area of 100 square feet excluding vestibule, closet or wardrobe space in~~  
6 ~~rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule,~~  
7 ~~closet or wardrobe space, in rooms occupied by two people;~~ private residents' bedrooms shall have  
8 not less than 100 square feet of floor area excluding vestibules, closets, or wardrobes;

9 (10) semi-private residents' bedrooms shall have not less than 80 square feet of floor area per bed  
10 excluding vestibules, closets, or wardrobes;

11 (6)(11) ~~The~~ the total number of residents assigned to a bedroom shall not exceed the number authorized by  
12 the Division of Health Service Regulation for that particular bedroom;

13 (7)(12) ~~A~~ a bedroom may not be occupied by more than two ~~residents.~~ residents;

14 (8)(13) ~~Resident~~ residents' bedrooms shall be designed to accommodate all required furnishings;

15 (9)(14) ~~Each resident bedroom~~ residents' bedrooms shall be ventilated with one or more windows which  
16 are maintained ~~operable and well lighted.~~ operable. The window area shall ~~be equivalent to at least~~  
17 not be less than eight percent of the floor space and be ~~provided~~ equipped with ~~insect~~ insect-proof  
18 screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement  
19 or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a  
20 maximum 36 inch sill height; and

21 (10)(15) ~~Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48~~  
22 ~~cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet~~  
23 ~~high) of which at least one half shall be for hanging clothes with an adjustable height hanging bar.~~  
24 Residents' bedrooms shall have one closet or wardrobe per resident. A closet or wardrobe shall have  
25 clothing storage space of not less than 48 cubic feet per bed, approximately two feet deep by three  
26 feet wide by eight feet high, of which one-half of this space shall be for hanging with an adjustable  
27 height hanging bar;

28 (e) The requirements for ~~bathrooms and toilet rooms~~ bathrooms, toilet rooms, bathtubs, showers, a manufactured  
29 walk-in tub, or a similar manufactured bathtub, and central bathing rooms are:

30 (1) ~~Minimum~~ minimum bathroom and toilet ~~facilities~~ rooms shall include a toilet and a hand lavatory  
31 for each ~~5 residents~~ residents, and a ~~tub or shower~~ bathtub, shower, a manufactured walk-in tub, or  
32 a similar manufactured bathtub for each 10 residents or portion ~~thereof;~~ thereof. The hand lavatory  
33 shall be trimmed with valves that can be operated without hands. If the hand lavatory is equipped  
34 with blade handles, the blade handles shall not be less than four and one half inches in length. If the  
35 hand lavatory faucet depends on the building electrical service for operation, the faucet must have  
36 an emergency power source or battery backup capability. If the faucet has battery operated sensors,

1 the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries  
2 on premises for the faucets;

3 (2) Entrance entrance to the bathroom-bathrooms and toilet rooms shall not be through a kitchen,  
4 another person's bedroom, or another bathroom;

5 (3) Toilets toilets and baths for staff and visitors shall be in accordance with the North Carolina State  
6 Building Code, Plumbing Code;

7 (4) Bathrooms bathrooms and toilets toilet rooms accessible to the physically handicapped shall be  
8 provided as required by ~~Volume I-C,~~ the North Carolina State Building Code, Accessibility Code;  
9 Codes;

10 (5) ~~The~~ bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms  
11 with two or more water closets (commodes) shall have privacy partitions or curtains for each water  
12 closet. ~~Each tub or shower~~ bathtub, shower, a manufactured walk-in tub, or a similar manufactured  
13 bathtub shall have privacy partitions or curtains;

14 (6) ~~Hand~~ hand grips shall be installed at all commodes, ~~tubs and showers used by or accessible to~~  
15 ~~residents;~~ bathtubs, showers, a manufactured walk-in tub, and similar manufactured bathtubs;

16 (7) ~~Each home shall have at least one bathroom opening off the corridor with:~~

17 (A) ~~— a door of three feet minimum width;~~

18 (B) ~~— a three feet by three feet roll in shower designed to allow the staff to assist a resident in~~  
19 ~~taking a shower without the staff getting wet;~~

20 (C) ~~— a bathtub accessible on at least two sides;~~

21 (D) ~~— a lavatory; and~~

22 (E) ~~— a toilet.~~

23 (7) there shall be one central bathing room opening off the corridor in a facility. In multi-level facilities,  
24 each resident floor shall contain a minimum of one central bathing room opening off the corridor.  
25 Central bathing room(s) shall have the following:

26 (A) a door of three feet minimum width;

27 (B) a roll-in shower designed to allow the staff to assist a resident in taking a shower without  
28 the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed  
29 ease of shower chair entry and use. If a bathroom with a roll-in shower designed and  
30 equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the  
31 facility, the central bathing area is not required to have a roll-in shower;

32 (C) a bathtub, a manufactured walk-in tub, or a similar manufactured bathtub designed for easy  
33 transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured  
34 walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides.  
35 Staff shall not be required to reach over or through the tub faucets and other fixture fittings  
36 to assist the resident in the tub;

1 (D) a toilet and a lavatory trimmed with valves that can be operated without hands. If the  
2 lavatory is equipped with blade handles, the blade handles shall not be less than four and  
3 one half inches in length. If the lavatory faucet depends on the building electrical service  
4 for operation, the faucet shall have an emergency power source or battery backup  
5 capability. If the faucet has battery operated sensors, the facility shall have a maintenance  
6 policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;  
7 and

8 (E) individual cubicle curtain enclosing each toilet, bathtub, shower, manufactured walk-in  
9 tub, or a similar manufactured bathtub and shower. A closed cubicle curtain at one of these  
10 plumbing fixtures shall not restrict access to the other plumbing fixtures.

11 (8) ~~If where~~ the tub and shower are in separate rooms, each room shall have a lavatory and a ~~toilet;~~  
12 ~~toilet.~~ The lavatory shall be trimmed with valves that can be operated without hands. If the lavatory  
13 is equipped with blade handles, the blade handles shall not be less than four and one half inches in  
14 length. If the lavatory faucet depends on the building electrical service for operation, the faucet must  
15 have an emergency power source or battery backup capability. If the faucet has battery operated  
16 sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable  
17 batteries on premises for the faucets;

18 (9) ~~Bathrooms and toilet rooms shall be located as conveniently as possible to the residents' bedrooms;~~  
19 ~~in facilities where resident bedrooms do not have direct access to a bathroom or toilet room,~~  
20 ~~bathrooms and toilet rooms shall be evenly distributed throughout the facility for residents' use;~~

21 (10) ~~Resident~~ resident toilet rooms and bathrooms shall not be ~~utilized~~ used for storage or ~~purposes~~ other  
22 ~~than those indicated in Item (4) of this Rule; purposes;~~

23 (11) ~~Toilets~~ toilets and baths shall be well ~~lighted and mechanically ventilated at two cubic feet per~~  
24 ~~minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1,~~  
25 ~~1984, with natural ventilation; lighted;~~

26 (12) toilet rooms and bathrooms shall have an exhaust system per the North Carolina State Building  
27 Code. Exhaust vents shall be vented directly to the outdoors;

28 ~~(12)(13) Nonskid nonskid~~ surfacing or strips shall be installed in ~~showers~~ showers, ~~and bath areas;~~ areas, and  
29 bathbubs; and

30 ~~(13)(14) The~~ the floors of the bathrooms and toilet rooms shall ~~have be~~ be water-resistant ~~covering, and slip-~~  
31 resistant.

32 (f) The requirements for storage rooms and closets are:

33 (1) ~~General Storage for the Home. A~~ a facility shall have a minimum area of five square feet (40 cubic  
34 feet) per licensed ~~capacity shall be provided.~~ capacity for general storage for the facility. This  
35 storage space shall be either in the facility or within 500 feet of the facility on the same site;

1 ~~(2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean~~  
2 ~~linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor~~  
3 ~~or laundry room;~~

4 (2) separate storage room or area shall provide for the storage of clean linens. Clean linens shall not be  
5 stored in the same room or area as soiled linens;

6 (3) separate storage room shall provide for the storage of soiled linens. Access to soiled linen storage  
7 shall be from a corridor or laundry room. If space for the storage of soiled linen is provided in the  
8 soiled utility room, a separate soiled linen room is not required;

9 ~~(3)(4) Food Storage. Space there shall be provided space for the storage of dry, refrigerated refrigerated,~~  
10 ~~and frozen food items to and shall comply with sanitation rules; the requirements of 15A NCAC~~  
11 ~~18A .1300 which is incorporated by reference including subsequent amendments and editions;~~

12 (4)(5) Housekeeping the requirements for housekeeping storage requirements are:

13 (A) A a housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate  
14 of one per 60 residents or portion thereof; and thereof. In multi-level facilities, each  
15 resident floor shall have a housekeeping closet; and

16 (B) There there shall be separate locked areas for storing cleaning agents, bleaches, pesticides,  
17 and other substances which may be hazardous if ingested, inhaled inhaled, or handled.  
18 Cleaning supplies shall be monitored while in use;

19 ~~(5)(6) Handwashing facilities with wrist type lever handles there be a sink which can be operated without~~  
20 ~~the use of hands located shall be provided immediately adjacent to the drug storage area; area. If the~~  
21 ~~sink is equipped with blade handles, the blade handles shall not be less than four and one half inches~~  
22 ~~in length. If the sink faucet depends on the building electrical service for operation, the faucet must~~  
23 ~~have battery backup capability or an emergency power source. If the faucet has battery operated~~  
24 ~~sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable~~  
25 ~~batteries on premises for the faucets;~~

26 ~~(6)(7) Storage for Resident's Articles. Some means for residents to lock personal articles within the home~~  
27 ~~shall be provided; and the facility shall have locked storage for residents' personal articles within~~  
28 ~~the facility; and~~

29 ~~(7)(8) Staff Facilities. Some means for staff to lock personal articles within the home shall be provided.~~  
30 ~~the facility shall have some means for staff to lock personal articles within the facility.~~

31 (g) The requirements for corridors are:

32 (1) ~~Doors doors~~ to spaces other than reach-in closets shall not swing into the corridor;

33 (2) ~~Handrails handrails~~ shall be provided on both sides of corridors at 36 inches above the floor and be  
34 capable of supporting a 250 pound concentrated load;

35 (3) ~~Corridors corridors~~ shall be lighted with night lights providing 1 foot-candle power at the floor; and

36 (4) ~~Corridors corridors~~ shall be free of all equipment and other obstructions.

37 (h) The requirements for outside entrances and exits are:

- 1 (1) Service entrances shall not be through resident use areas;
- 2 (2) All steps, porches, ~~steps~~ stoops, and ramps shall ~~be provided with~~ have handrails and ~~guardrails;~~  
3 ~~guards.~~ Handrails shall be on both sides of steps and ramps including sides bordered by the facility  
4 wall. Handrails shall extend the full length of steps and ramps. Guards shall be on all open sides of  
5 steps, porches, stoops, and ramps. For the purposes of this Rule, "guards" are building components  
6 or a system of building components located at or near the open side of elevated walking surfaces  
7 that minimizes the possibility of a fall from a walking surface to any adjacent change in elevation;
- 8 (3) All exit door locks shall ~~be easily operable, by a single hand motion,~~ operate from the inside at all  
9 times by a single hand motion without keys; ~~and keys, tools or special knowledge; and~~
- 10 (4) In homes with at least one resident who is determined by a physician or is otherwise known to be  
11 ~~disoriented or a wanderer,~~ disoriented, a wanderer, or exhibit wanderer behavior, each exit door  
12 accessible by residents shall be equipped with a continuous sounding device that is activated when  
13 the door is opened. opened shall be located on each unit door that opens to the outside. The sound  
14 shall be of sufficient such volume that it can be heard by staff. If a central system of remote sounding  
15 devices is provided, the control panel for the system shall be powered by the facility's electrical  
16 system, and be located in the office of the administrator or in a location accessible only to staff  
17 authorized by the administrator to operate the control panel.

18 (i) The requirements for floors are:

- 19 (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable;
- 20 (2) Scatter or throw rugs shall not be used; and
- 21 (3) All floors shall be kept in good repair.

22 (j) ~~Soiled Utility Room.~~ A separate soiled utility room shall be provided and equipped for the cleaning and sanitizing  
23 of bed pans ~~and shall have handwashing facilities. as required by 15A NCAC 18A .1312, which is incorporated by~~  
24 reference including subsequent amendments and editions. The soiled utility room shall have a sink trimmed with  
25 valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be  
26 less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation,  
27 the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated  
28 sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on  
29 premises for the faucets.

30 (k) ~~Office.~~ ~~There~~ The facility shall be have an area within the ~~home~~ facility large enough to accommodate normal  
31 administrative functions.

32 (l) The requirements for laundry facilities are:

- 33 (1) Laundry facilities shall be large enough to accommodate washers, dryers, and ironing equipment or  
34 work tables;
- 35 (2) These facilities shall be located where soiled linens will not be carried through the kitchen, dining,  
36 clean linen storage, living rooms or recreational areas; and

1 (3) A minimum of one residential type washer and dryer each shall be provided in a separate room  
2 ~~which that~~ is accessible by staff, ~~residents residents~~, and family, even if all laundry services are  
3 ~~contracted. contracted.~~ In multi-level facilities, each resident floor shall have a minimum of one  
4 residential type washer and dryer each in a separate room which is accessible by staff, residents, and  
5 family.

6 (m) The requirements for outside premises are:

7 (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe ~~condition;~~  
8 condition. Creeks, ravines, ponds, pools, and other similar areas shall have safety protection;

9 (2) If the ~~home~~ facility has a fence around the premises, the fence shall not prevent residents from  
10 exiting or entering freely or ~~be hazardous; and have sharp edges, rusting posts, or other similar~~  
11 conditions that may cause injury; and

12 (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground  
13 level.

14 ~~(n) Alternate methods, procedures, design criteria and functional variations from the physical environment~~  
15 ~~requirements, because of extraordinary circumstances, new programs or unusual conditions, shall be approved by the~~  
16 ~~Division when the facility can effectively demonstrate to the Division's satisfaction that the intent of the physical~~  
17 ~~environment requirements are met and the variation does not reduce the safety or operational effectiveness of the~~  
18 ~~facility.~~

19  
20 *History Note: Authority G.S. 131D-2.16; 143B-165;*  
21 *Eff. January 1, 1977;*  
22 *Readopted Eff. October 31, 1977;*  
23 *Amended Eff. July 1, 1990; April 1, 1987; July 1, 1984; April 1, 1984;*  
24 *Temporary Amendment Eff. December 1, 1999;*  
25 *Amended Eff. July 1, 2000;*  
26 *Recodified from Rule .0303 Eff. July 1, 2004;*  
27 *Temporary Amendment Eff. July 1, 2004;*  
28 *Amended Eff. July 1, 2005- 2005;*  
29 *Readopted Eff. January 1, 2025.*

1 10A NCAC 13F .0307 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13F .0307 FIRE ALARM SYSTEM**

4 (a) The fire alarm system in adult care homes shall be able to transmit the fire alarm signal automatically to the local  
5 emergency fire department dispatch center, ~~either directly or through a central station monitoring company connection.~~  
6 center that is legally committed to serving the area in which the facility is located. The alarm shall be transmitted  
7 either to a fire department or through a third-party service that shall transmit the alarm to the fire department. The  
8 method used to transmit the alarm shall be in accordance with local ordinances.

9 (b) ~~Any applicable fire safety requirements required by city ordinances or county building inspectors shall be~~  
10 ~~provided. The facility shall comply with fire safety requirements of the city and county in which the facility is located~~  
11 as required by local building and fire officials.

12 (c) In a facility licensed before April 1, 1984 and constructed prior to January 1, 1975, the building, in addition to  
13 meeting the requirements of the North Carolina State Building Code in effect at the time the building was constructed,  
14 shall ~~be provided with~~ have the following:

- 15 (1) A fire alarm system with pull stations within five feet of ~~each~~ an exit and sounding devices which  
16 are audible throughout the building;
- 17 (2) Products of combustion (smoke) U/L listed detectors in all corridors. The detectors shall be no more  
18 than 60 feet from each other and no more than 30 feet from ~~any~~ an end wall;
- 19 (3) Heat detectors or products of combustion detectors in all storage rooms, kitchens, living rooms,  
20 dining rooms and laundries;
- 21 (4) All detection systems interconnected with the fire alarm system; and
- 22 (5) Emergency power for the fire alarm system, heat detection system, and products of combustion  
23 detection with automatic start generator or trickle charge battery system capable of operating the  
24 fire alarm systems for 24 hours and able to sound the alarm for five minutes at the end of that time.  
25 Emergency egress lights and exit signs shall be powered from an automatic start generator or a U/L  
26 approved trickle charge battery system capable of operation for 1-1/2 hours when normal power  
27 fails.

28 (d) When ~~any~~ a facility not equipped with a complete automatic fire extinguishment system replaces the fire alarm  
29 system, ~~each bedroom~~ all bedrooms shall ~~be provided with~~ have smoke detectors. Other building spaces shall ~~be~~  
30 ~~provided with such~~ provide fire detection devices as required by the North Carolina State Building Code and  
31 requirements of this Subchapter.

32

33 *History Note: Authority G.S. 131D-2.16; 143B-165;*  
34 *Eff. January 1, 1977;*  
35 *Readopted Eff. October 31, 1977;*  
36 *Amended Eff. April 1, 1984;*  
37 *Recodified from Rule .0305 Eff. July 1, 2004;*

- 1                    *Temporary Amendment Eff. July 1, 2004;*
- 2                    *Amended Eff. July 1, ~~2005~~ 2005;*
- 3                    *Readopted Eff. January 1, 2025.*

1 10A NCAC 13F .0310 is proposed for repeal as follows:

2

3 **10A NCAC 13F .0310 ELECTRICAL OUTLETS**

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. April 1, 1984;*

9 *Recodified from Rule .0308 Eff. July 1, 2004;*

10 *Temporary Amendment July 1, 2004;*

11 *Amended Eff. July 1, 2005;*

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

13 *~~2018.~~ 2018.*

14 *Repealed Eff. January 1, 2025.*

15

1 10A NCAC 13F .0311 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13F .0311 OTHER REQUIREMENTS**

4 (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be  
5 maintained in a safe and operating condition.

6 (b) ~~There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions.~~

7 In addition, the following shall apply to heaters and cooking ~~appliances.~~appliances:

8 (1) ~~Built-in~~ built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards  
9 to residents and room ~~furnishings.~~ furnishings:

10 (2) ~~Unvented~~ unvented fuel burning room heaters and portable electric heaters are ~~prohibited.~~  
11 prohibited:

12 (3) ~~Fireplaces, fireplaces, fireplace inserts~~ inserts, and wood stoves shall be designed ~~or~~ and installed  
13 so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves shall be U.L. ~~listed.~~  
14 listed:

15 (4) the power supply for ovens, ranges, microwaves, cook tops, ~~tops,~~ and other domestic cooking  
16 appliances located in resident activity or recreational areas shall have a locking feature provided,  
17 that shall be controlled by staff. These appliances shall not be used except under facility staff  
18 supervision.

19 (5) the power supply for ovens, and ranges, microwaves, cook tops, ~~tops,~~ and other domestic cooking  
20 appliances located in resident rooms shall have a locking feature provided, that shall be controlled  
21 by staff. ~~-Each resident shall be assessed by the administrator or their designee to determine the~~  
22 resident's capability to operate the appliances in a safe manner, and the degree of staff supervision  
23 necessary to ensure safe operation of the appliances.

24 (c) ~~Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the~~  
25 ~~temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).~~ The facility shall have heating and  
26 cooling systems such that environmental temperature controls shall be capable of maintaining temperatures in the  
27 facility at 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season.

28 (d) The hot water system shall ~~be of such size to provide an adequate~~ supply of hot water to the kitchen, bathrooms,  
29 laundry, housekeeping ~~closets~~ closets, and soil utility room. The hot water temperature at all fixtures used by residents  
30 shall be maintained at a minimum of 100 degrees F (~~38 degrees C~~) and shall not exceed 116 degrees F (~~46.7 degrees~~  
31 ~~C).~~ F.

32 (e) ~~All multi-story~~ Multi-story facilities shall be equipped with elevators.

33 (f) In addition to the required emergency lighting, minimum lighting shall be as follows:

34 (1) 30 foot-candle power for ~~reading, reading, and~~

35 (2) 10 foot-candle power for general ~~lighting, and lighting.~~

36 (3) ~~1 foot candle power at the floor for corridors at night.~~

1 (g) The spaces listed in this Paragraph shall ~~be provided with~~ have an exhaust ventilation system per the North  
2 Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors: at the rate of two cubic feet per  
3 minute per square foot. foot of floor area. This requirement does not apply to facilities licensed before April 1, 1984,  
4 ~~with natural ventilation in these specified spaces:~~

- 5 (1) soiled linen storage;
- 6 (2) soil utility room;
- 7 (3) bathrooms and toilet rooms;
- 8 (4) housekeeping closets; and
- 9 (5) laundry area.

10 (h) In facilities licensed for 7-12 residents, ~~an electrically operated call system shall be provided connecting each~~  
11 ~~resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be~~  
12 ~~activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator~~  
13 ~~shall be within reach of the resident lying on the bed.~~ there shall be an electrically operated call system meeting the  
14 following requirements:

- 15 (1) the call system shall connect residents' bedrooms to the live-in staff bedroom. Where there are no  
16 live-in staff for the facility, the call system shall connect residents' bedrooms to the office of the  
17 administrator or a staff station;
- 18 (2) residents' bedrooms shall have a resident call system activator at resident's bed;
- 19 (3) the resident call system activator shall be within reach of a resident lying on the bed;
- 20 (4) the resident call system activator shall be such that it can be activated with a single action and remain  
21 on until deactivated by staff at point of origin; and
- 22 (5) when activated, the call system shall activate an audible and visual signal in the live-in staff  
23 bedroom, the office of the administrator, at a staff station, or register with the floor staff.

24 (i) In ~~newly~~ licensed facilities without live-in staff, ~~an electrically operated call system shall be provided connecting~~  
25 ~~each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can~~  
26 ~~be activated with a single action and remain on until deactivated by staff at the point of origin. The call system~~  
27 ~~activator shall be within reach of the resident lying on the bed.~~ there shall be an electrically operated call system  
28 meeting the following requirements:

- 29 (1) the call system shall connect residents' bedrooms to the office of the administrator or a staff station;
- 30 (2) residents' bedrooms shall have a resident call system activator at resident's bed;
- 31 (3) the resident call system activator shall be within reach of a resident lying on the bed;
- 32 (4) the resident call system activator shall be such that it can be activated with a single action and remain  
33 on until deactivated by staff at point of origin; and
- 34 (5) when activated, the call system shall activate an audible and visual signal in the office of the  
35 administrator, at a staff station, or register with the floor staff.

36 (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance  
37 shall provide those residents with hand bells or other signaling devices.

1 ~~(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to~~  
2 ~~existing facilities.~~

3  
4 *History Note: Authority G.S. 131D-2.16; 143B-165;*  
5 *Eff. January 1, 1977;*  
6 *Readopted Eff. October 31, 1977;*  
7 *Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;*  
8 *Temporary Amendment Eff. December 1, 1999;*  
9 *Amended Eff. July 1, 2000;*  
10 *Recodified from Rule .0309 Eff. July 1, 2004;*  
11 *Temporary Amendment Eff. July 1, 2004;*  
12 *Amended Eff. July 1, ~~2005~~ 2005;*  
13 *Readopted Eff. January 1, 2025.*

1 10A NCAC 13F .1304 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13F .1304 SPECIAL CARE UNIT BUILDING PHYSICAL ENVIRONMENT**  
4 **REQUIREMENTS**

5 ~~In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care~~  
6 ~~unit shall meet the following building requirements:~~

7 (1) ~~Plans for new or renovated construction or conversion of existing building areas shall be submitted~~  
8 ~~to the Construction Section of the Division of Health Service Regulation for review and approval.~~

9 (2) ~~If the special care unit is a portion of a facility, it shall be separated from the rest of the building by~~  
10 ~~closed doors.~~

11 (3) ~~Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C.~~  
12 ~~State Building Code for special locking devices.~~

13 (4) ~~Where exit doors are not locked, a system of security monitoring shall be provided.~~

14 (5) ~~The unit shall be located so that other residents, staff and visitors do not have to routinely pass~~  
15 ~~through the unit to reach other areas of the building.~~

16 (6) ~~At a minimum the following service and storage areas shall be provided within the special care unit:~~  
17 ~~staff work area, nourishment station for the preparation and provision of snacks, lockable space for~~  
18 ~~medication storage, and storage area for the residents' records.~~

19 (7) ~~Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident~~  
20 ~~and may be used as an activity area.~~

21 (8) ~~Direct access from the facility to a secured outside area shall be provided.~~

22 (9) ~~A toilet and hand lavatory shall be provided within the unit for every five residents.~~

23 (10) ~~A tub and shower for bathing of residents shall be provided within the unit.~~

24 (11) ~~Use of potentially distracting mechanical noises such as loud ice machines, window air conditioners,~~  
25 ~~intercoms and alarm systems shall be minimized or avoided.~~

26 (a) A special care unit that is part of an adult care home shall meet licensure rules for adult care homes contained in  
27 Rules .0301-.0311 of this Subchapter with the following exceptions: 13F .0305(e)(3), 13F .0305(f)(1), 13F .0305(f)(3),  
28 13F .0305(h)(3), 13F .0305(l), and 13F .0305(k).

29 (b) Special care units shall meet the following additional requirements:

30 (1) The unit, if part of an adult care home, shall be separated from the rest of the facility by walls and  
31 closed doors;

32 (2) The unit, if part of an adult care home, shall be located so that other residents, staff, and visitors  
33 will not have to pass through the unit to reach other areas of the facility;

34 (3) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the  
35 North Carolina State Building Code for special locking arrangements;

36 (4) Unit exit doors shall have a sounding device that is activated when the door is opened per Rule 13F  
37 .0305(h)(4);

- 1 (5) Operable exterior windows shall be equipped with mechanisms to limit window openings to no less  
2 than four inches and no greater than six inches to minimize the chance of elopement;
- 3 (6) There shall be direct access from the unit to a secured outside area located on the same level as the  
4 unit;
- 5 (7) Fences used to enclose the secured outside area shall be at least six feet high and shall be constructed  
6 to prevent residents' ability to climb over the fence;
- 7 (8) The following service and storage areas shall be provided within the special care unit:
- 8 (A) a staff work area;
- 9 (B) a nourishment station for the preparation and provision of snacks. The nourishment station  
10 shall be provided with a sink trimmed with valves that can be operated without hands. If  
11 the sink is equipped with blade handles, the blade handles shall not be less than four and  
12 one half inches in length. If the sink faucet depends on the building electrical service for  
13 operation, the faucet must have an emergency power source or battery backup capability.  
14 If the faucet has battery operated sensors, the facility shall have a maintenance policy to  
15 keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- 16 (C) lockable space for medication storage;
- 17 (D) storage area for the residents' records;
- 18 (E) separate storage room or area shall be provided for the storage of soiled linens, and
- 19 (F) a housekeeping closet, with mop sink or mop floor receptor.
- 20 (9) The living room and dining room/dining area may be sized per Rules 13F .0305(b) and 13F .0305(c)  
21 or may be combined for a minimum of 30 square feet per resident. The combined space may be used  
22 as an activity area;
- 23 (10) The unit shall have a central bathing area meeting the following:
- 24 (A) a door of three feet minimum width;
- 25 (B) a roll-in shower designed to allow the staff to assist a resident in taking a shower without  
26 the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed  
27 ease of shower chair entry and use. If a bathroom with a roll-in shower designed and  
28 equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the  
29 facility, the central bathing area is not required to have a roll-in shower;
- 30 (C) a bathtub, a manufactured walk-in tub or a similar manufactured bathtub designed for easy  
31 transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured  
32 walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides.  
33 Staff shall not be required to reach over or through the tub faucets and other fixture fittings  
34 to assist the resident in the tub;
- 35 (D) a toilet and a lavatory trimmed with valves that can be operated without hands. If the  
36 lavatory is equipped with blade handles, the blade handles shall not be less than four and  
37 one half inches in length. If the lavatory faucet depends on the building electrical service  
38 for operation, the faucet must have an emergency power source or battery backup

1                    capability. If the faucet has battery operated sensors, the facility shall have a maintenance  
2                    policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;

3                    and

4                    (E) individual cubicle curtains shall enclose each toilet, bathtub, manufactured walk-in tub or  
5                    similar manufactured bathtub, and shower;

6                    (11) If each resident bedroom has direct access to a bathroom equipped with a shower meeting the  
7                    requirements of Rule 13F .0305(e)(7)(B), the shower required by this rule is not required to be  
8                    provided in the unit;

9                    (12) Fire extinguishers required by Rule 13F .0308(a) shall be secured in a manner acceptable to the local  
10                    Fire Marshal to prevent access by residents; and

11                    (13) This rule shall apply only to newly-licensed special care units.

12

13                    *History Note: Authority G.S. 131D-2.16; 131D-4.5; 131D-4.6; 131D-8; 143B-165;*

14                    *Temporary Adoption Eff. December 1, 1999;*

15                    *Eff. July 1, ~~2000~~, 2000;*

16                    *Readopted Eff. January 1, 2025.*

1 10A NCAC 13G .0301 is proposed for readoption with substantive changes as follows:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37

**10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS**

~~The physical plant requirements for each A family care home shall be applied as follows~~ meet the following physical plant requirements:

- (1) ~~New construction and existing buildings proposed for use as a Family Care Home shall comply with the requirements of this Section;~~ Section.
- (2) ~~Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet the licensure and code requirements in effect at the time of licensure, construction, change in service or service, change in bed count, addition, modification, renovation or alteration; renovation, or alteration. however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost;~~
- (3) ~~In no case shall the requirements for a licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at no cost at the Division of Health Service Regulation, 1800 Umstead Drive, Raleigh, North Carolina 27603.~~
- ~~(3)(4)~~ (4) ~~New additions, alterations, modifications~~ modifications, and repairs shall meet the requirements of this ~~Section;~~ Section.
- ~~(4)~~ ~~Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that exceed minimum requirements;~~
- ~~(5)~~ ~~Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division when the home can effectively demonstrate to the Division's satisfaction, that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the home; and The Division may grant an equivalency to allow alternate methods, procedures, design criteria, or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a facility submits a written equivalency request to the Division that states the following:~~
  - ~~(a)~~ the rule citation and the rule requirement that will not be met because strict conformance with current requirements would be:
    - (i) impractical;
    - (ii) unable to be met due to extraordinary circumstances;
    - (iii) unable to be met due to new programs; or
    - (iv) unable to be met due to unusual conditions;

- 1                   **(b) the justification for the equivalency; and**  
2                   **(c) how the proposed equivalency meets the intent of the corresponding rule requirement.**  
3           **(6) Where rules, codes or standards have any conflict, the most stringent requirement shall apply. In**  
4                   **determining whether to grant an equivalency request, the Division shall consider whether the request**  
5                   **will reduce the safety and operational effectiveness of the facility. The facility shall maintain a copy**  
6                   **of the approved equivalency issued by the Division, and**  
7           **(7) Where rules, codes or standards have any conflict, the more stringent requirement shall apply.**

8  
9   *History Note: Authority G.S. 131D-2.16; 143B -165;*  
10                   *Eff. July 1, ~~2005~~-2005;*  
11                   *Readopted Eff. January 1, 2025.*

1 10A NCAC 13G .0305 is proposed for amendment as follows:

2

3 **10A NCAC 13G .0305 LIVING ROOM**

4 (a) Family care homes licensed on or after April 1, 1984 shall have a living room ~~or area of at least a minimum of~~  
5 200 square feet.

6 (b) All living rooms ~~or areas~~ shall have at least one operable window ~~to meet~~ meeting the North Carolina  
7 State Building ~~Code~~ Codes to view outdoors, and be lighted to provide 30 ~~foot-candles~~ foot-candles of light at floor  
8 level.

9

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

11 *Eff. January 1, 1977;*

12 *Readopted Eff. October 31, 1977;*

13 *Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;*

14 *Recodified from 10A NCAC 13G .0304 Eff. July 1, 2005;*

15 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February*  
16 *16, ~~2019-2019~~;*

17 *Amended Eff. January 1, 2025.*

1 10A NCAC 13G .0306 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13G .0306 ~~DINING ROOM~~ DINING ROOM OR DINING AREA**

4 (a) Family care homes licensed on or after April 1, 1984 shall have a dining room or dining area ~~of at least a minimum~~  
5 of 120 square feet. The dining room or dining area may be used for other activities during the day.

6 (b) When the dining area is used in combination with a kitchen, an area five feet wide in front of the kitchen, including  
7 the sink, kitchen appliances, and any kitchen island used for food preparation, shall be allowed as work space for the  
8 kitchen, in front of the kitchen work areas. ~~The work space shall not be used as~~ calculations for the required minimum  
9 ~~the dining area.~~

10 (c) The dining room or dining area shall have at least one operable windows window meeting the North Carolina State  
11 Building Codes to view the outdoors, or a door unit with a vision panel directly to the outside. The dining room or  
12 dining area shall and be lighted to provide 30 foot-candles foot-candles of light at floor level.

13

14 *History Note: Authority G.S. 131D-2.16; 143B-165;*  
15 *Eff. January 1, 1977;*  
16 *Readopted Eff. October 31, 1977;*  
17 *Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;*  
18 *Recodified from 10A NCAC 13G .0305 Eff. July 1, ~~2005-2005~~;*  
19 *Readopted Eff. January 1, 2025.*

1 10A NCAC 13G .0307 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13G .0307 KITCHEN**

4 (a) The kitchen in a family care home shall be large enough to provide for the preparation and preservation of food  
5 and the washing of dishes.

6 (b) The cooking unit shall be mechanically ventilated to the outside or be an unvented, recirculating fan provided  
7 with ~~any special filter per~~ the type of filter required by manufacturers' instructions for ventless use.

8 (c) The kitchen floor shall have a non-slippery water-resistant covering.

9

10 *History Note: Authority G.S. 131D-2.16; 143B-165;*  
11 *Eff. January 1, 1977;*  
12 *Amended Eff. April 22, 1977;*  
13 *Readopted Eff. October 31, 1977;*  
14 *Amended Eff. July 1, 2005; April 1, 1984;*  
15 *Recodified from 10A NCAC 13G .0306 Eff. July 1, ~~2005-~~2005;*  
16 *Readopted Eff. January 1, 2025.*

1 10A NCAC 13G .0308 is proposed for amendment as follows:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37

**10A NCAC 13G .0308 BEDROOMS**

(a) There shall be bedrooms ~~sufficient~~ in number and size to meet the individual needs according to age and sex of the residents, the administrator or supervisor-in-charge, other live-in ~~staff~~ staff, and ~~any~~ other persons living in a family care home. Residents ~~are~~ shall not to share bedrooms with staff or other live-in non-residents.

(b) Only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for bedrooms.

(c) A room where access is through a bathroom, ~~kitchen~~ kitchen, or another bedroom shall not be approved for a resident's bedroom.

~~There shall be a minimum area of 100 square feet, excluding vestibule, closet or wardrobe space, in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two persons. Private resident bedrooms shall provide not less than 100 square feet of net floor area excluding vestibules, closets, or wardrobes. For the purpose of this Rule, net floor area is the actual occupiable area not including unoccupied accessory areas such as vestibules, closets, wardrobes, and bathrooms.~~

(e) Semi-private resident bedrooms shall provide not less than 80 square feet of net floor area per bed excluding vestibules, closets, or wardrobes. For the purpose of this Rule, net floor area is the actual occupiable area not including unoccupied accessory areas such as vestibules, closets, wardrobes, and bathrooms.

~~(f)~~ (f) The total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Health Service Regulation for that particular bedroom.

~~(g)~~ (g) A bedroom shall not be occupied by more than two residents.

~~(h)~~ (h) Each A resident bedroom must shall have one or more operable windows meeting the requirements of the North Carolina State Building Codes for emergency egress, and be lighted to provide 30 foot candles-foot-candles of light at floor level. The window area shall be equivalent to at least not be less than eight percent of the floor space. space, and be equipped with insect-proof screens. The windows Windows in resident bedrooms shall have a maximum of 44 inch sill height.

~~(i)~~ (i) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar. A resident bedroom shall provide one closet or wardrobe per resident. Closets or wardrobes shall have clothing storage space of not less than 48 cubic feet per bed, approximately two feet deep by three feet wide by eight feet high, of which one-half of this space shall be for hanging with an adjustable height hanging bar.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;  
Recodified from 10A NCAC 13G .0307 Eff. July 1, 2005;*

1                    *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February*  
2                    *16, ~~2019-2019~~*  
3                    *Amended Eff. January 1, 2025.*

1 10A NCAC 13G .0309 is proposed for readoption with substantive changes as follows:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34

**10A NCAC 13G .0309 BATHROOM**

(a) ~~Adult~~ Family care homes licensed on or after April 1, 1984, shall have one full bathroom for ~~each~~ five or fewer ~~persons~~ persons, including live-in ~~staff and family~~ staff. For the purpose of this rule, a full bathroom is a room containing a sink, water closet (commode), and a bathtub, shower, spa tub, or similar bathing fixture.

(b) ~~The bathrooms shall be designed to provide privacy. A bathroom~~ Bathrooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. ~~Each tub or shower~~ Bathtubs, showers, spas, or similar bathing fixtures shall have privacy ~~partitions or curtains~~.

(c) ~~Entrance~~ Entrances to the ~~bathroom~~ bathrooms shall not be through a kitchen, another person's bedroom, or another bathroom.

(d) ~~The required~~ Required residents' bathrooms shall be located so that there is no more than 40 feet from ~~any residents'~~ a resident's bedroom door to a resident use bathroom door.

(e) ~~Hand grips shall be installed at all commodes, tubs and showers used by the residents.~~ Water closets (commodes), bathtubs, showers, spas, and similar bathing fixtures shall have hand grips meeting the following requirements:

- (1) be mechanically fastened or anchored to the walls;
- (2) be located to assist in entering and exiting bathtubs, showers, spas, or similar bathing fixtures; and
- (3) be within reach of water closets (commodes).

(f) Nonskid surfacing or strips must be installed in ~~showers and bath areas.~~ bathtubs, showers, spas, and similar bathing fixtures.

(g) ~~The bathrooms~~ Bathrooms shall meet the following requirements:

- (1) be lighted to provide 30 ~~foot-candles~~ foot-candles of light at floor level ~~and have level;~~
- (2) ~~have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area.~~ an exhaust system per the North Carolina State Building Code: Residential Code. These Exhaust vents shall vent directly to the ~~outdoors.~~ outdoors; and
- (3) floors be water-resistant and slip-resistant.

(h) ~~The bathroom floor shall have a non-slippery water resistant covering.~~

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;  
Recodified from 10A NCAC 13G .0308 Eff. July 1, ~~2005-2005~~;  
Readopted Eff. January 1, 2025.*

1 10A NCAC 13G .0312 is proposed for readoption with substantive changes as follows:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37

**10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS**

(a) In family care homes, ~~all~~ floor levels shall have at least two exits. ~~If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition.~~ outside entrances/exits that are so located and constructed to minimize the possibility that both outside entrances/exits from the home may be blocked by a fire or other emergency condition. Exiting through another resident's bedroom is not permitted.

(b) At least one outside entrance/exit door shall be a minimum width of three feet and another shall be a minimum width of two feet and eight inches.

(c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has ~~any~~ a resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.

(d) All ~~exit~~ outside entrance/exit door locks shall be ~~easily operable, operable by a single hand motion, motion from the inside at all times without keys, keys, tools, or special knowledge.~~ Existing ~~deadbolts or deadbolts and~~ turn buttons on the inside of ~~exit doors~~ outside entrances/exit doors, including screen and storm doors, shall be removed or disabled.

(e) All outside entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.

(f) All ~~steps, steps, porches, stoops~~ stoops, and ramps shall ~~be provided with~~ have handrails and ~~guardrails, guards.~~ Handrails shall be on both sides of steps and ramps, including sides bordered by the facility wall. Handrails shall extend the full length of steps and ramps. Guards shall be on open sides of steps, porches, stoops, and ramps. For the purposes of this Rule, guards are building components, or a system of building components located at or near the open sides of elevated walking surfaces that minimizes the possibility of a fall from a walking surface to an adjacent change in elevation.

(g) In homes with at least one resident who is determined by a physician or is otherwise known to be ~~disoriented or a wanderer,~~ each exit door for resident use disoriented, a wanderer, or exhibit wanderer behavior, outside entrance/exit doors shall ~~be equipped with~~ have a continuous sounding device that is activated when the door is opened. The sound shall be ~~of sufficient~~ of such volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be powered by the facility's electrical system, and be located in the bedroom of the person on call, the office ~~area~~ area, or in a location accessible only to staff authorized by the administrator to operate the control panel.

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

1                    *Recodified from 10A NCAC 13G .0311 Eff. July 1, ~~2005~~-2005.*  
2                    *Readopted Eff. January 1, 2025.*

1 10A NCAC 13G .0313 is proposed for amendment as follows:

2

3 **10A NCAC 13G .0313 LAUNDRY EQUIPMENT**

4 ~~The laundry equipment in a family care home shall be located out of the living, dining, and bedroom areas.~~

5 (a) Laundry equipment shall be in family care homes.

6 (b) Laundry equipment shall be in a dedicated room or enclosure, and shall be located out of living rooms, dining  
7 rooms, dining areas, bathrooms, and bedrooms.

8 (c) Laundry equipment shall be on the same floor level as required residents' facilities.

9 (d) Laundry equipment shall be accessible to all residents.

10

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

12 *Eff. January 1, 1977;*

13 *Readopted Eff. October 31, 1977;*

14 *Amended Eff. July 1, 2005; April 1, 1984;*

15 *Recodified from 10A NCAC 13G .0312 Eff. July 1, 2005;*

16 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February*  
17 *16, ~~2019~~, 2019;*

18 *Amended Eff. January 1, 2025.*

1 10A NCAC 13G .0317 is proposed for readoption with substantive changes as follows:

2

3 **10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT**

4 (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be  
5 maintained in a safe and operating condition.

6 (b) ~~There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design~~  
7 ~~conditions.~~ Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and  
8 room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited.

9 (c) ~~Air conditioning or at least one fan per resident bedroom and living room and dining areas shall be provided when~~  
10 ~~the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).~~ The facility shall have heating and  
11 cooling systems such that environmental temperature controls are capable of maintaining temperatures in the home at  
12 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season.

13 (d) ~~The hot~~ Hot water tank shall be ~~of such size to provide an adequate supply of hot water supplied to the kitchen,~~  
14 ~~bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at~~ maintain a  
15 minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). degrees F at all  
16 fixtures used by residents.

17 (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required  
18 is:

19 (1) ~~30 foot candle power~~ foot-candles for reading; reading; and

20 (2) ~~10 foot candle power~~ foot-candles for general lighting; and lighting.

21 (3) ~~1 foot candle power at the floor for corridors at night.~~

22 (f) ~~Where the bedroom of the live in staff is located in a separate area from residents' bedrooms, an electrically~~  
23 ~~operated call system shall be provided connecting each resident bedroom to the live in staff bedroom. The resident~~  
24 ~~call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff.~~  
25 ~~The call system activator shall be within reach of resident lying on his bed.~~

26 Where there is live-in staff in a family care home, a hard-wired, electrically operated call system meeting the following  
27 requirements shall be provided:

28 (1) the call system shall connect residents' bedrooms to the live-in staff bedroom;

29 (2) when activated, the resident call shall activate a visual and audible notification in the live-in staff  
30 bedroom;

31 (3) a resident call system activator shall be in residents' bedrooms at the resident's bed;

32 (4) the resident call system activator shall be within reach of a resident lying on the bed; and

33 (5) the resident call system activator shall be such that it can be activated with a single action and remain  
34 on until deactivated by staff at point of origin.

35 (g) Fireplaces, fireplace ~~inserts~~ inserts, and wood stoves shall be designed ~~or~~ and installed so as to avoid a burn  
36 hazard to residents. Fireplace inserts and wood stoves must be U.L. listed.

1 (h) Gas logs may be installed if they are of the vented type, installed according to the manufacturers' installation  
2 instructions, approved through the local building ~~department~~ department, and protected by a guard or screen to prevent  
3 residents and furnishings from burns.

4 ~~(i) Alternate methods, procedures, design criteria and functional variations from the requirements of this Rule or other  
5 rules in this Section because of extraordinary circumstances, new programs or unusual conditions, shall be approved  
6 by the Division when the facility can effectively demonstrate to the Division's satisfaction that the intent of the  
7 requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility.~~

8 ~~(j) This Rule shall apply to new and existing family care homes.~~

9  
10 *History Note: Authority G.S. 131D-2.16; 143B-165;*  
11 *Eff. January 1, 1977;*  
12 *Readopted Eff. October 31, 1977;*  
13 *Amended Eff. April 1, 1987; April 1, 1984; July 1, 1982;*  
14 *Temporary Amendment Eff. December 1, 1999;*  
15 *Amended Eff. July 1, 2005; July 1, 2000;*  
16 *Recodified from 10A NCAC 13G .0316 Eff. July 1, ~~2005-2005~~;*  
17 *Readopted Eff. January 1, 2025.*

1 10A NCAC 13G .0318 is proposed for reoption with substantive changes as follows:

2

3 **10A NCAC 13G .0318 OUTSIDE PREMISES**

4 (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.

5 Creeks, ditches, ponds, pools, and other similar areas shall have safety protection.

6 (b) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering ~~freely~~

7 freely, or be hazardous have sharp edges, rusting posts, or other similar conditions that may cause injury.

8 (c) Outdoor stairways and ramps shall be illuminated by no less than five ~~foot-candles~~ foot-candles of light at grade

9 level.

10

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

12 *Eff. April 1, 1984;*

13 *Amended Eff. July 1, 2005; July 1, 1990;*

14 *Recodified from 10A NCAC 13G .0317 Eff. July 1, ~~2005~~ 2005;*

15 *Readopted Eff. January 1, 2025.*

N.C. Division of Health Service Regulation, Adult Care Licensure Section  
Fiscal Impact Analysis  
Permanent Rule Readoption and Amendment  
North Carolina Medical Care Commission

**Table of Contents**

Fiscal Note for Physical Plant Rules

- [10A NCAC 13F .0206](#) Capacity
- [10A NCAC 13F .0306](#) Housekeeping and Furnishings
- [10A NCAC 13F .0309](#) Fire Safety and Emergency Preparedness Plans
- [10A NCAC 13G .0206](#) Capacity
- [10A NCAC 13G .0315](#) Housekeeping and Furnishings
- [10A NCAC 13G .0316](#) Fire Safety and Emergency Preparedness Plans

Fiscal Note for Adult Care Home Facilities – Construction rules

- [10A NCAC 13F .0301](#) Applications of Physical Plant Requirements
- [10A NCAC 13F .0302](#) Design and Construction
- [10A NCAC 13F .0304](#) Plans and Specifications
- [10A NCAC 13F .0305](#) Physical Environment
- [10A NCAC 13F .0307](#) Fire Alarm System
- [10A NCAC 13F .0310](#) Electrical Outlets
- [10A NCAC 13F .0311](#) Other Requirements
- [10A NCAC 13F .1304](#) Special Care Unit Building Requirements

Fiscal Note for Family Care Home Facilities – Construction rules

- [10A NCAC 13G .0301](#) Applications of Physical Plant Requirements
- [10A NCAC 13G .0302](#) Design and Construction
- [10A NCAC 13G .0305](#) Living Room
- [10A NCAC 13G .0306](#) Dining Room or Dining Area
- [10A NCAC 13G .0307](#) Kitchen
- [10A NCAC 13G .0308](#) Bedrooms
- [10A NCAC 13G .0309](#) Bathrooms
- [10A NCAC 13G .0312](#) Outside Entrance and Exits
- [10A NCAC 13G .0313](#) Laundry Room
- [10A NCAC 13G .0317](#) Building Service Equipment
- [10A NCAC 13G .0318](#) Outside Premises

Fiscal Note for Additional Rule Readoptions and Amendments

- [10A NCAC 13F/G .0801](#) Resident Assessment
- [10A NCAC 13F/G .0802](#) Resident Care Plan
- [10A NCAC 13F .1501](#) Use of Physical Restraints and Alternatives
- [10A NCAC 13F/G .1601](#) Definitions
- [10A NCAC 13F/G .1602](#) Issuance Of A Star Rating
- [10A NCAC 13F/G .1603](#) Statutory And Rule Requirements Affecting Star Rated Certificates
- [10A NCAC 13F/G .1604](#) Rating Calculation
- [10A NCAC 13F/G .1605](#) Contents Of Star Rated Certificate

Appendix (proposed text of Rules)

## Physical Plant

**Contact Persons:** Taylor Corpening, DHSR Interim Rules Review Manager, (919) 855-4619  
Megan Lamphere, Chief, DHSR Adult Care Licensure Section, (919) 855-3784  
Shalisa Jones, Regulatory Analyst, Adult Care Licensure Section, (704) 589-6214

### **Impact:**

Federal Government: No  
State Government: Yes  
Local Government: Yes  
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 .0206 Capacity

10A NCAC 13F .0306 Housekeeping and Furnishings

10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans

10A NCAC 13G .0206 Capacity

10A NCAC 13G .0315 Housekeeping and Furnishings

10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plans

**Authorizing Statutes:** 131D-2.16; 131D-7; 143B-165

### **Introduction and Background:**

The agency is proposing changes to update and clarify the requirements for capacity in family care homes as well as the housekeeping and furnishing requirements in adult and family care homes. The agency is also proposing changes to the fire safety and disaster plan requirements to now include the development of emergency preparedness plans to align with current practices and trends in the industry. The proposed language promotes the creation of an all-hazards approach while focusing on risk assessments to address potential emergencies and disasters that may impact facilities. The proposed rule language now includes the contents for emergency preparedness plans. There are approximately 582 licensed adult care home facilities with seven or more beds and 530 family care home facilities with 6 or fewer beds in North Carolina. All facilities are privately owned and operated.

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.0306, 13F .0309, 13G. 0315, 13G .0316. Rule 10A 13F .0206 was identified as an amendment with no substantive changes and will not be discussed in this analysis.

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

### **10A NCAC 13G .0206 Capacity:**

This rule outlines requirements for the maximum number of residents allowed to live in a facility based on the residents' evacuation capabilities in accordance with the North Carolina Building Code (NCBC). For safety, the NCBC requires facilities that care for residents who need assistance evacuating the facility in an emergency to implement enhanced physical plant requirements such as an automatic sprinkler system. A definition of "capacity" and a reference to the ambulatory requirements identified on the facility's license have been added to provide clarity. A definition for "ambulatory" and "non-ambulatory" has also been added for clarity and reference to license capacity requirements.

There are instances when a resident's ambulatory status temporarily changes while residing at the facility. The rule language has been updated to clarify how facilities are to respond in those instances. The proposed rule language requires facilities to notify the Division of Health Service Regulation Construction Section when there is a temporary change due to short term illness such as end of life. The impact to facilities from this additional notification step is minimal as facilities are currently advised to notify the Construction Section when a change in ambulatory status is identified by the facility, the Department of Social Services, or by the agency. This notification will likely happen via email; as such, the only additional cost will be time cost.

The purpose of this rule, and the changes therein, is to keep residents safe by ensuring that a facility is only admitting or caring for residents who meet the licensed capacity requirements of the facility (i.e. a facility licensed to care for ambulatory residents is prohibited from admitting or caring for a resident who is bed-bound and needs staff assistance to evacuate the facility in the event of an emergency), and if the condition of a resident who was previously able to evacuate independently changes, the facility will notify DHSR for further guidance and assistance to ensure the safety of the resident. The purpose of this rule is to ensure that the facility is equipped with fire safety measures to protect the resident population in the event of a fire.

### **10A NCAC 13F .0306 and 13G .0315 Housekeeping and Furnishings:**

These rules outline the standards for general upkeep of the facility and required furnishings available within the facility for the comfort of residents, as well as the required hygienic and bedding supplies required for residents. The agency has made technical changes to respond to the Rules Review Commission requests, as follows:

1. Clarify what is meant by the current term "unpleasant odors" as "odors that are considered by residents to be chronic or unpleasant."
2. Clarify what is meant to have furniture "clean and in good repair" as "clean, safe, and functional."
3. Add references to the rules that govern the sanitation requirements for facilities.
4. Clarify what is meant by having a "comfortable" chair for residents.
5. Eliminate outdated requirements to have hot water bottles and ice caps available.

The proposed changes to these rules should have no fiscal impact to facilities other than from incremental improvement to rule clarity and no impacts to residents or state agency staff.

### **10A NCAC 13F .0309 and 13G .0316: Fire Safety and Emergency Preparedness Plans:**

These rules outline the standards for fire safety and emergency preparedness plans (EPP) in adult care homes and family care homes. Technical changes were made to clarify how the fire evacuation plans are to be visible to staff, residents, and visitors. Technical changes were also made to clarify that fire evacuation rehearsals are to be unannounced, and the records of the rehearsals are to be made available upon request to the Division of Health Service Regulation, local officials, and the county Department of Social Services.

The rules as currently written require a written “disaster plan,” that has been submitted to or has received written approval from the local emergency management agency, but they do not specify the contents of the plan. The rule language as written was outdated, and the title of the plans have been updated to “emergency preparedness” to align with current guidance and trends within the assisted living and healthcare industry. The requirements for developing an EPP have been updated to ensure that there is fundamental basic planning to help facility staff respond appropriately to emergencies and identify hazards that pose the most risk to the health and safety of the residents and staff.

In addition to reviewing EPP regulations for adult care homes in other states, the agency also reviewed the regulations, recommendations, best practice guidance documents, and guidance related to emergency preparedness planning for assisted living and long term care facilities from a number of sources, including the National Center for Assisted Living<sup>1</sup> and Argentum<sup>2</sup>, federal agencies like Federal Emergency Management Agency (FEMA)<sup>3</sup>, the United States Department of Labor Occupational Safety and Health Administration (OSHA)<sup>4</sup>, and the Centers for Medicare and Medicaid Services (CMS)<sup>6</sup> to develop the requirements for EPP. In fact, CMS adopted new comprehensive EPP regulations for nursing homes in 2016, including updates through 2021. Each of these entities recognizes the importance of utilizing these EPP to keep residents and staff safe during emergency events.

The agency also reviewed the N.C. Department of Public Safety, Division of Emergency Management’s risk management portal<sup>5</sup> available on the emergency management website and used by facilities to develop a risk management plan for responding to emergencies. The risk management portal provides a template for facilities to utilize to develop their EPP. The template addresses basic information about the facility such as facility location, creation of a facility map, contact information for facility staff, and the local emergency management and other community resources, staffing levels, resident information to include ambulatory status and special needs assistance, review of facility floor plans. It also addresses utility details such as water system, sewer system, and emergency power with an emphasis on emergency preparedness to include gathering points, sustainability and potable water, emergency generators, evacuation routes, and public safety visits. The template also provides a section for formal memoranda of agreement (MOA) or memoranda of understanding (MOU) with individuals, agencies, companies, and organizations that can aid with alternate accommodations, transportation, emergency water, food, pharmaceutical supplies, medical supplies, and generator supplies. The template is free of charge to facilities. The template was first available to facilities by compact disc (CD) in 2010 and then became available to facilities via a web-based portal in 2014. Since 2010, facilities going through the initial licensure process have been highly recommended and encouraged to

utilize this portal to assist with creating a “disaster plan”. Feedback from providers on the portal has been positive over the years, and many providers have reported that they have used the portal to create the currently required disaster plan. It is estimated that 25% of facilities are utilizing the template within the portal to develop a “disaster plan”.

Facilities are currently required to have a written disaster plan when they first become licensed and keep it updated on an annual basis. To gain the approval of the Division, the disaster plan must contain emergency preparedness plans that address, at a minimum, fire, tornado, hurricane, and power outage, including the facility’s plans for special needs sheltering during disasters. As such, the agency doesn’t anticipate that the majority of items included in the proposed rule will result in significant changes to facilities’ written disaster plans or current processes.

The rules as currently written do not outline the components of a “disaster plan”, therefore these rules are being updated to clarify the components required in the plan. The proposed language clarifies the requirements of the EPP which includes an “all-hazards plan” to address common operational functions during an emergency and the completion of a “risk assessment” to identify potential hazards to the facility taking into account the facility’s unique characteristics. The proposed rule language includes the components that would be included in an all-hazards plan. The risk assessment is to be completed to allow facilities to identify the top three to five hazards that pose a risk to the facility and categorize them by the likelihood of occurrence. Examples of the types of emergencies that may pose a risk to facilities are included in the proposed language. Each facility will be required to develop an EPP unique to their facility. While the agency does not routinely review facility disaster plans except during the initial licensure process, the agency did review a sample of current plans in preparation for this analysis. Review of the plans revealed that there are some existing “disaster plans” that already comply with the proposed requirements and will need to make minimal changes.

To comply with the EPP as proposed, the main policies that are likely not already included in a facility’s current disaster plan and will therefore need to be added are as follows:

1. Strategies for addressing potential staffing issues;
2. Collaboration with other healthcare facilities and services to include medical services, hospitals, nursing homes, adults care homes;
3. A system for tracking residents and staff;
4. Resident identification and resident records; and
5. Identification of the top three to five risk areas and categorization of the risks by the likelihood of occurrence.

Once the proposed rule becomes effective, facilities will be required to update their EPP to comply. The individual or team responsible for the EPP will also need to make contact and collaborate with other facilities in their area for emergency planning, for example, reaching out to other adult care homes to arrange for a potential evacuation location. Each facility’s planning time would vary significantly depending upon the facility’s current operational and emergency plans and local resources. The amount of time involved in updating the EPP will vary by facility, based largely on the facility’s

size and comprehensiveness of their existing disaster plan. It is likely that larger facilities have an EPP that already complies with most of the proposed criteria. As such, the proposed rule changes may have a bigger impact on smaller facilities. DHHS does intend to collaborate with the N.C. Division of Emergency Management and others to provide technical assistance and training to help facilities understand the new required components of an EPP so the plans can be updated in compliance with the rule. Additionally, the agency is extending the effective date of the rule to give providers ample time to update their EPP.

In addition to the requirements of the EPP itself, there are proposed changes to ongoing implementation and annual reviews, as follows:

1. Changes to the EPP must be submitted within 30 days of the change to ensure that local emergency management has the most recent copy of the EPP in the event of an emergency.
2. Require the facility to submit a new or updated EPP if there is a change in ownership to ensure that the new owner and staff are aware and are prepared in the event of an emergency or disaster.
3. Require that the EPP be accessible to staff working in the facility. The current rules require that the facility maintain the disaster plan in the facility, but they do not specifically state that the plan must be accessible to staff.
4. Require specific training be provided to staff who are primarily responsible for certain tasks and for alternate staff who provide backup. It should be noted that the agency provided comprehensive training on emergency preparedness to facilities in August of 2020. The training addresses the components of an EPP as included in the proposed rule language, including risk assessment and an all-hazards approach. The training is available on the agency website and can be accessed free of charge<sup>7</sup>.
5. Require notification to local emergency management, the local Department of Social Services, and Division of Health Service Regulation when evacuations occur and when residents return to the facility.
6. Require that facilities not be re-occupied until given approval by building officials to ensure that it is safe for residents to return to the facility.
7. Require facilities to collaborate with local emergency management and other healthcare facilities to ensure residents are appropriately sheltered.
8. There may be times when the EPP is inadequate or fails, resulting in a facility evacuating to a public emergency shelter. The agency has proposed rule language to address these situations to ensure that residents are not left unattended in a public shelter and that the facility, and its staff remain responsible for resident care, safety, and supervision.
9. Requirement for facilities to complete at least one drill per year to test the facility's EPP.
10. Require consultation with local emergency management services and notification of Division of Health Service Regulation Adult Care Licensure Section, the county Department of Social Services within three hours of the decision to evacuate. There will be minimal impact for facilities to contact agencies for assistance for notification purposes.

## **Purpose and Benefits of Proposed Changes**

A comprehensive, up-to-date emergency preparedness plan and appropriate staff training, as proposed in this rule, can help mitigate the impact of emergencies and disasters and can save lives. Planning for emergencies allows facilities to examine potential risks and hazards and make plans for how to mitigate and recover to promote resident and staff safety. Since there is variability in the management structures of adult care homes as well as the presence of an administrator on-site (on-site, full-time administrators are not required until the resident census reaches 81), it is important for staff to know how to respond to emergencies and hazards when they occur including on evening and overnight shifts. If staff are prepared and aware of how to respond, it will help to ensure residents are safe and facility operations (resident care and services) can continue in the wake of an emergency. Many residents in assisted living facilities have complex health and mental health needs, therefore, planning is crucial to prepare for an emergency. Typically, residents with health and mental health conditions require additional planning and assistance during emergency situations, and an EPP can address those unique considerations to ensure that staff are prepared to respond, and local emergency management agencies and other healthcare providers are available so that residents receive the care and services needed. Residents especially would benefit from the more robust emergency preparedness measures. Having an up-to-date and comprehensive EPP that includes more training of staff and potentially improved communication with local emergency management could prevent stress and anxiety of residents and staff, as well as physical harm or loss of life during emergency situations.

To illustrate the need for a more detailed, comprehensive emergency preparedness for adult care homes and family care homes in North Carolina, the following are examples of recent cases that have occurred in these types of facilities in North Carolina:

- In September 2018 during Hurricane Florence, an adult care home was without electricity for four to five days and did not execute an emergency plan despite weather warnings that had been issued for the area. There were not enough staff to care for the residents and no emergency lighting which resulted in a resident falling out of bed while attempting to transfer to his wheelchair, then lying on the floor for over six hours without any staff response. Another resident experienced a fall and hit her head. The facility could not initially reach 911 due to the storm and had no backup plan. The emergency medical services (EMS) station was located one block from the facility, but no one went to get help. The resident was left in the facility overnight, was unconscious by morning, and eventually died at the hospital of a subdural hematoma a few days later.
- In September 2018 during Hurricane Florence, an adult care home evacuated to a public emergency shelter located in a local school building. One resident required a therapeutic diet and needed all foods to be chopped and soft to prevent choking and aspiration. The facility did not bring therapeutic diet menus/instructions to the shelter. The volunteer shelter workers served the same lunch to all people in the shelter. One day, the shelter served hot dogs for lunch, facility staff failed to “chop” the resident’s hot dog to the required consistency, and the

resident choked. EMS was called and transported the resident to the hospital. The resident was in a coma for 30 days and died.

- In September 2018 during Hurricane Florence, an adult care home located a few miles from the ocean in a coastal county failed to have an updated EPP in place, including a plan for evacuation. The facility's EPP had last been reviewed three years prior. Staff had not received any training on the facility's EPP. Despite local emergency management officials strongly encouraging the facility to evacuate, they would not. Facility management had planned to go to a local public emergency shelter if needed. Because of the storm's intensity, public shelters were not available. Local emergency management officials gave the facility a mandatory evacuation order. The facility had no place to go and no transportation. State and local emergency management agencies arranged for transportation to take all 35 residents, several facility staff, and supplies to a state operated medical shelter over 200 miles away in High Point, NC. The residents and staff stayed in the shelter for 10 days.
- In January 2021, an adult care home in the westernmost part of North Carolina lost heat when the furnace went out. The facility did not have a plan for alternate heat source or for evacuation. Initially the facility planned to evacuate 18 residents to a local nursing home but learned that was not possible due to a COVID outbreak there. The facility had no other evacuation location plan, and the furnace could not be fixed for one week. At the point DSS and DHSR were contacted, residents had been living in very cold conditions for more than 24 hours. The local DSS and DHSR collaborated with other state and local partners to find a safe location and secure transportation (the facility van was broken), meals, and appropriate staffing. Residents were evacuated to a local hotel. The facility had no plans for addressing residents' needs including supervision, personal care, medication administration and service of meals, communication with families, provision of infection control (was during COVID pandemic) or responding to any potential emergencies while at an emergency shelter.
- In January 2022 when there was inclement weather (icy conditions), an adult care home had only one staff person (a corporate manager from out of state) in the building on the overnight shift with a census of 55 residents, 18 of whom had Alzheimer's disease and resided in the Special Care Unit. The facility did not have an emergency plan to manage inclement winter weather. During this time the facility was heavily dependent on agency staffing, had no contingency plan for staffing, and had not trained staff on any emergency plans and their roles and responsibilities. The owner stated they were from out of state and did not anticipate that scheduled agency staff would not show up to work. No staff reached out to local emergency management, DSS, or DHSR that night for assistance.
- In December 2022, an adult care home lost electricity after an attack on a local power substation. For three days the facility was without heat, electricity, an operable fire alarm system, and hot water due to the power outage. The administrator was not at the facility due to an unexpected illness. The facility used kerosene heaters initially until directed to stop due to it being a fire hazard. The facility tied the exit doors shut and placed tables in front of exit doors

to prevent the 22 residents in the Special Care Unit (for individuals with Alzheimer’s disease and dementia) from leaving. Facility telephones were not working, and staff were not conducting the fire watch as directed by the fire marshal. The facility did not have an emergency plan for evacuation of residents and depended on state and local emergency management for assistance and resources.

- In December 2023, at 6:30am an electrical fire occurred at an adult care home resulting in the need to relocate 11 assisted living residents and 25 residents who lived in the Special Care Unit (for individuals with Alzheimer’s disease and dementia). The facility’s disaster plan had not been routinely reviewed since 2015 and was not up to date. The designated evacuation site was no longer viable, and no alternate location was identified. The facility deferred to the local emergency management agency to find placement for the residents, and the agency was unsuccessful. DHSR was notified of the situation at 4:00pm, contacted other facilities in the area and secured placement. The facility staff person in charge of the evacuation of residents had no prior training to know how to carry out an evacuation and assumed the emergency management agency would handle it. Additionally, the facility did not provide critical resident information, durable medical equipment, or staff to the receiving facilities.

It is important to note that the agency is not claiming that the proposed rules will completely prevent these types of outcomes. Facilities are already required to have disaster plans, the success of which relies heavily on successful implementation. Rather, the agency anticipates that the proposed rules -- the improvements to EPPs, in particular -- will result in incremental improvements to a facility’s level of preparedness. The success of any facility’s EPP will continue to rely on their implementation during and after an emergency.

## **Summary of Impacts**

### **State and Local Government**

To assist facilities with the updated requirements, the agency plans to collaborate with partner agencies to provide guidance and assistance to facilities on the updated rule requirements prior to the proposed effective dates of the rule. The Division of Health Service Regulation Adult Care Licensure Section has a training team that provides training to providers, county DSS staff, and DHSR surveyors on approved rules. These trainings are provided virtually in a one-time group session for approximately two hours, and the information is typically available on the Adult Care section website free of charge for future reference.

The agency estimates that the development and implementation of such a training would take approximately 40 hours for an ACLS Training Specialist (Facility Compliance Consultant II) to complete. At a wage of \$56 per hour (trainer salary with benefits), this is estimated to be a one-time cost of \$2,240 to the state. This will be beneficial to facilities and will offer cost savings as facilities will not be required to navigate the new rule requirements on their own.

Most of the proposed changes will have an impact on the Adult Care Licensure Section in the form of minimal time savings associated with improved rule clarity. The Adult Care Licensure Section staff will also have time costs due to providing technical assistance and training on the new rule requirements. These costs will be incurred mainly in the first year of implementation as existing facilities update their EPPs. The agency does not anticipate impacts on 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 monitor and regulate the proposed amendments. That said, both state and local emergency management agencies will likely experience some unquantifiable costs and benefits in terms of both providing planning assistance to adult care providers and improved collaboration, communication, and ultimate response and execution of the plan when there is an emergency. It can be reasoned that, in addition to improving safety, these improvements will save time, money, and other resources in the long term.

#### Adult Care Homes & Family Care Homes (“Assisted Living” Facilities)

It is important to note that emergency management, including preparedness and response, is facility-specific and dependent upon support and resources at the local level. As such, adult care homes can be vastly different in their operations, management, staffing, resident population, available resources, and other characteristics. That’s why it is crucial for each facility to develop and implement its own emergency preparedness plan and that the rule requirements allow facilities to have the flexibility to do so. Each facility will have different identified risks depending on the size and location of the facility. For example, facilities located in the mountains typically don’t need to prepare for hurricanes or coastal flooding. The agency anticipates that there will be an impact to adult care home providers in terms of opportunity cost as they complete the following tasks to comply with the proposed rule requirements:

- 1) Review the facility’s current “disaster” plan and compare its contents against the newly defined criteria set forth in the proposed rule.
- 2) Update the facility’s current EPP to include any new criteria areas not addressed in their current EPP.
- 3) Complete a risk assessment, which would require obtaining information from the local emergency management agency or regional healthcare coalition on the particular risks to the county/region where the facility is located. While some regions have resources readily available online, others may not, and providers would need to call the agency or coalition to obtain this information.
- 4) Submit updated EPP to the local emergency management agency and agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters (which is typically the local DSS).
- 5) Complete a drill at least annually to test the facility’s emergency plan.
- 6) Train facility staff, including those who have specific roles and responsibilities as designated in the facility’s EPP.

The amount of time required to be spent will vary significantly among facilities. The amount of time spent will be highest for those facilities whose disaster plans have not been recently reviewed and therefore require significant updates. While adult care homes and family care homes are currently required to provide staff training on emergency procedures as required in Rule .1211, the agency anticipates that there will be some additional training time spent by those individuals responsible for the primary procedures on those roles. The agency has reviewed a sample of current disaster plans of adult care homes and family care homes from across the state and have found that there are some facilities that

already include many of the components of the proposed rule, therefore, potentially little to no additional training would be required. The agency does not have a way to estimate how many facilities would need to enhance their current training to comply with this requirement, but the agency does not anticipate a significant amount of additional time or costs beyond what is already required for training. It should be noted that this is not a training that the agency can provide. Since EPPs must be specific to the individual facility and its procedures, the facility must conduct this training for its employees. While there are no specific training courses offered by the agency, there are no-cost emergency preparedness planning trainings available through local emergency management agencies and regional healthcare coalitions across the state.

It should be noted that part of the impact on providers would be due to the time involved for the initial overall review and update of the facility's current disaster plan to comply with the newly required EPP components. This would most likely be a one-time initial time cost, however the benefits will be continual for optimal safety and well-being for residents. The estimates in this analysis are based on the best available information available to the agency.

### **Alternatives**

The agency considered various alternatives to the proposed rule. One alternative considered was to keep the current rule the same (do nothing) or amend the rule to require a less comprehensive EPP. Currently, the requirements around disaster planning is somewhat broad which has led to varying levels of understanding and interpretation of the rule as to what constitutes an adequate emergency preparedness plan. Some providers have a comprehensive EPP and have established ongoing working relationships with state and local emergency management partners. Other facilities' disaster plans and/or implementation measures are less comprehensive, leaving them at unnecessary risk in case of an emergency.

As noted above, there have been instances where a facility's failure to adequately prepare for an emergency or execute the disaster plan has resulted in death and physical harm to residents, as well as neglect by not providing the care and services necessary to keep residents safe and maintain their well-being during an emergency. It is possible that some of these situations could have been prevented had there been an effective EPP and staff who were properly trained on their roles and responsibilities during those emergencies. There have been instances in other states that have caught national attention in which various emergencies have impacted long-term care facilities. One of the most notable natural disasters to have the gravest impact on residents in long term care facilities in Louisiana was Hurricane Katrina. During Hurricane Katrina, there was inadequate planning for such an event which left residents allegedly abandoned by their caretakers<sup>7</sup>. In 2017, another devastating scenario played out in Florida as a result of Hurricane Irma when 12 residents died of heat exposure after a power outage at a nursing home shut down the facility's air conditioner and residents were not evacuated timely.<sup>8</sup>

A second alternative that was considered was stricter rule language and use of a required reporting tool, similar to the requirements of other states like Florida which includes a six-page planning criteria form that must be used to develop their EPP. Additional requirements would include the development of an organizational chart and roster, and implementation of the EPP into a facility's standard operating procedures. These plans are also required to be reviewed and approved by the state. CMS has also adopted more rigorous emergency preparedness regulations for nursing homes and other types of healthcare facilities, which include more complex rehearsal drills and tabletop exercises to be completed.

The proposed rules are a better alternative for adult care homes and family care homes in North Carolina as they meet the current trends in the industry and follow the current best practice documents and guidance provided by assisted living associations without being overly burdensome. The rules also give flexibility to facilities to develop plans that fit the needs of their individual facility and the unique characteristics of the communities in which they are located. The current proposed rules are clear, concise, and give providers the guidelines for their EPP without confusing providers about which specific components are required in their plan. The rules also compel providers to collaborate with local emergency management and other healthcare providers and resources to be ready for any emergency.

-----  
<sup>1</sup>National Center for Assisted Living, “*Emergency Preparedness Guide for Assisted Living Communities*”, developed through the ACHA/NCAL Emergency Preparedness Committee 2013-2015.

<sup>2</sup>Argentum, “*Senior Living: Investing in Quality, Emergency Preparedness Best Practices When Facing a Natural Disaster*”

<sup>3</sup>Federal Emergency Management Agency (FEMA), “*Developing and Maintaining Emergency Operations Plans Comprehensive Preparedness Guide September 2021 Version 3.0*”, [https://www.fema.gov/sites/default/files/documents/fema\\_cpg-101-v3-developing-maintaining-eops.pdf](https://www.fema.gov/sites/default/files/documents/fema_cpg-101-v3-developing-maintaining-eops.pdf).

<sup>4</sup>U.S. Department of Labor Occupational Safety “*Evacuation Plans and Procedures eTool*”, <https://www.osha.gov/etools/evacuation-plans-procedures/eap/minimum-requirements>

<sup>5</sup>North Carolina Emergency Management “*North Carolina Risk Management Portal*”, <https://rmp.nc.gov/portal/#>

<sup>6</sup>National Archives Code of Regulations “*Requirements for Long-Term Care Facilities*”, <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.73>

<sup>7</sup>Department of Homeland Security. *The Federal Response to Hurricane Katrina: Lessons Learned*. <https://georgewbush-whitehouse.archives.gov/reports/katrina-lessons-learned/chapter1.html>

<sup>8</sup>The Associated Press, *Florida Nursing Home Death Toll Rises to Twelve After Irma Knocked Out A/C*, <https://www.nbcnews.com/storyline/hurricane-irma/florida-nursing-home-death-toll-rises-twelve-after-irma-knocked-n805846>

**Adult Care Homes-Construction**  
*Prepared by the Construction Section*

**Fiscal Impact Analysis of  
Permanent Rule Readoption without Substantial Economic Impact**

**Agency Proposing Rule Change**

North Carolina Medical Care Commission

**Contact Persons**

Taylor Corpening, DHSR Interim Rules Coordinator – (919) 855-4619

Jeff Harms, Acting Section Chief, Construction – (919) 855-3915

Tammy Sylvester, Engineering Supervisor, Construction – (919) 855-3917

**Impact Summary**

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

**Titles of Rule Changes and Statutory Citations**

(See Appendix for rule text)

**10A NCAC 13F**

**Section .0300 – The Building**

- Applications of Physical Plant Requirements 10A NCAC 13F .0301(Readopt)
- Design and Construction 10A NCAC 13F .0302 (Readopt)
- Plans and Specifications 10A NCAC 13F .0304 (Readopt)
- Physical Environment 10A NCAC 13F .0305 (Readopt)
- Fire Alarm System 10A NCAC 13F .0307 (Readopt)
- Electrical Outlets 10A NCAC 13F .0310 (Repeal)
- Other Requirements 10A NCAC 13F .0311 (Readopt)
- Special Care Unit Building Requirements 10A NCAC 13F .1304 (Readopt)

**Authorizing Statutes**

G.S. 143B-165

**Background**

Under authority of G.S. 150B-21.3A, periodic review and expiration of existing rules, the Medical Care Commission, Rule Review Commission, and the Joint Legislative Administrative Procedure Oversight Committee approved the Subchapter report with classifications for the rules

located at 10A NCAC 13F –Licensing of Adult Care Homes of Seven or More Beds – on August 10, 2018, October 18, 2018, and December 22, 2018, respectively. The following seven rules were proposed for readoption with substantive changes in this report: 10A NCAC 13F .0301, .0302, .0304, .0305, .0307, .0311, and .1304. The following rule was repealed: 10A NCAC 13F .0310.

There are approximately 582 licensed Adult Care Homes of seven or more beds in North Carolina. Of these 582 licensed facilities, approximately 268 facilities have Special Care Units (SCU) for Alzheimer and Related Disorders within the facility, and 65 are licensed standalone Special Care Unit facilities. On average, the Construction Section receives plans and specifications for approximately 5 new Adult Care facilities each year with a varying number of SCU beds.

The current physical plant rules in 10A NCAC 13F – Licensing of Adult Care Homes of Seven or More Beds have not been amended since July of 2005. The rules are outdated and do not reflect the current practices and procedures in the operation of adult care homes. The majority of the proposed amendments to the adult care home rules are revised to: implement technical and formatting changes to the rules, provide clarity for staff use, remove ambiguity, update the rules to reflect current practices and procedures of the Construction Section, and provide consistency with other licensure rules.

For the purpose of this fiscal analysis, “adult care home” and “assisted living facilities” are used interchangeably and is understood to mean an adult care home.

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

### **Rules in Section .0301 – Application of Physical Plant Requirements**

Most of the changes within this Section involve reorganizing and reformatting the rules, making them easier to use, and to provide clarity of intent.

Substantive changes within this Section are the Equivalency requirements. Existing Rule .0301 provides facilities the ability to request an equivalency to allow for alternate methods, procedure, design criteria, or functional variations from the requirements of the rules in this Section. The proposed changes are to clarify the minimum documentation that must be submitted for the Construction Section to evaluate the equivalency request. The documentation listed in this rule reflects current procedures of the Construction Section. Also, for consistency among rule sets, the proposed changes read the same as 10A NCAC 13K .1212 in the Hospice Licensing Rules.

### **Fiscal Impact**

The equivalency process is allowed per the current Rule .0301. The only impacts associated with the readoption of this rule are from improved clarity and consistency with other related rules. In

particular, the proposed changes will help clarify how a facility will be evaluated for an equivalency determination. By having more specific requirements spelled out in rule, it could save a facility time in preparing an equivalency request. The equivalency requests may also be more complete when they are submitted to the Construction Section. This could save staff time reviewing these requests. The amount of time saved is expected to be negligible.

### **Rule .0302 – Design and Construction**

The agency is proposing to readopt this rule with substantive changes. The revised changes include: reorganizing and reformatting the rules to provide clarity of intent, updating the information concerning access to current editions of the North Carolina State Building Codes, and updating the information concerning access to the current rules for Sanitation of Hospital, Nursing Homes, Adult Care Homes, and Other Institutions, 15A NCAC 18A .1300. The North Carolina State Building Codes and rules 15A NCAC 18A .1300 were incorporated in the existing Rule .0302.

### **Fiscal Impact**

The only impacts associated with the readoption of this rule are from improved clarity and consistency with other related rules. Improved clarity and consistency should make it easier for the regulated community to understand the rules. This could, in turn, save Construction Section staff time providing technical assistance to facilities. The amount of time saved is expected to be negligible.

### **Rule .0304 – Plans and Specifications**

The agency is proposing to readopt this rule with substantive changes. The proposed changes include the following:

- Reformatting the rules to provide clarifying language.
- Reducing the number of paper copies of construction documents facilities must send to the Division for review from 2 copies to 1 copy.
- Clarification that the owner or owner's appointed representative is responsible for submitting any changes made during construction or remodeling to the Division for review and approval. The requirements for the submission of changes made during construction are in the existing Rule .0304(d). For consistency, the language was changed to read the same as 10A NCAC 13D .3014(a) in the Rules for the Licensing of Nursing Homes, and 10A NCAC 13K .1113(a) in the Hospice Licensing Rules.

- Reduces the need for the Division to be notified by the owner or owner’s appointed representative of various percentages of construction progress.
- Clarifications on how the owner or owner’s appointed representative is to notify the Division once construction or remodeling is complete.

## **Fiscal Impact**

### Federal

No Impact associated with the readoption of this rule.

### State Impact

Reducing the number of copies of construction documents to be submitted for review and approval from 2 copies to 1 copy will reduce the need for additional floor area and file cabinets for plan storage. Also, traditionally, the Construction Section sent the 2nd copy of construction documents to the local authority having jurisdiction for review and approval. This process cost the Construction Section postage, handling, and other fees to mail the set of construction documents to the local jurisdiction. Due to requirements for plans to be submitted directly to the local jurisdiction when a contractor pulls a permit for anticipated construction, Construction Section no longer send copies of construction documents to the local jurisdiction; thus, no longer pay postage, handling, and other fees. This rule change aligns with current procedures in the Construction Section. As such, it is considered an ongoing benefit. The sizes of construction documents can vary significantly from project to project, so there is no way to accurately estimate potential savings.

### Adult Care Home Providers

By reducing the number of copies of construction documents to be submitted for review and approval from 2 copies to 1 copy, there will be cost savings for the provider. The savings will be the additional costs associated with printing plans of various sizes and mailing the additional set of drawings to the Construction Section. The current practice in the Construction Section is to require the submittal of only 1 copy of construction documents to the State; as such the savings from having to send just 1 copy should be considered an ongoing benefit. The change to this rule will not affect other regulations that require the provider to also submit a copy of construction documents to the local code enforcement department in the city or county in which the facility is to be constructed or remodeled.

The potential cost savings due to this change will vary from project to project depending on the size of the project. The amount of savings will increase with size of the project and will vary depending on mailing costs.

## Rule .0305 – Physical Environment

The agency is proposing to readopt this rule with substantive changes. This rule contains the rooms, spaces, and areas required in an adult care home. Many of the changes are technical edits, clarifications of existing requirements, reorganizing and reformatting to make them easier to use, and updates to the text reflect current practices. Substantive changes to the proposed Rule .0305 are described below:

- Paragraph (b)(1) removes the requirement for at least 50% of living rooms and recreational areas to be enclosed with walls and doors. The 2022 edition of the *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities (FGI)*<sup>1,2</sup> indicates the design of assisted living facilities should minimize the aspects of an institutional environment by creating family-style areas that are open-plan to create more of “great room” type spaces. Also, FGI does not have a requirement for living rooms and recreational areas to be enclosed with walls and doors. FGI requires designs of these areas that encourage resident, participant, and visitor use. The removal of the mandated requirement for at least 50% of living rooms and recreational areas to be enclosed with walls and doors does not preclude a design featuring separate satellite rooms for more intimate settings if desired.
- Paragraph (b)(4) and Paragraph (c)(4) currently require living rooms, recreational areas, and dining rooms to be provided with windows. The proposed added requirements are for windows with views to the outside, the gross window area of these windows to not be less than 8% of the gross floor area of each room or area, and that insect-proof screens be installed on openable windows. The added requirement for windows to provide views to the outside is to make clear the intent of the rule. While the current language for windows provided to have views to the outside may seem obvious, Construction Section has received designs over the years that provide framed openings to simulate “windows” to another room or the corridor. *FGI* indicates<sup>3</sup> that the provision of natural light should be considered wherever possible in the design of assisted living facilities’ physical environment.<sup>4</sup> Also, *FGI* indicates operable exterior windows that may be left open are to be provided with insect screens.<sup>5</sup> The *2018 North Carolina State Building Code*:

---

<sup>1</sup> The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 81, 176,181.

<sup>2</sup> *FGI* is a national design standard adopted by reference in many states in the country. It has not been adopted in North Carolina for these types of facilities. Because healthcare industry experts develop and revise *FGI* on a regular basis, it is used by many design professionals in the design of healthcare facilities including assisted living facilities.

<sup>3</sup> *FGI* is a national design standard adopted by reference in many states in the country. It has not been adopted in North Carolina for these types of facilities. Because healthcare industry experts develop and revise the *FGI* on a regular basis, it is used by many design professionals in the design of healthcare facilities including assisted living facilities.

<sup>4</sup> The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 104, 179.

<sup>5</sup> The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 104.

*Building Code* (NCSBC) contains standards for buildings in North Carolina. The NCSBC requires, where natural lighting by means of exterior openings is provided, windows are to have a “net glazed area of not less than 8 percent of the floor area of the room served.”<sup>6</sup>

- Paragraph (c)(1) removes the requirement for the dining room to be enclosed with walls and doors. With industry standards in the design of assisted living facilities for a less institutional setting but more of a home-like setting, the removal of the mandated requirement for walls and doors leaves the owner/operator with the autonomy to make design decisions based on the needs of the residents residing in these facilities. The removal of the mandated requirement for walls and doors for the dining room(s) does not preclude the design for separate satellite dining rooms for more intimate settings if desired.
- Paragraph (d) is proposed to provide clarification about when live-in staff is permitted in adult care homes. Existing Rule .0601(b)(3) permits live-in staff in licensed homes where the home has a capacity of 7 to 12 residents. By adding this proposed language in Rule .0305(d), it indicates to the owner/operator there are additional requirements to be met when live-in staff is provided. Proposed language is also added to clarify that live-in staff and other live-in non-residents are not to occupy or live in a licensed bed location and must not share a bedroom with a resident. This is to ensure all residents in the home have bedrooms designated for resident use. Separate bedrooms for live-in staff and other live-in non-residents are required in existing Rule .0305(d). The remaining changes are reformatting and technical changes.
- Paragraph (e)(1) adds the requirement for sinks in bathrooms and toilet rooms to be trimmed with valves that can be operated without the use of hands. Operating sinks without the use of hands limits the spread of bacteria or germs, keeping sinks and faucets more hygienic. This function can be achieved by equipping sinks with blade handles that do not require grasping, electronic faucets, or other hands-free devices. Also added are the requirements that blade handles used to meet this requirement be not less than 4-1/2 inches in length, and electronic faucets used to meet this requirement must have an emergency power source or battery backup capability. For battery-operated faucets, requirements were added for the facility to have a maintenance policy to keep extra batteries to ensure hand washing facilities are available at all times. This added requirement of operating sinks without the use of hands has been added throughout the Rules where sinks are required. All required sink locations are noted in the existing Rules with no new sinks being added in this readoption of the Rules.

---

<sup>6</sup> The NC Department of Insurance, *2018 North Carolina State Building Code: Building Code* (International Code Council, July 2015), 313.

- Paragraph (e)(5) adds language to require privacy curtains for bathing fixtures typically found in adult care facilities. The requirement for privacy curtains or partitions at plumbing fixtures is required in existing Rule .0305(e). The requirement extends the privacy provisions to a manufactured walk-in tub, if provided.
- Paragraph (e)(7) was revised to require a central bathing room on each floor of a multi-level facility rather than just one per facility. Current Rule .0305(e)(7) requires at least one central bathing room in a home/facility without taking into account the number of floors in the facility. This room is generally located on the 1<sup>st</sup> floor of multi-level facilities. With the current rule language, residents on other floors would have to travel to the 1<sup>st</sup> floor to utilize the central bathing room. The proposed change would eliminate the need to travel from floor to floor to use the amenities located in the central bathing room for residents who would like to use them.
- Paragraph (e)(7)(B) was revised to omit a roll-in shower in central bathing areas if one is located in bathrooms attached to each resident bedroom of the facility. The current rule language does not allow this omission. Currently, facilities constructed with roll-in showers in each resident bedroom are routinely granted an equivalency for omitting the roll-in shower in the central bathing area. This proposed rule language reduces time spent on requesting, granting, and writing equivalencies.
- Paragraph (e)(7)(C) adds language to allow a manufactured walk-in bathtub or a similar manufactured bathtub in the central bathing room to meet the conventional bathtub requirement. This allows for flexibility in providing other types of tubs designed for safe, easy transfer of residents. Under the current rules, facilities with a manufactured walk-in tub are routinely granted an equivalency to use this tub rather than a conventional bathtub. Existing Rule 10A NCAC 13F .0301(7) allows the Construction Section to grant an “equivalency” for an alternate design, which is not in strict compliance with the rules located in Section .0300. The facility must demonstrate that the alternate design is equivalently safe and meets the requirements of the rule. A manufactured walk-in tub is equivalently safe because it has a door on one side of the tub that provides easy access for residents with limited mobility and a seat shaped to minimize a resident from falling or sliding into the empty or water filled tub. The proposed language was added to read the same as 10A NCAC 13D .3201 in the Rules for Licensing Nursing Homes and 10A NCAC 13K .1204 in the Hospice Licensing Rules.
- Paragraph (e)(12) revises the requirement for mechanical ventilation for toilet rooms and bathrooms. Existing Rule .0305 requires mechanical ventilation at a rate of 2 cubic feet per minute per floor area. The revised rule requires mechanical ventilation in these rooms to meet the requirements of the North Carolina State Building Code (NCSBC). This revision was made so as not to provide a requirement that could be in conflict with the NCSBC.

- Paragraph (f) was reorganized to provide storage requirements for rooms and building areas in list form. This change makes the requirements easy to find and read. Paragraph (f)(4) updates the requirements compliance with sanitation rules. The specific sanitation rules these facilities are required to meet have been added to this rule. Also, Paragraph (f)(5)(A) added the requirement for housekeeping closets to be located on each resident floor of multi-level facilities. With current design practices for multi-level facilities, housekeeping closets or janitor’s closets on each resident floor are needed to maintain a clean and sanitary environment without requiring staff to carry waste or cleaning equipment from floor to floor. Existing Rule .0305 requires storage rooms/areas and housekeeping closets.
- Paragraph (h)(2) was revised to include the minimum requirements for handrails and guards for ramps as well as for elevated surfaces such as steps, and stoops. Revisions make it clear that handrails are to be provided on both sides of ramps and elevated surfaces. Also, revisions clarify the purpose and intent for handrails and guards. Existing Rule .0305(h) requires handrails and guards.
- In Paragraph (l)(3), language was added requiring a minimum of one residential type washer and dryer on each resident floor in multi-level facilities. The existing Rule .0305(1) requires a residential washer and dryer in the facility for staff, residents, and family use. With multi-level facilities designs becoming more popular, providing these facilities on each resident floor allows this equipment to be accessible to all residents without having to go to a central location, generally on the 1<sup>st</sup> floor of the facility.
- In Paragraph (m)(2&3), language was added to capture different conditions outside the facility which need protection in order to maintain safe conditions. Existing Rule .0305(m) provides a general requirement for the outside grounds to be clean and safe. The added language gives examples of site conditions that are to be provided safety protection. This change does not add any new requirements.

## **Fiscal Impact**

### Federal

No fiscal impact associated with the reoption of this rule.

### State

The reoption of this rule will result in additional DHSR plan review time of assisted living facility construction projects. Table 1 below provides an estimate of the DHSR staff architectural and engineering review times for the changes made to this rule based on assisted living facility projects submitted in the previous year. As indicated in Table 1, the net total review time for rule changes is estimated at 17 hours based on the average number of projects over the past five years, which would need review for the particular portions of the Rule. This

results in 17 additional hours that will be spent by the Division annually, which at \$65 per hour compensation rate (DHSR average architect + engineer salaries with fringe benefits) yields a total annual cost of close to \$1,105.00, assuming compensation stays flat in the next few years. This additional work will be performed as part of staff's existing duties and will not require additional expenditures above current budgeted levels.

**Table 1. Estimated Impacts to DHSR- Rule .0305 – Physical Environment**

Rule location	Item	Impact to Review Time Per Project (+/- hrs.)	Estimated Projects with Item Needing Review per Year <sup>a</sup>	Total Impact to Review Time (+/- hrs.)
Paragraph (b)(1)	Remove requirement that at least 50% of living and recreational areas be enclosed with walls and doors	0 <sup>b</sup>	0	0
Paragraphs (b)(4) and (c)(4)	Provide windows with views to the outside in living and dining rooms/areas	+1	4	+4
Paragraph (c)(1)	Remove dining rooms with walls and doors	0 <sup>c</sup>	0	0
Paragraph (e)(1)	Provide faucets operated without the use of hands	+2 <sup>d</sup>	4	+8
Paragraph (e)(5)	Provide privacy curtains at manufactured tub in central bathing	0 <sup>e</sup>	0	0
Paragraph (e)(7)	Provide central bathing room on each resident floor in multi-level facility	+1 <sup>f</sup>	1	+1
Paragraph (e)(7)(B)	Omitting roll-in shower from central bathing room if bathroom adjoining each resident room with a roll-in shower	+2 <sup>g</sup>	4	+8
Paragraph (e)(7)(C)	Allowance for manufactured tub	-3 <sup>h</sup>	4	-12
Paragraph (e)(12)	Revision for bathrooms and toilet rooms ventilation requirements	-1 <sup>i</sup>	8	-8
Paragraph (f)(5)(A)	Provide housekeeping closet (janitor's closet) on each resident floor in multi-level facilities	+1	4	+4
Paragraph (l)(3)	Provide residential washer and dryer on each resident floor in multi-level facilities	+1	4	+4
Paragraph (m)(2&3)	Provide safety protections for outdoor hazards	+2	4	+8
<b>Net Total Annual Impact (time)</b>				<b>+17 hours</b>
<b>Net Total Annual Impact (\$)</b>				<b>17 hrs x \$65/hr = \$1,105 DHSR staff time costs</b>

<sup>a</sup> Plans submitted between 1/2022 and 1/2023 were reviewed to estimate the number of projects that would need a review for a particular item affected by the proposed rule changes. There were 4 new facility projects and an additional 4 bathroom projects requiring ventilation review submitted during the time period that required review for the relevant items. The number of projects will vary from year to year, but Construction Section staff believe this is a

reasonable estimate of the number of projects that will be affected by the proposed rule changes going forward. In the past five years, there has been a relatively steady number of projects submitted each year.

<sup>b</sup> There would be no additional review time for verifying enclosed living rooms and recreational areas.

<sup>c</sup> There would be no additional review for verifying enclosed dining rooms.

<sup>d</sup> Review time spent checking all sinks to verify hands free faucets.

<sup>e</sup> Construction Section's current practice is to provide privacy curtains at all plumbing fixtures.

<sup>f</sup> Review time spent checking each floor for a central bathing room.

<sup>g</sup> If a roll-in shower is omitted from the central bathing area, review time would be spent checking the bathrooms adjoining every resident room for a roll-in shower.

<sup>h</sup> With the allowance for a manufactured walk-in tub, time saved would be from not having to review the equivalency request and create the equivalency document.

<sup>i</sup> In addition to the 4 new facility projects submitted last year, the engineering staff also had 4 bathroom renovation projects in which ventilation requirements were affected. Engineers would no longer verify correct bathroom ventilation cfm requirements through mathematical calculations.

### Adult Care Home Residents

Adult care facility residents would benefit from the readoption of this rule in several ways.

Although these benefits are non-quantifiable in nature, they are still relevant as follows:

- Paragraph (b)(4) and Paragraph (c)(4): Requiring windows in living rooms, recreational areas, and dining rooms with views to the outside provide residents views to nature and natural light. Natural light exposure has shown to help regulate normal circadian rhythm and contributes to setting regular sleep patterns for residents.<sup>7</sup> The requirement for screens on operable windows in these spaces provides a barrier against biting and flying insects and other creatures.
- Paragraph (e)(1): Good hand hygiene is an essential infection control measure. Requiring faucets for sinks that can be operated without the use of hands, eliminates the need to grasp conventional faucet handles through which germs can be spread. The health benefits for the addition of this requirement would be continuous among all projects.
- Paragraph (e)(5): In a central bathing room, adding a privacy curtain at the manufactured walk-in tub (if provided) maintains a resident's privacy, alleviates their self-consciousness, and helps maintain their dignity.<sup>8</sup> Requiring privacy curtains for a walk-in tub is already an industry norm and current practice in the Construction Section. As such, this change should be considered an ongoing benefit to residents.

---

<sup>7</sup> Gauzy Ltd., "4 Key Considerations When Building and Designing Senior Living Facilities", May 2020 <https://www.gauzy.com/4-imperative-considerations-when-building-and-designing-senior-living-facilities>, (January 2024).

<sup>8</sup> C. Renegar "Bathing as a Wellness Experience: Bathing Area Design Features Enhance Independence and Feeling of Well-Being", (October 2003) <https://www.thefreelibrary.com/Bathing+as+a+wellness+experience%3a+bathing+area+design+features...-a0110267310>, (January 2024)

- Paragraph (e)(7): Providing a central bathing room on each resident floor in multi-level facilities makes it more convenient for residents to take advantage of the additional amenity of a walk-in bathtub or large, spa tub located in the central bathing room. The current industry design standard for assisted living facilities is to provide a shower in each resident bathroom within each resident bedroom.<sup>9</sup> Residents’ bathrooms are not typically provided with a bathtub. If a resident would like to take a bath in a bathtub or has a clinical need to soak in a tub, the resident would have to go to the central bathing room for this amenity. With the current rule language of only one central bathing room per facility, if the central bathing room is located on the 1<sup>st</sup> floor of a multi-level facility, residents from upper floors would have to traverse either the stairs or elevators to the 1<sup>st</sup> floor to use the bathtub. Going up and down stairs between floors could pose safety problems depending on the acuity level of the resident. Should staff be required to escort a resident to another floor for tub use, this removes staff from their assigned unit for that time interval. Policy and functional measures would need to be taken to ensure the modesty and dignity of the resident traveling between floors for bathing. The proposed language adds a central bathing room on each resident floor in multi-level facilities to eliminate the need to travel from floor to floor for residents who would like to use these amenities.

Paragraph (1)(3): Loading, transferring, sorting, and folding laundry are familiar activities that may be therapeutic and normalizing for many residents.<sup>10</sup> Providing a residential washer and dryer on each resident floor in multi-level facilities will afford residents and their family members the ability to wash their personal items on the same floor they reside without having to transport these items up and down floors. Installing laundry facilities on each floor is already an industry norm for new buildings; however, it is not currently a requirement.

- Paragraph (m)(2&3): Having the opportunity to be outdoors is an important part of maintaining a quality of life for seniors.<sup>11</sup> Requiring safety protection around potential hazards such as creeks, ravines, ponds, and other similar areas provides for safe spaces to socialize and participate in activities. Also, many facilities are provided with fencing, especially Special Care Units (SCU) for dementia residents, to provide secure outdoor areas. Requiring fencing that has no sharp edges, rusting posts, or other similar potential hazards, could help prevent injury or serious harm. Providing protection for these conditions is current practice in the Construction Section. As such, this change should be considered an ongoing benefit to residents.

---

<sup>9</sup> The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 179.

<sup>10</sup> The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 84.

<sup>11</sup> Install-It-Direct, “Creating Safe, Low-Maintenance Outdoor Activity Spaces for Senior Living Facilities”, February 2013, <https://www.installitdirect.com/learn/senior-living-how-to-create-safe-low-maintenance-outdoor-activity-spaces-for-seniors-living-facilities/>, (January 2024)

## Adult Care Home Providers

The readoption of this rule would result in a fiscal impact to assisted living facility providers as follows:

- Paragraph (b)(1): From January 2022 to January 2023, there were four new construction projects submitted for assisted living facilities which included enclosed living rooms and recreation rooms. In each of these projects, at least 50% of the living rooms included in the design were enclosed with walls and doors. While the size of the enclosed living rooms varied from project to project, the enclosed living rooms, along with the other living rooms that were opened to the corridor, met or exceeded the minimum square feet requirement of existing Rule .0305(b)(2 or 3). With the proposed rule change, the owner or operator would no longer be required to enclose these spaces; however, they may still opt to provide enclosed spaces depending on the needs of their residents. Construction Section staff believes that eliminating the requirement for 50% of living rooms to be enclosed will not change the square footage of projects. Square footage tends to be the largest driving factor of building cost. Rather, it would most likely result in savings of material and labor from not having to construct as many walls. The cost to build a wall can range anywhere between \$25 to \$64 per linear foot.<sup>12</sup> The range in cost depends on framing material, wall height, and stud spacing. The magnitude of potential savings would vary greatly depending on the size of the room, as well as current labor and material costs.
- Paragraphs (b)(4) and (c)(4): From January 2022 to January 2023, there were four new construction projects submitted for assisted living facilities which included living rooms and dining rooms. In these projects, windows with views to the outside were provided in all living and dining rooms, and the average percentage of gross window area to the required living room and dining room floor areas ranged from 12% to 32%. The proposed rule requires a gross window area of 8%. The low-end percentage (12%) of this range is greater than the proposed percentage of 8%. Additionally, current standard industry practice is to install insect screens on openable exterior windows, as these windows have the possibility of being left opened.<sup>13</sup> State law requires window screening on windows that can be opened to prevent pests from entering the building.<sup>14</sup> Current Rule .0305 requires windows in living rooms and dining rooms. Adding the requirements for windows to have views to the outside, total gross window areas not less than 8% of floor areas, and insect-proof screens will result in no cost impact for future construction of living rooms and dining rooms due to the readoption of this rule.

---

<sup>12</sup> Homeguide, “Cost to Build a Wall”, July 2023, <https://homeguide.com/costs/cost-to-frame-a-wall>, (March 2024)

<sup>13</sup> The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 104.

<sup>14</sup> 15A NCAC 18A .1301, *Sanitation of Hospitals, Nursing Homes, Adult Care Homes, and Other Institutions*, <https://ehs.dph.ncdhhs.gov/oet/docs/cit/dlfm/1300-Rules.pdf>, (January 2024)

- Paragraph (e)(1): Current standard industry practice is to provide handwashing sinks that allow for hands-free operation.<sup>15</sup> This can be accomplished via single-lever faucets, wrist blade handle devices, or sensor-regulated (electronic) faucets. Adding the requirement for sinks with hands-free operation will not change this current industry practice. The added requirement does not dictate which method the provider uses to meet this requirement but gives flexibility to the provider to determine which method meets the functional needs of the residents. The cost benefit/impact for this requirement would vary depending on which method is chosen, and the quantity of sinks provided in the facility. Lever-type handled faucets are roughly equivalent in costs to other types of handled faucets. Touchless, sensor operated faucets could potentially be more in cost than wrist blade type devices depending on brand, features, and design. Presumably, a provider would only choose a more costly option if they deemed it worth the additional expense.
- Paragraph (e)(7): From January 2022 to January 2023, there were four new construction projects submitted for assisted living facilities. Three (3) of the facilities were 1-story in height, and one (1) was 3-stories in height. For the 3-story facility, resident bedrooms were located on each floor, and were provided with individual roll-in showers in each resident bathroom. The 3-story facility provided two central bathing rooms in the facility: one (1) located on the 1<sup>st</sup> floor and the other on the 3<sup>rd</sup> floor in the Special Care Unit (SCU). The central bathing room within the SCU is a separate requirement per current Rule .1304 (10) and can only be used by residents within the SCU. Therefore, the residents of the assisted living facility have one (1) central bathing room located on the 1<sup>st</sup> floor to use. The proposed language is to provide a central bathing room on each resident floor to afford residents the opportunity to use the central bathing room and its amenities without having to travel from floor to floor. The amount of added cost to the provider for this requirement depends on the configuration of the assisted living facility.

If the facility is a 1-story facility, there would be no additional costs associated with this added language since current Rule .0305(e)(7) already requires at least one central bathing room for the home/facility. If the facility is a multi-level facility, the number of additional central bathing rooms required depends on the number of resident floors. Most multi-level facilities do not have resident bedrooms on every level. Some levels have other staff offices such as the business center, other amenities such as theater rooms, clinical space, etc. Construction Section estimates that each additional central bathing room required under the proposed rule would add approximately \$78,625.<sup>16</sup> The cost breakdown is as follows:

---

<sup>15</sup> The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 116, 135.

<sup>16</sup> David R. Polston, Architect, Discussion concerning central bathing room design costs in assisted living facilities, Licensed Architect (January 2024)

1. The average size of a central bathing room providing the required plumbing fixtures per current Rule .0305(e)(7) is approximately 12 feet x18 feet or 216 square feet.
2. The construction requirements for a multi-level facility would be non-combustible construction per the North Carolina State Building Code. The average rate to build a non-combustible assisted living facility is \$300.00 per square foot. Therefore, a room of 216 square feet would cost approximately \$64,800.00 (216 x \$300.00) to build.
3. Current Rule .0305(e)(7) requires the following plumbing devices in the room:
  - a. Roll-in shower (estimated cost of \$1,800.00)<sup>17</sup>
  - b. Bathtub accessible on at least two sides (estimated cost \$1,500.00)
  - c. Lavatory (sink) with hands free device (estimated cost \$250.00)
  - d. Toilet (estimated cost \$275.00)

This would result in an additional estimated cost for plumbing fixtures of \$3,825.00.

4. The average costs to provide mechanical ventilation, plumbing piping, sprinkler protection, electrical service, etc. is estimated at \$10,000 per room
5. With an additional central bathing room(s), there could be potential additional costs for disinfecting and cleaning each additional central bathing room. An accepted practice is cleaning and disinfecting the shower, bathtub, or spa tub according to manufacturer’s instructions for use before the 1<sup>st</sup> bath or shower of the day and after each bath or shower.<sup>18</sup> This task is generally given to the facility’s housekeeping staff and takes about 15 minutes for each cleaning. Some housekeeping staff are hired for the cleaning of the facility on a salary basis; therefore, adding additional bathing areas becomes part of the cleaning requirement for salary staff.<sup>19</sup>
  - Paragraph (e)(7)(B): Current Rule .0305(e)(7)(B) requires a roll-in shower in the central bathing room. Proposed language allows the roll-in shower to be omitted from the central bathing room if each resident bedroom in the facility has a roll-in shower. Therefore, the estimated cost savings would be approximately \$1,800.00 per central bathing room based on the approximate cost listed above.

---

<sup>17</sup> The roll-in shower can be removed from the central bathing room if each resident bathroom is provided with a roll-in shower is being proposed under Rule .0305(e)(7)(B). Providing a roll-in shower in each resident bathroom is an industry minimum requirement.

<sup>18</sup> McKnight Long Term Care News, “How to Do It...Cleaning the Bathing Area”, September 2019, <https://www.mcknights.com/print-news/how-to-do-it-cleaning-the-bathing-area/>, (March 2024 )

<sup>19</sup> Anguette William, Housekeeping Manager, Discussion concerning cleaning and disinfecting of central bathing rooms, Lancaster Health and Rehabilitation (March 2024)



room. The added requirement for a residential washer and dryer on each resident use floor comes ongoing costs for maintenance and repairs of the equipment. Under typical usage, the average residential washer and dryer last between 10 to 13 years before needing to be replaced.<sup>24</sup> Also, regular maintenance on the units, such as cleaning the lint filter of the dryer, checking hoses and connections on the washing machine for leaks, and addressing any repairs promptly are ongoing costs to the provider over the lifetime of these units depending on quality of the units provided and the amount of usage of the units. The number of laundry rooms required would depend on the number of resident floors in a multi-level facility.

- Paragraph (m)(1&2): Current Rule .0305(m)(1&2) requires outside grounds of new and existing facilities to be maintained in a safe condition. Proposed added language clarifies different types of site conditions that could render the grounds unsafe for residents that must be provided with safety protection. Also, the proposed added language includes a list of various potentially hazardous fence conditions that can cause injury residents that would need to be addressed. The added language does not dictate what type of safety protection must be provided, recognizing there are various ways to provide protection against such hazards. Providing protection for potentially hazardous conditions is current practice in the Construction Section. Therefore, there is no cost for these added clarifications.

The estimated impacts to providers from proposed changes to Rule .0305 are summarized in Table 2. The majority of impacts to providers will be realized during construction of the facilities. There could be minimal ongoing costs related to maintenance of bathrooms and laundry equipment.

**Table 2. Estimated Impacts to Adult Care Home Providers – Rule .0305 – Physical Environment**

Rule location	Item	Cost/Savings Per Project
Paragraph (b)(1)	Remove requirement that at least 50% of living and recreational areas be enclosed with walls and doors	Cost: \$0 Savings: \$25-\$64 per linear foot of wall, but will vary depending on room size, cost of labor and materials.
Paragraphs (b)(4) and (c)(4)	Provide windows with views to the outside in living and dining rooms/areas	Cost/Savings: \$0 Windows are currently required; must plan layouts to ensure views to the outside.
Paragraph (c)(1)	Remove requirement that dining rooms be enclosed with walls and doors	Cost: \$0 Savings: \$25-\$64 per linear foot of wall,

<sup>24</sup> Consumer Reports, “How to Make Your Washer and Dryer Last Longer”, January 2022, <https://www.consumerreports.org/appliances/how-to-make-your-washer-and-dryer-last-a2393416520/>, (March 2024)

		but will vary depending on room size, cost of labor and materials.
Paragraph (e)(1)	Provide faucets operated without the use of hands	Cost/Savings: \$0 Equivalent price point for hands-free faucets. Current industry standard.
Paragraph (e)(5)	Provide privacy curtains at manufactured tub in central bathing	Cost: Likely negligible as this is current industry standard. Savings: \$0
Paragraph (e)(7)	Provide central bathing room on each resident floor in multi-level facility	Cost: \$78,625 per additional central bathing room for multi-story facilities. No added cost for single-story facilities. Savings: \$0
Paragraph (e)(7)(B)	Omitting roll-in shower from central bathing room if bathroom adjoining each resident room with a roll-in shower	Cost: \$0 Savings: \$1,800 per roll-in shower eliminated from central bathing.
Paragraph (e)(7)(C)	Allowance for manufactured tub	Cost/Savings: Provider has discretion to choose standard two-sided tub or more expensive manufactured walk-in tub.
Paragraph (e)(12)	Revision for bathrooms and toilet rooms ventilation requirements	Cost: \$0 Savings: Potential modest savings depending on bathroom size.
Paragraph (f)(5)(A)	Provide housekeeping closet (janitor's closet) on each resident floor in multi-level facilities	Cost: Likely minimal, as this is industry standard. No added cost for single-story facilities. Savings: \$0
Paragraph (l)(3)	Provide residential washer and dryer on each resident floor in multi-level facilities	Cost: \$11,500 per laundry room for multi-story facilities. No added cost for single-story facilities. Savings: \$0
Paragraph (m)(1&2)	Clarify safety protections for outdoor hazards	Cost/Savings: \$0 Safety protections are already required. Rule changes clarify what is meant by "safe" and "hazardous" conditions.
<p style="text-align: center;"><b>Total Estimated Impacts to Providers*</b></p> <p style="text-align: center;">*Assumes 4 facility construction projects per year, of which 3 are single-story and 1 is three-stories.</p>		<p>Costs:</p> <ul style="list-style-type: none"> <li>• 1 multi-story facility x 2 central bathing rooms x \$78,625 = \$157,250</li> <li>• 1 multi-story facility x 2 laundry rooms x \$11,500 = \$23,000</li> <li>• Minimal ongoing costs for maintenance of laundry equipment and bathrooms.</li> </ul> <p>Savings:</p> <ul style="list-style-type: none"> <li>• Unquantified savings from not having to enclose living/recreational/dining areas, likely in the thousands of dollars per wall.</li> </ul>

	<ul style="list-style-type: none"> <li>• 3 single-story facilities x 1 roll-in shower x \$1,800 = \$5,400</li> <li>• 1 multi-story facility x 4 roll-in showers x \$1,800 = \$7,200</li> <li>• Unquantified savings from meeting less stringent bathroom ventilation requirements, likely in the hundreds of dollars per bathroom.</li> </ul>
--	---

**Rule .0307 – Fire Alarm System**

The agency is proposing to readopt this rule with substantive changes. The installation of the fire alarm system is governed by the North Carolina Fire Code. This rule is revised to provide clarification that the system must also be in accordance with local ordinances. These clarifications do not impose new requirements.

**Fiscal Impact**

No fiscal impact associated with the readoption of this rule.

**Rule .0310 – Electrical Outlets**

The agency is proposing to amend this rule as a repeal. Current Rule .0310 requires “electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.” Assisted living facilities are required to meet the North Carolina State Building Codes which includes the Electrical Code. The North Carolina Electrical Code provides the requirements for ground fault protected electrical outlets.

**Fiscal Impact**

No fiscal impact associated with the amendment of this rule.

**Rule .0311 – Other Requirements**

The agency is proposing to readopt this rule with substantive changes. Most of the changes within this Section involve reformatting the rules, making them easier to use, and to provide clarity. Proposed substantive changes are as follows:

- Paragraphs (b)(4): The proposed language expands the list of cooking appliances encountered in activity and recreational areas used by residents that must be under staff supervision and be provided with a locking feature controlled by staff to ensure safe operation. These areas are sometimes called a country kitchen and are used to support resident and participant involvement in activities of daily living. Current industry standards require these appliances be equipped with secured shutoffs where residents

have access to the area.<sup>25</sup> Existing Rule .0311(b)(4) requires supervision by staff and a locking feature. No new requirements are added associated with the proposed revisions.

- Paragraph (b)(5): The proposed language expands the list of cooking appliances encountered in resident rooms that must be provided with a locking feature controlled by staff to ensure safe operation. As the design of these facilities becomes more home-like, some design features provide kitchenettes in resident rooms. Many of these kitchenettes have various appliances to create a home-like feel and convenience. Current Rule .0311(c)(5) requires a locking feature, controlled by staff, for cooking appliances to limit the use of the equipment. There are no new requirements associated with the proposed revisions.
- Paragraph (b)(6): The added language requires the facility to assess each resident’s ability to use various cooking appliances safely to determine the extent of staff supervision needed when cooking appliances are used by residents. Current Rules .0311(b)(5) and .0311(b)(6) require the facility to assess the capabilities of each resident to operate equipment in a safe manner. The proposed language relocates this requirement to a separate paragraph to consolidate and clarify the facility’s responsibility concerning assessing each resident. There are no new requirements associated with the proposed revision.
- Paragraph (c): The proposed change combines the ventilation requirements in current Rules .0311(b) and .0311(c). The proposed revisions remove “winter design conditions” from the rules. Over the years, the Construction Section has had many questions from providers concerning the meaning of “winter design conditions” in trying to determine minimum ventilation requirements. While “winter design conditions” is an industry term understood by designers of Heating, Ventilation, and Air Conditioning (HVAC) systems, it is not a phrase commonly used outside of a design environment. The proposed change replaces “winter design conditions” with “heating season” to provide clarity. Also, proposed language requires the facility to be provided with heating and cooling systems with environmental temperature controls capable of maintaining temperatures in the facility at a minimum of 75 degrees F in heating season, and not to exceed 80 degrees F during the non-heating season. Current Rule .0311(c) requires air conditioning or ceiling fans in the facility when the main center corridor exceeds 80 degrees F. By providing one paragraph, the heating and cooling requirements for an assisted living facility are easy to find. Nothing in these changes require facilities to These are no new requirements added due to this change.

---

<sup>25</sup> The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 95,96.

- Paragraph (g) revises the requirement for mechanical ventilation for rooms listed in the current rule. Existing Rule .0311(g) requires mechanical ventilation at a rate of 2 cubic feet per minute per floor area. The revised rule requires mechanical ventilation in these rooms to meet the requirements of the North Carolina State Building Code (NCSBC). This revision was made so as not to provide a requirement that could be in conflict with the NCSBC.
- Paragraph (h) provides the requirements for a calling system when there is live-in staff in the facility. The existing Rule .0311(h) requires a calling system. However, some assisted living facilities were confused by the current language and did not understand the requirements. The proposed changes clarify the placement of call devices, and how the calling system must function. The changes clarify the call device must be in each resident bedroom, be located at each resident bed, be within reach of the resident lying on the bed, be activated with a single action, and each resident bedroom call must be connected to the live-in staff's bedroom and notify staff via visual and audible notifications. The proposed rule language is reorganized and reformatted to make the rule less ambiguous and confusing to assisted living facilities but does not add any additional requirements to assisted living facilities.
- Paragraph (i) provides the requirements for a calling system for licensed facilities without live-in staff. The existing Rule .0311(i) requires a calling system. However, some assisted living facilities were confused by the current language and did not understand the requirements. The proposed changes clarify the placement of call devices, and how the calling system must function. The proposed rule language is reorganized and reformatted to make the rule less ambiguous and confusing to assisted living facilities but does not add any additional requirements to assisted living facilities.
- Paragraph (k) is proposed to be removed to make it clear that the changes proposed in this Rule are not meant for existing facilities in compliance with the rules under which they are currently licensed. All new facilities and renovations will meet these Rule requirements when a new project is submitted per Rule .0304.

### **Fiscal Impact**

No fiscal impact associated with the amendment of this rule.

### **Rule .1304 – Special Care Unit Physical Environment Requirements**

The agency is proposing to readopt this rule with substantive changes. Most of the changes within this Section involve reformatting the rules, making them easier to use, and to provide clarity. Proposed substantive changes are as follows:

- Paragraph (a): Existing Rule .1304 requires special care units (SCU) that are a part of an adult care facility to meet the minimum physical environment requirements for adult care facilities contained in Rules .0301-.0311. Some assisted living facilities and Construction Section staff were confused by the current language in determining if all spaces contained in Rules .0301-.0311 are required to be provided within the SCU. The proposed rule language provides a list of exceptions to provide clarification as to what spaces do not have to be within the SCU since they are provided within the assisted living facility. The proposed language is less ambiguous and confusing for assisted living facilities and Construction Section staff. There are not any additional requirements to assisted living facilities due to the proposed language.
- Paragraph (b) reorganizes, reformats, and clarifies requirements in current Rule .1304. The requirements are provided in a list form to make them easy to read. Some notable clarifications are as follows:
  - Paragraph (b)(4) clarifies that sounding devices are required on unit doors per Rule .0305(h)(4). This clarification is needed to ensure staff are notified when unit doors are opened, alerting staff to the possibility of an elopement.
  - Paragraph (b)(6) clarifies that the secured outside area is to be directly accessed on the same level as the unit. Some designs submitted to the Construction Section have provided the secured outside area on a different level than the unit, requiring staff movement of residents with dementia or other cognitive disabilities from one level to another to access the outdoor area. Current industry standards suggest residents should have easy, unrestricted access to secure, therapeutic outdoor areas.<sup>26</sup> Benefits of outdoor walking gardens offer residents improved physical activity levels, improved cognition and sleep, and reduced stress and agitation to name a few.<sup>27</sup> Current Rule .1304(8) states “Direct access from the facility to a secured outside area shall be provided.” The Construction Section has always interpreted that the outside area was to be accessed directly from the unit. However, due to the wording of the current rule language, designs have been submitted with a secured outdoors area from the facility but not necessarily from the unit. The proposed language clarifies the intent of the rule and does not add any additional requirements to assisted living facilities.
  - Paragraph (b)(7) adds a minimum height requirement for secured outside areas where fences are used to secure the area. Current design of secure outdoor spaces recommends perimeter fence at least 6 feet high, camouflaged, and with no

---

<sup>26</sup> The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*, 2022 Edition (St. Louis: The Facility Guidelines Institute, 2022), 75-77.

<sup>27</sup> Emily Chmielewski, EDAC, “Designing for Memory Care, Senior-Living Facilities”, March 2017, <https://www.hfm magazine.com/articles/2730-designing-for-memory-care>, (January 2024)

ladderlike elements that could be used for climbing to reduce elopement attempts.<sup>28</sup> The proposed added language provides more descriptive terms to help assisted living providers understand the minimum requirement based on current industry safety standards and design.

- Paragraph (b)(10) is reformatted and reorganized to read the same as proposed Rule .0305(e)(7). Current Rules .1304(9) and .1304(10) require a toilet, hand lavatory, tub, and shower for residents use within the unit. There are no new requirements for assisted living facilities due to the proposed rule language.
- Paragraph (13) was added to clarify the proposed changes of this rule will apply to newly licensed special care units.

## **Fiscal Impact**

### Federal

No fiscal impact associated with the reoption of this rule.

### State

Despite the proposed changes, the agency does not anticipate any impact to the Division due to the proposed changes to Rule .1304 because there are minimal new requirements provided in the proposed changes. All special care units are required to be provided with a secure outdoor area. The new requirement for fencing used to secure the outdoor area to be at least 6 feet high provides little to no impact because the existing rule recognizes fencing can be used to secure the outdoor area. The estimated impact to the Construction Section to review for a particular proposed item to Rule .1304 has been addressed above in Table 1 under Rule .0305.

### Adult Care Home Residents

Despite proposed changes, the agency does not anticipate any significant impact to assisted living facility residents due to the proposed changes to Rule .1304. The proposed changes provide clarification to the existing rule requirements.

### Adult Care Home Providers

The reoption of this rule would not result in any significant fiscal impact to assisted living facility providers. The proposed changes provide clarification to the existing rule requirements by reformatting and reorganizing existing requirements. The estimated impact to assisted living facility providers has been addressed under Rule .0305 above.

---

<sup>28</sup> Emily Chmielewski, EDAC, “Designing for Memory Care, Senior-Living Facilities”, March 2017, <https://www.hfmmagazine.com/articles/2730-designing-for-memory-care>, (January 2024)

## **Summary of Impacts**

As compared to the existing regulatory baseline, DHSR estimates that the proposed rule changes will produce an annual net time cost to the State (DHSR) of about \$1,105 per year, which includes costs from additional project review time and savings from avoided equivalency review time. The cost of the additional review time can be absorbed within the Construction Section and Department's operating budget without any increase to state funds.

Adult care home providers are likely to realize both costs and savings as compared to the existing regulatory baseline. The bulk of costs will be associated with construction/remodeling of multi-story facilities, which may incur one-time costs of about \$78,625 per additional central bathing room and \$11,500 per additional laundry room, as well as minimal ongoing costs for maintenance of the additional bathing and laundry rooms. Single-story facilities will not incur these additional costs. All providers may realize one-time savings associated with avoided construction of walls to enclose common areas and less stringent bathroom ventilation requirements. The magnitude of these savings will depend primarily on the size of the rooms. Providers could also realize a one-time savings of about \$1,800 per central bathing room from not having to install roll-in showers.

There could also be minimal unquantifiable benefits to both providers and DHSR staff in the form of savings on postage and printing as well as time savings from improved rule clarity and consistency.

Most importantly, adult care home residents are likely to realize unquantifiable, but valuable, benefits from incremental improvements to privacy, safety, access to outdoors, convenience, and a more home-like environment.

It should be noted many of the changes being proposed align with current industry standards. As such, the actual costs realized from the proposed rule changes are likely to be less than estimated. Based on the assumption that the number and types of future adult care home facility projects remains stable (or perhaps decreases) relative to recent years, it is highly unlikely that the estimated annual costs and benefits from the proposed changes would exceed \$1 million. Therefore, the Division estimates there would not be a substantial economic impact as a result of the proposed changes to the readopted rules.

**Family Care Homes-Construction**  
*Prepared by the Construction Section*

**Fiscal Impact Analysis of  
Permanent Rule Readoption without Substantial Economic Impact**

**Agency Proposing Rule Change**

North Carolina Medical Care Commission

**Contact Persons**

Taylor Corpening, DHSR Interim Rules Coordinator – (919) 855-4619

Jeff Harms, Acting Section Chief, Construction – (919) 855-3915

Tammy Sylvester, Engineering Supervisor, Construction – (919) 855-3917

**Impact Summary**

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

**Titles of Rule Changes and Statutory Citations**

(See Appendix for rule text)

**10A NCAC 13G**

**Section .0300 – The Building**

- Applications of Physical Plant Requirements 10A NCAC 13G .0301(Readopt)
- Design and Construction 10A NCAC 13G .0302 (Readopt)
- Living Room 10A NCAC 13G .0305 (Amended)
- Dining Room or Dining Area 10A NCAC 13G .0306 (Readopt)
- Kitchen 10A NCAC 13G .0307 (Readopt)
- Bedrooms 10A NCAC 13G .0308 (Amended)
- Bathrooms 10A NCAC 13G .0309 (Readopt)
- Outside Entrance and Exits 10A NCAC 13G .0312 (Readopt)
- Laundry Room 10A NCAC 13G .0313 (Amended)
- Building Service Equipment 10A NCAC 13G .0317 (Readopt)
- Outside Premises 10A NCAC 13G .0318 (Readopt)

**Authorizing Statutes**

G.S. 143B-165

## **Background**

Under authority of G.S. 150B-21.3A, periodic review and expiration of existing rules, the Medical Care Commission, Rule Review Commission, and the Joint Legislative Administrative Procedure Oversight Committee approved the Subchapter report with classifications for the rules located at 10A NCAC 13G –Licensing of Family Care Homes – on August 10, 2018, October 18, 2018, and December 22, 2018, respectively. The following eight rules were proposed for readoption with substantive changes in this report: 10A NCAC 13G .0301, .0302, .0306, .0307, .0309, .0312, .0317, and .0318. The following three rules were amended: 10A NCAC 13G .0305, .0308, and .0313.

There are approximately 530 licensed Family Care Homes in North Carolina. Also, on average, approximately an additional 55 family care home applications are received each year in the Construction Section, of which approximately 50% are recommended to the Adult Care Licensure Section for licensing.

The current physical plant rules in 10A NCAC 13G – Licensing of Family Care Homes have not been amended since July of 2005. The rules are outdated and do not provide the current practices and procedures in the operation of family care homes. The majority of the proposed amendments to the family care home rules are technical changes intended to provide clarity for staff and owner use, update the rules to reflect current procedures of the Construction Section, industry design standards, remove ambiguity, and provide consistency with other licensure rules.

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

### **Rules in Section .0301 – Application of Physical Plant Requirements**

Most of the changes within this Section involve reorganizing and reformatting the rules, making them easier to use, and to provide clarity of intent.

Substantive changes within this Section are the Equivalency requirements. Existing Rule .0301 provides Family Care Homes the ability to request an equivalency to allow for alternate methods, procedure, design criteria, or functional variations from the requirements of the rules in this Section. The proposed changes are to clarify the minimum documentation that must be submitted for the Construction Section to evaluate the equivalency request. The documentation listed in this rule reflects current procedures of the Construction Section. Also, the proposed changes read the same as 10A NCAC 13K .1212 in the Hospice Licensing Rules.

## **Fiscal Impact**

The equivalency process is allowed per the current Rule .0301. The only impacts associated with the readoption of this rule are from improved clarity and consistency with other related rules. In particular, the proposed changes will help clarify how a Family Care Home will be evaluated for

an equivalency determination. By having more specific requirements spelled out in the rule, it could save a Family Care Home time in preparing an equivalency request. The equivalency requests may also be more complete when they are submitted to the Construction Section. This could save staff time reviewing these requests. The amount of time saved is expected to be negligible.

### **Rule .0302 – Design and Construction**

The agency is proposing to readopt this rule with substantive changes. The revised changes update the information concerning access to current editions of the North Carolina State Building Codes, clarifications on the requirements of two-story facilities, and reformat other requirements listed in the rule. The proposed changes include the following:

- Paragraph (a) updates incorporation of the North Carolina State Building Codes.
- Paragraph (f)(4) is revised to provide clarity on the requirements for a complete fire alarm system. The additional language defines a complete fire alarm system currently required in Rule .0302 for two-story family care homes. Also, it provides clarity as to how the fire alarm system must perform. Though many of these requirements are stated within the standards of NFPA 72 and are governed by the North Carolina Fire Code, the owners and providers of these facilities do not always have access to these codes and standards. Providing clarifications of these requirements minimizes the potential of additional costs associated with providing a system that is incomplete and does not perform as required.
- Paragraph (h) was revised to provide clarification that the seven and one-half feet ceiling height requirement is throughout the family care home and not just in certain areas. This requirement is confusing to many family care home providers as they understand the requirement to be only in resident locations. However, the current rule language is not interpreted by the Construction Section this way. Because of this ambiguity, many providers have had to raise the ceiling in homes to meet this requirement or have had to find a different home to license as a family care home. This could cause undue financial hardship to a family care home provider. Adding this clarification minimizes the potential of additional costs to remodel a facility which does not meet this minimum requirement. There are no new requirements with the proposed changes to this rule.
- Paragraph (j) is updated to present the rooms in list form and to identify which rooms must have a minimum door width of two feet-six inches. The rooms listed are required in existing Rule .0302. However, the proposed revisions reorganized the rooms in list form to make the rooms easier to identify.
- Paragraph (m) updates the name change for the Division of Public Health, Environmental Health Section.

## **Fiscal Impact**

The revisions of this Section are mainly technical changes, reformatting changes, and clarifications. Despite the additional language for the clarifications of a complete fire alarm system for a two-story facility, current Rule .0302 requires that a complete fire alarm system be installed. The requirements for ceiling heights and door sizes are also existing requirements of Rule .0302. Therefore, the only impacts associated with the readoption of this rule are from improved clarity. Improved clarity should make it easier for the regulated community to understand the rules. This could also save the Construction Section staff time providing technical assistance. The amount of time saved is expected to be negligible.

## **Rule .0305 – Living Room**

The agency is proposing to amend this rule. The proposed changes are revisions to clarify the living room has a minimum size requirement. Though this requirement did not change, our experience has shown the words “at least” have been questioned by providers as to whether the room size was a minimum size requirement. Also, the proposed revisions are to clarify that a minimum of one window in the living room must meet the emergency egress size requirements of the North Carolina State Building Codes.

## **Fiscal Impact**

No fiscal impact associated with the amendment of this rule other than from improved clarity.

## **Rule .0306 – Dining Room or Dining Area**

The agency is proposing to readopt this rule with substantive changes. The proposed changes are revisions to clarify the requirements for a dining room or dining area. The rule currently uses the words “dining area” with no clear description as to what a dining area is. Second, “Dining Area” was added to the rule title to clarify that dining could be in a room or an area. Lastly, the word “dining” was added wherever the word area to provide further clarification that a dining area could be provided.

- Paragraph (a) is to clarify the dining room or dining area has a minimum size requirement. Though this requirement did not change, our experience has shown the words “at least” have been questionable as to whether the room or area size was a minimum size requirement. By adding the word “minimum,” clarification is provided as the intent of this requirement.
- Paragraph (b) was revised to accommodate the current design of homes with open floor plans that do not provide a separate formal dining room. Also, the revisions are to clarify

what is not to be included in the calculation of a dining area for an open floor plan where the dining area is a part of the kitchen. There are no new requirements associated with these changes; only clarifications based on current rule language and Construction Section practices.

- Paragraph (c) provides revisions to clarify that a minimum of one window in the dining room or dining area must meet the emergency egress size requirements of the North Carolina State Building Codes.

### **Fiscal Impact**

No fiscal impact associated with the readoption of this rule other than from improved clarity and consistency with other regulations.

### **Rule .0307 – Kitchen**

The agency is proposing to readopt this rule with substantive changes. The rule was changed to clarify that the type of filter required by manufacturer’s instructions is to be used when providing a recirculating fan for a ventless hood. This is currently already the requirement; however, the small change reflects that a manufacturer may have several different filters for a particular ventless hood.

### **Fiscal Impact**

No fiscal impact associated with the changes within this rule other than from improved clarity.

### **Rule .0308 – Bedrooms**

The agency is proposing to amend this rule. The proposed changes are as follows:

- Paragraph (d) adds and defines “net floor area” in determining the minimum room size requirements for private and semi-private rooms. Though the rule minimum room size requirements did not change, many providers were not clear on how to calculate usable and occupiable space that does not include vestibules, closets, or wardrobe spaces. By adding “net floor area” to the rule, providers will be able to calculate bedroom sizes with more accuracy.
- Paragraph (d) also add the words “private resident bedroom” and removes the phrase “occupied by one person.” This change is to be consistent with other rules, and to recognize that residents’ bedrooms are either a private bedroom or a semi-private bedroom.

- Paragraph (e) adds the words “semi-private bedroom” and removes the phrase “occupied by two persons.” This change is to be consistent with other rules, and to recognize that residents’ bedrooms are either a private bedroom or semi-private bedroom. Also, this paragraph provides separation of private and semi-private bedrooms due to the difference in the minimum room size requirements.
- Paragraph (h) adds the requirement for windows in residents’ bedrooms to have insect-proof screens. Windows in bedrooms are not only used for emergency egress, but they are also used to provide ventilation for the bedroom. The proposed requirement to provide insect-proof screens on bedroom windows helps provide protection against biting insects such as mosquitoes, flies, ticks, and others.

### **Fiscal Impact**

#### Federal

No fiscal impact associated with the changes within this rule.

#### State

No fiscal impact associated with the changes within this rule.

#### Family Care Home Providers

Current Rule .0302(m) requires family care homes to meet sanitation requirements as determined by the North Carolina Division of Environmental Health. In 15A NCAC 18A .1600 - Rules Governing the Sanitation of Residential Care Facilities, Rule .1615 requires all opening to the outer air be effectively protected against the entrance of flying insects by screens, closed doors, closed windows, or other effective means. As such, the proposed change to this rule will not result in any impacts other than from improved clarity and consistency with other existing regulations.

### **Rule .0309 – Bathroom**

The agency is proposing to readopt this rule with substantive changes. The proposed changes are as follows:

- In Paragraph (a), the requirements of a full bathroom for five or fewer residents and staff is already required by the rule. However, the requirements are not descriptive. The proposed language was added to provide clarity by defining what is the intent of a full bathroom. By adding the definition of a full bathroom allows for non-traditional tubs and showers to be used. These include manufactured walk-in bathtubs or other similar manufactured bathtub designed for easy transfer of residents into the tub or shower. The fixture to be provided is left to the discretion of the provider.

- The changes in Paragraph (e) are related to reorganizing and reformatting the rule to make it easier to use. The changes also clarify the requirements for required hand grips at each bathroom fixture. The added language is based on Construction Section’s safety practices, and also explains the intent of the requirement for hand grips.
- Paragraph (g) was revised to coincide with the requirements of the North Carolina State Building Code for bathroom ventilation requirements in a residential setting. The current rule requires 2 cubic feet per minute of ventilation for each square foot of floor area. As the designs for bathroom sizes continue to increase, this two cubic feet requirement could require very large exhaust fans that are typically provided in commercial settings. Requiring exhaust systems in line with the North Carolina Building Code for residential settings helps ensure residential type exhaust systems are appropriate for these facilities.

### **Fiscal Impact**

The potential savings to providers will vary depending on the size of the bathroom. In any case, it is likely that some family care homes will realize cost savings from this change, especially as the trend is for new bathrooms to be built larger and more elaborate. Also, due to the varying of sizes in bathrooms, insufficient data prevents providing an estimate of the annual cost benefit removing the current ventilation of 2 cubic feet per minute from the rule. Savings would only be realized for new construction and remodels.

### **Rule .0312 – Outside Entrance and Exits**

The agency is proposing to readopt this rule with substantive changes. The proposed changes are as follows:

- Paragraph (a) was updated to include the words “outside entrances/exits” to match the title of the rule, and to make clarify that doors required to lead to the outside. Also, the practice of not allowing exiting through another resident’s bedroom was added due to privacy concerns for residents.
- Paragraph (d) provides clarification of the requirement for single hand motion hardware is on screen and storm doors as well as outside entrance/exit doors. This prevents having outside entrance/exit doors that are easily operable for exiting but then have an additional locking feature on the storm door that prevents immediate exiting.
- Paragraph (f) was revised to include the minimum requirements for handrails and guards for ramps as well as for elevated surfaces such as steps, and stoops. Revisions make it

clear that handrails are to be provided on both sides of ramps and on the open side of elevated surfaces. Also, revisions clarify the purpose and intent for handrails and guards.

- Paragraph (g) clarifies the required sounding devices on doors is to be continuous, and a central system of remote devices is to be powered by the facility's electrical system.

### **Fiscal Impact**

The agency does not anticipate any impact to family care homes due to the revisions and clarifications in Rule .0312 because the revisions and clarifications are general requirements of the North Carolina State Building Code and Construction Section practices.

### **Rule .0313 – Laundry Room**

The agency is proposing to amend this rule. A laundry room is currently required in family care homes. The proposed changes take the original requirements and reformat them in list form to provide clarity. These proposed changes are as follows:

- Paragraphs (b) expands the existing list of excluded rooms where laundry equipment is not to be located. Added language is needed to ensure residents' privacy.
- Paragraph (c) reiterates the requirement of Rule .0302(i) which requires all resident areas to be on the same floor level. This requirement is specifically explained here because home laundries are sometimes found to be on a step-down level of the home.
- Paragraph (d) was added to make it clear that laundry equipment must be available to all residents. This addition is needed to prevent laundry equipment from being located in another residents' bedroom or bathroom, in a staff only area, or a general bathroom that can be used by all residents.

### **Fiscal Impact**

The current rule language requires laundry equipment to be in a family care home, and also identifies which areas the equipment is to be located out of. However, through the years, there have been several projects where existing laundry rooms are located in the garage, inside a bathroom, or in another building next to the house being proposed as a family care home. These locations would not be considered as meeting the minimum requirements nor the intent of the rule. The proposed language provides further clarification on the minimum requirements and the intent of the rule. With these clarifications, the agency does not anticipate any impact associated with the amendment of this rule.

### **Rule .0317 – Building Service Equipment**

The agency is proposing to readopt this rule with substantive changes. The proposed changes are as follows, and are technical changes to provide clarity for this rule:

- Paragraph (b) removed the winter temperate design requirements. This requirement was moved to Paragraph (c).
- Paragraph (c) was rewritten to clarify the minimum and maximum temperature requirements in a family care home.
- Paragraph (d) removed the Celsius degree temperature requirements for the hot water temperature. Only the Fahrenheit degree requirement remains.
- Paragraph (f) provides the requirements for a calling system when there is live-in staff in the home. The existing Rule .0317 requires a calling system to be provided where the live-in staff bedroom is located in a separate area from resident bedrooms. The proposed changes clarify the placement of call devices, and how the calling system functions. The changes clarify the call device must be in each resident bedroom, be located at each resident bed, be within reach of the resident lying on the bed, be activated with a single action, and each resident bedroom call must be connected to the live-in staff bedroom, so that staff is notified via visual and audible notifications. The proposed changes reorganized and reformatted the rule to make it easier to use.

### **Fiscal Impact**

The revisions of this Rule are mainly technical and reformatting changes. Therefore, no fiscal impact associated with the readoption of this rule other than from improved clarity.

### **Rule .0318 – Outside Premises**

- The agency is proposing to readopt this rule with substantive changes. The proposed language clarifies different types of site conditions that could render the grounds unsafe for residents that must be provided with safety protection. Also, the proposed added language includes a list of various potentially hazardous fence conditions that can cause injury to residents that would need to be addressed. The added language does not dictate what type of safety protection must be provided, recognizing there are various ways to provide protection against such hazards. Providing protection for potentially hazardous conditions is current practice in the Construction Section. Therefore, there is no additional cost for these added clarifications.

## **Fiscal Impact**

The agency does not anticipate any impact associated with the readoption of this rule other than from improved clarity. The various hazards described are conditions the Construction Section examines and evaluates during routine inspections to ensure residents' safety. The care provider would have to implement some type of reasonable and acceptable protection anyway if an unsafe condition was found.

## **Summary**

The majority of changes proposed for the 10A NCAC 13G Rules are for the purpose of providing additional clarity and consistency with other regulations. This will be a potential benefit to 1) the regulated community in the form of time savings spent understanding the requirements, and to 2) the State in the form of time savings providing technical assistance. Family care home providers could realize cost savings from no longer having to meet a more stringent ventilation requirement for bathrooms. These savings would only be realized for new buildings and remodels. The magnitude of savings will vary depending on the size of the bathroom. State agency staff could also realize minimal time savings associated with reviewing documents for compliance with ventilation standards

## **Additional Rule Readoptions and Amendments**

**Contact Persons:** Taylor Corpening, DHSR Interim Rules Review Manager, (919) 855-4619  
Megan Lamphere, Chief, DHSR Adult Care Licensure Section, (919) 855-3784  
Shalisa Jones, Regulatory Analyst, Adult Care Licensure Section (704) 589-6214

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

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

10A NCAC 13F .0801 Resident Assessment  
10A NCAC 13F .0802 Resident Care Plan  
10A NCAC 13F .0801 Resident Assessment  
10A NCAC 13F .0802 Resident Care Plan  
10A NCAC 13F .1601 Definitions  
10A NCAC 13F .1602 Issuance Of A Star Rating  
10A NCAC 13F .1603 Statutory And Rule Requirements Affecting Star Rated Certificates  
10A NCAC 13F .1604 Rating Calculation  
10A NCAC 13F .1605 Contents Of Star Rated Certificate  
10A NCAC 13G .1601 Scope  
10A NCAC 13G .1602 Issuance Of A Star Rating  
10A NCAC 13G .1603 Statutory And Rule Requirements Affecting Rated Certificates  
10A NCAC 13G .1604 Rating Calculation  
10A NCAC 13G .1605 Contents Of Star Rated Certificate

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

10A NCAC 13F .1501 Use of Physical Restraints and Alternatives

**Authorizing Statutes:** 131D-2.16; 131D-4.5; 131D-10; 143B-165

### **Impact:**

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

### **Introduction and Background:**

The Star Rated Certificate Program was established to provide consumers with meaningful and accessible information about the care and services provided in the state's adult care home and family care home facilities. Adult care homes (seven or more beds) and family care home facilities (two to six beds) are inspected annually (or biennially if the facility has achieved a 4-star rating). If non-compliance with state rules and regulations for adult care homes and family care homes is identified during an inspection, the survey team must determine the level of the facility's non-compliance. Likewise, the county departments

of social services inspect these facilities and also cite violations for non-compliance. A star-rating is calculated based on the findings of inspections.

The agency is proposing changes to update these rules to be consistent with the existing requirements in N.C. Gen. Stat. 131D-10 and to ensure the requirements are clear and unambiguous. In addition, technical changes are proposed to clarify rule language and to meet current style standards. The rules remove outdated language of resident assessment and care plans and clarify how the assessment is to be completed and the care plan is to be developed and used to meet the needs of residents. The contents of both the resident assessment and care plan have been included to meet rulemaking requirements.

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 Rule 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. The following rules were identified for readoption without substantive changes: 10A NCAC 13F .0801, 13F .0802, 13F .1501, 13F. 1601, 13F. 1602, 13F .1603, 13F .1604, 13G .0801, 13G .0802, 13G. 1601, 13G. 1602, 13G .1603, 13G .1604. The rules were classified in the reports as necessary with substantive public interest. The following rules were identified for readoption without substantive changed: 13F .1605 and 13G .1605 were identified for amendment with no substantive changes to align with the family care home rule and will not be discussed in this analysis.

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

**10A NCAC 13F .0801 and 13G .0801 Resident Assessment:** This rule establishes the requirements for completing an assessment to identify a resident’s level of functioning. The rule as written includes the current requirements for completing the 72-hour initial assessment, however, this language has now been included in rules 13F .0704 and 13G. 0704 for clarity. Therefore, the agency proposes to remove the initial assessment requirements in Paragraph (a). The agency has an approved assessment instrument that can be used by facilities; however, the proposed language allows facilities to also utilize their own assessment instrument. The facilities would be required to train the individual who is responsible for conducting the resident assessment on how to do so using their instrument just as facilities using the state approved assessment instrument as required in rules 13F .0508 and 13G .0508. The proposed language includes the contents of the assessment instrument as required according to the North Carolina Administrative Procedure Act and the Rules Review Commission. The assessment instrument is free and not an additional cost to facilities. A website address has also been included for where the assessment instrument can be obtained at no cost.

Paragraph (c) outlines specific circumstances for when a subsequent assessment is to be completed. The rule as currently written requires facilities to complete a significant change assessment within 10

days of a change in the resident's condition. Conditions that meet the definition of a significant change have been updated for clarity and to address current trends within facilities to include falls, changes in pain, a change in the pattern of usual behaviors, and removal of conditions that were considered a threat to life and now include instances when a resident has been enrolled in hospice. The proposed language allows facilities to monitor a resident's condition for up to 10 days to determine if change is significant and an additional 3 days to complete the assessment. This change allows facilities additional time to monitor a resident and complete the assessment and prevent the facility from having to complete multiple assessments if the resident's condition changes in a short period of time. The agency has received feedback from adult and family care providers that additional time is needed to assess the resident before completing a significant change assessment. Allowing extra time to complete the assessment could result in a more accurate assessment of the resident which would enhance resident care. Since significant change assessments are already a requirement, there is minimal impact for facilities to complete the assessment.

2. Paragraph (d) outlines the requirements for facilities to complete a referral when the resident experiences a significant change to the resident's physician or licensed health professional within 10 days of the significant change assessment. The proposed language now requires the facility to complete the referral within 3 days as the facility will now have 10 days to monitor the resident's condition and then complete the assessment and then the referral. These changes align with the additional time now proposed to complete the assessment. Since the proposed language gives the facility additional time to complete the assessment, the change is a benefit and would have minimal impact on the facility to have the referral to be completed within 3 days.

**10A NCAC 13F .0802 and 13G .0802 Resident Care Plan:** These rules outline the requirements for completing a care plan that identifies preferences related to the resident's care and services based on the functional assessment as required in Rules 13F/G .0801. The rules remove outdated language and clarify how the care plan is to be developed and used to meet the needs of residents.

1. Paragraph (b) outlines what should be included in the care plan. The language has also been updated to include the involvement of the resident's responsible person to give them the ability to participate in their plan of care. This is beneficial to the residents as it allows them to have a voice in their care. Since the facility is already completing the assessment, the involvement of the resident or their responsible person would have minimal impact. The agency has an approved care plan; however, the proposed rule language includes the contents of the care plan to meet the rulemaking requirements.

The proposed language in Paragraph (c) outlines contents of the care plan as required according to the North Carolina Administrative Procedure Act and the Rules Review Commission. The care plan is free and not an additional cost to facilities. A website address has also been included for where the assessment instrument can be found obtained at no cost.

2. The proposed rule language in Paragraph (d) updates the requirements for communication and coordination of care for residents who receive hospice or home health services for clarity. The updated language would also align with the requirements in Rule 13F and 13G .0801(c)(1)(G) as it relates to hospice services. Coordination and communication with hospice and home health would ensure that services are provided efficiently for residents without overlap or an interruption in care and services.

Facilities are currently working along with hospice and home health agencies to coordinate care, therefore there are no additional costs or time required for facilities to meet this requirement.

**10A NCAC 13F .1501 Use of Physical Restraints and Alternatives:** This rule has been amended for clarity and to align with the changes made to 13G .1301 that became effective April 1, 2024. The rule clarifies that a physician extender can write the order for and require the use of a restraint and provides a definition for the term. The proposed language also clarifies “safety” and the responsibility of the administrator or their designee specifically when documenting the use of alternatives and during emergency situations. A definition for “emergency” has been included for clarity.

**10A NCAC 13F .1601 and 13G .1601 Definitions:** The rules as currently written outline the scope of star rated certificates. The agency is proposing to remove this language as it is outdated. These rules are being changed to clarify terms used throughout the adult and family care home rules to help define words and phrases commonly used throughout the Subchapter.

**10A NCAC 13F .1602 and 13G .1602 Issuance of a Star Rating:** These rules outline how a star rating will be issued to facilities following an annual or biennial, and subsequent inspections. The proposed language outlines the requirements for issuing the star rating when a timely request has been made for an informal dispute resolution. These requirements were included to align with the existing requirements in N.C. Gen. Stat. 131D-10. The rule was updated to include where the star rating worksheet can be found for clarity. Table 1.1 shows the total number of star rating certificates that have been issued in calendar year (CY) 2023. Ratings are issued based on different types of inspections and licensure actions as noted in the table.

**Table 1.1 Total Number of Star Ratings Issued (CY 2023)**

	Total	Family Care Homes (2-6 beds)	Adult Care Homes (7+ beds)
<b>Total Number of Ratings Issued:</b>	925	426	499
<b>Annual Inspections</b>	630	356	274
<b>Follow-up Inspections</b>	224	51	173
<b>Complaint Investigations</b>	16	3	13
<b>Initial</b>	18	14	4
<b>County DSS Issued Type A or U/B</b>	37	2	35
<b>Administrative Actions</b>	0	0	0

**10A NCAC 13F .1603 and 13G .1603 Statutory and Rule Requirements Affecting Star Rated Certificates:** These rules outline the standards that formulate the star rating. These standards align with the minimum requirements as outlined in the N.C. Gen. Stat. 131D-10. While the statute includes the minimum requirements, the rule has been updated to reference existing sections 13F/G .0400 staff qualifications and sections 13F .1800/13G. 1700 infection prevention and control. There is no fiscal impact associated with the proposed changes.

**10A NCAC 13F .1604 and 13G .1604 Rating Calculation:** These rules outline the standards for how the star rating is calculated. The rating is based on a 100-point scale. Merit points are points added to a facility's score upon correction of standard deficiencies (formally citations) and violations upon follow-

up inspection. The purpose of merit points is to encourage facilities to take additional measures above and beyond what is minimally required by state rules to ensure the health, safety, welfare, and quality of life of their residents. Merit points result in a higher rating, however, facilities do not lose points by not putting these additional measures in place. Demerit points are points which are deducted from a facility's score because of non-compliance, which results in a lower rating. The rules as currently written included outdated language.

The most significant changes proposed are to how facilities earn merit points:

- Facilities will have additional opportunities to earn merit points.
- The number of merit points earned will increase for corrections of certain types of deficiencies.
- This revised merit point system takes into account the relative value of some types of corrections over others. This should more accurately reflect facilities' level of compliance and overall quality of care.

There are also significant changes proposed for how facilities are to get demerit points:

- There will be additional scenarios for which facilities may get demerit points.
- The revised demerit point system takes into account the relative importance of some types of violations over others. This should more accurately reflect facilities' level of compliance and overall quality of care.
- By having more ways to get demerit points, it may provide additional incentive for facilities to take steps to avoid deficiencies and violations.

1. The rules as currently written allows facilities to earn the following merit point values:

- Corrected Type A violation (in any rule area): Add 2.5 points each
- Corrected Type B violation: Add 1.25 points each
- Uncorrected Type B violation corrected (in any rule area): Add 1.25 points each

The proposed rule language now includes Type A1 and A2 violations as defined in N.C. Gen Stat. 131D-34 and includes an increase to the merit point values to encourage facilities to correct violations to promote resident health and safety. The proposed merit point values are as follows:

- Corrected Type A1 or Type A2 violation (in any rule area): Add 5 points each
- Corrected Type B violation: Add 1.75 points each
- Uncorrected Type B violation corrected (in any rule area): Add 1.75 points each

The agency received feedback from the providers and provider associations about the need to review merit point values. The providers and provider associations indicated that there were facilities with particularly low scores who were identified to have non-compliance during the survey process. However, since getting back into compliance, they were still not able to increase their score and star rating to reflect their return to compliance. The agency reviewed the current scores and star rating merit and demerits and is proposing an increase in the merit points. Facilities now have the opportunity to earn higher merit points that could potentially increase the facilities' scores and star rating. The increase in points will allow facilities the incentive to increase their star rating after correcting

violations and deficiencies without any negative effect on the quality of care for residents. The rule as currently written does not include facilities receiving merit points if their license is restored to a full license after being downgraded to a provisional license. The proposed language gives facilities 10 demerit points if the license is downgraded to a provisional license and 5 merit points for when the license is fully restored. The proposed language also includes a demerit of 31 points if the facility’s license is summarily suspended. Including the additional merit and demerit values aligns with the penalties outlined in the N.C. Gen. Stat. 131D-34. The proposed demerits will lower a facility’s score and star rating. Facilities with a provisional license or a license that has been summarily suspended typically result in a one- or zero-star rating. While the demerits will lower the score/star rating, it should be noted that those facilities already have a low score with one or zero stars, therefore the agency does not expect a significant difference in the facilities’ star rating. Facilities are currently issued a provisional license and summary suspension as outlined in the general statute; therefore, the merits and demerits are being added to reflect in the star rating, promoting transparency to residents, families, and consumers.

Table 1.2 illustrates the impact of the proposed increased merit point values for correcting non-compliance on a facility’s star rating. Table 1.2 was prepared using the scores and star rating issued to adult and family care home facilities during calendar year (CY) 2023. The figures listed in the columns titled “score after violations corrected” and “star after violations corrected” show the results of giving merit points at the follow-up for corrected violations based on the current rule language. Columns titled “score under new rules” and “star under new rules” show the results of giving merit points at the follow-up for corrected violations based on the proposed rule language. It is important to note that a facility must obtain 100 points or greater on two consecutive annual surveys to earn a four-star rating. The facilities were randomly chosen based on current score and star rating. The table reflects a combination of adult and family care home facilities in each star category and shows how correcting violations and standard deficiencies could increase their score. The projection of the new score and star rating would reflect the correction of violations and deficiencies, however, would not account for additional violations or deficiencies that could potentially be found during the follow-up survey. The actual facility names were removed from the report.

**Table 1.2 Illustration of the Impact of the Proposed Increased Merit Point Values for Correcting Non-Compliance on a Facility’s Star Rating**

Facility	Score	Stars	A Violations	B Violations	Standard Def	Score after violations corrected	Stars after violations corrected	Score under new rules	Star under new rules
Facility A	36.5	0	2	1	15	61.5	0	67	0
Facility B	46	0	2	3	8	64.75	0	71.25	1
Facility C	68.5	0	2	3	2	79.75	1	86.25	2
Facility D	50	0	4	0	5	66.25	0	76.25	1
Facility E	70.5	1	3	0	1	79.25	1	86.75	2
Facility F	75.5	1	2	0	5	86.75	2	91.75	3
Facility G	76	1	2	1	2	84.75	2	90.25	3
Facility H	79	1	1	1	5	89	2	92	3
Facility I	80.5	2	2	0	1	86.75	2	91.75	3
Facility J	83.5	2	1	1	3	91	3	94	3
Facility K	85.5	2	1	0	4	93	3	95.5	3
Facility L	85.5	2	1	2	0	90.5	3	94	3
Facility M	89	2	1	1	0	92.75	3	95.75	3
Facility N	90	3	1	0	0	92.5	3	95	3
Facility O	90	3	1	0	1	93.75	3	96.25	3
Facility P	90.5	3	0	4	0	95.5	3	97.5	3
Facility Q	91.5	3	1	0	2	96.5	3	99	3
Facility R	92.5	3	0	1	2	96.25	3	96.75	3
Facility S	93	3	0	1	3	98	3	98.5	3
Facility T	95.5	3	1	0	0	98	3	100.5	3
Facility U	96.5	3	0	1	0	97.75	3	98.25	3

2. The rules, as currently written, allow a follow-up inspection to be requested and completed if the facility received deficiencies (formally citations) that resulted in a one- or a zero-star rating. The proposed rule language removes this language as the agency only completes follow-up inspections at facilities where violations have been cited. Since the inception of the star rating program in 2009, this scenario has never occurred.

3. Currently, facilities are able to receive additional merit points by making arrangement for emergency power backup (i.e. have a generator permanently installed on-site or have a current contract with an emergency power backup provider) and maintain the system in working order, having an installed an automatic sprinkler system throughout the facility and maintain the system in working order, North Carolina New Organizational Vision Award (NC NOVA) voluntary special licensure designation, and participation in a quality improvement program by approved by the Department of Health and Human Services. The proposed rule language now lists each essential function as required for the generator for clarity. These functions are already required; however, the actual functions were included to satisfy the Rules Review Commission requests. The proposed language removes NC NOVA as the special license no longer exists. Facilities are now able to receive an additional one-half merit point, which are optional if the facility establishes a resident council and an additional one-half merit point if the facility establishes a family council. Both councils would need to meet at least quarterly to receive the additional merit. Facilities now have the option to receive an additional one-half merit point if the facility has an on-site staff member responsible for directing infection control activities. The staff

member would need to have complete the “Infection Control in Long Term Care Facilities” course offered by the University of North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) every 2 years.

4. The agency is proposing facilities receive a one additional merit point for conducting resident and family satisfaction surveys with a third-party company. The purpose of the surveys would be to improve resident care. The surveys provide another way for consumers to get information about the care and services provided by the facility, based on feedback from actual consumers. The results would be made available upon request to survey staff and would publicly post in the facility. The surveys would be completely optional for facilities and are not considered a requirement or a required additional cost for facilities. The resident and family services would be beneficial to current and future residents and families as they make choices decisions about choosing a facility to provide care and services.

## **Summary of Impact**

### State and Local Government

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.

### Assisted Living Facilities

Some facilities may benefit from an increase in merit points as it will raise their overall rating score and possibly the number of stars earned. Facilities with high star rating scores use star ratings in their marketing and sales strategies to attract new residents to live at the facility, which could increase facility revenues. Some facilities may choose to incur costs if it will result in higher star ratings such as the infection control training offered by the UNC SPICE program (\$465), third party resident and family satisfaction surveys, or establishing resident/family council programs. These are voluntary options to gain merit points. Presumably, a facility would only choose to incur these costs if they believe the benefits to doing so would outweigh the costs. No facility’s star rating will decrease as a result of the proposed changes to how star rating merit points are calculated.

### Residents and Families

As compared to the current rating system, the proposed demerits would better reflect the level of compliance of facilities. This should provide an incentive for facilities to improve their level of compliance in key areas. In turn, this could help residents and families make more informed decisions about placement. If the addition of more opportunities to gain merit points results in some facilities choosing to participate in resident or family council meetings and/or satisfaction surveys, it would give residents the opportunity to more directly affect their quality of care within the facility. The proposed changes to the star rating program ultimately provide additional incentives to facilities to improve their quality of care which would benefit the residents and families. The magnitude of these benefits will

depend largely on how many facilities respond to deficiencies under the new rating system as compared to the existing rating system and how many facilities choose to take advantage of the increased merit point opportunities.

## Appendix

10A NCAC 13F .0206 is proposed for amendment as follows:

### **10A NCAC 13F .0206 CAPACITY**

- (a) The licensed capacity of adult care homes licensed pursuant to this Subchapter is seven or more residents.
- (b) The total number of residents shall not exceed the number shown on the license.
- (c) ~~A facility shall be licensed for no more than the number of beds for which the required physical space and other required facilities in the building are available. permit in accordance with the Rules of this Subchapter.~~ The Department shall not grant a license to a facility for more beds than the number for which the required physical space and other required facilities in the building are available. permit in accordance with the Rules of this Subchapter.
- (d) The facility's bed capacity and services provided shall comply with the Certificate of Need issued to the facility in accordance with G.S. 131E, Article 9, regarding the certificate of need. ~~be in compliance with G.S. 131E, Article 9, Article 9, regarding the certificate of need.~~

*History Note:* Authority G.S. 131D-2.4; 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. April 1, 1984;  
Temporary Amendment Eff. July 1, 2003;  
Amended Eff. June 1, 2004;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018. 2018;  
Amended Eff. January 1, 2025.

10A NCAC 13F .0301 is proposed for readoption with substantive changes as follows:

### **10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS**

~~The physical plant requirements for each adult care home shall be applied as follows~~ Adult Care Homes shall apply the following physical plant requirements:

- (1) New construction shall comply with the requirements of this Section.
- (2) Except where otherwise specified, ~~existing~~ licensed facilities or portions of ~~existing~~ licensed facilities shall meet the licensure and code requirements in effect at the time of licensure, construction, change in service or bed count, addition, modification, renovation, or ~~alteration~~; alteration. ~~however, in no case shall the requirements for any licensed facility facility, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are~~

~~available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;~~

- (3) In no case shall the requirements for a licensed facility, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 1800 Umstead Drive, Raleigh, North Carolina, 27603 at no cost.
- ~~(3)(4)~~ New additions, alterations, ~~modifications~~ modifications, and repairs shall meet the ~~technical~~ requirements of this ~~Section~~; Section.
- ~~(4)(5)~~ Effective July 1, 1987, resident bedrooms and resident services shall not be permitted on the second floor of ~~any~~ a facility licensed for seven or more beds prior to April 1, 1984 and classified as two-story wood frame construction by the North Carolina State Building ~~Code~~; Code.
- ~~(5)(6)~~ Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, ~~systems~~ systems, or operational conditions that exceed minimum ~~requirements~~; requirements.
- ~~(6)~~ The ~~bed capacity and services provided in a facility shall be in compliance with G.S. 131E, Article 9 regarding Certificate of Need. A facility shall be licensed for no more beds than the number for which required physical space and other required facilities are available;~~
- (7) Equivalency: ~~Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division when the facility can effectively demonstrate that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility; and~~ The Division may grant an equivalency to allow alternate methods, procedures, design criteria, or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a facility submits a written equivalency request to the Division that states the following:
- (a) the rule citation and the rule requirement that will not be met because strict conformance with current requirements would be:
- (i) impractical;
- (ii) unable to be met due to extraordinary circumstances;
- (iii) unable to be met due to new programs; or
- (iv) unable to be met due to unusual conditions;
- (b) the justification for the equivalency; and
- (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- (8) In determining whether to grant an equivalency request, the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The governing body shall maintain a copy of the approved equivalence issued by the Division.

- ~~(8)~~(9) Where rules, ~~codes~~ codes, or standards have ~~any~~ a conflict, the ~~most~~ more stringent requirement shall ~~apply and any conflicting requirement shall not~~ apply.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Temporary Adoption Eff. July 1, 2004;  
Eff. July 1, ~~2005~~, 2005;  
Readopted Eff. January 1, 2025.*

10A NCAC 13F .0302 is proposed for readoption with substantive changes as follows:

### **10A NCAC 13F .0302 DESIGN AND CONSTRUCTION**

- (a) ~~Any~~ A building licensed for the first time as an adult care home or a licensed adult care home that is closed or vacant and not serving residents for more than one year for reasons other than approved construction or remodeling shall meet the requirements of the North Carolina State Building ~~Code~~ Codes for new construction. All new construction, ~~additions~~ additions, alterations, repairs, modifications, and renovations to ~~existing~~ buildings shall meet the requirements of the North Carolina State Building ~~Code~~ Codes for I-2 Institutional Occupancy if the facility houses 13 or more residents or the North Carolina State Building ~~Code~~ Codes requirements for Large Residential Care Facilities if the facility houses seven to twelve residents. The North Carolina State Building ~~Code~~, ~~all applicable volumes, Codes,~~ which ~~is~~ are incorporated by reference, including ~~all~~ subsequent amendments and editions, may be purchased from the ~~Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).~~ International Code Council online at <https://shop.iccsafe.org/> at a cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at <https://codes.iccsafe.org/codes/north-carolina>. Licensed facilities shall meet the North Carolina State Building Codes in effect at the time of licensure, construction, or remodeling. The facility shall also meet all of the rules of this Section.
- (b) ~~Each facility shall be planned, constructed, equipped and maintained to provide the services offered in the facility. A facility shall not offer services for which the facility was not planned, constructed, equipped, or maintained.~~
- (c) ~~Any existing~~ A building converted from another use to an adult care home shall meet all requirements of ~~a new facility. Paragraph (a) of this Rule.~~
- (d) ~~Any existing licensed facility that is closed or vacant for more than one year shall meet all requirements of a new facility.~~
- ~~(e)~~(d) The sanitation, water supply, sewage ~~disposal~~ disposal, and dietary facilities for facilities with a licensed capacity of 13 or more residents shall comply with ~~the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A~~

NCAC 18A .1300 .1300, which are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost. are hereby incorporated by reference, including subsequent amendments and editions. The sanitation, water supply, sewage disposal, and dietary facilities for facilities with a licensed capacity of 7 to 12 residents shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600, which are hereby incorporated by reference, including subsequent amendments and editions. Copies of these rules may be accessed online free of charge at <https://www.oah.nc.gov/>.

~~(f)(e)~~ The facility shall maintain in the facility and have available for review current sanitation and fire ~~and building~~ safety inspection reports ~~which shall be maintained in the home and available for review.~~ reports.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 1990; September 1, 1986; April 1, 1984;  
Temporary Amendment Eff. September 1, 2003;  
Amended Eff. June 1, 2004;  
Temporary Amendment Eff. July 1, 2004;  
Amended Eff. July 1, 2005- 2005;  
Readopted Eff. January 1, 2025.*

10A NCAC 13F .0304 is proposed for readoption with substantive changes as follows:

#### **10A NCAC 13F .0304 PLANS AND SPECIFICATIONS**

(a) When construction or remodeling of an adult care home is planned, ~~two copies~~ the adult care licensee or licensee's appointed representative shall submit one copy of ~~Construction Documents~~ construction documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. ~~As a preliminary step to avoid last minute difficulty with final plan approval,~~ Schematic Design Drawings ~~design drawings~~ and ~~Design Development Drawings~~ design development drawings may be submitted for review and approval prior to the required submission of ~~Construction Documents.~~ construction documents.

(b) Approval of ~~Construction Documents~~ construction documents and specifications shall be obtained from the Division prior to licensure. Approval of ~~Construction Documents~~ construction documents and specifications shall expire ~~after~~ one year after the date of approval unless a building permit for the construction has been ~~obtained.~~ obtained prior to the expiration date of the approval of construction documents and specifications.

(c) If an approval expires, renewed approval shall be issued by the Division, provided revised ~~Construction Documents~~ construction documents and specifications meeting ~~all current regulations, codes and standards~~ the rules

established in this Section are submitted by the ~~applicant or appointed~~ adult care licensee or licensee's appointed representative and reviewed by the Division.

(d) ~~Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.~~ An adult care licensee or licensee's appointed representative shall submit changes made during construction to the Division for review and approval to ensure compliance with the rules established in this Section.

(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. ~~Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings~~

(f) ~~The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.~~ The adult care licensee or licensee's appointed representative shall notify the Division in writing either by U.S. Mail or e-mail when construction or remodeling is complete.

*History Note:* Authority G.S. 131D-2.16; 143B-165;  
Temporary Adoption Eff. July 1, 2004;  
Eff. July 1, ~~2005~~, 2005;  
Readopted Eff. January 1, 2025.

10A NCAC 13F .0305 is proposed for readoption with substantive changes as follows:

### **10A NCAC 13F .0305 PHYSICAL ENVIRONMENT**

(a) An adult care home shall provide living arrangements ~~to meet the individual needs of~~ for the residents, the live-in ~~staff~~ staff, and other live-in persons.

(b) The requirements for ~~each~~ a living room and recreational area are:

- (1) ~~Each~~ a living room and recreational area shall be located off a lobby or ~~corridor.~~ At least 50 percent of required living and recreational areas shall be enclosed with walls and doors; corridor;
- (2) ~~In~~ in buildings with a licensed capacity of 15 or less, there shall be a minimum area of 250 square feet;
- (3) ~~In~~ in buildings with a licensed capacity of 16 or more, there shall be a minimum of 16 square feet per resident; and
- (4) ~~Each~~ a required living room and recreational area shall have ~~windows.~~ windows with views to the outside. The total gross window area shall not be less than eight percent of the gross floor area of the room. The window shall be openable from the inside and shall have insect-proof screens.

(c) The requirements for the dining room are:

- (1) ~~The~~ the dining room shall be located off a lobby or ~~corridor and enclosed with walls and doors;~~  
corridor;
- (2) ~~In~~ in buildings with a licensed capacity of 15 or less, there shall be a minimum of 200 square feet;
- (3) ~~In~~ in building with a licensed capacity of 16 or more, there shall be a minimum of 14 square feet per resident; and
- (4) ~~The~~ the required dining room shall have ~~windows,~~ windows with views to the outside. The total gross window area shall not be less than eight percent of the gross floor area of the room. The window shall be openable from the inside and shall have insect-proof screens.

(d) The requirements for the bedroom are:

- (1) ~~The~~ the number of resident beds set up shall not exceed the licensed capacity of the facility;
- (2) ~~live-in staff shall be permitted in facilities with a capacity of 7 to 12 residents provided all of the requirements of Section .0600 of these Rules are met;~~
- (2) ~~There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, any live in staff and other persons living in the home. Residents shall not share bedrooms with staff or other live in non residents;~~
- (3) ~~there shall be separate bedrooms for any live-in staff and other persons living in the facility. Residents shall not share bedrooms with live-in staff and other live-in non-residents;~~
- (5) ~~live-in staff shall not occupy a licensed bed or live in a licensed bed;~~
- (6) ~~residents shall reside in bedrooms with residents of the same sex unless other arrangements are made with each resident's consent;~~
- (3)(7) ~~Only~~ only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for residents' bedrooms;
- (4)(8) ~~Bedrooms~~ bedrooms shall be located on an outside wall and off a corridor. A room where access is through a bathroom, kitchen, or another bedroom shall not be approved ~~for~~ as a resident's bedroom;
- (5)(9) ~~There shall be a minimum area of 100 square feet excluding vestibule, closet or wardrobe space in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two people; private residents' bedrooms shall have not less than 100 square feet of floor area excluding vestibules, closets, or wardrobes;~~
- (10) ~~semi-private residents' bedrooms shall have not less than 80 square feet of floor area per bed excluding vestibules, closets, or wardrobes;~~
- (6)(11) ~~The~~ the total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Health Service Regulation for that particular bedroom;
- (7)(12) ~~A~~ a bedroom may not be occupied by more than two ~~residents.~~ residents;
- (8)(13) ~~Resident~~ residents' bedrooms shall be designed to accommodate all required furnishings;
- (9)(14) ~~Each resident bedroom~~ residents' bedrooms shall be ventilated with one or more windows which are maintained ~~operable and well lighted.~~ operable. The window area shall ~~be equivalent to at least not be less than~~ eight percent of the floor space and be provided equipped with insect insect-proof

screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and

~~(10)~~(15) ~~Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one half shall be for hanging clothes with an adjustable height hanging bar. Residents' bedrooms shall have one closet or wardrobe per resident. A closet or wardrobe shall have clothing storage space of not less than 48 cubic feet per bed, approximately two feet deep by three feet wide by eight feet high, of which one-half of this space shall be for hanging with an adjustable height hanging bar;~~

(e) The requirements for ~~bathrooms and toilet rooms~~ bathrooms, toilet rooms, bathtubs, showers, a manufactured walk-in tub, or a similar manufactured bathtub, and central bathing rooms are:

- (1) ~~Minimum~~ minimum bathroom and toilet ~~facilities~~ rooms shall include a toilet and a hand lavatory for each 5 ~~residents~~ residents, and a ~~tub or shower~~ bathtub, shower, a manufactured walk-in tub, or a similar manufactured bathtub for each 10 residents or portion ~~thereof;~~ thereof. The hand lavatory shall be trimmed with valves that can be operated without hands. If the hand lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the hand lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (2) ~~Entrance~~ entrance to the ~~bathroom~~ bathrooms and toilet rooms shall not be through a kitchen, another person's bedroom, or another bathroom;
- (3) ~~Toilets~~ toilet rooms and ~~baths~~ bathrooms for staff and visitors shall be in accordance with the North Carolina State Building Code, Plumbing Code;
- (4) ~~Bathrooms~~ bathrooms and ~~toilets~~ toilet rooms accessible to the physically handicapped shall be provided as required by ~~Volume I-C, the North Carolina State Building Code, Accessibility Code;~~ Codes;
- (5) ~~The~~ bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each ~~tub or shower~~ bathtub, shower, a manufactured walk-in tub, or a similar manufactured bathtub shall have privacy partitions or ~~curtains;~~ curtains. The requirements of this Paragraph shall apply to new and existing facilities.
- (6) ~~Hand~~ hand grips shall be installed at all commodes, ~~tubs and showers used by or accessible to residents;~~ bathtubs, showers, a manufactured walk-in tub, and similar manufactured bathtubs;
- ~~(7)~~ ~~Each home shall have at least one bathroom opening off the corridor with:~~
  - (A) ~~a door of three feet minimum width;~~

- (B) ~~— a three feet by three feet roll in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet;~~
  - (C) ~~— a bathtub accessible on at least two sides;~~
  - (D) ~~— a lavatory; and~~
  - (E) ~~— a toilet.~~
- (7) there shall be one central bathing room opening off the corridor in a facility. In multi-level facilities, each resident floor shall contain a minimum of one central bathing room opening off the corridor. Central bathing room(s) shall have the following:
- (A) a door of three feet minimum width;
  - (B) a roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the facility, the central bathing area is not required to have a roll-in shower;
  - (C) a bathtub, a manufactured walk-in tub, or a similar manufactured bathtub designed for easy transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides. Staff shall not be required to reach over or through the tub faucets and other fixture fittings to assist the resident in the tub;
  - (D) a toilet and a lavatory trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet shall have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
  - (E) individual cubicle curtain enclosing each toilet, bathtub, shower, manufactured walk-in tub, or a similar manufactured bathtub and shower. A closed cubicle curtain at one of these plumbing fixtures shall not restrict access to the other plumbing fixtures.
- (8) If ~~where~~ the tub and shower are in separate rooms, each room shall have a lavatory and a ~~toilet;~~ toilet. The lavatory shall be trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;

- (9) ~~Bathrooms and toilet rooms shall be located as conveniently as possible to the residents' bedrooms;~~  
in facilities where resident bedrooms do not have direct access to a bathroom or toilet room,  
bathrooms and toilet rooms shall be evenly distributed throughout the facility for residents' use;
- (10) ~~Resident~~ resident toilet rooms and bathrooms shall not be ~~utilized~~ used for storage or ~~purposes~~ other than those indicated in Item (4) of this Rule; purposes;
- (11) ~~Toilets~~ toilet rooms and ~~baths~~ bathrooms shall be well ~~lighted~~ and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation; lighted;
- (12) toilet rooms and bathrooms shall have an exhaust system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors;
- ~~(12)(13)~~ Nonskid nonskid surfacing or strips shall be installed in ~~showers~~ showers, ~~and bath areas;~~ areas, and bathtubs; and
- ~~(13)(14)~~ The the floors of the bathrooms and toilet rooms shall ~~have~~ be water-resistant ~~covering,~~ and slip-resistant.
- (f) The requirements for storage rooms and closets are:
- (1) ~~General Storage for the Home. A~~ a facility shall have a minimum area of five square feet (40 cubic feet) per licensed capacity shall be provided. capacity for general storage for the facility. This storage space shall be either in the facility or within 500 feet of the facility on the same site;
- (2) ~~Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room;~~
- (2) separate storage room or area shall provide for the storage of clean linens. Clean linens shall not be stored in the same room or area as soiled linens;
- (3) separate storage room shall provide for the storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room. If space for the storage of soiled linen is provided in the soiled utility room, a separate soiled linen room is not required;
- ~~(3)(4)~~ Food Storage. Space there shall be provided space for the storage of dry, refrigerated refrigerated, and frozen food items to items, and shall comply with sanitation rules; Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300, which is incorporated by reference including subsequent amendments and editions, for facilities with a licensed capacity of 13 or more residents, and Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600, which is incorporated by reference including subsequent amendments and editions, for facilities with a licensed capacity of 7 to 12 residents;
- ~~(4)(5)~~ Housekeeping the requirements for housekeeping storage requirements are:

- (A) ~~A~~ a housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion ~~thereof; and thereof.~~ In multi-level facilities, each resident floor shall have a housekeeping closet; and
- (B) ~~There~~ there shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, ~~inhaled~~ inhaled, or handled. Cleaning supplies shall be monitored while in use;
- ~~(5)(6)~~ (6) ~~Handwashing facilities with wrist type lever handles~~ there be a sink which can be operated without the use of hands located ~~shall be provided immediately adjacent to the drug storage area; area.~~ If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- ~~(6)(7)~~ (7) ~~Storage for Resident's Articles. Some means for residents to lock personal articles within the home shall be provided; and~~ the facility shall have locked storage for residents' personal articles within the facility; and
- ~~(7)(8)~~ (8) ~~Staff Facilities. Some means for staff to lock personal articles within the home shall be provided.~~ the facility shall have some means for staff to lock personal articles within the facility.
- (g) The requirements for corridors are:
- (1) ~~Doors~~ doors to spaces other than reach-in closets shall not swing into the corridor;
  - (2) ~~Handrails~~ handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;
  - (3) ~~Corridors~~ corridors shall be lighted with night lights providing 1 foot-candle power at the floor; and
  - (4) ~~Corridors~~ corridors shall be free of all equipment and other obstructions.
- (h) The requirements for outside entrances and exits are:
- (1) Service entrances shall not be through resident use areas;
  - (2) All steps, porches, ~~stoops~~ stoops, and ramps shall ~~be provided with~~ have handrails and ~~guardrails;~~ guards. Handrails shall be on both sides of steps and ramps including sides bordered by the facility wall. Handrails shall extend the full length of steps and ramps. Guards shall be on all open sides of steps, porches, stoops, and ramps. For the purposes of this Rule, "guards" are building components or a system of building components located at or near the open side of elevated walking surfaces that minimizes the possibility of a fall from a walking surface to any adjacent change in elevation;
  - (3) All exit door locks shall ~~be easily operable, by a single hand motion,~~ operate from the inside at all times by a single hand motion without ~~keys; and~~ keys, tools or special knowledge; and
  - (4) In homes with at least one resident who is determined by a physician or is otherwise known to be ~~disoriented or a wanderer,~~ disoriented or exhibits wandering behavior, ~~each exit door accessible by residents shall be equipped with~~ a continuously sounding device that is activated when the door is

~~opened.~~ opened shall be located on each exit door that opens to the outside. The sound shall be of ~~sufficient~~ such volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel ~~for the system~~ shall be powered by the facility's electrical system, and be located in the office of the administrator or in a location accessible only to by staff authorized by the administrator to operate the control panel. The requirements of this Paragraph shall apply to new and existing facilities.

(i) The requirements for floors are:

- (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable;
- (2) Scatter or throw rugs shall not be used; and
- (3) All floors shall be kept in good repair.

(j) ~~Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities.~~ The requirements for soiled utility rooms are:

- (1) for facilities with a licensed capacity of 13 or more residents, a separate soiled utility room shall be provided and equipped for the cleaning and sanitizing of bed pans as required by 15A NCAC 18A .1312, which is incorporated by reference including subsequent amendments and editions. The soiled utility room shall have a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
- (2) for facilities with a licensed capacity of 7 to 12 residents, a separate soiled utility room shall be provided and equipped for the cleaning and sanitizing of bed pans. The soiled utility room shall have a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets.

(k) ~~Office. There~~ The facility shall be have an area within the home facility large enough to accommodate normal administrative functions.

(l) The requirements for laundry facilities are:

- (1) Laundry facilities shall be large enough to accommodate washers, dryers, and ironing equipment or work tables;
- (2) These facilities shall be located where soiled linens will not be carried through the kitchen, dining, clean linen storage, living rooms or recreational areas; and
- (3) A minimum of one residential type washer and dryer each shall be provided in a separate room ~~which that~~ is accessible by staff, ~~residents~~ residents, and family, even if all laundry services are ~~contracted.~~ contracted. In multi-level facilities, each resident floor shall have a minimum of one

residential type washer and dryer each in a separate room which is accessible by staff, residents, and family.

(m) The requirements for outside premises are:

- (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe ~~condition;~~ condition. Creeks, ravines, ponds, pools, and other similar areas shall have safety protection;
- (2) If the ~~home~~ facility has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or ~~be hazardous; and have sharp edges, rusting posts, or other similar conditions that may cause injury; and~~
- (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.

~~(n) Alternate methods, procedures, design criteria and functional variations from the physical environment requirements, because of extraordinary circumstances, new programs or unusual conditions, shall be approved by the Division when the facility can effectively demonstrate to the Division's satisfaction that the intent of the physical environment requirements are met and the variation does not reduce the safety or operational effectiveness of the facility.~~

*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; July 1, 1984; April 1, 1984;  
Temporary Amendment Eff. December 1, 1999;  
Amended Eff. July 1, 2000;  
Recodified from Rule .0303 Eff. July 1, 2004;  
Temporary Amendment Eff. July 1, 2004;  
Amended Eff. July 1, 2005- 2005;  
Readopted Eff. January 1, 2025.*

10A NCAC 13F .0306 is proposed for readoption with substantive changes as follows:

#### **10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS**

(a) Adult care homes shall:

- (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
- (2) have no ~~chronic unpleasant odors;~~ odors that are considered by the residents to be chronic and unpleasant;
- (3) have furniture ~~clean and in good repair;~~ that is clean, safe, and functional;

- (4) have a sanitation report in accordance with one of the following: North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more;
- (A) A North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section approved sanitation classification at all times in facilities with 12 beds or less, which are incorporated by reference including all subsequent amendments. The “Rules Governing the Sanitation of Residential Care Facilities”, 15A NCAC 18A .1600, can be accessed electronically free of charge at <http://ehs.dph.ncdhhs.gov/rules.htm>; and
- (B) A North Carolina Department of Health and Human Services Division of Public Health, and Environmental Health Section sanitation scores of 85 or above at all times in facilities with 13 beds or more. The “Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes, and Other Institutions”, 15A NCAC 18A .1300, can be accessed electronically free of charge at <http://ehs.dph.ncdhhs.gov/rules.htm>.
- (5) be maintained in an uncluttered, ~~clean~~ clean, and orderly manner, free of all obstructions and hazards;
- (6) have a supply on hand at all times of bath soap, clean towels, washcloths, sheets, pillowcases, blankets, and additional ~~coverings~~ adequate covers for resident ~~use on hand at all times; use;~~
- (7) make available the following items as needed through ~~any~~ means other than charge to the personal funds of recipients of State-County Special Assistance:
- (A) ~~sheets~~ protective mattress covers, and clean, absorbent, ~~soft~~, soft, and smooth mattress pads;
- (B) ~~bedpans, urinals, hot water bottles, and ice caps;~~ bedpans and urinals; and
- (C) bedside commodes, walkers, and wheelchairs.
- ~~(8)~~(9) have one television and one radio, ~~each~~ in good working order;
- ~~(9)~~(10) have curtains, ~~draperies~~ draperies, or blinds at windows in resident use areas to provide for resident privacy;
- ~~(10)~~(11) have recreational equipment, supplies for games, books, ~~magazines~~ magazines, and a current newspaper available for residents;
- ~~(11)~~(12) have a clock that has numbers at least 1½ inches tall in ~~an area commonly used by the residents;~~ the living room or in the dining room or dining area; and
- (12) have at least one telephone that does not ~~depend on~~ require electricity or cellular service to operate.
- (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:
- (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped with all accessories required for use shall be arranged

for as needed. A waterbed is allowed if requested by a resident and permitted by the ~~home~~ facility.

Each bed shall have the following:

- (A) at least one pillow with clean pillowcase;
  - (B) a clean top and bottom sheets sheet on the bed, with bed changed as often as necessary but at least once a week; and week and when soiled; and
  - (C) clean bedspread and other clean coverings as needed.
- (2) a bedside type table;
  - (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;
  - (4) a wall or dresser mirror that ~~can~~ may be used by each ~~resident~~; resident in each bedroom;
  - (5) a minimum of one ~~comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising;~~ chair that is comfortable as preferred by the resident, which may include a rocking or straight chair, with or without arms, that is high enough for the resident to easily rise without discomfort;
  - (6) additional chairs available, as needed, for use by visitors;
  - (7) individual clean towel, wash ~~cloth~~ cloth, and towel bar in the bedroom or an adjoining bathroom; and
  - (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.
- (c) The living room shall have ~~functional~~ living room furnishings ~~for the comfort of aged and disabled persons, that are in good working order and provide comfort as preferred by residents~~ with coverings that are easily cleanable.
- (d) The dining room shall have the following furnishings:
- (1) small tables serving from two to eight persons and chairs to seat all residents eating in the dining room; tables and chairs equal to the resident capacity of the home shall be on the premises; and
  - (2) chairs that are sturdy, without rollers unless retractable or on front legs only, non-folding and designed to minimize tilting.
- (e) This Rule shall apply to new and existing facilities.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. April 1, 1987; April 1, 1984;  
Temporary Amendment Eff. September 1, 2003.  
Amended Eff. June 1, 2004;  
Recodified from Rule .0304 Eff. July 1, 2004;  
Temporary Amendment Eff. July 1, 2004;  
Amended Eff. July 1, ~~2005~~; 2005;*

Readopted Eff. January 1, 2025.

10A NCAC 13F .0307 is proposed for readoption with substantive changes as follows:

**10A NCAC 13F .0307 FIRE ALARM SYSTEM**

(a) The fire alarm system in adult care homes shall be able to transmit the fire alarm signal automatically to the local emergency fire department dispatch center, ~~either directly or through a central station monitoring company connection.~~ center that is legally committed to serving the area in which the facility is located. The alarm shall be transmitted either to a fire department or through a third-party service that shall transmit the alarm to the fire department. The method used to transmit the alarm shall be in accordance with local ordinances.

(b) ~~Any applicable fire safety requirements required by city ordinances or county building inspectors shall be provided. The facility shall comply with fire safety requirements of the city and county in which the facility is located as required by local building and fire officials.~~

(c) In a facility licensed before April 1, 1984 and constructed prior to January 1, 1975, the building, in addition to meeting the requirements of the North Carolina State Building Code in effect at the time the building was constructed, shall ~~be provided with~~ have the following:

- (1) A fire alarm system with pull stations within five feet of ~~each~~ an exit and sounding devices which are audible throughout the building;
- (2) Products of combustion (smoke) U/L listed detectors in all corridors. The detectors shall be no more than 60 feet from each other and no more than 30 feet from ~~any~~ an end wall;
- (3) Heat detectors or products of combustion detectors in all storage rooms, kitchens, living rooms, dining rooms and laundries;
- (4) All detection systems interconnected with the fire alarm system; and
- (5) Emergency power for the fire alarm system, heat detection system, and products of combustion detection with automatic start generator or trickle charge battery system capable of operating the fire alarm systems for 24 hours and able to sound the alarm for five minutes at the end of that time. Emergency egress lights and exit signs shall be powered from an automatic start generator or a U/L approved trickle charge battery system capable of operation for 1-1/2 hours when normal power fails.

(d) When ~~any~~ a facility not equipped with a complete automatic fire extinguishment system replaces the fire alarm system, ~~each bedroom~~ all bedrooms shall ~~be provided with~~ have smoke detectors. Other building spaces shall ~~be provided with such~~ provide fire detection devices as required by the North Carolina State Building Code and requirements of this Subchapter.

*History Note:* Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;

*Readopted Eff. October 31, 1977;*  
*Amended Eff. April 1, 1984;*  
*Recodified from Rule .0305 Eff. July 1, 2004;*  
*Temporary Amendment Eff. July 1, 2004;*  
*Amended Eff. July 1, 2005- 2005;*  
*Readopted Eff. January 1, 2025.*

10A NCAC 13F .0309 is proposed for reoption with substantive changes as follows:

**10A NCAC 13F .0309 FIRE SAFETY AND EMERGENCY PREPAREDNESS PLANS PLAN FOR EVACUATION**

(a) ~~A~~ Each facility shall have a written fire evacuation plan (including a diagrammed drawing) that includes a diagrammed drawing. The plan shall have which has the written approval of the local Code Enforcement Official fire code enforcement official and shall be prepared in large legible print and be posted in a central location on each floor of an adult care home. the facility in a location visible to staff, residents, and visitors. The plan shall be reviewed with each resident on upon admission and shall be a part of included in the orientation for all new staff.

(b) There shall be unannounced rehearsals of the fire evacuation plan quarterly on each shift in accordance with the requirement of the local ~~Fire Prevention Code Enforcement Official.~~ fire prevention code enforcement official.

(c) Records of rehearsals shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and local officials. copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of ~~what the rehearsal involved.~~ rehearsal.

(d) ~~A~~ Each facility shall develop and implement an emergency preparedness plan. written disaster plan, which has the written approval of or has been documented as submitted to the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the facility. The administrator shall ensure emergency preparedness planning and the development and implementation of the facility's emergency preparedness plan in accordance with this Rule.

(e) The facility's emergency preparedness plan shall include the following:

- (1) An all-hazards plan which includes a basic emergency operations plan, using an all-hazards approach. For the purpose of this Rule, an "all-hazards approach" means addressing the facility's common operational functions in an emergency; the facility identifies and trains staff on tasks common to all emergency events; the facility identifies and trains the primary staff persons responsible for accomplishing those tasks; and the facility identifies how it will ensure continuity of operations, including designating alternate individuals to carry out those responsibilities and tasks

in the event that the primary staff person is not available to do so. The plan shall address the following:

- (A) procedures for collaborating with other healthcare facilities and services to include emergency medical services, hospitals, nursing homes, adult care homes when applicable and the community during an emergency or disaster;
  - (B) a plan for communicating with local emergency management, the Division of Health Service Regulation (DHSR), Department of Social Services (DSS), residents and their responsible parties, and staff;
  - (C) procedures for collaborating with local emergency management and healthcare coalitions;
  - (D) provision for subsistence needs for residents and staff, including food, water, medical and pharmaceutical supplies, and equipment including durable medical equipment, medication, and personal protective equipment;
  - (E) alternate source of energy to maintain temperatures to protect resident health and safety and for the safe and sanitary storage of food and medications, emergency lighting, fire detection, extinguishing, and alarm systems, sewage and waste disposal;
  - (F) a system for tracking residents and staff;
  - (G) procedures for sheltering-in-place;
  - (H) evacuation procedures that provide for safe evacuation of residents, staff, resident family or representatives, or other personnel who sought potential refuge at the facility;
  - (I) resident identification and resident records;
  - (J) emergency and standby power systems;
  - (K) transportation procedures to include prearranged transfer agreements, written agreements or contracted arrangements with other facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to residents;
  - (L) provisions for addressing potential staffing issues and ensuring staffing to meet the needs of residents during an emergency situation, including the provision of staff to care for residents while evacuated from the facility;
  - (M) coordination with the local and regional emergency management agency; and
  - (N) contact information for state and local resources for emergency response, facility staff, residents and responsible parties, vendors, contractors, utility companies, and local building officials such as the fire marshal and local health department.
- (2) A risk assessment that identifies potential hazards to the facility. The risk assessment shall be based on the county risk assessment established by the county emergency management agency and the hazard vulnerability assessment established by the regional healthcare coalition. The facility's risk assessment shall identify the top three to five risk areas to the facility and its residents and categorize the risk areas by the likelihood of occurrence. For each of the three to five risk areas identified, the

facility shall develop a plan which addresses the factors listed in Items (e)(1)(A-N) of this Rule. The following are examples of types of emergencies or disasters that may pose a risk to a facility:

- (A) Natural disasters to include a hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought;
- (B) Man-made disasters to include fire, building structure failures, transport accidents, acts of terrorism, active assailant, incidents of mass violence, industrial accidents;
- (C) Infrastructure disruptions such as failures to structures, facilities, and equipment for roads, highways, bridges, ports, intercity passenger and freight railroads; freight and intermodal facilities, airport, water systems, sewer systems;
- (D) Resident care-related emergencies;
- (E) Equipment and utility failures, to include power, water, gas;
- (F) Interruptions in communication;
- (G) Unforeseen widespread communicable public health and emerging infectious diseases;
- (H) Loss of all or a portion of the facility; and
- (I) Interruptions to the normal supply of essential resources, such as water, food, fuel for heating and cooking, generators, medications, and medical supplies. For the purposes of this rule “emergency” means a situation which presents the risk of death or physical harm to residents.

(f) The facility’s emergency preparedness plan shall be reviewed at least annually and updated as needed by the administrator and shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. Any changes to the plan shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days of the change. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(g) Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days after obtaining the new license. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(g) The facility’s emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(h) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in accordance with the facility’s emergency preparedness plan as outlined in Paragraph (e) of this Rule. Staff shall be trained upon employment and annually in accordance with Rule .1211 of this Subchapter.

(i) The facility shall conduct at least one drill per year to test the facility's emergency plan. The facility shall maintain documentation of the annual drill which shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(j) The emergency preparedness plan outlined in Paragraph (e) of this Rule shall be maintained in the facility and accessible to staff working in the facility.

~~(e)~~ (k) A facility that elects to be designated as a special care shelter during an impending disaster or emergency event as part of the county's emergency management plan shall follow the guidelines established by the latest Division of Social Services' State of North Carolina Disaster Plan which is available at no cost from the N.C. Division of Social Services, 2401 Mail Service Center, Raleigh, NC 27699 2401, on the internet website, <https://files.nc.gov/ncdhhs/documents/files/dss/NCDSDisasterPlanJuly2018.pdf> at no cost.

(l) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate, and shall notify the agencies within four hours of the return of residents to the facility.

(m) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section to obtain technical assistance within three hours or as soon as practicable of the incidence occurring.

(n) If a facility has evacuated residents due to an emergency, the facility shall not re-occupy the building until local building officials have given approval to do so.

(o) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division of Health Service Regulation prior to accepting the additional residents into the facility. The waiver request form can be found on the Division of Health Service Regulation Adult Care Licensure Section website at <https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident>.

(p) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care, supervision, and safety of each resident, including providing required staffing and supplies in accordance with the Rules of this Subchapter. Evacuation to a public emergency shelter should be a last resort due to a failure of the facility's emergency preparedness plan, and the decision shall be made in consultation with the local emergency management agency or the local agency designated to coordinate special needs sheltering during disasters. If a facility evacuates residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation Adult Care Licensure Section and the county department of social services within three hours of the decision to evacuate.

~~(q)~~ This Rule shall apply to new and existing facilities.

*History Note: Authority G.S. 131D.2.16; 131D-7 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;*

*Amended Eff. April 1, 1987; April 1, 1984;*  
*Recodified from Rule .0307 Eff. July 1, 2004;*  
*Temporary Amendment Eff. July 1, 2004;*  
*Amended Eff. July 1, ~~2005~~ 2005;*  
*Readopted Eff. May 1, 2025.*

10A NCAC 13F .0310 is proposed for amendment as a repeal as follows:

#### **10A NCAC 13F .0310 ELECTRICAL OUTLETS**

*History Note: Authority G.S. 131D-2.16; 143B-165;*  
*Eff. January 1, 1977;*  
*Readopted Eff. October 31, 1977;*  
*Amended Eff. April 1, 1984;*  
*Recodified from Rule .0308 Eff. July 1, 2004;*  
*Temporary Amendment July 1, 2004;*  
*Amended Eff. July 1, 2005;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6,*  
*~~2018~~ 2018;*  
*Repealed Eff. January 1, 2025.*

10A NCAC 13F .0311 is proposed for readoption with substantive changes as follows:

#### **10A NCAC 13F .0311 OTHER REQUIREMENTS**

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(b) ~~There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions.~~  
~~In addition, the~~ The following shall apply to heaters and cooking appliances-appliances:

- (1) ~~Built-in~~ built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room ~~furnishings.~~ furnishings:
- (2) ~~Unvented~~ unvented fuel burning room heaters and portable electric heaters are ~~prohibited.~~ prohibited:
- (3) ~~Fireplaces,~~ fireplaces, fireplace ~~inserts~~ inserts, and wood stoves shall be designed ~~or~~ and installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves shall be U.L. ~~listed.~~ listed:

- (4) ~~Ovens, ranges and the power supply for ovens, ranges, microwaves, cook tops tops, and other domestic cooking appliances~~ located in resident activity or recreational areas ~~shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.~~ shall have a locking feature provided that shall be controlled by staff. These appliances shall not be used except under facility staff supervision.
- (5) ~~Ovens, ranges and the power supply for ovens, and ranges, microwaves, cook tops tops, and other domestic cooking appliances~~ located in resident rooms shall have a locking feature provided that shall be controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. ~~staff.~~ Each resident shall be assessed by the administrator or their designee to determine the resident's capability to operate the appliances in a safe manner, and the degree of staff supervision necessary to ensure safe operation of the appliances.
- (c) ~~Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).~~ The facility shall have heating and cooling systems such that environmental temperature controls shall be capable of maintaining temperatures in the facility at 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season.
- (d) The hot water system shall ~~be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets closets, and soil soiled utility room.~~ The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F ~~(38 degrees C)~~ and shall not exceed 116 degrees F ~~(46.7 degrees C).~~ F. The requirements of this Paragraph shall apply to new and existing facilities.
- (e) ~~All multi-story~~ Multi-story facilities shall be equipped with elevators.
- (f) In addition to the required emergency lighting, minimum lighting shall be as follows:
- (1) 30 foot-candle power for ~~reading; reading; and~~ reading; and
  - (2) 10 foot-candle power for general ~~lighting; and lighting.~~ lighting.
  - (3) ~~1 foot-candle power at the floor for corridors at night.~~
- (g) The spaces listed in this Paragraph shall ~~be provided with~~ have an exhaust ~~ventilation~~ system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors: ~~at the rate of two cubic feet per minute per square foot. foot of floor area.~~ This requirement does not apply to facilities licensed before April 1, 1984, ~~with natural ventilation in these specified spaces:~~
- (1) soiled linen storage;
  - (2) ~~soil~~ soiled utility room;
  - (3) bathrooms and toilet rooms;
  - (4) housekeeping closets; and
  - (5) laundry area.
- (h) In facilities licensed for ~~7-12-7 to 12~~ residents, ~~an electrically operated call system shall be provided connecting each resident bedroom to the live in staff bedroom. The resident call system activator shall be such that they can be~~

~~activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. there shall be an electrically operated call system meeting the following requirements:~~

- ~~(1) the call system shall connect residents' bedrooms and bathrooms to the live-in staff bedroom. Where there are no live-in staff for the facility, the call system shall connect residents' bedrooms and bathrooms to a location accessible to staff;~~
- ~~(2) residents' bedrooms shall have a resident call system activator at the resident's bed;~~
- ~~(3) the resident call system activator shall be within reach of a resident lying on the bed;~~
- ~~(4) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin; and~~
- ~~(5) when activated, the call system shall activate an audible and visual signal in the live-in staff bedroom, in a location accessible to staff, or register with the floor staff.~~

~~(i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. there shall be an electrically operated call system meeting the following requirements:~~

- ~~(1) the call system shall connect residents' bedrooms and bathrooms to a location accessible to staff;~~
- ~~(2) residents' bedrooms shall have a resident call system activator at the resident's bed;~~
- ~~(3) the resident call system activator shall be within reach of a resident lying on the bed;~~
- ~~(4) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin; and~~
- ~~(5) when activated, the call system shall activate an audible and visual signal in a location accessible to staff.~~

~~(j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices.~~

~~(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.~~

*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. December 1, 1999;  
Amended Eff. July 1, 2000;  
Recodified from Rule .0309 Eff. July 1, 2004;  
Temporary Amendment Eff. July 1, 2004;*

*Amended Eff. July 1, 2005- 2005;*

*Readopted Eff. January 1, 2025.*

10A NCAC 13F .0801 is proposed for readoption with substantive changes as follows:

## SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN

### 10A NCAC 13F .0801 RESIDENT ASSESSMENT

~~(a) An adult care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.~~

~~(b)(a) The facility shall assure complete an assessment of each resident ~~is completed~~ within 30 days following admission and ~~at least annually thereafter~~ thereafter, using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.~~

~~(b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed in accordance with Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment instrument established by the Department shall include the following:~~

- ~~(1) resident identification and demographic information;~~
- ~~(2) current diagnoses;~~
- ~~(3) current medications;~~
- ~~(4) the resident's ability to self-administer medications;~~
- ~~(5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating;~~
- ~~(6) mental health history;~~
- ~~(7) social history;~~
- ~~(8) mood and behaviors;~~

- (9) nutritional status, including specialized diet or dietary needs;
- (10) skin integrity;
- (11) memory, orientation and cognition;
- (12) vision and hearing;
- (13) speech and communication;
- (14) assistive devices needed; and
- (15) a list of and contact information for health care providers or services used by the resident.

The assessment instrument established by the Department is available on the Division of Health Service Regulation website at [https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form\\_file/dma-3050R.pdf.pdf](https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf.pdf) at no cost.

(c) When a facility identifies a change in a resident’s baseline condition based upon the factors listed in Subparagraph (1)(A) through (M) of this Paragraph, the facility shall monitor the resident’s condition for no more than 10 days to determine if a significant change in the resident’s condition has occurred. For the purposes of this rule, “significant change” means a major decline or improvement in a resident’s status related to factor in Subparagraph (1)(A) through (M) of this Paragraph. The facility shall assure conduct an assessment of a resident is completed within 10 three days following after the facility identifies that a significant change in the resident’s baseline condition has occurred. The facility shall use using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident’s condition is determined as follows:

- (1) Significant change is one or more of the following:
  - (A) deterioration in two or more activities of daily living; living including bathing, dressing, personal hygiene, toileting, or eating;
  - (B) change in ability to walk or transfer; transfer, including falls if the resident experiences repeated falls on the same day, recurrent falls overall several days to weeks, new onset of falls not attributed to a readily identifiable cause, or a fall with consequent change in neurological status, or findings suggesting a possible injury;
  - (C) change in the ability to use one’s hands to grasp small objects; Pain worsening in severity, intensity, or duration, and/or occurring in a new location, or new onset of pain associated with trauma;
  - (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic; change in the pattern of usual behavior, new onset of resistance to care, abrupt onset or progression of significant agitation or combative behavior, deterioration in affect or mood, or violent or destructive behaviors directed at self or others.
  - (E) no response by the resident to the treatment intervention for an identified problem;
  - (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;
  - (G) threat to life such as stroke, heart condition, or metastatic cancer; when a resident has been enrolled in hospice;

- (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or ~~higher;~~ any pressure ulcer determined to be greater than Stage II;
  - (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being; ~~well-being such as initial diagnosis of Alzheimer's disease or diabetes;~~
  - (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer meets the resident's needs; ~~matches what is needed;~~
  - (K) new onset of impaired decision-making;
  - (L) continence to incontinence or indwelling catheter; or
  - (M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident.
- (2) Significant change ~~is not any of~~ does not include the following:
- (A) changes that suggest slight upward or downward movement in the resident's status;
  - (B) changes that resolve with or without intervention;
  - (C) changes that arise from easily reversible causes;
  - (D) an acute illness or episodic ~~event;~~ event. For the purposes of this Rule "acute illness" means symptoms or a condition that develops quickly and is not a part of the resident's baseline physical health or mental health status;
  - (E) an established, predictive, cyclical pattern; or
  - (F) steady improvement under the current course of care.

(d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other ~~appropriate~~ licensed health professional ~~such as a mental health professional, nurse practitioner, physician assistant or registered nurse in a timely manner consistent with the resident's condition but~~ no longer than ~~40~~ three days from the date of the significant change, change assessment, and document the referral in the resident's record. Referral shall be made immediately when significant changes are identified that pose an immediate risk to the health and safety of the resident, other ~~residents~~ residents, or staff of the facility.

(e) The assessments required in Paragraphs (a) ~~(b)~~ and (c) of this Rule shall be completed and signed by the person designated by the administrator to perform resident assessments.

*History Note: Authority G.S. 131D-2.16; 131D-4.4; 131D-4.5; 143B-165;  
 Temporary Adoption Eff. January 1, 1996;  
 Eff. May 1, 1997;  
 Temporary Amendment Eff. September 1, 2003; July 1, 2003;  
 Amended Eff. July 1, 2005; June 1, 2004. 2004;  
 Readopted Eff. March 1, 2025.*

10A NCAC 13F .0802 is proposed for readoption with substantive changes as follows:

### **10A NCAC 13F .0802 RESIDENT CARE PLAN**

(a) ~~An adult care home~~ The facility shall assure a care plan is developed ~~develop and implement a care plan~~ for each resident ~~in conjunction with~~ based on the resident ~~resident's~~ assessment ~~to be completed within 30 days following admission according to~~ in accordance with Rule .0801 of this Section. The care plan ~~is an individualized, written program of personal care for each resident.~~ shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan.

(b) ~~The care plan shall be revised as needed based on further assessments of the resident according to Rule .0801 of this Section.~~ The resident shall be offered the opportunity to participate in the development of his or her care plan. If the resident is unable to participate in the development of the care plan due to cognitive impairment, the responsible person shall be offered the opportunity to participate in the development of the care plan.

(c) The care plan shall include the following:

- (1) ~~a statement of the care or service to be provided based on the assessment or reassessment; and~~ description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Subchapter;
- (2) ~~frequency of the service provision.~~ Services or tasks to be performed;
- (3) ~~revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Subchapter;~~
- (4) ~~licensed health professional tasks required according to Rule .0903 of this Subchapter;~~
- (5) ~~a dated signature of the assessor upon completion; and~~
- (6) ~~a dated signature of the resident's physician or physician extender within 15 days of completion of the care plan certifying the resident as being under this physician's care with medical diagnoses justifying the tasks specified in the care plan. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid. The activities of daily living relevant to the Medicaid State Plan Personal Care Services Assessment are bathing, dressing, mobility, toileting, and eating.~~

~~(d) The assessor shall sign the care plan upon its completion.~~

~~(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:~~

- ~~(1) the resident is under the physician's care; and~~
- ~~(2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.~~

(d) If the resident received home health or hospice services, the facility shall communicate with the home health or hospice agency to coordinate care and services to ensure the resident's needs are met.

~~(e)~~ (e) The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance ~~abuse~~ use services includes ~~resident-specific~~ instructions regarding how to contact that provider, including emergency ~~contact~~ and after-hours contacts. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance ~~abuse~~ use services in accordance with Rule .0801(d) of this Subchapter.

(f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165;  
Temporary Adoption Eff. January 1, 1996;  
Eff. May 1, 1997;  
Temporary Amendment Eff. September 1, 2003; July 1, 2003;  
Amended Eff. July 1, 2005; June 1, ~~2004~~ 2004;  
Readopted Eff. March 1, 2025.*

10A NCAC 13F .1304 is proposed for readoption with substantive changes as follows:

**10A NCAC 13F .1304 SPECIAL CARE UNIT ~~BUILDING~~ PHYSICAL ENVIRONMENT REQUIREMENTS**

In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements:

(a) For facilities licensed prior to January 1, 2025, the following shall apply:

- (1) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the Division of Health Service Regulation for review and approval.
- (2) If the special care unit is a portion of a facility, it shall be separated from the rest of the building by closed doors.
- (3) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices.
- (4) Where exit doors are not locked, a system of security monitoring shall be provided.
- (5) The unit shall be located so that other residents, staff and visitors do not have to routinely pass through the unit to reach other areas of the building.
- (6) At a minimum the following service and storage areas shall be provided within the special care unit: staff work area, nourishment station for the preparation and provision of snacks, lockable space for medication storage, and storage area for the residents' records.

- (7) Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident and may be used as an activity area.
- (8) Direct access from the facility to a secured outside area shall be provided.
- (9) A toilet and hand lavatory shall be provided within the unit for every five residents.
- (10) A tub and shower for bathing of residents shall be provided within the unit.
- (11) Use of potentially distracting mechanical noises such as loud ice machines, window air conditioners, intercoms and alarm systems shall be minimized or avoided.

(b) For facilities licensed on or after January 1, 2025, the following shall apply:

- (1) A special care unit that is part of an adult care home shall meet licensure rules for adult care homes contained in Rules .0301-.0311 of this Subchapter with the following exceptions: 13F .0305(e)(3), 13F .0305(f)(1), 13F .0305(f)(4), 13F .0305(h)(3), 13F .0305(k), and 13F .0305(l).
- (2) The unit, if part of an adult care home, shall be separated from the rest of the facility by walls and closed doors.
- (3) The unit, if part of an adult care home, shall be located so that other residents, staff, and visitors will not have to pass through the unit to reach other areas of the facility.
- (4) Unit exit doors shall be locked with locking devices meeting the requirements outlined in the North Carolina State Building Code for special locking arrangements.
- (5) Unit exit doors shall have a sounding device that is activated when the door is opened per Rule 13F .0305(h)(4).
- (6) Operable exterior windows shall be equipped with mechanisms to limit window openings to no less than four inches and no greater than six inches to minimize the chance of elopement.
- (7) There shall be direct access from the unit to a secured outside area located on the same level as the unit.
- (8) Fences used to enclose the secured outside area shall be at least six feet high and shall be constructed to prevent residents' ability to climb over the fence.
- (9) The following service and storage areas shall be provided within the special care unit:
  - (A) a staff work area;
  - (B) a staff bathroom;
  - (C) a nourishment station for the preparation and provision of snacks. The nourishment station shall be provided with a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
  - (D) lockable space for medication storage;
  - (E) storage area for the residents' records;

- (F) separate storage room or area shall be provided for the storage of soiled linens, and
- (G) a housekeeping closet, with mop sink or mop floor receptor.
- (10) The living room and dining room/dining area may be sized per Rules 13F .0305(b) and 13F .0305(c) or may be combined for a minimum of 30 square feet per resident. The combined space may be used as an activity area.
- (11) The unit shall have a central bathing area meeting the following:
- (A) a door of three feet minimum width;
- (B) a roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the facility, the central bathing area is not required to have a roll-in shower;
- (C) a bathtub, a manufactured walk-in tub or a similar manufactured bathtub designed for easy transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides. Staff shall not be required to reach over or through the tub faucets and other fixture fittings to assist the resident in the tub;
- (D) a toilet and a lavatory trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
- (E) individual cubicle curtains shall enclose each toilet, bathtub, manufactured walk-in tub or similar manufactured bathtub, and shower.
- (12) If each resident bedroom has direct access to a bathroom equipped with a shower meeting the requirements of Rule 13F .0305(e)(7)(B), the shower required by this rule is not required to be provided in the unit.
- (13) Fire extinguishers required by Rule 13F .0308(a) shall be secured in a manner acceptable to the local Fire Marshal to prevent access by residents.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 131D-4.6; 131D-8; 143B-165;  
 Temporary Adoption Eff. December 1, 1999;  
 Eff. July 1, 2000. 2000;  
 Readopted Eff. January 1, 2025.*

10A NCAC 13F .1501 is proposed for readoption with substantive changes as follows:

## SECTION .1501 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

### 10A NCAC 13F .1501 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

(a) An adult care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and ~~which that~~ restricts freedom of movement or normal access to one's body, shall be:

- (1) used only in those circumstances in which the resident has medical symptoms for which the resident's physician or physician extender has determined ~~that~~ warrant the use of restraints and not for discipline or convenience purposes;
- (2) used only with a written order from a physician or physician extender except in ~~emergencies,~~ emergencies where the health or safety of the resident is threatened, according to Paragraph ~~(e)~~ (d) of this Rule;
- (3) the least restrictive restraint that would ~~provide safety;~~ provide a safe environment for the resident and prevent physical injury;
- (4) used only after alternatives that would provide ~~safety to~~ a safe environment for the resident to prevent physical injury and prevent a potential decline in the resident's functioning have been tried and documented by the administrator or their designee in the resident's ~~record.~~ record as being unsuccessful.
- (5) used only after an assessment and care planning process has been completed, except in ~~emergencies,~~ emergencies where the health or safety of the resident is threatened, according to Paragraph (d) of this Rule;
- (6) applied correctly according to the manufacturer's instructions and the physician's or the physician extenders' order; and
- (7) used in conjunction with alternatives in an effort to reduce restraint use. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner.

Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and providing supportive devices such as wedge cushions.

(b) The facility shall ~~ask~~ obtain written consent from the ~~resident or~~ resident, the resident's responsible person, or legal representative ~~if the resident may~~ for the resident to be restrained based on an order from the resident's ~~physician.~~ physician or physician extender. The facility shall inform the ~~resident~~ resident, the resident's responsible person, or

legal representative of the reason for the ~~request and~~ request, the benefits of restraint ~~use~~ use, and the negative outcomes and alternatives to restraint use. The resident or the resident's legal representative may accept or refuse restraints based on the information provided. Documentation shall consist of a statement signed by the resident or the resident's legal representative indicating the signer has been informed, the signer's acceptance or refusal of restraint use and, if accepted, the type of restraint to be used and the medical indicators for restraint use.

Note: Potential negative outcomes of restraint use include incontinence, decreased range of motion, decreased ability to ambulate, increased risk of pressure ulcers, symptoms of withdrawal or ~~depression~~ depression, and reduced social contact.

(c) In addition to the requirements in Rules 13F .0801, .0802 and .0903 of this Subchapter regarding assessments and care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph (a)(5) of this Rule shall meet the following requirements:

- (1) The assessment and care planning shall be implemented through a team process with the team consisting of at least a ~~staff~~ supervisor or personal care aide, a registered nurse, the resident and the resident's responsible person or legal representative. If the resident or resident's responsible person or legal representative is unable to participate, there shall be documentation in the resident's record that they were notified and declined the invitation or were unable to attend.
- (2) The assessment shall include consideration of the following:
  - (A) medical symptoms that warrant the use of a restraint;
  - (B) how the medical symptoms affect the resident;
  - (C) when the medical symptoms were first observed;
  - (D) how often the symptoms occur;
  - (E) alternatives that have been provided and the resident's response; and
  - (F) the least restrictive type of physical restraint that would provide safety.
- (3) The care plan shall include the following:
  - (A) alternatives and how the alternatives will be used prior to restraint use and in an effort to reduce restraint time once the resident is restrained;
  - (B) the type of restraint to be used; and
  - (C) care to be provided to the resident during the time the resident is restrained.

(d) The following applies to the restraint order as required in Subparagraph (a)(2) of this Rule:

- (1) The order shall indicate:
  - (A) the medical need for the ~~restraint;~~ restraint based on the assessment and care plan;
  - (B) the type of restraint to be used;
  - (C) the period of time the restraint is to be used; and
  - (D) the time intervals the restraint is to be checked and released, but no longer than every 30 minutes for checks and no longer than two hours for releases.
- (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify the resident's physician or physician extender of the order within seven days.

- (3) The restraint order shall be updated by the resident's physician or physician extender at least every three months following the initial order.
  - (4) If the resident's physician changes, the physician or physician extender who is to attend the resident shall update and sign the existing order.
  - (5) In ~~emergency situations~~, an emergency, where the health or safety of the resident is threatened, the administrator or ~~administrator in charge~~ their designee, shall make the determination relative to the need for a restraint and its type and duration of use until a physician or physician extender is contacted. Contact with a physician shall be made within 24 hours and documented in the resident's record. For the purpose of this Rule, an "emergency" means a situation where there is a certain risk of physical injury or death to a resident.
  - (6) The restraint order shall be kept in the resident's record.
- (e) All instances of the use of physical restraints and alternatives shall be documented by the facility in the resident's record and include the following:
- (1) restraint alternatives that were provided and the resident's response;
  - (2) type of restraint that was used;
  - (3) medical symptoms warranting restraint use;
  - (4) the time the restraint was applied and the duration of restraint use;
  - (5) care that was provided to the resident during restraint use; and
  - (6) behavior of the resident during restraint use.
- (f) Physical restraints shall be applied only by staff who have received training on the use of alternatives to physical restraint use and on the care of residents who are physically restrained according to Rule .0506 of this Subchapter and have been validated on ~~restraint use~~ the care of residents who are physically restrained and the use of care practices as alternative to restraints according to Rule .0504 of this Subchapter.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
 Temporary Adoption Eff. July 1, 2004;  
 Temporary Adoption Expired March 12, 2005;  
 Eff. June 1, 2005;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018. 2018;  
 Readopted Eff. January 1, 2025.*

10A NCAC 13F .1601 is proposed for re adoption with substantive changes as follows:

### **SECTION .1600 – STAR RATED CERTIFICATES**

## 10A NCAC 13F .1601 **SCOPE DEFINITIONS**

~~(a) This Section applies to all licensed adult care homes for seven or more residents that have been in operation for more than one year.~~

~~(b) As used in this Section a "rated certificate" means a certificate issued to an adult care home on or after January 1, 2009 and based on the factors contained in G.S. 131D-10.~~

(a) As used in this Section, the following definitions shall apply:

- (1) "Demerits" means points which are subtracted from a facility's star rating calculation as set forth in the requirements of Rule .1604 of this Section.
- (2) "Merits" means points which are added to a facility's star rating calculation as set forth in the requirements of Rule .1604 of this Section.
- (3) "Standard deficiency" means a citation issued by the Division of Health Service Regulation to a facility for failure to comply with licensure rules and statutes governing adult care homes and the non-compliance does not meet the criteria for a Type A1, Type A2 or Type B violation defined in G.S. 131D-34.
- (4) "Star rated certificate" means a certificate issued by the Division of Health Service Regulation that includes a numerical score and corresponding number of stars issued to an adult care home based on the factors contained in G.S. 131D-10.
- (5) "Star rating" means the numerical score and corresponding number of stars a facility receives based on the factors contained in G.S. 131D-10.
- (6) "Star rating worksheet" means a document issued by the Division of Health Service Regulation which demonstrates how a facility's star rating was calculated.
- (7) "Type A1 violation" means the term as defined in G.S. 131D-34.
- (8) "Type A2 violation" means the term as defined in G.S. 131D-34.
- (9) "Type B violation" means the term as defined in G.S. 131D-34.

*History Note: Authority G.S. 131D-4.5; 131D-10;  
Eff. July 3, 2008. 2008;  
Readopted Eff. August 1, 2025.*

10A NCAC 13F .1602 is proposed for readoption with substantive changes as follows:

## 10A NCAC 13F .1602 **ISSUANCE OF ~~RATED CERTIFICATES~~ A STAR RATING**

(a) A star rated certificate and worksheet shall be issued to a facility by the Division of Health Service Regulation within 45 days ~~completion of a new rating calculation pursuant to Rule .1604 of this Subchapter.~~ from the date that the Division mails the survey or inspection report to the facility, except when a timely request has been made by the facility under G.S. 131D-2.11 for informal dispute resolution. If a facility makes a timely request for informal dispute

resolution, the Division of Health Service Regulation shall issue a star rating to the facility within 15 days from the date the Division mails the informal dispute decision to the facility.

(b) If the ownership of the facility changes, the ~~rated certificate~~ star rating in effect at the time of the change of ownership shall remain in effect until the next annual or biennial survey or until a new certificate is issued pursuant to Rule .1604(b) of this Subchapter.

(c) The star rated certificate and ~~any~~ worksheet the Division used to calculate the ~~rated certificate~~ rating shall be displayed in a location visible to the public.

(d) The star rating worksheet shall be posted on the Division of Health Service Regulation website.

~~(d)~~ (e) The facility may contest the ~~rated certificate~~ star rating by requesting a contested case hearing pursuant to Article 3 of G.S. 150B. The star rating ~~rated certificate~~ and any subsequent ~~certificates~~ star ratings shall remain in effect during any contested case hearing process.

*History Note:* Authority G.S. 131D-4.5; 131D-10;  
Eff. July 3, ~~2008~~; 2008;  
Readopted Eff. August 1, 2025.

10A NCAC 13F .1603 is proposed for readoption with substantive changes as follows:

### **10A NCAC 13F .1603 STATUTORY AND RULE REQUIREMENTS AFFECTING STAR RATED CERTIFICATES**

The following Statutes and Rules comprise the standards that contribute to rated certificates:

- (1) G.S. 131D-21 Resident's Rights;
- (2) ~~10A NCAC 13F Section .0300 Physical Plant Requirements; Plant;~~
- (3) Section .0400 Staff Qualifications;
- ~~(3)~~(4) ~~10A NCAC 13F Section .0700 Admission and Discharge Requirements; Discharge;~~
- ~~(4)~~(5) ~~10A NCAC 13F Section .0800 Resident Assessment and Care Plan;~~
- ~~(5)~~(6) ~~10A NCAC 13F Section .0900 Resident Care and Services;~~
- ~~(6)~~(7) ~~10A NCAC 13F Section .1000 Medication Management; Medications;~~
- ~~(7)~~(8) ~~10A NCAC Section 13F .1300 Special Care Units for Alzheimer's and Related Disorders;~~
- (8) ~~10A NCAC 13F .1400 Special Care Units for Mental Health Disorders; and~~
- (9) ~~10A NCAC 13F Section .1500 Use of Physical Restraints and Alternatives; Alternatives; and~~
- (10) Section .1800 Infection Prevention and Control.

*History Note:* Authority G.S. 131D-4.5; 131D-10;  
Eff. July 3, ~~2008~~; 2008;  
Readopted Eff. August 1, 2025.

10A NCAC 13F .1604 is proposed for readoption with substantive changes as follows:

#### **10A NCAC 13F .1604 RATING CALCULATION**

(a) Ratings shall be based on:

- (1) Inspections completed pursuant to G.S. ~~131D-2(b)(1a)~~; 131D-2.11(a) and (a1);
- (2) Statutory and Rule requirements listed in Rule .1603 of this Section;
- (3) Type A A1, Type A2, or uncorrected Type B penalty violations identified pursuant to G.S. 131D-34; and
- (4) Other items listed in Subparagraphs (c)(1) and (c)(2) of this Rule.

(b) The initial rating a facility receives shall remain in effect until the next inspection. If an activity occurs which results in the assignment of additional merit or demerit points, a new certificate shall be issued pursuant to Rule .1602(a) of this Section.

(c) The rating shall be based on a 100 point scale. Beginning with the initial rating and repeating with each annual or biennial inspection, the facility shall be assigned 100 points and shall receive merits or demerits, which shall be added or subtracted from the 100 points, respectively. The merits and demerits shall be assigned as follows:

(1) Merit Points

- (A) If the facility corrects ~~citations~~ a standard deficiency of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, ~~which are not related to the identification of a Type A violation or an uncorrected Type B violation~~, the facility shall receive 1.25 merit points for each corrected deficiency;
- (B) ~~If the facility receives citations on its annual inspection with no Type A or Type B violations and the rating from the annual inspection is one or zero stars the facility may request Division of Health Service Regulation to conduct a follow up inspection not less than 60 days after the date of the annual inspection. A follow up inspection shall be completed depending upon the availability of Division of Health Service Regulation staff. As determined by the follow up review, the facility shall receive 1.25 merit points for each corrected deficiency; If the facility corrects a citation for which a Type B violation was identified, the facility shall receive 1.75 merit points;~~
- (C) ~~If the facility corrects the citation for which a Type A violation was identified, the facility shall receive 2.5 merit points and shall receive an additional 2.5 merit points following the next annual inspection if no further Type A violations are identified; If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.75 merit points;~~
- (D) ~~If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.25 merit points; If the facility corrects the citation for which a Type A1 or Type A2 violation was identified, the facility shall receive 5 merit points;~~
- (E) If the facility corrects a previously uncorrected Type A1 or Type A2 violation, the facility shall receive 5 merit points;

- ~~(E)~~(F) If the facility's admissions have been suspended, the facility shall receive 5 merit points if the suspension is removed;
- (G) If the facility's license is restored to a full license after being downgraded to a provisional license, the facility shall receive 5 merit points;
- ~~(F)~~(H) If the facility participates in any quality improvement program pursuant to G.S. 131D-10, the facility shall receive 2.5 merit points;
- ~~(G)~~ If the facility receives NC NOVA special licensure designation, the facility shall receive 2.5 merit points;
- (I) If the facility establishes an ongoing resident council which meets at least quarterly, the facility shall receive .5 merit point;
- (J) If the facility establishes an ongoing family council which meets at least quarterly, the facility shall receive .5 merit point;
- (K) If the facility's designated on-site staff member who directs the facility's infection control activities in accordance with G.S. 131D-4.4A has completed the "Infection Control in Long Term Care Facilities" course offered by the University of North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) every two years, the facility shall receive .5 merit point.
- ~~(H)~~(L) ~~On or after the effective date of this Rule, if~~ If the facility permanently installs a generator or has a contract with a generator provider to provide emergency power for essential functions of the facility, the facility shall receive 2 merit points. For purposes of this Section, Rule, essential functions mean those functions necessary to maintain the health or safety of residents during power outages greater than 6 hours. hours and include the fire alarm system, heating, lighting, refrigeration for medication storage, minimal cooking, elevators, medical equipment, computers, door alarms, special locking systems, sewage and well operation where applicable, sprinkler system, and telephones. If the facility has an existing permanently installed generator or an existing contract with a generator provider, the facility shall receive 1 merit point for maintaining the generator in working order or continuing the contract with a generator provider; ~~and~~
- ~~(I)~~(M) ~~On or after the effective date of this Rule, if~~ If the facility installs automatic sprinklers in compliance with the North Carolina Building Code, and maintains the system in working order, the facility shall receive 3 merit points. If the facility has an existing automatic sprinkler, the facility shall receive 2 merit points for subsequent ratings for maintaining the automatic sprinklers in good working order. order; and
- (N) If the facility engages the services of a third-party company to conduct resident and family satisfaction surveys at least annually for the purpose of improving resident care, the facility shall receive 1 merit point. Resident and family satisfaction surveys shall not be conducted by any employees of the facility, or a third-party company affiliated with the facility. The

satisfaction survey results shall be made available upon request and in a location accessible to residents and visitors in the facility.

(2) Demerit Points

- (A) For each standard deficiency citation of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, the facility shall receive a demerit of 2 points. The facility shall receive demerit points only once for citations in which the findings are identical to those findings used for another citation;
- (B) For each citation of a ~~Type A~~ A1 or Type A2 violation, the facility shall receive a demerit of ~~10 points;~~ points, and if the Type A1 or Type A2 violation remains uncorrected as result of a follow-up inspection, the facility shall receive an additional demerit of 10 points;
- (C) For each citation of a Type B violation, the facility shall receive a demerit of 3.5 points and if the Type B violation remains uncorrected as the result of a follow-up inspection, the facility shall receive an additional demerit of 3.5 points;
- (D) If the facility's admissions are suspended, the facility shall receive a demerit of 10 points; however, if the facility's admissions are suspended pursuant to ~~G.S. 131D-4.2,~~ G.S. 131D-2.7, the facility shall not receive any demerit points; and
- ~~(E)~~ If the facility's license is downgraded to a provisional license pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 10 points;
- ~~(E)(F)~~ If the facility receives a notice of revocation against its license, license pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 31 points; and
- ~~(G)~~ If the facility's license is summarily suspended pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 31 points.

(d) Facilities shall be given a rating of zero to four stars depending on the score assigned pursuant to Paragraph (a), (b) or (c) of this Rule. Ratings shall be assigned as follows:

- (1) Four stars shall be assigned to any facility whose score is 100 points or greater on two consecutive annual or biennial inspections;
- (2) Three stars shall be assigned for scores of 90 to 99.9 points, or for any facility whose score is 100 points or greater on one annual or biennial inspection;
- (3) Two stars shall be assigned for scores of 80 to 89.9 points;
- (4) One star shall be assigned for scores of 70 to 79.9 points; and
- (5) Zero stars shall be assigned for scores of 69.9 points or lower.

*History Note: Authority G.S. 131D-4.5; 131D-10;  
Eff. July 3, ~~2008-2008~~;  
Readopted Eff. August 1, 2025.*

10A NCAC 13F .1605 is proposed for readoption without substantive changes as follows:

**10A NCAC 13F .1605 CONTENTS OF STAR RATED CERTIFICATE**

- (a) The certificate shall contain a rating determined pursuant to Rule .1604 of this Subchapter.
- (b) The certificate or accompanying worksheet from which the score is derived shall contain a breakdown of the point merits and demerits by the factors listed in Rules .1603 and .1604(c) of this Subchapter in a manner that the public can determine how the rating was assigned and the factors that contributed to the rating.
- ~~(c) The certificate shall be printed on the same type of paper that is used to print the facility's license.~~
- ~~(c)~~ The Division of Health Service Regulation shall issue the certificate pursuant to Rule .1602 of this Subchapter.

*History Note: Authority G.S. 131D-4.5; 131D-10;  
Eff. July 3, 2008; 2008;  
Readopted Eff. August 1, 2025.*

10A NCAC 13G .0206 is proposed for readoption with substantive changes as follows:

**10A NCAC 13G .0206 CAPACITY**

- (a) Pursuant to G.S. 131D-2(a)(5), 131D-2.1(5), family care homes may have a capacity of two to six residents. For the purposes of this Rule, “capacity” means the maximum number of residents permitted to live in a licensed family care home in accordance with the North Carolina Building Code and the evacuation capability of each resident.
- (b) The total number of residents shall not exceed the number shown on the license. The license shall indicate the facility’s capacity according to the number of ambulatory and non-ambulatory individuals permitted to live in the home. For the purposes of this Rule, “ambulatory” means the individual is able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency. “Non-ambulatory” means the individual is not able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency.
- (c) A request for an increase in capacity by adding rooms, remodeling remodeling, or without any building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation, Regulation Construction Section and shall include accompanied by two copies of blueprints or floor plans. One plan shall show showing the existing building with the current use of rooms rooms, and the second plan indicating showing the addition, remodeling remodeling, or change in use of spaces spaces, and showing the use of each every room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure.
- (d) When licensed homes facilities increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home facility shall meet all current fire safety regulations.

(e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation Adult Care Licensure Section if the overall evacuation capability capabilities of the residents changes from and the facility no longer complies with the evacuation capability facility's licensed capacity as listed on the homes facility's license, license or of the addition of any non-resident that will be residing within the home. facility. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Health Service Regulation for review of any possible changes that may be required to the building.

(f) If there is a temporary change in the capacity of the facility due to a resident's short term illness or condition that renders the resident temporarily non-ambulatory, such as end of life condition, the licensee or the licensee's designee shall immediately notify the Division of Health Service Regulation Construction Section upon the knowledge of the change in the resident's ambulatory status to request approval for the resident to temporarily remain in the facility.

*History Note: Authority G.S. 131D-2.4; 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984; January 1, 1983. 1983.  
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0301 is proposed for readoption with substantive changes as follows:

### **10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS**

The physical plant requirements for each A family care home shall be applied as follows meet the following physical plant requirements:

- (1) New construction and ~~existing~~ buildings proposed for use as a Family Care Home shall comply with the requirements of this ~~Section~~; Section.
- (2) Except where otherwise specified, ~~existing~~ licensed homes or portions of ~~existing~~ licensed homes shall meet the licensure and code requirements in effect at the time of licensure, construction, change in ~~service or service, change in~~ bed count, addition, modification, ~~renovation or alteration~~; renovation, or alteration. ~~however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost;~~
- (3) In no case shall the requirements for a licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at no cost at the Division of Health Service Regulation, 1800 Umstead Drive, Raleigh, North Carolina 27603.

- ~~(3)~~(4) New additions, alterations, ~~modifications~~ modifications, and repairs shall meet the requirements of this ~~Section~~; Section.
- (4) ~~Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that exceed minimum requirements;~~
- (5) ~~Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division when the home can effectively demonstrate to the Division's satisfaction, that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the home; and The Division may grant an equivalency to allow alternate methods, procedures, design criteria, or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a facility submits a written equivalency request to the Division that states the following:~~
- (a) the rule citation and the rule requirement that will not be met because strict conformance with current requirements would be:
- (i) impractical;
- (ii) unable to be met due to extraordinary circumstances;
- (iii) unable to be met due to new programs; or
- (iv) unable to be met due to unusual conditions;
- (b) the justification for the equivalency; and
- (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- (6) ~~Where rules, codes or standards have any conflict, the most stringent requirement shall apply. In determining whether to grant an equivalency request, the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The facility shall maintain a copy of the approved equivalency issued by the Division, and~~
- (7) Where rules, codes or standards have any conflict, the more stringent requirement shall apply.

*History Note:* Authority G.S. 131D-2.16; 143B -165;  
 Eff. July 1, ~~2005~~-2005;  
 Readopted Eff. January 1, 2025.

10A NCAC 13G .0302 is proposed for reoption with substantive changes as follows:

**10A NCAC 13G .0302 DESIGN AND CONSTRUCTION**

- (a) ~~Any A~~ building licensed for the first time as a family care ~~home~~ home, or a licensed family care home relicensed after the license is terminated for more than 60 days, shall meet the applicable requirements of the North Carolina State Building Code. ~~All new construction, additions and renovations to existing buildings shall meet the requirements~~

~~of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Codes, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). Code: Residential Code, and Licensed Residential Care Facilities, if applicable, in effect at the time of licensure or relicensure. Applicable volumes of The North Carolina State Building Codes, which are hereby incorporated by reference, including all subsequent amendments and editions, may be purchased from the International Code Council online at <https://shop.iccsafe.org/> at a cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at <https://codes.iccsafe.org/codes/north-carolina>.~~

(b) New construction, additions, alterations, modifications, and renovations to buildings shall meet the requirements of the North Carolina State Building Code: Residential Code, and Licensed Residential Care Facilities, if applicable, at the time of construction, alteration, modifications, and renovations.

~~(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.~~

(c) A family care home shall not offer services for which the home was not planned, constructed, equipped, or maintained.

~~(c)(d) Any existing A building converted from another use to a family care home shall meet all the requirements of a new facility. Paragraph (a) of this Rule.~~

~~(d) Any existing licensed home when the license is terminated for more than 60 days shall meet all requirements of a new home prior to being relicensed.~~

(e) Any existing A licensed home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work.

(f) If the building is two stories in height, it shall meet the following requirements:

- (1) Each ~~each~~ floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for Group R-4 occupancy in the North Carolina State Building Code; Codes;
- (2) ~~Aged~~ aged or disabled persons are not to be housed on any floor above or below grade level;
- (3) ~~Required~~ required resident facilities are not to be located on any floor above or below grade level; and
- (4) ~~A a complete fire alarm system with pull system meeting the requirements of the National Fire Protection Association 72, NFPA 72: National Fire Alarm and Signaling Code, which is hereby incorporated by reference, including all subsequent amendments and editions. Copies of this code may be obtained from the National Fire Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=72>. For the purpose of this Rule, a “complete fire alarm system” is a system that consists of components and circuits arranged to monitor and annunciate the status of fire alarm~~

and supervisory signal-initiating devices and to initiate the appropriate response to those signals. Pull stations shall be installed on each floor at each exit, and sounding Sounding devices which that are audible throughout the building shall be provided. provided on each floor. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection. center that is legally committed to serving the area in which the facility is located. The alarm shall be transmitted either directly to a fire department or through a third-party service that shall transmit the alarm to the fire department. The method used to transmit the alarm shall be in accordance with local ordinances.

- (g) The basement and the attic shall not ~~to~~ be used for storage or sleeping.
- (h) The ceiling height throughout the family care home shall be at least seven and one-half feet from the floor.
- (i) In homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps and ramps between levels are not permitted.
- (j) The following shall have door width widths shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms. inches:
  - (1) the kitchen;
  - (2) dining rooms;
  - (3) living rooms;
  - (4) bedrooms; and
  - (5) bathrooms.
- (k) All windows that are operable shall be maintained operable.
- (l) The local code enforcement official shall be consulted before starting any construction or renovations for information on required permits and construction requirements.
- (m) The building shall meet sanitation requirements as determined by the North Carolina Department of ~~Environment and Natural Resources; Division of Environmental Health.~~ Health and Human Services, Division of Public Health, Environmental Health Section.
- (n) The home shall maintain and have available for review current sanitation and fire ~~and building~~ safety inspection reports ~~which shall be maintained in the home and available for review.~~ reports.

*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, 1984; January 1, 1983;  
Temporary Amendment Eff. September 1, 2003;  
Amended Eff. July 1, 2005; June 1, 2004. 2004;  
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0305 is proposed for amendment as follows:

**10A NCAC 13G .0305 LIVING ROOM**

- (a) Family care homes licensed on or after April 1, 1984 shall have a living room ~~or area of at least a minimum of~~ 200 square feet.
- (b) All living rooms ~~or areas~~ shall have at least one operable windows window to meet meeting the North Carolina State Building ~~Code Codes to view outdoors,~~ and be lighted to provide 30 ~~foot-candles-foot-candles~~ of light at floor level.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;  
Recodified from 10A NCAC 13G .0304 Eff. July 1, 2005;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019-2019;  
Amended Eff. January 1, 2025.*

10A NCAC 13G .0306 is proposed for readoption with substantive changes as follows:

**10A NCAC 13G .0306 ~~DINING ROOM~~ DINING ROOM OR DINING AREA**

- (a) Family care homes licensed on or after April 1, 1984 shall have a dining room or dining area of at least a minimum of 120 square feet. The dining room ~~or dining area~~ may be used for other activities during the day.
- (b) When the dining area is used in combination with a kitchen, an area five feet wide in front of the kitchen, including the sink, kitchen appliances, and any kitchen island used for food preparation, shall be ~~allowed as work space for the kitchen, in front of the kitchen work areas.~~ The work space shall not be used as calculations for the required minimum ~~the~~ dining area.
- (c) The dining room ~~or dining area~~ shall have at least one operable windows window meeting the North Carolina State Building Codes to view the outdoors, or a door unit with a vision panel directly to the outside. The dining room ~~or dining area~~ shall ~~and~~ be lighted to provide 30 ~~foot-candles-foot-candles~~ of light at floor level.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;  
Recodified from 10A NCAC 13G .0305 Eff. July 1, 2005-2005:*

Readopted Eff. January 1, 2025.

10A NCAC 13G .0307 is proposed for readoption with substantive changes as follows:

**10A NCAC 13G .0307 KITCHEN**

- (a) The kitchen in a family care home shall be large enough to provide for the preparation and preservation of food and the washing of dishes.
- (b) The cooking unit shall be mechanically ventilated to the outside or be an unvented, recirculating fan provided with ~~any special filter per~~ the type of filter required by manufacturers' instructions for ventless use.
- (c) The kitchen floor shall have a non-slippery water-resistant covering.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Amended Eff. April 22, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; April 1, 1984;  
Recodified from 10A NCAC 13G .0306 Eff. July 1, 2005–2005;  
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0308 is proposed for amendment as follows:

**10A NCAC 13G .0308 BEDROOMS**

- (a) There shall be bedrooms ~~sufficient~~ in number and size to meet the individual needs according to age and sex of the residents, the administrator or supervisor-in-charge, other live-in ~~staff~~ staff, and ~~any~~ other persons living in a family care home. Residents ~~are~~ shall not to share bedrooms with staff or other live-in non-residents.
- (b) Only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for bedrooms.
- (c) A room where access is through a bathroom, ~~kitchen~~ kitchen, or another bedroom shall not be approved for a resident's bedroom.
- (d) ~~There shall be a minimum area of 100 square feet, excluding vestibule, closet or wardrobe space, in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two persons. Private resident bedrooms shall provide not less than 100 square feet of net floor area excluding vestibules, closets, or wardrobes. For the purpose of this Rule, net floor area is the actual occupiable area not including unoccupied accessory areas such as vestibules, closets, wardrobes, and bathrooms.~~

(e) Semi-private resident bedrooms shall provide not less than 80 square feet of net floor area per bed excluding vestibules, closets, or wardrobes. For the purpose of this Rule, net floor area is the actual occupiable area not including unoccupied accessory areas such as vestibules, closets, wardrobes, and bathrooms.

~~(e)(f)~~ The total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Health Service Regulation for that particular bedroom.

~~(f)(g)~~ A bedroom shall not be occupied by more than two residents.

~~(g)(h)~~ Each A resident bedroom must shall have one or more operable windows meeting the requirements of the North Carolina State Building Codes for emergency egress, and be lighted to provide 30 foot-candles-foot-candles of light at floor level. The window area shall be equivalent to at least not be less than eight percent of the floor space. space, and be equipped with insect-proof screens. The windows Windows in resident bedrooms shall have a maximum of 44 inch sill height.

~~(h)(i)~~ Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar. A resident bedroom shall provide one closet or wardrobe per resident. Closets or wardrobes shall have clothing storage space of not less than 48 cubic feet per bed, approximately two feet deep by three feet wide by eight feet high, of which one-half of this space shall be for hanging with an adjustable height hanging bar.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;  
Recodified from 10A NCAC 13G .0307 Eff. July 1, 2005;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019-2019;  
Amended Eff. January 1, 2025.*

10A NCAC 13G .0309 is proposed for reoption with substantive changes as follows:

### **10A NCAC 13G .0309 BATHROOM**

(a) ~~Adult Family~~ Family care homes licensed on or after April 1, 1984, shall have one full bathroom for each five or fewer persons-persons, including live-in staff and family. staff. For the purpose of this rule, a full bathroom is a room containing a sink, water closet (commode), and a bathtub, shower, spa tub, or similar bathing fixture.

(b) ~~The bathrooms shall be designed to provide privacy. A bathroom Bathrooms~~ Bathrooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower Bathtubs, showers, spas, or similar bathing fixtures shall have privacy partitions or curtains. The requirements of this Paragraph shall apply to new and existing facilities.

(c) ~~Entrance~~ Entrances to the bathroom ~~bathrooms~~ shall not be through a kitchen, another person's bedroom, or another bathroom.

(d) ~~The required~~ Required residents' bathrooms shall be located so that there is no more than 40 feet from ~~any residents'~~ a resident's bedroom door to a resident use bathroom door.

(e) ~~Hand grips shall be installed at all commodes, tubs and showers used by the residents.~~ Water closets (commodes), bathtubs, showers, spas, and similar bathing fixtures shall have hand grips meeting the following requirements:

(1) be mechanically fastened or anchored to the walls;

(2) be located to assist in entering and exiting bathtubs, showers, spas, or similar bathing fixtures; and

(3) be within reach of water closets (commodes).

(f) Nonskid surfacing or strips must be installed in ~~showers and bath areas.~~ bathtubs, showers, spas, and similar bathing fixtures.

(g) ~~The bathrooms~~ Bathrooms shall meet the following requirements:

(1) be lighted to provide 30 ~~foot candles~~ foot-candles of light at floor level ~~and have level;~~

(2) have ~~mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area.~~ an exhaust system per the North Carolina State Building Code: Residential Code. ~~These Exhaust vents shall vent directly to the ~~outdoors.~~ outdoors; and~~

(3) have floors that are water-resistant and slip-resistant.

~~(h) The bathroom floor shall have a non-slippery water resistant covering.~~

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;  
Recodified from 10A NCAC 13G .0308 Eff. July 1, ~~2005.~~ 2005;  
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0312 is proposed for readoption with substantive changes as follows:

### **10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS**

(a) In family care homes, ~~all~~ floor levels shall have at least two ~~exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition.~~ outside entrances/exits that are so located and constructed to minimize the possibility that both outside entrances/exits from the home may be blocked by a fire or other emergency condition. Exiting through another resident's bedroom is not permitted.

(b) At least one outside entrance/exit door shall be a minimum width of three feet and another shall be a minimum width of two feet and eight inches.

(c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has ~~any~~ a resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.

(d) All ~~exit~~ outside entrance/exit door locks shall be ~~easily operable,~~ operable by a single hand ~~motion,~~ motion from the inside at all times without ~~keys.~~ keys, tools, or special knowledge. Existing ~~deadbolts or~~ deadbolts and turn buttons on the inside of ~~exit doors~~ outside entrances/exit doors, including screen and storm doors, shall be removed or disabled.

(e) All outside entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.

(f) All ~~steps,~~ steps, ~~porches,~~ porches, ~~stoops~~ stoops, and ramps shall ~~be provided with~~ have handrails and ~~guardrails.~~ guards. Handrails shall be on both sides of steps and ramps, including sides bordered by the facility wall. Handrails shall extend the full length of steps and ramps. Guards shall be on open sides of steps, porches, stoops, and ramps. For the purposes of this Rule, guards are building components, or a system of building components located at or near the open sides of elevated walking surfaces that minimizes the possibility of a fall from a walking surface to an adjacent change in elevation.

(g) In homes with at least one resident who is determined by a physician or is otherwise known to be ~~disoriented or a wanderer,~~ each exit door for resident use disoriented or exhibiting wandering behavior, all outside entrance/exit doors shall ~~be equipped with~~ have a continuously sounding device that is activated when the door is opened. The sound shall be ~~of sufficient~~ of such volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be powered by the facility's electrical system, and be located in ~~the bedroom of the person on call, the office area or in a location~~ an area accessible only to staff authorized by the administrator to operate the control panel. The requirements of this Paragraph shall apply to new and existing facilities.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; April 1, 1987; July 1, 1984; April 1, 1984;  
Recodified from 10A NCAC 13G .0311 Eff. July 1, 2005-2005;  
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0313 is proposed for amendment as follows:

### **10A NCAC 13G .0313 LAUNDRY ROOM**

~~The laundry equipment in a family care home shall be located out of the living, dining, and bedroom areas.~~

(a) Laundry equipment shall be inside family care homes.

(b) Laundry equipment shall be in a dedicated room or enclosure, and shall be located out of living rooms, dining rooms, dining areas, bathrooms, and bedrooms.

- (c) Laundry equipment shall be on the same floor level as required residents' facilities.
- (d) Laundry equipment shall be accessible to all residents, and shall be maintained operable.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
 Eff. January 1, 1977;  
 Readopted Eff. October 31, 1977;  
 Amended Eff. July 1, 2005; April 1, 1984;  
 Recodified from 10A NCAC 13G .0312 Eff. July 1, 2005;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, ~~2019~~, 2019;  
 Amended Eff. January 1, 2025.*

10A NCAC 13G .0315 is proposed for readoption with substantive changes as follows:

**10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS**

(a) ~~Each~~ A family care home shall:

- (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
- (2) have no ~~chronic unpleasant odors~~; odors that are considered by the residents to be chronic and unpleasant;
- (3) have furniture ~~clean and in good repair~~; that is clean, safe, and functional.
- (4) have a North Carolina ~~Division of Environmental Health~~ Department of Health and Human Services, Division of Public Health, Environmental Health Section approved sanitation classification at all ~~times~~; times, which is incorporated by reference including all subsequent amendments. The "Rules Governing the Sanitation of Residential Care Facilities", 15A NCAC 18A .1600, may be accessed electronically free of charge at <http://ehs.dph.ncddhs.gov/rules.htm>;
- (5) be maintained in an uncluttered, ~~clean~~ clean, and orderly manner, free of all obstructions and hazards;
- (6) have a supply on hand at all times of bath soap, clean towels, washcloths, sheets, pillowcases, blankets, and additional ~~coverings adequate~~ covers for resident ~~use on hand at all times~~; use;
- (7) make available the following items as needed through ~~any~~ means other than charge to the personal funds of recipients of State-County Special Assistance:
  - (A) protective ~~sheets~~ mattress covers, and clean, absorbent, ~~soft~~ soft, and smooth mattress pads;
  - (B) ~~bedpans, urinals, hot water bottles, and ice caps~~; bedpans and urinals; and
  - (C) bedside commodes, walkers, and wheelchairs.
- (8) have one television and one radio ~~radio, each~~ in good working order;

- (9) have curtains, ~~draperies~~ draperies, or blinds at windows in resident use areas to provide for resident privacy;
  - (10) have recreational equipment, supplies for games, books, ~~magazines~~ magazines, and a ~~current~~ weekly newspaper available for residents;
  - (11) have a clock that has numbers at least 1½ inches tall in ~~an area commonly used by the residents;~~ the living room or in the dining room or dining room area; and
  - (12) have at least one telephone that does not ~~depend on~~ require electricity or cellular service to operate.
- (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:
- (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped with all accessories required for use shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the ~~home~~ facility. Each bed is to have the following:
    - (A) at least one pillow with a clean pillow case;
    - (B) a clean top and bottom ~~sheets~~ sheet on the bed, with bed changed ~~as often as necessary but~~ at least once a ~~week; and~~ week and when soiled; and
    - (C) a clean bedspread and other clean coverings as needed.
  - (2) a bedside type table;
  - (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;
  - (4) a wall or dresser mirror that ~~can~~ may be used by each
  - (5) a minimum of one ~~comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising;~~ chair that is comfortable as preferred by the resident, which may include a rocking or straight chair, with or without arms, that is high enough for the resident to easily rise without discomfort;
  - (6) additional chairs available, as needed, for use by visitors;
  - (7) individual clean towel, wash cloth, and towel bar within bedroom or adjoining bathroom; and
  - (8) a light overhead of bed with a switch ~~within reach of~~ that may be reached by a person lying on the bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.
- (c) The living room shall have ~~functional~~ living room furnishings ~~for the comfort of aged and disabled persons;~~ that are in good working order and provide comfort as preferred by residents with coverings that are easily cleanable.
- (d) The dining room shall have the following furnishings:
- (1) tables and chairs to seat all residents eating in the dining room; and
  - (2) chairs that are sturdy, non-folding, without rollers unless retractable or on front legs only, and designed to minimize tilting.
- (e) This Rule shall apply to new and existing homes.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; September 1, 1987; April 1, 1987; April 1, 1984;  
Recodified from 10A NCAC 13G .0314 Eff. July 1, 2005-2005;  
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0316 is proposed for reoption with substantive changes as follows:

**10A NCAC 13G .0316 FIRE SAFETY AND ~~DISASTER~~ EMERGENCY PREPAREDNESS PLAN**

- (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:
- (1) one five pound or larger (net charge) "A-B-C" type ~~centrally located;~~ located in an area that can be accessed by staff and not stored in rooms with doors or the kitchen;
  - (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and
  - (3) any other location as determined by the ~~code~~ local fire code enforcement official.
- (b) ~~The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. The facility shall be provided with smoke detectors in~~ locations as required by the North Carolina State Building Code: Residential Code and Licensed Residential Care Facilities, if applicable. All smoke detectors in the facility shall be hard-wired, interconnected, and provided with battery backup.
- (c) Underwriters Laboratories, Incorporated (U.L.) listed heat detectors shall be installed in all attic spaces and in the basement of the facility. Heat detectors shall be hard-wired, interconnected, and connected to a dedicated sounding device located inside the living area of the facility. Heat detectors shall be of the rate of rise type as not to create nuisance alarms and be provided with battery backup.
- ~~(e)~~(d) ~~Any~~ All fire safety requirements required by city ordinances or county building inspectors shall be met.
- ~~(d)~~(e) A written fire evacuation plan ~~(including a diagrammed drawing)~~ that includes a diagrammed drawing. The plan shall have which has the approval of the local fire prevention code enforcement official shall be official, prepared in ~~large~~ legible print and posted ~~in a central location on each floor.~~ every floor in a location visible to staff, residents, and visitors. The plan shall be reviewed with ~~each resident~~ all residents on admission and shall be a part of the orientation for all new staff.
- ~~(e)~~(f) There shall be at least four rehearsals of the fire evacuation plan ~~each year.~~ every year on each shift. Records of rehearsals shall be maintained by the administrator or their designee in the facility and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift staff members present, and a short description of ~~what the rehearsal involved.~~ rehearsal.

(g) Each facility shall develop and implement an emergency preparedness plan. The administrator shall ensure emergency preparedness planning and the development and implementation of the facility’s emergency preparedness plan in accordance with this Rule. The emergency preparedness plan shall include the following:

- (1) An all-hazards plan which includes a basic emergency operations plan, using an all-hazards approach. For the purpose of this Rule, an “all-hazards approach” means addressing the facility’s common operational functions in an emergency; the facility identifies and trains staff on tasks common to all emergency events; the facility identifies and trains the primary staff persons responsible for accomplishing those tasks; and the facility identifies how it will ensure continuity of operations, including designating alternate individuals to carry out those responsibilities and tasks in the event that the primary staff person is not available to do so. The plan shall address the following:
  - (A) procedures for collaborating with other healthcare facilities and services to include emergency medical services, hospitals, nursing homes, adult care homes when applicable and the community during an emergency or disaster;
  - (B) a plan for communicating with local emergency management, the Division of Health Service Regulation (DHSR), Department of Social Services (DSS), residents and their responsible parties, and staff;
  - (C) procedures for collaborating with local emergency management and healthcare coalitions;
  - (D) provision for subsistence needs for residents and staff, including food, water, medical and pharmaceutical supplies, and equipment including durable medical equipment, medication, and personal protective equipment;
  - (E) alternate source of energy to maintain temperatures to protect resident health and safety and for the safe and sanitary storage of food and medications, emergency lighting, fire detection, extinguishing, and alarm systems, sewage and waste disposal;
  - (F) a system for tracking residents and staff;
  - (G) procedures for sheltering-in-place;
  - (H) evacuation procedures that provide for safe evacuation of residents, staff, resident family or representatives, or other personnel who sought potential refuge at the facility;
  - (I) resident identification and resident records;
  - (J) emergency and standby power systems;
  - (K) transportation procedures to include prearranged transfer agreements, written agreements or contracted arrangements with other facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to residents;
  - (L) provisions for addressing potential staffing issues and ensuring staffing to meet the needs of residents during an emergency situation, including the provision of staff to care for residents while evacuated from the facility;

- (M) coordination with the local and regional emergency management agency; and
- (N) contact information for state and local resources for emergency response, facility staff, residents and responsible parties, vendors, contractors, utility companies, and local building officials such as the fire marshal and local health department.

(2) A risk assessment that identifies potential hazards to the facility. The risk assessment shall be based on the county risk assessment established by the county emergency management agency and the hazard vulnerability assessment established by the regional healthcare coalition. The facility's risk assessment shall identify the top three to five risk areas to the facility and its residents and categorize the risk areas by the likelihood of occurrence. For each of the three to five risk areas identified, the facility shall develop a plan which addresses the factors listed in Items (e)(1)(A-N) of this Rule. The following are examples of types of emergencies or disasters that may pose a risk to a facility:

- (A) Natural disasters to include a hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought;
- (B) Man-made disasters to include fire, building structure failures, transport accidents, acts of terrorism, active assailant, incidents of mass violence, industrial accidents;
- (C) Infrastructure disruptions such as failures to structures, facilities, and equipment for roads, highways, bridges, ports, intercity passenger and freight railroads; freight and intermodal facilities, airport, water systems, sewer systems;
- (D) Resident care-related emergencies;
- (E) Equipment and utility failures, to include power, water, gas;
- (F) Interruptions in communication;
- (G) Unforeseen widespread communicable public health and emerging infectious diseases;
- (H) Loss of all or a portion of the facility; and
- (I) Interruptions to the normal supply of essential resources, such as water, food, fuel for heating and cooking, generators, medications, and medical supplies. For the purposes of this rule "emergency" means a situation which presents the risk of death or physical harm to residents.

(h) The facility's emergency preparedness plan shall be reviewed at least annually and updated as needed by the administrator and shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. Any changes to the plan shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days of the change. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(i) Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan to the local emergency management agency and the local agency designated to coordinate and plan for the provision

of access to functional needs support services in shelters during disasters within 30 days after obtaining the new license. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(j) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(k) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in accordance with the facility's emergency preparedness plan as outlined in Paragraph (g) of this Rule. Staff shall be trained upon employment and annually in accordance with Rule .1211 of this Subchapter.

(l) The facility shall conduct at least one drill per year to test the facility's emergency plan. The facility shall maintain documentation of the annual drill which shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(m) The emergency preparedness plan outlined in Paragraph (g) of this Rule shall be maintained in the facility and accessible to staff working in the facility.

(n) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate, and shall notify the agencies within four hours of the return of residents to the facility.

(o) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section to obtain technical assistance within three hours or as soon as practicable of the incidence occurring.

(p) If a facility has evacuated residents due to an emergency, the facility shall not re-occupy the building until local building officials have given approval to do so.

(q) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division of Health Service Regulation prior to accepting the additional residents into the facility. The waiver request form can be found on the Division of Health Service Regulation Adult Care Licensure Section website at <https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident>.

(r) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care, supervision, and safety of each resident, including providing required staffing and supplies in accordance with the Rules of this Subchapter. Evacuation to a public emergency shelter should be a last resort due to a failure of the facility's emergency preparedness plan, and the decision shall be made in consultation with the local emergency management agency or the local agency designated to coordinate special needs sheltering during disasters. If a facility evacuates residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation Adult Care Licensure Section and the county department of social services within three hours of the decision to evacuate.

(h) ~~(s) A written disaster plan which has the written approval of, or has been documented as submitted to, the local emergency management agency and the local agency designated to coordinate special needs sheltering during~~

~~disasters. The emergency preparedness plan outlines in Paragraph (g) of this Rule shall be prepared and updated at least annually and shall be maintained in the home. facility and accessible to staff working in the facility. This written disaster plan requirement shall apply to new and existing homes.~~

*History Note: Authority G.S. 131D-2.16; 131D-7; 143B-165;  
Eff. January 1, 1977;  
Amended Eff. April 22, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1987; April 1, 1984;  
Recodified from 10A NCAC 13G .0315 Eff. July 1, 2005;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, ~~2019~~, 2019;  
Readopted Eff. May 1, 2025.*

10A NCAC 13G .0317 is proposed for readoption with substantive changes as follows:

#### **10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT**

- (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.
- (b) ~~There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions.~~ Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited.
- (c) ~~Air conditioning or at least one fan per resident bedroom and living room and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).~~ The facility shall have heating and cooling systems such that environmental temperature controls are capable of maintaining temperatures in the home at 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season.
- (d) ~~The hot Hot water tank shall be of such size to provide an adequate supply of hot water supplied to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at maintain a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).~~ degrees F at all fixtures used by or accessible to residents. This requirements of this Paragraph shall apply to new and existing facilities.
- (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is:
- (1) ~~30 foot candle power~~ foot-candles for reading; reading; and
  - (2) ~~10 foot candle power~~ foot-candles for general lighting; and lighting.
  - (3) ~~1 foot candle power at the floor for corridors at night.~~

~~(f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed.~~

Where there is live-in staff in a family care home, a hard-wired, electrically operated call system meeting the following requirements shall be provided:

- (1) the call system shall connect residents' bedrooms to the live-in staff bedroom;
- (2) when activated, the resident call shall activate a visual and audible signal in the live-in staff bedroom;
- (3) a resident call system activator shall be in residents' bedrooms at the resident's bed;
- (4) the resident call system activator shall be within reach of a resident lying on the bed; and
- (5) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin.

(g) Fireplaces, fireplace ~~inserts~~ inserts, and wood stoves shall be designed ~~or~~ and installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves must be U.L. listed.

(h) Gas logs may be installed if they are of the vented type, installed according to the manufacturers' installation instructions, approved through the local building ~~department~~ department, and protected by a guard or screen to prevent residents and furnishings from burns.

~~(i) Alternate methods, procedures, design criteria and functional variations from the requirements of this Rule or other rules in this Section because of extraordinary circumstances, new programs or unusual conditions, shall be approved by the Division when the facility can effectively demonstrate to the Division's satisfaction that the intent of the requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility.~~

~~(j) This Rule shall apply to new and existing family care homes.~~

*History Note: Authority G.S. 131D-2.16; 143B-165;  
Eff. January 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. April 1, 1987; April 1, 1984; July 1, 1982;  
Temporary Amendment Eff. December 1, 1999;  
Amended Eff. July 1, 2005; July 1, 2000;  
Recodified from 10A NCAC 13G .0316 Eff. July 1, ~~2005~~-2005;  
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0318 is proposed for re adoption with substantive changes as follows:

### **10A NCAC 13G .0318 OUTSIDE PREMISES**

- (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. Creeks, ditches, ponds, pools, and other similar areas shall have safety protection.
- (b) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering ~~freely~~ freely, or ~~be hazardous~~ have sharp edges, rusting posts, or other similar conditions that may cause injury.
- (c) Outdoor stairways and ramps shall be illuminated by no less than five ~~foot-candles~~ foot-candles of light at grade level.
- (d) The requirements of Paragraphs (a) and (b) shall apply to new and existing facilities.

*History Note: Authority G.S. 131D-2.16; 143B-165;  
 Eff. April 1, 1984;  
 Amended Eff. July 1, 2005; July 1, 1990;  
 Recodified from 10A NCAC 13G .0317 Eff. July 1, ~~2005~~; 2005;  
 Readopted Eff. January 1, 2025.*

10A NCAC 13G .0801 is proposed for readoption with substantive changes as follows:

## **SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN**

### **10A NCAC 13G .0801 RESIDENT ASSESSMENT**

- ~~(a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.~~
- ~~(b)~~(a) The facility shall assure complete an assessment of each resident ~~is completed~~ within 30 days following admission and ~~at least annually thereafter~~ thereafter ~~using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.~~
- (b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed in accordance with Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's

assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating.

The assessment instrument established by the Department shall include the following:

- (1) resident identification and demographic information;
- (2) current diagnoses;
- (3) current medications;
- (4) the resident's ability to self-administer medications;
- (5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating;
- (6) mental health history;
- (7) social history;
- (8) mood and behaviors;
- (9) nutritional status, including specialized diet or dietary needs;
- (10) skin integrity;
- (11) memory, orientation and cognition;
- (12) vision and hearing;
- (13) speech and communication;
- (14) assistive devices needed; and
- (15) a list of and contact information for health care providers or services used by the resident.

The assessment instrument established by the Department is available on the Division of Health Service Regulation website at [https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicare/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form\\_file/dma-3050R.pdf](https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicare/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf) at no cost.

(c) When a facility identifies a change in a resident's baseline condition based upon the factors listed in Subparagraph (1)(A) through (M) of this Paragraph, the facility shall monitor the resident's condition for no more than 10 days to determine if a significant change in the resident's condition has occurred. For the purposes of this rule, "significant change" means a major decline or improvement in a resident's status related to factor in Subparagraph (1)(A) through (M) of this Paragraph. The facility shall ~~assure~~ conduct an assessment of a resident is completed within ~~40~~ three days ~~following~~ after the facility identifies that a significant change in the resident's baseline condition has occurred. The facility shall use ~~using~~ the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:

- (1) Significant change is one or more of the following:
  - (A) deterioration in two or more activities of daily ~~living~~; living including bathing, dressing, personal hygiene, toileting, or eating;
  - (B) change in ability to walk or ~~transfer~~; transfer, including falls if the resident experiences repeated falls on the same day, recurrent falls overall several days to weeks, new onset of

falls not attributed to a readily identifiable cause, or a fall with consequent change in neurological status, or findings suggesting a possible injury;

- (C) change in the ability to use one's hands to grasp small objects; Pain worsening in severity, intensity, or duration, and/or occurring in a new location, or new onset of pain associated with trauma;
  - (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic; change in the pattern of usual behavior, new onset of resistance to care, abrupt onset or progression of significant agitation or combative behavior, deterioration in affect or mood, or violent or destructive behaviors directed at self or others.
  - (E) no response by the resident to the ~~treatment~~ intervention for an identified problem;
  - (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;
  - (G) ~~threat to life such as stroke, heart condition, or metastatic cancer;~~ when a resident has been enrolled in hospice;
  - (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or ~~higher;~~ any pressure ulcer determined to be greater than Stage II;
  - (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being; ~~well-being such as initial diagnosis of Alzheimer's disease or diabetes;~~
  - (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer meets the resident's needs; ~~matches what is needed;~~
  - (K) new onset of impaired decision-making;
  - (L) continence to incontinence or indwelling catheter; or
  - (M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident.
- (2) Significant change is ~~not any of~~ does not include the following:
- (A) changes that suggest slight upward or downward movement in the resident's status;
  - (B) changes that resolve with or without intervention;
  - (C) changes that arise from easily reversible causes;
  - (D) an acute illness or episodic ~~event;~~ event. For the purposes of this Rule "acute illness" means symptoms or a condition that develops quickly and is not a part of the resident's baseline physical health or mental health status;
  - (E) an established, predictive, cyclical pattern; or
  - (F) steady improvement under the current course of care.

(d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other ~~appropriate~~ licensed health professional ~~such as a mental health~~

~~professional, nurse practitioner, physician assistant or registered nurse in a timely manner consistent with the resident's condition but no longer than 40~~ three days from the date of the significant change, change assessment, and document the referral in the resident's record. Referral shall be made immediately when significant changes are identified that pose an immediate risk to the health and safety of the resident, other ~~residents~~ residents, or staff of the facility.

(e) The assessments required in Paragraphs (a) ~~(b)~~ and (c) of this Rule shall be completed and signed by the person designated by the administrator to perform resident assessments.

*History Note: Authority G.S. 131D-2.16; 131D-4.4; 131D-4.5; 143B-165;  
Temporary Adoption Eff. January 1, 1996;  
Eff. May 1, 1997;  
Temporary Amendment Eff. December 1, 1999;  
Amended Eff. July 1, 2000;  
Temporary Amendment Eff. September 1, 2003;  
Amended Eff. July 1, 2005; June 1, ~~2004~~, 2004;  
Readopted Eff. March 1, 2025.*

10A NCAC 13G .0802 is proposed for readoption with substantive changes as follows:

#### **10A NCAC 13G .0802 RESIDENT CARE PLAN**

(a) ~~A family care home~~ The facility shall assure a care plan is developed ~~develop and implement a care plan~~ for each resident ~~in conjunction with~~ based on the ~~resident~~ resident's assessment ~~to be completed within 30 days following admission according to~~ in accordance with Rule .0801 of this Section. The care plan shall be ~~an individualized, written program of personal care for each resident.~~ resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan.

(b) ~~The care plan shall be revised as needed based on further assessments of the resident according to Rule .0801 of this Subchapter.~~ The resident shall be offered the opportunity to participate in the development of his or her care plan. If the resident is unable to participate in the development of the care plan due to cognitive impairment, the responsible person shall be offered the opportunity to participate in the development of the care plan.

(c) The care plan shall include the following:

- (1) ~~a statement of the care or service to be provided based on the assessment or reassessment; and~~ description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Subchapter;
- (2) ~~frequency of the service provision.~~ services or tasks to be performed;
- (3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Subchapter;

- (4) licensed health professional tasks required according to Rule .0903 of this Subchapter;
- (5) a dated signature of the assessor upon completion; and
- (6) a dated signature of the resident's physician or physician extender within 15 days of completion of the care plan certifying the resident as being under this physician's care with medical diagnoses justifying the tasks specified in the care plan. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid. The activities of daily living relevant to the Medicaid State Plan Personal Care Services Assessment are bathing, dressing, mobility, toileting, and eating.

~~(d) The assessor shall sign the care plan upon its completion.~~

~~(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:~~

- ~~(1) the resident is under the physician's care; and~~
- ~~(2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.~~

(d) If the resident received home health or hospice services, the facility shall communicate with the home health or hospice agency to coordinate care and services to ensure the resident's needs are met.

~~(e)~~ The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance ~~abuse~~ use services includes ~~resident specific~~ instructions regarding how to contact that provider, including emergency ~~contact~~ and after-hours contacts. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance ~~abuse~~ use services in accordance with Rule .0801(d) of this Subchapter.

(f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165;  
 Temporary Adoption Eff. January 1, 1996;  
 Eff. May 1, 1997;  
 Temporary Amendment Eff. January 1, 2001;  
 Temporary Amendment Expired October 13, 2001;  
 Temporary Amendment Eff. September 1, 2003;  
 Amended Eff. July 1, 2005; June 1, 2004, 2004;  
 Readopted Eff. March 1, 2025.*

10A NCAC 13G .1601 is proposed for reoption with substantive changes as follows:

## SECTION .1600 – STAR RATED CERTIFICATES

### 10A NCAC 13G .1601 SCOPE DEFINITIONS

~~(a) This Section applies to all licensed family care homes for two to six residents that have been in operation for more than one year.~~

~~(b) As used in this Section a "rated certificate" means a certificate issued to a family care home on or after January 1, 2009 and based on the factors contained in G.S. 131D-10.~~

(a) As used in this Section, the following definitions shall apply:

- (1) “Demerits” means points which are subtracted from a facility’s star rating calculation as set forth in the requirements of Rule .1604 of this Section.
- (2) “Merits” means points which are added to a facility’s star rating calculation as set forth in the requirements of Rule .1604 of this Section.
- (3) “Standard deficiency” means a citation issued by the Division of Health Service Regulation to a facility for failure to comply with licensure rules and statutes governing adult care homes and the non-compliance does not meet the criteria for a Type A1, Type A2 or Type B violation defined in G.S. 131D-34.
- (4) “Star rated certificate” means a certificate issued by the Division of Health Service Regulation that includes a numerical score and corresponding number of stars issued to an adult care home based on the factors contained in G.S. 131D-10.
- (5) “Star rating” means the numerical score and corresponding number of stars a facility receives based on the factors contained in G.S. 131D-10.
- (6) “Star rating worksheet” means a document issued by the Division of Health Service Regulation which demonstrates how a facility’s star rating was calculated.
- (7) “Type A1 violation” means the term as defined in G.S. 131D-34.
- (8) “Type A2 violation” means the term as defined in G.S. 131D-34.
- (9) “Type B violation” means the term as defined in G.S. 131D-34.

*History Note:* Authority G.S. 131D-4.5; 131D-10;  
Eff. July 3, ~~2008~~; 2008;  
Readopted Eff. August 1, 2025.

10A NCAC 13G .1602 is proposed for reoption with substantive changes as follows:

## 10A NCAC 13G .1602 ~~ISSUANCE OF RATED CERTIFICATES~~ A STAR RATING

- (a) A star rated certificate and worksheet shall be issued to a facility by the Division of Health Service Regulation within 45 days ~~completion of a new rating calculation pursuant to Rule .1604 of this Subchapter.~~ from the date that the Division mails the survey or inspection report to the facility, except when a timely request has been made by the facility under G.S. 131D-2.11 for informal dispute resolution. If a facility makes a timely request for informal dispute resolution, the Division of Health Service Regulation shall issue a star rating to the facility within 15 days from the date the Division mails the informal dispute decision to the facility.
- (b) If the ownership of the facility changes, the ~~rated certificate~~ star rating in effect at the time of the change of ownership shall remain in effect until the next annual or biennial survey or until a new certificate is issued pursuant to Rule .1604(b) of this Subchapter.
- (c) The star rated certificate and ~~any~~ worksheet the Division used to calculate the rated certificate shall be displayed in a location visible to the public.
- (d) The star rating worksheet shall be posted on the Division of Health Service Regulation website.
- ~~(d)~~ (e) The facility may contest the ~~rated certificate~~ star rating by requesting a contested case hearing pursuant to Article 3 of G.S. 150B. The star rating ~~rated certificate~~ and any subsequent ~~certificates~~ star ratings shall remain in effect during any contested case hearing process.

*History Note:* Authority *G.S. 131D-4.5; 131D-10;*  
*Eff. July 3, 2008; 2008;*  
*Readopted Eff. August 1, 2025.*

10A NCAC 13G .1603 is proposed for readoption with substantive changes as follows:

## 10A NCAC 13G .1603 ~~STATUTORY AND RULE REQUIREMENTS AFFECTING~~ STAR RATED CERTIFICATES

The following Statutes and Rules comprise the standards that contribute to rated certificates:

- (1) G.S. 131D-21 Resident's Rights;
- (2) ~~10A NCAC 13G Section~~ .0300 The Building;
- (3) ~~Section~~ .0400 Staff Qualifications;
- ~~(3)~~(4) ~~10A NCAC 13G Section~~ .0700 Admission and ~~Discharge Requirements;~~ Discharge;
- ~~(4)~~(5) ~~10A NCAC 13G Section~~ .0800 Resident Assessment and Care Plan;
- ~~(5)~~(6) ~~10A NCAC 13G Section~~ .0900 Resident Care and Services;
- ~~(6)~~(7) ~~10A NCAC 13G Section~~ .1000 Medications; and
- ~~(7)~~(8) ~~10A NCAC 13G Section~~ .1300 Use of Physical Restraints and ~~Alternatives.~~ Alternatives; and
- (9) ~~Section~~ .1700 Infection Prevention and Control.

*History Note: Authority G.S. 131D-4.5; 131D-10;  
Eff. July 3, 2008; 2008;  
Readopted Eff. August 1, 2025.*

10A NCAC 13G .1604 is proposed for readoption with substantive changes as follows:

#### **10A NCAC 13G .1604 RATING CALCULATION**

(a) Ratings shall be based on:

- (1) Inspections completed pursuant to G.S. ~~131D-2(b)(1a)~~; 131D-2.11(a) and (a1);
- (2) Statutory and Rule requirements listed in Rule .1603 of this Section;
- (3) Type A A1, Type A2, or uncorrected Type B penalty violations identified pursuant to G.S. 131D-34; and
- (4) Other items listed in Subparagraphs (c)(1) and (c)(2) of this Rule.

(b) The initial rating a facility receives shall remain in effect until the next inspection. If an activity occurs which results in the assignment of additional merit or demerit points, a new certificate shall be issued pursuant to Rule .1602(a) of this Section.

(c) The rating shall be based on a 100 point scale. Beginning with the initial rating and repeating with each annual or biennial inspection, the facility shall be assigned 100 points and shall receive merits or demerits, which shall be added or subtracted from the 100 points, respectively. The merits and demerits shall be assigned as follows:

(1) Merit Points

- (A) If the facility corrects ~~citations~~ a standard deficiency of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, ~~which are not related to the identification of a Type A violation or an uncorrected Type B violation~~, the facility shall receive 1.25 merit points for each corrected deficiency;
- (B) ~~If the facility receives citations on its annual inspection with no Type A or Type B violations and the rating from the annual inspection is one or zero stars, the facility may request Division of Health Service Regulation to conduct a follow up inspection not less than 60 days after the date of the annual inspection. A follow up inspection shall be completed depending upon the availability of Division of Health Service Regulation staff. As determined by the follow up review, the facility shall receive 1.25 merit points for each corrected deficiency;~~ If the facility corrects a citation for which a Type B violation was identified, the facility shall receive 1.75 merit points;
- (C) ~~If the facility corrects the citation for which a Type A violation was identified, the facility shall receive 2.5 merit points and shall receive an additional 2.5 merit points following the next annual inspection if no further Type A violations are identified;~~ If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.75 merit points;

- (D) ~~If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.25 merit points;~~ If the facility corrects the citation for which a Type A1 or Type A2 violation was identified, the facility shall receive 5 merit points;
- (E) ~~If the facility corrects a previously uncorrected Type A1 or A2 violation, the facility shall receive 5 merit points;~~
- (~~E~~)(F) If the facility's admissions have been suspended, the facility shall receive 5 merit points if the suspension is removed;
- (G) ~~If the facility's license is restored to a full license after being downgraded to a provisional license, the facility shall receive 5 merit points;~~
- (~~F~~)(H) If the facility participates in any quality improvement program pursuant to G.S. 131D-10, the facility shall receive 2.5 merit points;
- (G) ~~If the facility receives NC NOVA special licensure designation, the facility shall receive 2.5 merit points;~~
- (I) ~~If the facility establishes an ongoing resident council which meets at least quarterly, the facility shall receive .5 merit point;~~
- (J) ~~If the facility establishes an ongoing family council which meets at least quarterly, the facility shall receive .5 merit point;~~
- (K) ~~If the facility's designated on-site staff member who directs the facility's infection control activities in accordance with G.S. 131D-4.4A has completed the "Infection Control in Long Term Care Facilities" course offered by the University of North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) every two years, the facility shall receive .5 merit point;~~
- (~~H~~)(L) ~~On or after the effective date of this Rule, if~~ If the facility permanently installs a generator or has a contract with a generator provider to provide emergency power for essential functions of the facility, the facility shall receive 2 merit points. For purposes of this Section, Rule, essential functions mean those functions necessary to maintain the health or safety of residents during power outages greater than ~~6 hours.~~ hours and include the fire alarm system, heating, lighting, refrigeration for medication storage, minimal cooking, elevators, medical equipment, computers, door alarms, special locking systems, sewage and well operation where applicable, sprinkler system, and telephones. If the facility has an existing permanently installed generator or an existing contract with a generator provider, the facility shall receive 1 merit point for maintaining the generator in working order or continuing the contract with a generator provider; ~~and~~
- (~~H~~)(M) ~~On or after the effective date of this Rule, if~~ If the facility installs automatic sprinklers in compliance with the North Carolina Building Code, and maintains the system in working order, the facility shall receive 3 merit points. If the facility has an existing automatic

sprinkler, the facility shall receive 2 merit points for subsequent ratings for maintaining the automatic sprinklers in ~~good working order~~; order; and

~~(N) If the facility engages the services of a third-party company to conduct resident and family satisfaction surveys at least annually for the purpose of improving resident care, the facility shall receive 1 merit point. Resident and family satisfaction surveys shall not be conducted by any employees of the facility, or a third-party company affiliated with the facility. The satisfaction survey results shall be made available upon request and in a location accessible to residents and visitors in the facility.~~

(2) Demerit Points

(A) For each ~~standard deficiency citation~~ of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, the facility shall receive a demerit of 2 points. The facility shall receive demerit points only once for citations in which the findings are identical to those findings used for another citation;

(B) For each citation of a Type ~~A~~ A1 or Type A2 violation, the facility shall receive a demerit of 10 ~~points; points, and if the Type A1 or Type A2 violation remains uncorrected as result of a follow-up inspection, the facility shall receive an additional demerit of 10 points;~~

(C) For each citation of a Type B violation, the facility shall receive a demerit of 3.5 points and if the Type B violation remains uncorrected as the result of a follow-up inspection, the facility shall receive an additional demerit of 3.5 points;

(D) If the facility's admissions are suspended, the facility shall receive a demerit of 10 points; however, if the facility's admissions are suspended pursuant to ~~G.S. 131D-4.2~~, G.S. 131D-2.7, the facility shall not receive any demerit points; ~~and~~

~~(E)~~ If the facility's license is downgraded to a provisional license pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 10 points;

~~(E)(F)~~ If the facility receives a notice of revocation against its license, license pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 31 ~~points; points; and~~

~~(G)~~ If the facility's license is summarily suspended pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 31 points.

(d) Facilities shall be given a rating of zero to four stars depending on the score assigned pursuant to Paragraph (a), (b) or (c) of this Rule. Ratings shall be assigned as follows:

(1) Four stars shall be assigned to any facility whose score is 100 points or greater on two consecutive annual or biennial inspections;

(2) Three stars shall be assigned for scores of 90 to 99.9 points, or for any facility whose score is 100 points or greater on one annual or biennial inspection;

(3) Two stars shall be assigned for scores of 80 to 89.9 points;

(4) One star shall be assigned for scores of 70 to 79.9 points; and

(5) Zero stars shall be assigned for scores of 69.9 points or lower.

*History Note:* Authority G.S. 131D-4.5; 131D-10;  
Eff. July 3, ~~2008~~, 2008;  
Readopted Eff. August 1, 2025.

10A NCAC 13G .1605 is proposed for readoption without substantive changes as follows:

**10A NCAC 13G .1605 CONTENTS OF STAR RATED CERTIFICATE**

- (a) The certificate shall contain a rating determined pursuant to Rule .1604 of this Subchapter.
- (b) The certificate or accompanying worksheet from which the score is derived shall contain a breakdown of the point merits and demerits by the factors listed in Rules .1603 and .1604(c) of this Subchapter in a manner that the public can determine how the rating was assigned and the factors that contributed to the rating.
- ~~(c) The certificate shall be printed on the same type of paper that is used to print the facility's license.~~
- ~~(c)~~ The Division of Health Service Regulation shall issue the certificate pursuant to Rule .1602 of this Subchapter.

*History Note:* Authority G.S. 131D-4.5; 131D-10;  
Eff. July 3, ~~2008~~, 2008;  
Readopted Eff. August 1, 2025.

**North Carolina Medical Care Commission**

**Fiscal Impact Analysis**

**Permanent Rule Adoption without Substantial Economic Impact**

---

<b><u>Agency:</u></b>	North Carolina Medical Care Commission (“MCC”)
<b><u>Agency Contact:</u></b>	Taylor Corpening, MCC Rule Review Manager: 919-896-9371 Azzie Conley, DHSR Section Chief, Acute and Home Care Licensure & Certification Section: 919-855-4646 Jeff Harms, Acting Section Chief, Construction: 919-855-3915
<b><u>Impact Summary:</u></b>	State Government: Yes Local Government: No Private Entities: Yes Substantial Impact: No
<b><u>Authorizing Statutes:</u></b>	G.S. 131E-153, 131E-153.2, 131E-153.6; Session Law 2023-14

---

**Titles of Rules and N.C. Administrative Code Citation**

10A NCAC 13S .0101 Definitions  
10A NCAC 13S .0104 Plans  
10A NCAC 13S .0201 Building Code Requirements  
10A NCAC 13S .0207 Area Requirements  
10A NCAC 13S .0212 Elements and Equipment  
10A NCAC 13S .0318 Governing Authority  
10A NCAC 13S .0319 Policies and Procedures and Administrative Records  
10A NCAC 13S .0320 Admission and Discharge  
10A NCAC 13S .0321 Medical Records  
10A NCAC 13S .0322 Personnel Records  
10A NCAC 13S .0323 Nursing Service  
10A NCAC 13S .0324 Quality Assurance  
10A NCAC 13S .0325 Laboratory Services  
10A NCAC 13S .0326 Emergency Back-Up Services

10A NCAC 13S .0327 Outpatient Procedural Services

10A NCAC 13S .0328 Medications and Sedation

10A NCAC 13S .0329 Post Procedural Care

10A NCAC 13S .0330 Cleaning of Materials and Equipment

10A NCAC 13S .0331 Food Service

*(See proposed text of these rules in Appendix 1)<sup>1</sup>*

### **Background**

On May 16, 2023, Senate Bill 20 became law as SL 2023-14. This new law entitled “An Act to Make Various Changes to Health Care Laws and to Appropriate Funds for Health Care Programs” revised various state laws governing abortions in North Carolina. In response to Senate Bill 20 the North Carolina Medical Care Commission proposes to adopt the following permanent rules under 10A NCAC 13S – Rules Governing the Licensure of Suitable Facilities for the Performance of Surgical Abortions as permanent rules.

Prior to the passage of Senate Bill 20, abortion clinics were regulated under rules promulgated by the North Carolina Department of Health and Human Services under 10A NCAC 14E – Certifications of Clinics for Abortion. Session Law 2023-14 s.2.2, codified at G.S. 131E-153.5, moved authority to promulgate the rules necessary for implementation of the regulation of abortion clinics to the Medical Care Commission. These proposed permanent rules are a continuation of the prior regulatory framework under 10A NCAC 14E but are now proposed for adoption in 10A NCAC 13S under Medical Care Commission authority with updates to comply with S.L. 2023-14.

In addition to updates to comply with the provisions of the session law, numerous technical and formatting revisions have been made to these proposed permanent rules from the former rules in 10A NCAC 14E. Additionally, rule language has been updated to be consistent with current medical terminology, standard best practices, and to align with the requirements in S.L. 2023-14.

Currently, there are 15 abortion clinics licensed by the Division of Health Service Regulation (“Division”) to perform abortion procedures. For the purpose of this fiscal note, the Division assumes the number of clinics will stay constant for the timespan covered by the analysis. The Division based this assumption on historically stable numbers of clinics. All 15 clinics are privately owned. For purposes of this fiscal note, the 10A NCAC 14E rules are used as the baseline, as those rules have been in place since February 1, 1976 and were last amended on October 1, 2015.

Session Law 2023-14 s. 2.2, as codified in G.S. 131E-153.5, authorizes the Medical Care Commission to adopt rules necessary to implement Part II of SL 2023-14. The adoption of these

---

<sup>1</sup> Beginning on Page 37 of this document, the appendix also includes the 2019 version of 10A NCAC Subchapter 14 – Certification of Clinics for Abortion which, together with S.L. 2023-14, was used as the baseline for this fiscal note. Included as Appendix 2.

rules will ensure continuity of care for patients and will protect the health and safety of women in obtaining lawful abortions in a clinic regulated by the Division.

## **Rule Adoption**

### **10A NCAC 13S .0101 Definitions**

The Agency is proposing to adopt this permanent rule. The proposed rule updates definitions from 10A NCAC 14E .0101 to align with S.L. 2023-14. In paragraph:

- (1) The term “abortion” has been changed to reference the statutory definition.
- (2) The timeframe that a clinic is able to perform abortions has changed from the first 20 weeks of pregnancy to the first 12 weeks.
- (6) The rule reference for the term “governing authority” has been updated.
- (8) The definition of the term “new clinic” has been updated to mean a clinic that is certified or licensed as of July 1, 2023. There has also been a terminology change in which “licensure” has replaced “certification,” which is also applied in all other rules in this package.
- (9) The definition of “qualified physician” has been removed and a reference to the statutory definition is added to the rule.

### **Fiscal Impact**

The proposed rule changes should result in incremental improvements to rule clarity and consistency with current practices. This improvement could result in nominal improvements to compliance which, in turn, should help ensure the ongoing health and safety of the public who use the services of the clinics.

### **10A NCAC 13S .0104 Plans and Specifications**

The Agency is proposing to permanently adopt this rule. The proposed rule combines the requirements in Rule 10A NCAC 14E .0104 – Plans, Rule 10A NCAC 14E .0112 – Alterations, and Rule 10A NCAC 14E .0105 – Approval into one rule. Also, the rule title was updated to reflect the combining of these rules, as well as the requirements to submit both construction documents/plans and construction specifications to the Division for review and approval. This new rule title, “Plans and Specifications,” and the requirements listed in this rule provides consistency among other rule sets under the Division’s authority. The proposed changes do not impose any new requirements.

### **Fiscal Impact**

The proposed rule changes should result in incremental improvements to rule clarity and consistency with current practices. This could result in nominal improvements to compliance which, in turn, should help ensure the ongoing health and safety of the public who use the services of the clinics.

## **10A NCAC 13S .0201 Building Code Requirements**

The Agency is proposing to permanently adopt this rule. The changes to this rule as compared to 10A NCAC 14E .0201 are technical changes, updating information concerning access to current editions of the North Carolina State Building Codes and updating cost information for the North Carolina State Building Codes.

### **Fiscal Impact**

The proposed rule changes should result in incremental improvements to rule clarity and consistency with current practices. This could result in nominal improvements to compliance which, in turn, should help ensure the ongoing health and safety of the public who use the services of the clinics.

## **10A NCAC 13S .0207 Area Requirements**

The Agency is proposing to permanently adopt this rule. This rule contains the minimum spaces and areas required in licensed abortion clinics. The proposed language updates these requirements as compared to 10A NCAC 14E .0207 to reflect current practices and industry standards for outpatient procedures. Proposed updates to Rule 13S .0207 as compared to 14E .0207 are listed below:

Revised patient care spaces to reflect clinical services to be provided, and the anticipated acuity level of the patients being served. The revision combined designation areas and included updated wording for certain areas including personnel areas and lab areas. Patient care spaces include counseling areas, pre- and post- procedure areas, and procedure rooms. Specifically, designated area may be combined for pre- and post- procedure care and several storage areas may be combined for designation purposes.

Revised general space requirements to better reflect design elements that are common to areas designated for outpatient services. These design elements include reception and waiting rooms, areas for charting and other administrative activities, areas for the handling and storage of clean and soiled materials, and janitor's closets.

Revised requirements based on common clinical and support for outpatient services. These changes include clinical and support services include secure storage of medications, compliant requirements where laboratory testing is performed, and handling and storage of medical and surgical supplies.

### **Fiscal Impact**

#### **State**

The changes proposed in this rule better reflect the outpatient services to be provided in the clinics. With the adoption of this rule, Construction Section plan review time done by

the Division for the clinics is expected to be slightly reduced due to clarifications on the use of rooms and spaces that the architects and engineers would have to verify on the construction documents. The Construction Section received 3 abortion clinic projects of varying degrees of modifications over the past 5 years. Therefore, the number of these types of projects being reviewed each year is very low; thus, resulting in a negligible impact associated with the permanent adoption of this rule.

#### Abortion Clinic License Holder/Prospective Applicant

The proposed changes align with current building standards for these outpatient service space and also make the rule slightly more flexible as to how to meet the minimum area requirements. For example, the requirement for a “soiled workroom” is replaced with “separate areas for storage and handling of clean and soiled materials.” The rule will achieve the same desired result of keeping soiled materials away from clean materials but without the unnecessary requirement that the soiled materials be in a completely different room. Changes such as these acknowledge that there could be more than one way to achieve the desired result while also allowing the provider to configure their space to achieve an efficient flow of patient care. The proposed rule changes will not require existing facilities to make any changes to their current space configurations. Prospective applicants could benefit from the incrementally increased flexibility if they choose to design their spaces so as to allow them to reduce their square footage, for example. The magnitude of savings would vary greatly depending on the condition and specifications of the existing building being renovated or the construction of a new building as well as individual providers’ preferences and needs.

### **10A NCAC 13S .0212 Elements and Equipment**

The Agency is proposing to permanently adopt this rule. This rule contains minimum mechanical, plumbing, and electrical requirements for licensed abortion clinics. Proposed changes to Rule .0212 as compared to 10A NCAC 14E .0206 are listed below:

The proposed changes are formatting changes to the rule to make it easier to read, the removal of requirements that are no longer applicable and updating the rule to reflect current industry practices in outpatient services.

The requirements being removed and the associated impacts are described as follows:

Temperature and humidity in procedure and recovery room were removed. The reason this was removed is because a recovery room is no longer required to be a separate room and the standard of care for outpatient services has been updated for the procedure room.

Item (1)(f) was updated to reflect space/room requirements listed in Rule .0207. The pressure relationships and total air changes are consistent with industry standards for these named spaces/rooms. The remainder of .0212(b)(i)-(vii) was relocated for formatting

purposes and the requirements were added into (1)(a)-(f). This includes the updates to reflect the designated area changes made in Rule .0207.

Item 2(a) updates information concerning online access to NFPA 99, as well as updates the current cost for NFPA 99.

Item (2) (d) that requires floor drains not to be installed and (e) that requires the building drainage avoid installation above the procedure room are proposed to be removed since these requirements are not the standard of care for these outpatient services.

Item (3)(c) is proposed to be removed. Requirements on the location of ground fault protected receptacles are governed by the North Carolina Electrical Code.

Item (3)(d) is proposed to be removed. The requirement for a smoke detector within 15 feet of each procedure or recovery room entrance is not required because inhalation anesthesia is not used for the rooms in a concentration level that would result in a fire. The requirements for fire safety will be regulated by the Building Code.

### **Fiscal Impact**

#### State

The changes proposed in this rule will result in a negligible impact for the State. Proposed changes better reflect the outpatient services to be provided in these clinics. With the adoption of this rule, Construction Section plan review time for abortion clinics is expected to be reduced due to the reduction in the number of mechanical, plumbing, and electrical requirements. Since only 3 abortion clinic projects were submitted for review and approval over the past 5 years, time saved for the review of these projects will be absorbed within the normal plan reviews for the Construction Section.

#### Abortion Clinic License Holder/Prospective Applicant

The adoption of this rule would result in a fiscal impact for abortion clinic license holders or prospective applicants. Changes could provide savings to owners of clinics doing renovation/construction in the future, but there would be no impact to existing licensed clinics. The magnitude of savings will vary widely based on desired design features of the clinic, existing conditions and age of the building, whether the building is a new build or renovation, local building and fire codes that are more stringent, population being served by the clinic, and many possible additional factors. It stands to reason that reducing the requirements could result in some amount of cost savings to applicants, but there are too many variables to estimate. Presumably, renovations would not be undertaken unless it was financially feasible and benefits would outweigh the costs to the owners.

### Abortion Clinic Patients

The adoption of this rule would result in no fiscal impact for abortion clinic patients. The mechanical, plumbing, and electrical system requirements are consistent with the industry standard for outpatient services.

### **10A NCAC 13S .0315 Housekeeping**

The Agency is proposing to permanently adopt this rule. This rule contains minimum cleaning requirements for licensed abortion clinics. This rule is the same as the prior 10A NCAC 14E .0315 rule.

#### **Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

### **10A NCAC 13S .0318 Governing Authority**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0302 provide clarity and consistency with the proposed permanent 13S .0207 rule and authorizes the governing body to determine the utilization of space to accommodate various aspects of patient visits.

#### **Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

### **10A NCAC 13S .0319 Policies and Procedures and Administrative Records**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0303 require a policy and procedure for the governing authority to designate space in compliance with the language that was added into the proposed permanent 13S .0318 rule. The Rule removed item (c)(8), referral of patients, because this is addressed in .0320 Admissions and Discharge.

#### **Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

### **10A NCAC 13S .0320 Admission and Discharge**

The Agency is proposing to permanently adopt this rule. This rule requires an employee to be onsite with patients and for patients to only be admitted by a physician licensed in North

Carolina. The rule requires that a patient be transferred to a hospital if not discharged 12 hours after the procedure. The rule requires that the patient be provided information in writing including the fee schedule, doctor's name, post procedure instructions, and the number for complaint. This rule is the same as the prior 10A NCAC 14E .0304 rule for admission and discharge.

**Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

**10A NCAC 13S .0321 Medical Records**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0305 clarify medical records requirements by combining listed items and removing duplicative items.

**Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

**10A NCAC 13S .0322 Personnel Records**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0306 remove redundancies and combined items to provide clarification of the personnel record requirements.

**Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

**10A NCAC 13S .0323 Clinic Staffing**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0307 remove the requirements for nursing experience in a postpartum or post-operative care and expand the opportunity for utilization of other qualified health care practitioners to manage the care of patients. The proposed rule replaces the term "Nursing Services" with the term "Clinic Staffing" to be more inclusive and increase the opportunity for RN employment. The postpartum or post-operative care that was previously required is not the skill set necessary for providing nursing services for this outpatient services in a clinic. Additionally, a Registered Nurse, Nurse Practitioner, Physician Assistant, or an additional Physician in the clinic has the knowledge base to provide patient safety necessary for this outpatient procedure to meet the onsite staffing requirement in .0323(d). The regulated community requested this change based on assessment of staffing needs for this outpatient service.

### **Fiscal Impact**

This rule change could benefit both existing licensed clinics as well as future clinics by expanding the potential pool of candidates, making it easier to fill critical nursing positions. It will also allow clinics to determine the most efficient use of their existing staff while ensuring the safety of patients. A larger pool of individuals, especially nurses, will be able to fulfill responsibilities. An unintended potential benefit of this enhanced flexibility is that clinics may save money by not requiring an additional salaried worker on site when unnecessary. Whether or not clinics realize this benefit will vary by clinic depending on their existing staffing levels and needs and on the future availability of practitioners to fill available positions.

### **10A NCAC 13S .0324 Quality Assurance**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0308 authorize the governing body to develop guidelines to address the individual needs of the clinic and is consistent with other standards of care for licensed healthcare providers. The responsibilities of the governing body is included in the definition .0101. The changes to the language in the rule allows the governing body to develop systems that fit the individualized facility. The facility is still required to maintain record keeping per the policy of the governing authority. The prior language in 14E .0308(f) is removed because the purpose of (f) is encompassed in .0324(b). The Rule requires the quality improvement committee to evaluate processes and maintain systems to demonstrate compliance with all the regulations. The proposed permanent rule 13S .0318 additionally outlines the responsibilities of the governing authority in policy and procedure to maintain safe treatment. To restate in this rule is redundant.

### **Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

### **10A NCAC 13S .0325 Laboratory Services**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0309 clarifies that a clinic must comply with the requirements under the Clinical Laboratory Improvement Amendments (CLIA) program and have a CLIA certificate as required by federal law. The different certificates determine the level work that can be performed in the lab. This certification was previously required by federal law so the change from 14E does not create a fiscal impact. The former 14E rule had a list of lab tests. This changes grant decision making based on clinical expertise for medically necessary lab services. The doctor will decide which lab tests are necessary for each patient.

### **Fiscal Impact**

Adoption of this rule will allow increased flexibility for a physician to order only the labs deemed medically necessary for an individual patient. This could result in cost savings for the patient. The most likely savings would come from a patient not having to pay for the Rh factor test when it's deemed not necessary. There is no way for the Division to predict the likelihood or magnitude of these savings. It is important to note that the decision as to which labs to order will continue to be made by the physician on a patient-by-patient basis.

### **10A NCAC 13S .0326 Emergency Back-Up Services**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0310 remove the requirement for the clinic to have a transfer agreement signed by a hospital. This requirement has been removed because hospitals are no longer providing signed transfer agreements. Emergency rooms are required to admit patients so a signed agreement is unnecessary for transfer.

This proposed rule also clarifies the minimum requirements for providing treatment in an emergency situation to include defining emergency instructions, staff training, and standard protocols of health care. These additional written instructions were requested by the regulated community.

The equipment was also updated to include the removal of utilization of suction machine as it is not used in this type of facility.

### **Fiscal Impact**

As a result of the rule, some facilities may need to update their existing written emergency protocols to include specific instructions. This could involve minimal time and material costs to the clinics for providing these written instructions. Although emergency protocols are already required, having clear written instructions in place could provide incrementally better outcomes with patient care in the rare case of an emergency.

### **10A NCAC 13S .0327 Outpatient Procedural Services**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0311 provide clarification and consistency in the oversight of procedure rooms and standards of infection control. The proposed rule replaces the term "Surgical Services" with the term "Outpatient Procedural Services" to be consistent with medical language used by providers to describe the provided services.

### **Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

### **10A NCAC 13S .0328 Medications and Sedation**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0312 replaces the term “anesthesia” with the term “sedation” to be reflective of standards of care provided within abortion clinics and contrary to the definition of anesthesia. Sedation is a lower-level anesthesia and is the correct terminology for what is used in the clinic. This is not a change in the procedure but better reflects the correct terminology for what is currently being used in facilities. This terminology change will not result in a change to the service and therefore will not have a fiscal impact.

#### **Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

### **10A NCAC 13S .0329 Post Procedural Care**

The Agency is proposing to permanently adopt this rule. The proposed changes to this rule as compared to 10A NCAC 14E .0313 replaces the term “operative” with the term “procedural” to be consistent with medical language used by providers to describe the provided services.

#### **Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

### **10A NCAC 13S .0330 Cleaning of Materials and Equipment**

The Agency is proposing to permanently adopt this rule. This rule requires sterilization of equipment and methods for cleaning. This rule is the same as the prior 14E 10A NCAC .0314 rule.

#### **Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

### **10A NCAC 13S .0331 Food Service**

The Agency is proposing to permanently adopt this rule. This rule requires snacks and drink to be available for patients. This rule is the same as the prior 14E 10A NCAC .0316 rule.

## **Fiscal Impact**

No fiscal impact associated with the permanent adoption of this rule.

## **Summary**

The content of the nineteen (19) rules is directly supported by the purpose of the S.L. 2023-14, which makes the adoption of these rules necessary to ensure that Part II of SL 2023-14 can be effectively implemented by the Medical Care Commission and administered by the Department of Health and Human Services. Consistent with Section 2.4 of S.L. 2023-14, the Medical Care Commission has determined that each of the 19 rules are necessary to implement Part 4A of Chapter 131E of the General Statutes. The biggest driving factor behind the proposed rules is the continued protection of the health, safety, and wellbeing of women obtaining lawful abortions in a clinic regulated by the Division, continuing the prior regulatory scheme under 10A NCAC 14E, with limited changes and updates.

As measured from the baseline conditions, there are no quantifiable costs or benefits associated with the proposed rules. Most changes to the proposed Subchapter 13S, as compared to the former Subchapter 14E rules, are for the purpose of providing clarity and consistency with the S.L. 2023-14 and aligning with current industry standards for outpatient services. This could result in nominal improvements to compliance of regulated clinics which, in turn, should help ensure the ongoing health and safety of the public who use their services.

There are several proposed changes that will allow for increased flexibility as to how licensed clinics comply with the minimum requirements. These include configuring their space to maximize efficient flow of patient care (Rule 13S .0207) and updating mechanical, plumbing, and electrical requirements to meet the standard of care for outpatient, rather than surgical, services (Rule 13S .0212). These rule changes could result in potential savings for owners of clinics doing renovation/construction in the future. The magnitude of savings will vary widely based on factors such as desired design features of the clinic, existing condition and age of the building, whether the building is a new build or renovation, and local building and fire codes. Another proposed change will expand the types of practitioners qualified to provide nursing services in an outpatient clinic (Rule 13S .0323). This change could benefit both existing licensed clinics as well as future clinics by expanding the potential pool of candidates to fill critical nursing positions and allowing clinics to determine the most efficient use of their existing staff while ensuring the safety of patients. Lastly, a change to the Laboratory Services requirements (Rule 13S .0325) will allow increased flexibility for a physician to order only the labs deemed medically necessary for an individual patient. The most likely savings would come from a patient not having to pay for the Rh factor test when deemed not necessary. This could result in cost savings for the patient, but there is no way for the Division to predict the likelihood or magnitude of these savings. It is important to note that the decision as to which labs to order will continue to be made by the physician on a patient-by-patient basis.

One proposed change could result in minimal one-time costs for licensed clinics to update their emergency protocols to include specific written emergency instructions. Having clear written

instructions in place could result in incremental improvements to patient outcomes in the rare case of an emergency.

The proposed rules will not require any procedural changes nor additional workload or staffing for the State above existing requirements, as compared to the prior requirements under 10A NCAC 14E. There could be minimal time cost savings to the Division from a reduction in the number of requirements for construction plan review. There have been only three abortion clinic projects of varying degrees of renovation submitted to the Division for review and licensing over the past five years; as such, any time cost savings from these changes are expected to be negligible.

North Carolina currently has 15 clinics in operation, all of which are privately owned. Neither the federal government nor local government owns or operates these clinics, so the rules will have no federal or local government impact. As compared to the baseline, the proposed rules are expected to have minimal, unquantifiable benefits and costs to the regulated community and minimal, unquantifiable benefits to the Division. These costs and benefits will not exceed \$1 million in a year; as such, there will not be a substantial economic impact as a result of the proposed rules.

APPENDIX 1 (Rules proposed for permanent adoption)

10A NCAC 13S .0101 is proposed for adoption as follows:

**SUBCHAPTER 13S - LICENSURE OF SUITABLE FACILITIES FOR THE PERFORMANCE OF  
SURGICAL ABORTIONS**

**SECTION .0100 – LICENSURE PROCEDURE**

**10A NCAC 13S .0101 DEFINITIONS**

The following definitions will apply throughout this Subchapter:

- (1) "Abortion" means the termination of a pregnancy as defined in G.S 90-21.81(1c).
- (2) "Clinic" means a freestanding facility neither physically attached nor operated by a licensed hospital for the performance of abortions completed during the first 12 weeks of pregnancy.
- (3) "Division" means the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.
- (4) "Gestational age" means the length of pregnancy as indicated by the date of the first day of the last normal monthly menstrual period, if known, or as determined by ultrasound.
- (5) "Governing authority" means the individual, agency, group, or corporation appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the abortion clinic is vested pursuant to Rule .0318 of this Subchapter.
- (6) "Health Screening" means an evaluation of an employee or contractual employee, including tuberculosis testing, to identify any underlying conditions that may affect the person's ability to work in the clinic.
- (7) "New clinic" means one that is not certified as an abortion clinic by the Division as of July 1, 2023, and has not been certified or licensed within the previous six months of the application for licensure.
- (8) "Registered Nurse" means a person who holds a valid license issued by the North Carolina Board of Nursing to practice professional nursing in accordance with the Nursing Practice Act, G.S. 90, Article 9A.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.  
Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;  
Emergency Rule Eff. November 14, 2023;  
Temporary Adoption Eff. February 8, 2024;  
Adopted Eff. October 1, 2024.*

10A NCAC 13S .0104 is proposed for adoption as follows:

**10A NCAC 13S .0104 PLANS AND SPECIFICATIONS**

- (a) Prior to issuance of a license pursuant to Rule .0107 of this Section, an applicant for a new clinic shall submit one copy of construction documents and specifications to the Division for review and approval.
- (b) Any license holder or prospective applicant desiring to make alterations or additions to a clinic or to construct a new clinic, before commencing such alteration, addition or new construction shall submit construction documents and specifications to the Division for review and approval with respect to compliance with this Subchapter.
- (c) Approval of construction documents and specifications shall expire one year after the date of approval unless a building permit for the construction has been obtained prior to the expiration date of the approval of construction documents and specifications.

*History Note: Authority G.S. 131E-153.5; 143B-165;  
Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;  
Emergency Rule Eff. November 14, 2023;  
Temporary Adoption Eff. February 8, 2024;  
Adopted Eff. October 1, 2024.*

10A NCAC 13S .0201 is proposed for adoption as follows:

**SECTION .0200 - MINIMUM STANDARDS FOR CONSTRUCTION AND EQUIPMENT**

**10A NCAC 13S .0201 BUILDING CODE REQUIREMENTS**

(a) The physical plant for a clinic shall meet or exceed minimum requirements of the North Carolina State Building Code for Group B occupancy (business office facilities) which is incorporated herein by reference including subsequent amendments and editions. Copies of the Code can be obtained from the International Code Council online at <https://shop.iccsafe.org/catalogsearch/result/?cat=1010&q=+North+Carolina+Building+code> for a cost of eight hundred fifty eight dollars (\$858.00) or accessed electronically free of charge at <https://www.ncosfm.gov/codes/codes-current-and-past>.

(b) The requirements contained in this Section shall apply to new clinics and to any alterations, repairs, rehabilitation work, or additions which are made to a previously licensed facility.

*History Note: Authority G.S. 131E-153.5; 143B-165;*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*

*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0207 is proposed for adoption as follows:

**10A NCAC 13S .0207 AREA REQUIREMENTS**

The following areas shall comply with Rule .0212 of this Section, and are minimum requirements for clinics that are licensed by the Division to perform abortions:

- (1) reception and waiting room;
- (2) designated area or areas for pre-procedure and post-procedure activities;
- (3) procedure room;
- (4) a clean area for self-contained secure medication storage complying with security requirements of state and federal laws;
- (5) area compliant with Clinical Laboratory Improvement Amendments (CLIA) requirements in which laboratory testing can be performed;
- (6) separate areas for storage and handling of clean and soiled materials;
- (7) patient toilet;
- (8) personnel toilet facilities;
- (9) janitor's closets;
- (10) space and equipment for assembling, sterilizing and storing medical and surgical supplies;
- (11) storage space for medical records of all media types used by the facility; and
- (12) space for charting, communications, counseling, business functions, and other administrative activities.

*History Note: Authority G.S. 131E-153.5; 143B-165;  
Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;  
Emergency Rule Eff. November 14, 2023;  
Temporary Adoption Eff. February 8, 2024;  
Adopted Eff. October 1, 2024.*

10A NCAC 13S .0212 is proposed for adoption as follows:

**10A NCAC 13S .0212 ELEMENTS AND EQUIPMENT**

The physical plant shall provide equipment to carry out the functions of the clinic with the following ~~minimum~~ requirements:

- (1) Mechanical requirements.
  - (a) All fans serving exhaust systems shall be located at the discharge end of the system.
  - (b) The ventilation system shall be designed and balanced to provide the pressure relationships detailed in Sub-Item (f) of this Rule.
  - (c) All ventilation or air conditioning systems shall have a minimum of one filter bed with a minimum filter efficiency of a MERV 8.
  - (d) Ventilation systems serving the procedure rooms shall not be tied in with toilets, soiled holding, or janitors' closets if the air is to be recirculated in any manner.
  - (e) Air handling duct systems shall not have duct linings.
  - (f) The following general air pressure relationships to adjacent areas and ventilation rates shall apply:

Area	Pressure Relationship	Minimum Total Air Changes/Hour
Toilets	N	4
Janitor's closet	N	6
Soiled holding	N	6
Clean holding	NR	2

(P = positive pressure N = negative pressure NR = No Requirement)

- (2) Plumbing And Other Piping Systems.
  - (a) Piped-in medical gas and vacuum systems, if installed, shall meet the requirements of NFPA-99, category 2 system, which is hereby incorporated by reference including subsequent amendments and editions. Copies of NFPA-99 may be purchased from the National Fire Protection Association online at <https://www.nfpa.org/product/nfpa-99-code/p0099code> at a cost of one hundred forty-nine dollars (\$149.00) 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 ten (10) inches above the bottom of the basin 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 facilities at a minimum temperature of 100 degrees F. and a maximum temperature of 116 degrees F.
- (3) Electrical Requirements.
- (a) The facility's paths of egress 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 1 foot candle 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.
- (4) Buildings systems and medical equipment shall have preventative maintenance conducted as recommended by the equipment manufacturers' or installers' literature to assure operation in compliance with manufacturer's instructions.

*History Note: Authority G.S. 131E-153.5; 143B-165;*  
*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*  
*Emergency Rule Eff. November 14, 2023;*  
*Temporary Adoption Eff. February 8, 2024;*  
*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0315 is proposed for adoption as follows:

### SECTION .0300 – SERVICES

#### 10A NCAC 13S .0315 HOUSEKEEPING

In addition to the standards set forth in Rule .0202 of this Subchapter, clinics that are licensed by the Division to perform abortions shall meet the following standards:

- (1) the floors, walls, woodwork, and windows must be cleaned at least daily;
- (2) the premises must be kept free from rodents and insect infestation;
- (3) bath and toilet facilities must be maintained in a clean and sanitary condition consistent with 15A NCAC 18A .1312; and
- (4) linen that comes directly in contact with the patient shall be provided for each individual patient. No such linen shall be interchangeable from one patient to another before being cleaned, sterilized, or laundered.

Copies of 15A NCAC 18A .1300 may be obtained at no charge from the Division of Public Health, Environmental Health Section, 1632 Mail Service Center, Raleigh, NC, 27699-1632, or accessed electronically free of charge from the Office of Administrative Hearings at <https://www.oah.nc.gov/>.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*

*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0318 is proposed for adoption as follows:

**10A NCAC 13S .0318 GOVERNING AUTHORITY**

- (a) The governing authority, as defined in Rule .0101(6) of this Subchapter, shall appoint a chief executive officer or a designee of the clinic to represent the governing authority and shall define his or her authority and duties in writing. This person shall be responsible for the management of the clinic, implementation of the policies of the governing authority and authorized and empowered to carry out the provisions of these Rules.
- (b) The chief executive officer or designee shall designate, in writing, a person to act on his or her behalf during his or her absence. In the absence of the chief executive officer or designee, the person on the grounds of the clinic who is designated by the chief executive officer or designee to be in charge of the clinic shall have access to all areas in the clinic related to patient care and to the operation of the physical plant.
- (c) When there is a planned change in ownership or in the chief executive officer, the governing authority of the clinic shall notify the Division in writing of the change.
- (d) The clinic's governing authority shall adopt operating policies and procedures that shall:
- (1) specify the individual to whom responsibility for operation and maintenance of the clinic is delegated and methods established by the governing authority for holding such individuals responsible;
  - (2) provide for at least annual meetings of the governing authority, for which minutes shall be maintained; and
  - (3) maintain a policies and procedures manual designed to ensure safe and adequate care for the patients which shall be reviewed, and revised when necessary, at least annually, and shall include provisions for administration and use of the clinic, compliance, personnel quality assurance, procurement of outside services and consultations, patient care policies, and services offered.
- (e) When the clinic contracts with outside vendors to provide services such as laundry or therapy services, the governing authority shall be responsible to assure the supplier meets the same local and State standards the clinic would have to meet if it were providing those services itself using its own staff.
- (f) The governing authority shall provide for the selection and appointment of the professional staff and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.
- (g) The governing authority shall be responsible for ensuring the availability of supporting personnel to meet patient needs and to provide safe and adequate treatment.
- (h) The governing authority shall certify that the physical facilities to be used are adequate to safeguard the health and safety of patients; of note one area may accommodate various aspects of the patient's visits.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*  
*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0319 is proposed for adoption as follows:

**10A NCAC 13S .0319    POLICIES AND PROCEDURES AND ADMINISTRATIVE RECORDS**

(a) The following essential documents and references shall be on file in the administrative office of the clinic:

- (1) documents evidencing control and ownerships, such as deeds, leases, or incorporation or partnership papers;
- (2) policies and procedures of the governing authority, as required by Rule .0318 of this Section;
- (3) minutes of the governing authority meetings;
- (4) minutes of the clinic's professional and administrative staff meetings;
- (5) a current copy of the rules of this Subchapter;
- (6) reports of inspections, reviews, and corrective actions taken related to licensure; and
- (7) contracts and agreements related to care and services provided by the clinic is a party.

(b) All operating licenses, permits, and certificates shall be displayed on the licensed premises.

(c) The governing authority shall prepare a manual of clinic policies and procedures for use by employees, medical staff, and physicians to assist them in understanding their responsibilities within the organizational framework of the clinic. These shall include:

- (1) patient selection and exclusion criteria;
- (2) clinical discharge criteria;
- (3) emergency protocols as required by Rule .0326;
- (4) policy and procedure for validating the full and true name of the patient;
- (5) policy and procedure for abortion procedures performed at the clinic;
- (6) policy and procedure for the provision of patient privacy in the recovery area of the clinic;
- (7) protocol for determining gestational age as defined in Rule .0101(4) of this Subchapter;
- (8) protocol for referral of patients for whom services have been declined; and
- (9) protocol that defines use of space to include opportunities that one area may accommodate various aspects of patient visits.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*

*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0320 is proposed for adoption as follows:

**10A NCAC 13S .0320   ADMISSION AND DISCHARGE**

- (a) There shall be on the premises throughout all hours of operation an employee authorized to receive patients and make administrative decisions regarding patients.
- (b) All patients shall be admitted only under the care of a physician who is currently licensed to practice medicine in North Carolina.
- (c) Any patient not discharged within 12 hours following the abortion procedure shall be transferred to a hospital licensed pursuant to Chapter 131E, Article 5 of the General Statutes.
- (d) Following admission and prior to obtaining the consent for the procedure, representatives of the clinic's management shall provide to each patient the following information:
  - (1) a fee schedule and any extra charges routinely applied;
  - (2) the name of the attending physician or physicians and hospital admitting privileges, if any. In the absence of admitting privileges a statement to that effect shall be included;
  - (3) instructions for post-procedure problems and questions as outlined in Rule .0329(d) of this Section;
  - (4) grievance procedures a patient may follow if dissatisfied with the care and services rendered; and
  - (5) the telephone number for Complaint Intake of the Division.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.  
Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;  
Emergency Rule Eff. November 14, 2023;  
Temporary Adoption Eff. February 8, 2024;  
Adopted Eff. October 1, 2024.*

10A NCAC 13S .0321 is proposed for adoption as follows:

**10A NCAC 13S .0321    MEDICAL RECORDS**

(a) The clinic shall maintain a complete and permanent record for all patients including:

- (1) the date and time of admission and discharge;
- (2) the patient's full and true name;
- (3) the patient's address;
- (4) the patient's date of birth;
- (5) the patient's emergency contact information;
- (6) the patient's diagnoses;
- (7) the patient's duration of pregnancy;
- (8) the patient's condition on admission and discharge;
- (9) a voluntarily-signed consent for each procedure and signature of the physician performing the procedure witnessed by a family member, other patient representative, or facility staff member;
- (10) a copy of the signed 72 hour consent and physician declaration;
- (11) the patient's history and physical examination including identification of pre-existing or current illnesses, drug sensitivities or other idiosyncrasies that may impact the procedure or anesthetic to be administered; and
- (12) documentation that indicates all items listed in Rule .0320(d) of this Section were provided to the patient.

(b) The clinic shall record and authenticate by signature, date, and time all other pertinent information such as pre- and post-procedure instructions, laboratory reports, drugs administered, report of abortion procedure, and follow-up instruction, including family planning advice.

(c) If Rh is negative, the clinic shall explain the significance to the patient and shall record the explanation. The patient in writing may reject Rh immunoglobulin. A written record of the patient's decision shall be a permanent part of her medical record.

(d) An ultrasound examination shall be performed by a technician qualified in ultrasonography and the results, including gestational age, placed in the patient's medical record for any patient who is scheduled for an abortion procedure.

(e) The clinic shall maintain a daily procedure log of all patients receiving abortion services. This log shall contain at least the following:

- (1) the patient name;
- (2) the estimated length of gestation;
- (3) the type of procedure;
- (4) the name of the physician;
- (5) the name of the Registered Nurse on duty; and
- (6) the date and time of procedure.

(f) Medical records shall be the property of the clinic and shall be preserved or retained in the State of North Carolina 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 case the record must be retained until three years after the client's 18th birthday, regardless of change of clinic ownership or administration. Such medical records shall be made available to the Division upon request and shall not be removed from the premises where they are retained except by subpoena or court order.

(g) The clinic shall have a written plan for destruction of medical records to identify information to be retained and the manner of destruction to ensure confidentiality of all material.

(h) Should a clinic cease operation, the clinic shall arrange for preservation of records for at least 10 years. The clinic shall send written notification to the Division of these arrangements.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*

*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0322 is proposed for adoption as follows:

**10A NCAC 13S .0322 PERSONNEL RECORDS**

(a) Personnel Records:

- (1) A record of each employee shall be maintained that includes the following:
  - (A) the employee's identification;
  - (B) the application or resume for employment that includes education, training, experience and references; and
  - (C) a copy of a valid license (if required).
- (2) Personnel records shall be confidential.
- (3) Representatives of the Division conducting an inspection of the clinic shall have the right to inspect personnel records.

(b) Job Descriptions:

- (1) The clinic shall have a written description that describes the duties of every position.
- (2) Each job description shall include position title, authority, specific responsibilities, and minimum qualifications. Qualifications shall include education, training, experience, special abilities, and valid license or certification required.
- (3) The clinic shall review annually and, if needed, update all job descriptions. The clinic shall provide the updated job description to each employee or contractual employee assigned to the position.

(c) All persons having direct responsibility for patient care shall be at least 18 years of age.

(d) The clinic shall provide an orientation program to familiarize each new employee or contractual employee with the clinic, its policies, and the employee's job responsibilities.

(e) The governing authority shall be responsible for implementing health standards for employees, as well as contractual employees, which are consistent with recognized professional practices for the prevention and transmission of communicable diseases.

(f) Employee and contractual employee records for health screening as defined in Rule .0101(6) of this Subchapter, education, training, and verification of professional certification shall be available for review by the Division.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*

*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0323 is proposed for adoption as follows:

**10A NCAC 13S .0323 CLINIC STAFFING**

- (a) The clinic shall have an organized clinical staff under the supervision of a nursing supervisor who is currently licensed as a Registered Nurse and who has responsibility for all nursing services.
- (b) The nursing supervisor shall report to the chief executive officer or designee and shall be responsible for:
  - (1) provision of nursing services to patients; and
  - (2) developing a nursing policy and procedure manual and written job descriptions for nursing personnel.
- (c) The clinic shall have the number of licensed and ancillary nursing personnel on duty to assure that staffing levels meet the total nursing needs of patients based on the number of patients in the clinic and their individual nursing care needs.
- (d) There shall be at least one Registered Nurse who is currently licensed to practice professional nursing in North Carolina, or other health care practitioner as defined in G.S. 90-640 (a) practicing within the scope of their license or certification who is basic life support (BLS) certified and authorized by state laws to administer medications as required for analgesia, nausea, vomiting, or other indications on duty at all times patients are in the procedure rooms and recovery area.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.  
Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;  
Emergency Rule Eff. November 14, 2023;  
Temporary Adoption Eff. February 8, 2024;  
Adopted Eff. October 1, 2024.*

10A NCAC 13S .0324 is proposed for adoption as follows:

**10A NCAC 13S .0324    QUALITY ASSURANCE**

- (a) The governing authority shall establish a quality assurance program for the purpose of providing standards of care for the clinic. The program shall include the establishment of a committee that shall evaluate compliance with clinic procedures and policies.
- (b) The committee shall determine corrective action, if necessary to achieve and maintain compliance with clinic procedures and policies.
- (c) The committee shall include one physician who is not an owner, the chief executive officer or designee, and other health professionals.
- (d) The frequency of meetings and details of data collection shall be defined by the governing authority.

*History Note:    Authority G.S. 131E-153; 131E-153.5; 143B-165.*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*

*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0325 is proposed for adoption as follows:

**10A NCAC 13S .0325    LABORATORY SERVICES**

- (a) Each clinic shall have the capability to provide or obtain laboratory tests required in connection with the procedure to be performed, and will perform laboratory tests appropriate to their Clinical Laboratory Improvement Amendments (CLIA) certification.
- (b) The governing authority shall establish written policies regarding which surgical specimens require examination by a pathologist.
- (c) Each patient shall have laboratory testing as determined to be clinically necessary by the physician, or as required by law. A record of the results of any tests performed will be included in the patient's medical record.
- (d) The clinic shall maintain a manual in a location accessible by employees, that meets requirements for the level of clinic's CLIA certification. This includes the procedures, instructions, and manufacturer's instructions for each test procedure performed including:
  - (1) sources of reagents, and quality control procedures; and
  - (2) information concerning the basis for the listed "normal" ranges.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.  
Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;  
Emergency Rule Eff. November 14, 2023;  
Temporary Adoption Eff. February 8, 2024;  
Adopted Eff. October 1, 2024.*

10A NCAC 13S .0326 is proposed for adoption as follows:

**10A NCAC 13S .0326 EMERGENCY BACK-UP SERVICES**

(a) Each clinic shall have a written plan for the transfer of emergency cases from the clinic to the closest hospital when hospitalization becomes necessary. Emergency case is defined as a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs.

(b) The clinic shall have written protocols, personnel, and equipment to handle medical emergencies as defined above which may arise in connection with services provided by the clinic.

(c) All clinics shall have written emergency instructions for clinic staff to carry out in the event of an emergency. All clinic personnel shall be familiar and capable of carrying out written emergency instructions:

(1) Instructions shall be followed in the event of an emergency, any untoward anesthetic, medical or procedural complications, or other conditions making transfer to an emergency department and/or hospitalization of a patient necessary.

(2) The instructions shall include arrangements for immediate contact of emergency medical services when indicated and when advanced cardiac life support is needed.

(3) When emergency medical services are not indicated, the instructions shall include procedures for timely escort of the patient to the hospital or to an appropriate licensed health care professional.

(d) The clinic shall provide intervention for emergency situations. These provisions shall include:

(1) basic cardio-pulmonary life support;

(2) emergency protocols for:

(A) administration of intravenous fluids;

(B) establishing and maintaining airway support;

(C) oxygen administration;

(D) utilizing a bag-valve-mask resuscitator with oxygen reservoir; and

(E) utilizing an automated external defibrillator.

(3) emergency lighting available in the procedure room as set forth in Rule .0212 of this Subchapter; and

(4) ultrasound equipment.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*

*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0327 is proposed for adoption as follows:

**10A NCAC 13S .0327    OUTPATIENT PROCEDURAL SERVICES**

(a) The clinic shall establish procedures for infection control and universal precautions, including cleaning of all patient care areas including procedure rooms.

(b) Tissue Examination:

- (1) The physician performing the abortion is responsible for examination of all products of conception (P.O.C.) prior to patient discharge. Such examination shall note specifically the presence or absence of chorionic villi and fetal parts, or the amniotic sac. The results of the examination shall be recorded in the patient's medical record.
- (2) If adequate tissue is not obtained based on the gestational age, the physician performing the procedure shall evaluate for ectopic pregnancy, or an incomplete procedure.
- (3) The clinic shall establish procedures for obtaining, identifying, storing, and transporting specimens.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*

*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0328 is proposed for adoption as follows:

**10A NCAC 13S .0328    MEDICATIONS AND SEDATION**

- (a) No medication or treatment shall be given except on written order of a physician.
- (b) Medications, including injections shall be administered by a physician, Registered Nurse, and other health care practitioners as defined in G.S. 90-640 (a) practicing within the scope of their license or certification authorized by state laws to administer medications. All medications shall be recorded in the patient's permanent record.
- (c) The sedation shall be administered only under the direct supervision of a licensed physician. Direct supervision means the physician must be present in the clinic and immediately available to furnish assistance and direction throughout the administration of the sedation. It does not mean the physician must be present in the room when the sedation is administered.

*History Note:    Authority G.S. 131E-153; 131E-153.5; 143B-165.  
Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;  
Emergency Rule Eff. November 14, 2023;  
Temporary Adoption Eff. February 8, 2024;  
Adopted Eff. October 1, 2024.*

10A NCAC 13S .0329 is proposed for adoption as follows:

**10A NCAC 13S .0329 POST PROCEDURAL CARE**

- (a) A patient whose pregnancy is terminated shall be observed in the clinic to ensure that no post procedural complications are present. Thereafter, patients may be discharged according to a physician's order and the clinic's protocols.
- (b) Any patient having a complication known or suspected to have occurred during or after the performance of the abortion shall be transferred to a hospital for evaluation or admission.
- (c) The following criteria shall be documented prior to discharge:
  - (1) the patient shall be able to move independently with a stable blood pressure and pulse; and
  - (2) bleeding and pain are assessed to be stable and not a concern for discharge.
- (d) Written instructions shall be issued to all patients in accordance with the orders of the physician in charge of the abortion procedure and shall include the following:
  - (1) symptoms and complications to be looked for; and
  - (2) a dedicated telephone number to be used by the patients should any complication occur or question arise. This number shall be answered by a person 24 hours a day, seven days a week.
- (e) The clinic shall have a defined protocol for triaging post-operative calls and complications. This protocol shall establish a pathway for physician contact to ensure ongoing care of complications that the clinic's physician is incapable of managing.

*History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.  
Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;  
Emergency Rule Eff. November 14, 2023;  
Temporary Adoption Eff. February 8, 2024;  
Adopted Eff. October 1, 2024.*

10A NCAC 13S .0330 is proposed for adoption as follows:

**10A NCAC 13S .0330    CLEANING OF MATERIALS AND EQUIPMENT**

- (a) All supplies and equipment used in patient care shall be cleaned or sterilized between use for different patients.
- (b) Methods of cleaning, handling, and storing all supplies and equipment shall be such as to prevent the transmission of infection through their use as determined by the clinic through their governing authority.

*History Note:    Authority G.S. 131E-153; 131E-153.5; 143B-165.*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*

*Adopted Eff. October 1, 2024.*

10A NCAC 13S .0331 is proposed for adoption as follows:

**10A NCAC 13S .0331 FOOD SERVICE**

Nourishments, such as crackers and soft drinks, shall be available and offered to all patients.

*History Note: Authority G.S. 131E-153;131E-153.2; 131E-153.5; 143B-165.*

*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*

*Emergency Rule Eff. November 14, 2023;*

*Temporary Adoption Eff. February 8, 2024;*

*Adopted Eff. October 1, 2024.*

APPENDIX 2 (For REGULATORY BASELINE)

**SUBCHAPTER 14E - CERTIFICATIONS OF CLINICS FOR ABORTION**

**SECTION .0100 - CERTIFICATION PROCEDURE**

**10A NCAC 14E .0101 DEFINITIONS**

The following definitions will apply throughout this Subchapter:

- (1) "Abortion" means the termination of a pregnancy as defined in G.S. 90-21.81(1).
- (2) "Clinic" means a freestanding facility (a facility neither physically attached nor operated by a licensed hospital) for the performance of abortions completed during the first 20 weeks of pregnancy.
- (3) "Complication" includes but is not limited to hemorrhage, infection, uterine perforation, cervical laceration, or retained products of conception.
- (4) "Division" means the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.
- (5) "Gestational age" means the length of pregnancy as indicated by the date of the first day of the last normal monthly menstrual period, if known, or as determined by ultrasound.
- (6) "Governing authority" means the individual, agency, group, or corporation appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the abortion clinic is vested pursuant to Rule .0302 of this Subchapter.
- (7) "Health Screening" means an evaluation of an employee or contractual employee, including tuberculosis testing, to identify any underlying conditions that may affect the person's ability to work in the clinic.
- (8) "New clinic" means one that is not certified as an abortion clinic by the Division as of July 1, 2014, and has not been certified within the previous six months of the application for certification.
- (9) "Qualified Physician" means a licensed physician who advises, procures, or causes a miscarriage or abortion as defined in G.S. 14-45.1(g).
- (10) "Registered Nurse" means a person who holds a valid license issued by the North Carolina Board of Nursing to practice professional nursing in accordance with the Nursing Practice Act, G.S. 90, Article 9A.

*History Note: Authority G.S. 14-45.1(a); 14-45.1(g); 143B-10; S.L. 2013-366, s. 4(c);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989; June 30, 1980;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

**10A NCAC 14E .0102 CONFERENCE**

Before proceeding with construction and operational plans, a potential sponsor or owner of a freestanding abortion clinic shall discuss with the staff of the Division of Health Service Regulation the scope of the proposed facility. This will provide an opportunity for the owner and the Division's staff to discuss certification requirements.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0103 CHANGES**

All stages of the plans from schematics through working drawings shall be reviewed by the Division's staff each time a change is made.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0104 PLANS**

Prior to issuance of a certificate pursuant to Rule .0107 of this Section, a clinic shall submit two copies of the building plans to the Division for certification purposes when the clinic requires a review by the Division and the Department of Insurance, according to the North Carolina Administration and Enforcement Requirements Code, 2012 edition, including subsequent amendments and editions. Copies of the North Carolina Administration Code are available from the International Code Council at [http://www.ecodes.biz/ecodes\\_support/Free\\_Resources/2012NorthCarolina/12NorthCarolina\\_main.html](http://www.ecodes.biz/ecodes_support/Free_Resources/2012NorthCarolina/12NorthCarolina_main.html) at no cost. When the local jurisdiction has authority from the North Carolina Building Code Council to review the plans, the clinic shall submit only one copy of the plans to the Division. In that case, the clinic shall submit an additional set of plans directly to the local jurisdiction.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0105 APPROVAL**

(a) Approval of construction documents and specifications shall be obtained from the Division of Health Service Regulation, in accordance with the rules in Section .0200 of this Subchapter. The construction documents and specifications require additional approval from the Department of Health and Human Services, Division of Public Health, Environmental Health Section, and the Department of Insurance.

(b) Approval of construction documents and specifications shall expire one year after the date of approval unless a building permit for the construction has been obtained prior to the expiration date of the approval of construction documents and specifications.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977; Amended  
Eff. December 1, 1989;*

*Readopted Eff. February 1, 2021.*

#### **10A NCAC 14E .0106 APPLICATION**

- (a) Prior to the admission of patients, an application from the clinic for certification shall be submitted to and approved by the Division.
- (b) Application forms may be obtained by contacting the Division.
- (c) The application form shall set forth the ownership, staffing patterns, clinical services to be rendered, professional staff in charge of services, and general information that would be helpful to the Division's understanding of the clinic's operating program.
- (d) After construction requirements in Section .0200 of this Subchapter have been met and the application for certification has been received and approved, the Division shall conduct an on-site, certification survey.
- (e) Each certificate must be renewed at the beginning of each calendar year. The governing authority shall file an application for renewal of certification with the Division at least 30 days prior to the date of expiration on forms furnished by the Division. Failure to file a renewal application shall result in expiration of the certificate to operate.

*History Note: Authority G.S. 14-45.1(a);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. July 1, 1994;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0107 ISSUANCE OF CERTIFICATE**

- (a) The Division shall issue a certificate if it finds the facility can:
  - (1) Comply with all requirements described in this Subchapter; and
  - (2) Assure that, in the event that complications arise from the abortion procedure, an OB-GYN board certified or board eligible physician shall be available.
- (b) Each certificate shall be issued only for the premises and persons or organizations named in the application and shall not be transferable.
- (c) The governing authority shall notify the Division in writing, within 10 working days, of any change in the name of the facility or change in the name of the administrator.
- (d) The facility shall report to the Division all incidents, within 10 working days, of vandalism to the facility such as fires, explosions or other action causing disruption of services.

*History Note: Authority G.S. 14-45.1(a);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. July 1, 1994;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0108 POSTING**

Certificates shall be posted in a conspicuous place on the premises.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0109 RENEWAL**

Each certificate, unless previously suspended or revoked, pursuant to the applicable rules and statutes shall be renewable annually upon the filing of an application, payment of the non-refundable renewal fee as defined in G.S. 131E-269, and approval by the Division.

*History Note: Authority G.S. 14-45.1(a); 131E-269; 143B-10;*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0110 REVOCATION**

The Department shall deny, suspend, or revoke a certificate in any case where it finds that substantial failure to comply with these regulations renders the facility unsuitable for the performance of abortions.

*History Note: Authority G.S. 14-45.1(a); 143B-10; 150B-23;*

*Eff. February 1, 1976;*

*Amended Eff. December 1, 1989;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0111 INSPECTIONS**

- (a) Any clinic certified by the Division to perform abortions shall be inspected by representatives of the Division annually and as it may deem necessary as a condition of holding such license. An inspection shall be conducted whenever the purpose of the inspection is to determine whether the clinic complies with the rules of this Subchapter or whenever there is reason to believe that some condition exists which is not in compliance with the rules of this Subchapter.
- (b) The Division shall have authority to investigate any complaint relative to the care, treatment, or complication of any patient.
- (c) Representatives of the Division shall make their identities known to the person in charge prior to inspection of the clinic.
- (d) Representatives of the Division may review any records in any medium necessary to determine compliance with the rules of this Subchapter, while maintaining the confidentiality of the complainant and the patient, unless otherwise required by law.
- (e) The clinic shall allow the Division to have immediate access to its premises and the records necessary to conduct an inspection and determine compliance with the rules of this Subchapter.
- (f) A clinic shall file a plan of correction for cited deficiencies within 10 business days of receipt of the report of the survey. The Division shall review and respond to a written plan of correction within 10 business days of receipt of the corrective action plan.

*History Note: Authority G.S. 14-45.1(a); 14-45.1(a1); 143B-10; S.L. 2013-366, s. 4(c);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1994;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0112 ALTERATIONS**

Any certificate holder or prospective applicant desiring to make specified types of alteration or addition to a clinic or to construct a new clinic, before commencing such alteration, addition or new construction shall submit plans and specifications therefor to the Division for preliminary inspection and approval or recommendations with respect to compliance with the regulations and standards herein authorized.

*History Note: Authority G.S. 14-45.1(a); 143B-10;*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. December 1, 1989;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*



## SECTION .0200 - MINIMUM STANDARDS FOR CONSTRUCTION AND EQUIPMENT

### 10A NCAC 14E .0201 BUILDING CODE REQUIREMENTS

(a) The physical plant for a clinic shall meet or exceed minimum requirements of the North Carolina State Building Code for Group B occupancy (business office facilities) which is incorporated herein by reference including subsequent amendments and editions. Copies of the Code can be obtained from the International Code Council online at <http://shop.iccsafe.org/north-carolina-doi.discounts?ref=NC> for a cost of five hundred twenty-seven dollars (\$527.00), or accessed electronically free of charge at <http://www.ecodes.biz>.

(b) The requirements contained in this Section shall apply to new clinics and to any alterations, repairs, rehabilitation work, or additions which are made to a previously certified facility.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

### 10A NCAC 14E .0202 SANITATION

Clinics that are certified by the Division to perform abortions shall comply with the Rules governing the sanitation of hospitals, nursing homes, adult care homes, and other institutions, contained in 15A NCAC 18A .1300 which is hereby incorporated by reference including subsequent amendments and editions. Copies of 15A NCAC 18A .1300 may be obtained at no charge from the Division of Public Health, Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, or accessed electronically free of charge from the Office of Administrative Hearings at <https://www.oah.nc.gov/>.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. August 1, 2019; October 1, 2015; July 1, 1994;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

### 10A NCAC 14E .0203 ELEVATOR

(a) In multi-story buildings, at least one elevator for patient use shall be provided.

(b) At least one dimension of the elevator cab shall be six and one-half feet to accommodate stretcher patients.

(c) The elevator door shall have an opening of no less than three feet in width, which is minimum for stretcher use.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

**10A NCAC 14E .0204    CORRIDORS**

The width of corridors shall be sufficient to allow for patient evacuation by stretcher, but in no case shall patient-use corridors be less than 60 inches.

*History Note:    Authority G.S. 14-45.1(a);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. July 1, 1994;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

**10A NCAC 14E .0205    DOORS**

Minimum width of doors to all rooms needing access for stretchers shall be three feet. No door shall swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width except doors to spaces such as small closets not subject to occupancy.

*History Note:    Authority G.S. 14-45.1(a);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. July 1, 1994;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

**10A NCAC 14E .0206    ELEMENTS AND EQUIPMENT**

The physical plant shall provide equipment to carry out the functions of the clinic with the following minimum requirements:

(1) Mechanical requirements.

(a) Temperatures and humidities:

(i) The mechanical systems shall be designed to provide the temperature and humidities shown in this Sub-Item:

Area	Temperature	Relative Humidity
------	-------------	-------------------

Procedure	70-76 degrees F.	50-60%
Recovery	75-80 degrees F.	30-60%

(b) All air supply and exhaust systems for the procedure suite and recovery area shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown herein shall be considered as minimum acceptable rates.

- (i) The ventilation system shall be designed and balanced to provide the pressure relationships detailed in Sub-Item (b)(vii) of this Rule.
- (ii) All air supplied to procedure rooms shall be delivered at or near the ceiling of the room and all exhaust or return from the area shall be removed near the floor level at not less than three inches above the floor.
- (iii) Corridors shall not be used to supply air to or exhaust air from any procedure or recovery room except to maintain required pressure relationships.
- (iv) All ventilation or air conditioning systems serving procedure rooms shall have a minimum of one filter bed with a minimum filter efficiency of 80 percent.
- (v) Ventilation systems serving the procedure or recovery rooms shall not be tied in with the soiled holding or work rooms, janitors' closets or locker rooms if the air is to be recirculated in any manner.
- (vi) Air handling duct systems shall not have duct linings.
- (vii) The following general air pressure relationships to adjacent areas and ventilation rates shall apply:

Area	Pressure Relationship	Minimum Air Changes/Hour
Procedure	P	6
Recovery	P	6
Soiled work, Janitor's closet, 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, type one system, which is hereby incorporated by reference including subsequent amendments and editions. Copies of NFPA99-2012 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) If inhalation anesthesia is used in any concentration, the facility must meet the requirements of NFPA 70-2011 and NFPA 99-2012, current editions relating to inhalation anesthesia, which are hereby incorporated by reference including subsequent amendments and editions. Copies of NFPA 70-2011 and NFPA

992012 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.
  - (d) At least one wired-in, ionization-type smoke detector shall be within 15 feet of each procedure or recovery room entrance.
- (4) Buildings systems and medical equipment shall have preventative maintenance conducted as recommended by the equipment manufacturers' or installers' literature to assure operation in compliance with manufacturer's instructions.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0207 AREA REQUIREMENTS**

The following areas shall comply with Rule .0206 of this Section, and are considered minimum requirements for clinics that are certified by the Division to perform abortions:

- (1) receiving area;
- (2) examining room;
- (3) preoperative preparation and holding room;
- (4) individual patient locker facilities or equivalent;
- (5) procedure room;
- (6) recovery room;
- (7) clean workroom;
- (8) soiled workroom;
- (9) medicine room may be defined as area in the clean workroom if a self-contained secure cabinet complying with security requirements of state and federal laws is provided;
- (10) separate and distinct areas for storage and handling clean and soiled linen;
- (11) patient toilet;

- (12) personnel lockers and toilet facilities;
- (13) laboratory;
- (14) nourishment station with storage and preparation area for serving meals or in-between meal snacks;
- (15) janitor's closets;
- (16) adequate space and equipment for assembling, sterilizing and storing medical and surgical supplies;
- (17) storage space for medical records; and
- (18) office space for nurses' charting, doctors' charting, communications, counseling, and business functions.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; December 24, 1979;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0208 SHARED SERVICES**

When there is written indication that services are to be shared or purchased, appropriate modifications or deletions in space requirements may be anticipated.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

## SECTION .0300 – GOVERNING AUTHORITY

### 10A NCAC 14E .0301 OWNERSHIP

The ownership of the abortion clinic shall be fully disclosed to the Division.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

### 10A NCAC 14E .0302 GOVERNING AUTHORITY

- (a) The governing authority, as defined in Rule .0101(6) of this Subchapter, shall appoint a chief executive officer or a designee of the clinic to represent the governing authority and shall define his or her authority and duties in writing. This person shall be responsible for the management of the clinic, implementation of the policies of the governing authority and authorized and empowered to carry out the provisions of these Rules.
- (b) The chief executive officer or designee shall designate, in writing, a person to act on his or her behalf during his or her absence. In the absence of the chief executive officer or designee, the person on the grounds of the clinic who is designated by the chief executive officer or designee to be in charge of the clinic shall have access to all areas in the clinic related to patient care and to the operation of the physical plant.
- (c) When there is a planned change in ownership or in the chief executive officer, the governing authority of the clinic shall notify the Division in writing of the change.
- (d) The clinic's governing authority shall adopt operating policies and procedures that shall:
  - (1) specify the individual to whom responsibility for operation and maintenance of the clinic is delegated and methods established by the governing authority for holding such individuals responsible;
  - (2) provide for at least annual meetings of the governing authority, for which minutes shall be maintained; and
  - (3) maintain a policies and procedures manual designed to ensure professional and safe care for the patients which shall be reviewed, and revised when necessary, at least annually, and shall include provisions for administration and use of the clinic, compliance, personnel quality assurance, procurement of outside services and consultations, patient care policies, and services offered. (e) When the clinic contracts with outside vendors to provide services such as laundry, or therapy services, the governing authority shall be responsible to assure the supplier meets the same local and state standards the clinic would have to meet if it were providing those services itself using its own staff.
- (f) The governing authority shall provide for the selection and appointment of the professional staff and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.
- (g) The governing authority shall be responsible for ensuring the availability of supporting personnel to meet patient needs and to provide safe patient care.

*History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; December 1, 1989;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

**10A NCAC 14E .0303      POLICIES AND PROCEDURES AND ADMINISTRATIVE RECORDS**

- (a) The following essential documents and references shall be on file in the administrative office of the clinic:
  - (1) documents evidencing control and ownerships, such as deeds, leases, or incorporation or partnership papers;
  - (2) policies and procedures of the governing authority, as required by Rule .0302 of this Section;
  - (3) minutes of the governing authority meetings;
  - (4) minutes of the clinic's professional and administrative staff meetings;
  - (5) a current copy of the rules of this Subchapter;
  - (6) reports of inspections, reviews, and corrective actions taken related to licensure; and (7) contracts and agreements related to licensure to which the clinic is a party.
- (b) All operating licenses, permits, and certificates shall be displayed on the licensed premises.
- (c) The governing authority shall prepare a manual of clinic policies and procedures for use by employees, medical staff, and contractual physicians to assist them in understanding their responsibilities within the organizational framework of the clinic. These shall include:
  - (1) patient selection and exclusion criteria; and clinical discharge criteria;
  - (2) policy and procedure for validating the full and true name of the patient;
  - (3) policy and procedure for each type of abortion procedure performed at the clinic;
  - (4) policy and procedure for the provision of patient privacy in the recovery area of the clinic;
  - (5) protocol for determining gestational age as defined in Rule .0101(5) of this Subchapter;
  - (6) protocol for referral of patients for whom services have been declined; and
  - (7) protocol for discharge instructions that informs patients who to contact for post-procedural problems and questions.

*History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366 s. 4(c);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1994;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

**10A NCAC 14E .0304      ADMISSION AND DISCHARGE**

- (a) There shall be on the premises throughout all hours of operation an employee authorized to receive patients and to make administrative decisions on their disposition.
- (b) All patients shall be admitted only under the care of a physician who is currently licensed to practice medicine in North Carolina.
- (c) Any patient not discharged within 12 hours following the abortion procedure shall be transferred to a general hospital.
- (d) Following admission and prior to obtaining the consent for the procedure, representatives of the clinic's management shall provide to each patient the following information:
  - (1) a fee schedule and any extra charges routinely applied;
  - (2) the name of the attending physician(s) and hospital admitting privileges, if any. In the absence of admitting privileges a statement to that effect shall be included;

- (3) instructions for post-procedure problems and questions as outlined in Rule .0313(d) of this Section;
- (4) grievance procedures a patient may follow if dissatisfied with the care and services rendered; and
- (5) the telephone number for Complaint Intake of the Division.

*History Note: Authority G.S. 14-45.1(a); 143B-10; Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1995; July 1, 1994; December 1, 1989;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

### **10A NCAC 14E .0305 MEDICAL RECORDS**

- (a) A complete and permanent record shall be maintained for all patients including:
  - (1) the date and time of admission and discharge;
  - (2) the patient's full and true name;
  - (3) the patient's address;
  - (4) the patient's date of birth;
  - (5) the patient's emergency contact information;
  - (6) the patient's diagnoses;
  - (7) the patient's duration of pregnancy;
  - (8) the patient's condition on admission and discharge;
  - (9) a voluntarily-signed consent for each surgery or procedure and signature of the physician performing the procedure witnessed by a family member, other patient representative, or facility staff member;
  - (10) the patient's history and physical examination including identification of pre-existing or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the procedure or anesthetic to be administered; and
  - (11) documentation that indicates all items listed in Rule .0304(d) of this Section were provided to the patient.
- (b) All other pertinent information such as pre- and post-procedure instructions, laboratory report, drugs administered, report of abortion procedure, and follow-up instruction, including family planning advice, shall be recorded and authenticated by signature, date, and time.
- (c) If Rh is negative, the significance shall be explained to the patient and so recorded. The patient in writing may reject Rh immunoglobulin. A written record of the patient's decision shall be a permanent part of her medical record.
- (d) An ultrasound examination shall be performed and the results, including gestational age, placed in the patient's medical record for any patient who is scheduled for an abortion procedure.
- (e) The clinic shall maintain a daily procedure log of all patients receiving abortion services. This log shall contain at least the following:
  - (1) the patient name;
  - (2) the estimated length of gestation;
  - (3) the type of procedure; (4) the name of physician;
  - (5) the name of Registered Nurse on duty; and
  - (6) the date and time of procedure.
- (f) Medical records shall be the property of the clinic and shall be preserved or retained in the State of North Carolina 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 case the record must be retained until three years after the client's 18th birthday, regardless of change of clinic ownership or administration. Such medical records shall be made available to the Division upon request and shall not be removed from the premises where they are retained except by subpoena or court order.
- (g) The clinic shall have a written plan for destruction of medical records to identify information to be retained and the manner of destruction to ensure confidentiality of all material.

(h) Should a clinic cease operation, arrangements shall be made for preservation of records for at least 10 years. The clinic shall send written notification to the Division of these arrangements.

*History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

### **10A NCAC 14E .0306 PERSONNEL RECORDS**

(a) Personnel Records:

- (1) A record of each employee shall be maintained that includes the following:
  - (A) employee's identification;
  - (B) application for employment that includes education, training, experience and references;
  - (C) resume of education and work experience;
  - (D) verification of valid license (if required), education, training, and prior employment experience; and
  - (E) verification of references.
- (2) Personnel records shall be confidential.
- (3) Notwithstanding the requirement found in Subparagraph (b)(2) of this Rule, representatives of the Division conducting an inspection of the clinic shall have the right to inspect personnel records.

(b) Job Descriptions:

- (1) The clinic shall have a written description that describes the duties of every position.
- (2) Each job description shall include position title, authority, specific responsibilities, and minimum qualifications. Qualifications shall include education, training, experience, special abilities, and valid license or certification required.
- (3) The clinic shall review annually and, if needed, update all job descriptions. The clinic shall provide the updated job description to each employee or contractual employee assigned to the position.

(c) All persons having direct responsibility for patient care shall be at least 18 years of age.

(d) The clinic shall provide an orientation program to familiarize each new employee or contractual employee with the clinic, its policies, and the employee's job responsibilities.

(e) The governing authority shall be responsible for implementing health standards for employees, as well as contractual employees, which are consistent with recognized professional practices for the prevention and transmission of communicable diseases.

(f) Employee and contractual employee records for health screening as defined in Rule .0101(7) of this Subchapter, education, training, and verification of professional certification shall be available for review by the Division.

*History Note: Authority G.S. 14-45.1(a); 14-45.1(a1); 143B-10; S.L. 2013-366, s. 4(c);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1994;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0307 NURSING SERVICE**

- (a) The clinic shall have an organized nursing staff under the supervision of a nursing supervisor who is currently licensed as a Registered Nurse and who has responsibility and accountability for all nursing services. (b) The nursing supervisor shall be responsible and accountable to the chief executive officer or designee for:
- (1) provision of nursing services to patients; and
  - (2) developing a nursing policy and procedure manual and written job descriptions for nursing personnel.
- (c) The clinic shall have the number of licensed and ancillary nursing personnel on duty to assure that staffing levels meet the total nursing needs of patients based on the number of patients in the clinic and their individual nursing care needs.
- (d) There shall be at least one Registered Nurse with experience in post-operative or post-partum care who is currently licensed to practice professional nursing in North Carolina on duty in the clinic at all times patients are in the clinic.

*History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; December 1, 1989;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0308 QUALITY ASSURANCE**

- (a) The governing authority shall establish a quality assurance program for the purpose of providing standards of care for the clinic. The program shall include the establishment of a committee that shall evaluate compliance with clinic procedures and policies.
- (b) The committee shall determine corrective action, if necessary.
- (c) The committee shall consist of at least one physician who is not an owner, the chief executive officer or designee, and other health professionals. The committee shall meet at least once per quarter.
- (d) The functions of the committee shall include development of policies for selection of patients, approval for adoption of policies, review of credentials for staff privileges, peer review, tissue inspection, establishment of infection control procedures, and approval of additional procedures to be performed in the clinic.
- (e) Records shall be kept of the activities of the committee for a period not less than 10 years. These records shall include:
- (1) reports made to the governing authority;
  - (2) minutes of committee meetings including date, time, persons attending, description and results of cases reviewed, and recommendations made by the committee; and
  - (3) information on any corrective action taken.
- (f) Orientation, training, or education programs shall be conducted to correct deficiencies that are uncovered as a result of the quality assurance program.

*History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);  
Eff. October 1, 2015.*

## **10A NCAC 14E .0309      LABORATORY SERVICES**

- (a) Each clinic shall have the capability to provide or obtain laboratory tests required in connection with the procedure to be performed.
- (b) The governing authority shall establish written policies requiring examination by a pathologist of all surgical specimens except for those types of specimens that the governing authority has determined do not require examination.
- (c) Each patient shall have the following performed and a record of the results placed in the patient's medical record prior to the abortion:
  - (1) pregnancy testing, except when a positive diagnosis of pregnancy has been established by ultrasound;
  - (2) anemia testing (hemoglobin or hematocrit); and
  - (3) Rh factor testing.
- (d) Patients requiring the administration of blood shall be transferred to a local hospital having blood bank facilities.
- (e) The clinic shall maintain a manual in a location accessible by employees, that includes the procedures, instructions, and manufacturer's instructions for each test procedure performed, including:
  - (1) sources of reagents, standard and calibration procedures, and quality control procedures; and
  - (2) information concerning the basis for the listed "normal" ranges.
- (f) The clinic shall perform and document, at least quarterly, calibration of equipment and validation of test results.

*History Note:* Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989; October 28, 1981;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

## **10A NCAC 14E .0310      EMERGENCY BACK-UP SERVICES**

- (a) Each clinic shall have a written plan for the transfer of emergency cases from the clinic to a nearby hospital when hospitalization becomes necessary.
- (b) The clinic shall have procedures, personnel, and suitable equipment to handle medical emergencies which may arise in connection with services provided by the clinic.
- (c) The clinic shall have a written agreement between the clinic and a hospital to facilitate the transfer of patients who are in need of emergency care. A clinic that has documentation of its efforts to establish such a transfer agreement with a hospital that provides emergency services and has been unable to secure such an agreement shall be considered to be in compliance with this Rule.
- (d) The clinic shall provide intervention for emergency situations. These provisions shall include: (1) basic cardio-pulmonary life support;
  - (2) emergency protocols for:
    - (A) administration of intravenous fluids;
    - (B) establishing and maintaining airway support;
    - (C) oxygen administration;
    - (D) utilizing a bag-valve-mask resuscitator with oxygen reservoir;
    - (E) utilizing a suction machine; and
    - (F) utilizing an automated external defibrillator;
  - (3) emergency lighting available in the procedure room as set forth in Rule .0206 of this Subchapter; and
  - (4) ultrasound equipment.

*History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1994; December 24, 1979;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0311 SURGICAL SERVICES**

- (a) The procedure room shall be maintained exclusively for surgical procedures and shall be so designed and maintained to provide an atmosphere free of contamination by pathogenic organisms. The clinic shall establish procedures for infection control and universal precautions.
- (b) Tissue Examination:
  - (1) The physician performing the abortion is responsible for examination of all products of conception (P.O.C.) prior to patient discharge. Such examination shall note specifically the presence or absence of chorionic villi and fetal parts, or the amniotic sac. The results of the examination shall be recorded in the patient's medical record.
  - (2) If adequate tissue is not obtained based on the gestational age, ectopic pregnancy or an incomplete procedure shall be considered and evaluated by the physician performing the procedure.
  - (3) The clinic shall establish procedures for obtaining, identifying, storing, and transporting specimens.

*History Note: Authority G.S. 14-45.1(a); 143B-10;*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989; November 1, 1984; September 1, 1984;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0312 MEDICATIONS AND ANESTHESIA**

- (a) No medication or treatment shall be given except on written order of a physician.
- (b) Any medications shall be administered by a Registered Nurse licensed in accordance with G.S. 90-171.30 or G.S. 90-171.32 and must be recorded in the patient's permanent record.
- (c) The anesthesia shall be administered only under the direct supervision of a licensed physician.

*History Note: Authority G.S. 14-45.1(a); 14-45.1(g); 143B-10;*

*Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Readopted Eff. February 1, 2021.*

### **10A NCAC 14E .0313 POST-OPERATIVE CARE**

- (a) A patient whose pregnancy is terminated on an ambulatory basis shall be observed in the clinic to ensure that no post-operative complications are present. Thereafter, patients may be discharged according to a physician's order and the clinic's protocols.
- (b) Any patient having an adverse condition or complication known or suspected to have occurred during or after the performance of the abortion shall be transferred to a hospital for evaluation or admission.
- (c) The following criteria shall be documented prior to discharge:
  - (1) the patient shall be ambulatory with a stable blood pressure and pulse; and
  - (2) bleeding and pain shall be controlled.
- (d) Written instructions shall be issued to all patients in accordance with the orders of the physician in charge of the abortion procedure and shall include the following:
  - (1) symptoms and complications to be looked for; and
  - (2) a dedicated telephone number to be used by the patients should any complication occur or question arise. This number shall be answered by a person 24 hours a day, seven days a week.
- (e) The clinic shall have a defined protocol for triaging post-operative calls and complications. This protocol shall establish a pathway for physician contact to ensure ongoing care of complications that the operating physician is incapable of managing.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. October 1, 2015; December 24, 1979;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

### **10A NCAC 14E .0314 CLEANING OF MATERIALS AND EQUIPMENT**

- (a) All supplies and equipment used in patient care shall be properly cleaned or sterilized between use for different patients.
- (b) Methods of cleaning, handling, and storing all supplies and equipment shall be such as to prevent the transmission of infection through their use.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

### **10A NCAC 14E .0315 HOUSEKEEPING**

Clinics that are certified by the Division to perform abortions shall meet the standards for sanitation as required by the Division of Public Health, Environmental Health Section, in the rules and regulations governing the sanitation of hospitals, nursing homes, adult care homes, and other institutions, set forth in 15A NCAC 18A .1300, including subsequent amendments and editions, with special emphasis on the following:

- (1) the floors, walls, woodwork and windows must be cleaned, and accumulated waste material must be removed at least daily;
- (2) the premises must be kept free from rodents and insect infestation;
- (3) bath and toilet facilities must be maintained in a clean and sanitary condition at all times; and
- (4) linen that comes directly in contact with the patient shall be provided for each individual patient. No such linen shall be interchangeable from one patient to another before being cleaned, sterilized, or laundered.

Copies of 15A NCAC 18A .1300 may be obtained at no charge from the Division of Public Health, Environmental Health Section, 1632 Mail Service Center, Raleigh, NC, 27699-1632, or accessed electronically free of charge from the Office of Administrative Hearings at <https://www.oah.nc.gov/>.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Amended Eff. August 1, 2019; October 1, 2015; December 1, 1989;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

#### **10A NCAC 14E .0316 FOOD SERVICE**

Nourishments, such as crackers and soft drinks, shall be available and offered to all patients.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977; Amended  
Eff. January 1, 1990;*

*Readopted Eff. February 1, 2021.*

## SECTION .0400 - MEDICAL STAFF

### 10A NCAC 14E .0401 QUALIFICATIONS

Every person admitted to practice in the clinic shall qualify by submitting a signed application in writing which shall contain the following data: age, year and school of graduation, date of licensure, statement of postgraduate work, and experience.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

### 10A NCAC 14E .0402 FILE

An individual file for each physician practicing in the clinic shall be maintained. Each file shall contain the information outlined in Rule .0401 of this Section.

*History Note: Authority G.S. 14-45.1(a); 143B-10;  
Eff. February 1, 1976;*

*Readopted Eff. December 19, 1977;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019.*

1 10A NCAC 13S .0101 is proposed for adoption 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.*  
30 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
31 *2023;*  
32 *Emergency Rule Eff. November 14, 2023;*  
33 *Temporary Adoption Eff. February 8, ~~2024-2024~~;*  
34 *Adopted Eff. January 1, 2025.*

1 10A NCAC 13S .0104 is proposed for adoption as follows:

2

3 **10A NCAC 13S .0104 PLANS AND SPECIFICATIONS**

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.icsafe.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 (a) Prior to issuance of a license pursuant to Rule .0107 of this Section, an applicant for a new clinic shall submit one  
 13 copy of construction documents and specifications to the Division for review and approval.

14 (b) Any license holder or prospective applicant desiring to make alterations or additions to a clinic or to construct a  
 15 new clinic, before commencing such alteration, addition or new construction shall submit construction documents and  
 16 specifications to the Division for review and approval with respect to compliance with this Subchapter.

17 (c) Approval of construction documents and specifications shall expire one year after the date of approval unless a  
 18 building permit for the construction has been obtained prior to the expiration date of the approval of construction  
 19 documents and specifications.

20

21 *History Note: Authority G.S. 131E-153.5; 143B-165;*

22 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
 23 *2023;*

24 *Emergency Rule Eff. November 14, 2023;*

25 *Temporary Adoption Eff. February 8, 2024-2024;*

26 *Adopted Eff. January 1, 2025.*

27

28

1 10A NCAC 13S .0112 is proposed for repeal as follows:

2

3 **10A NCAC 13S .0112 ALTERATIONS**

4

5 *History Note: Authority G.S. 131E-153.5; 143B-165;*

6 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
7 *2023;*

8 *Emergency Rule Eff. November 14, 2023;*

9 *Temporary Adoption Eff. February 8, ~~2024-2024~~;*

10 *Repealed Eff. January 1, 2025.*

1 10A NCAC 13S .0114 is proposed for adoption as follows:

2

3 **10A NCAC 13S .0114 APPROVAL**

4

5 *History Note: Authority G.S. 131E-153.5; 143B-165;*

6 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
7 *2023;*

8 *Emergency Rule Eff. November 14, 2023;*

9 *Temporary Adoption Eff. February 8, ~~2024~~-2024;*

10 *Repealed Eff. January 1, 2025.*

11

1 10A NCAC 13S .0201 is proposed for adoption 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~~

10 ~~https://shop.iccsafe.org/catalogsearch/result/?cat=1010&q=+North+Carolina+Building+code~~ for a cost of ~~five~~  
11 ~~hundred twenty seven dollars (\$527.00)~~ eight hundred fifty eight dollars (\$858.00) or accessed electronically free of  
12 charge at ~~https://codes.iccsafe.org/content/NCAPC2018/chapter-1-administrative-code.~~  
13 https://www.ncosfm.gov/codes/codes-current-and-past.

14 (b) The requirements contained in this Section shall apply to new clinics and to any alterations, repairs, rehabilitation  
15 work, or additions which are made to a previously licensed facility.

16

17 *History Note: Authority G.S. 131E-153.5; 143B-165;*  
18 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
19 *2023;*  
20 *Emergency Rule Eff. November 14, 2023;*  
21 *Temporary Adoption Eff. February 8, ~~2024-2024~~;*  
22 *Adopted Eff. January 1, 2025.*

23

24

1 10A NCAC 13S .0202 is proposed for repeal as follows:

2

3 **10A NCAC 13S .0202 SANITATION**

4

5 *History Note: Authority G.S. 131E-153.5; 143B-165;*

6 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
7 *2023;*

8 *Emergency Rule Eff. November 14, 2023;*

9 *Temporary Adoption Eff. February 8, ~~2024-2024~~;*

10 *Repealed Eff. January 1, 2025.*

11

12

1 10A NCAC 13S .0207 is proposed for adoption 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;~~ reception and waiting room;  
7 (2) ~~examining room;~~ designated area or areas for pre-procedure and post-procedure activities;  
8 (3) ~~preoperative preparation and holding room;~~  
9 (4) ~~individual patient locker facilities or equivalent;~~  
10 (5)(3) procedure room;  
11 (6)(4) ~~recovery room;~~ a clean area for self-contained secure medication storage complying with security  
12 requirements of state and federal laws;  
13 (7)(5) ~~clean workroom;~~ area compliant with Clinical Laboratory Improvement Amendments (CLIA)  
14 requirements in which laboratory testing can be performed;  
15 (8)(6) ~~soiled workroom;~~ separate areas for storage and handling of clean and soiled materials;  
16 (9) ~~a clean area for self-contained secure medication storage complying with security requirements of~~  
17 ~~state and federal laws is provided;~~  
18 (10) ~~separate and distinct areas for storage and handling of clean and soiled linen;~~  
19 (11)(7) patient toilet;  
20 (12)(8) ~~personnel lockers and toilet facilities;~~  
21 (13) ~~laboratory;~~  
22 (14) ~~nourishment station with storage and preparation area for serving meals or in-between meal snacks;~~  
23 (15)(9) janitor's closets;  
24 (16)(10) adequate space and equipment for assembling, sterilizing and storing medical and surgical supplies;  
25 (17)(11) storage space for medical records; and records of all media types used by the facility; and  
26 (18)(12) office space for nurses' charting, doctors' charting, communications, counseling, and counseling,  
27 business functions, functions, and other administrative activities.

28

29 *History Note: Authority G.S. 131E-153.5; 143B-165;*  
30 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
31 *2023;*  
32 *Emergency Rule Eff. November 14, 2023;*  
33 *Temporary Adoption Eff. February 8, 2024-2024;*  
34 *Adopted Eff. January 1, 2025.*

35

1 10A NCAC 13S .0209 is proposed for repeal as follows:

2

3 **10A NCAC 13S .0209 ELEVATOR**

4

5 *History Note: Authority G.S. 131E-153.5; 143B-165;*

6 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
7 *2023;*

8 *Emergency Rule Eff. November 14, 2023;*

9 *Temporary Adoption Eff. February 8, ~~2024-2024~~;*

10 *Repealed Eff. January 1, 2025.*

11

12

1 10A NCAC 13S .0210 is proposed for repeal as follows:

2

3 **10A NCAC 13S .0210 CORRIDORS**

4

5 *History Note: Authority 131E-153.5; 143B-165;*

6 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
7 *2023;*

8 *Emergency Rule Eff. November 14, 2023;*

9 *Temporary Adoption Eff. February 8, ~~2024~~, 2024;*

10 *Repealed Eff. January 1, 2025.*

11

12

1 10A NCAC 13S .0211 is proposed for repeal as follows:

2

3 **10A NCAC 13S .0211 DOORS**

4

5 *History Note: Authority G.S. 131E-153.5; 143B-165;*

6 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
7 *2023;*

8 *Emergency Rule Eff. November 14, 2023;*

9 *Temporary Adoption Eff. February 8, ~~2024-2024~~;*

10 *Repealed Eff. January 1, 2025.*

11

12

1 10A NCAC 13S .0212 is proposed for adoption 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:~~

10 Area \_\_\_\_\_ Temperature \_\_\_\_\_ Relative Humidity

11 Procedure \_\_\_\_\_ 70-76 degrees F. \_\_\_\_\_ 50-60%

12 Recovery \_\_\_\_\_ 75-80 degrees F. \_\_\_\_\_ 30-60%

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~~  
31 ~~ventilation rates shall apply:~~

32 Area \_\_\_\_\_ Pressure Relationship \_\_\_\_\_ Minimum Air  
33 \_\_\_\_\_ Changes/Hour

34 Procedure \_\_\_\_\_ P \_\_\_\_\_ 6

35 Recovery \_\_\_\_\_ P \_\_\_\_\_ 6

36 Soiled work,

37 Janitor's closet,

Toilets,		
Soiled holding	N	10
Clean work or		
Clean holding	P	4

(P = positive pressure N = negative pressure)

(1) Mechanical requirements.

- (a) All fans serving exhaust systems shall be located at the discharge end of the system.
- (b) The ventilation system shall be designed and balanced to provide the pressure relationships detailed in Sub-Item (f) of this Rule.
- (c) All ventilation or air conditioning systems shall have a minimum of one filter bed with a minimum filter efficiency of a MERV 8.
- (d) Ventilation systems serving the procedure rooms shall not be tied in with toilets, soiled holding, or janitors' closets if the air is to be recirculated in any manner.
- (e) Air handling duct systems shall not have duct linings.
- (f) The following general air pressure relationships to adjacent areas and ventilation rates shall apply:

<u>Area</u>	<u>Pressure Relationship</u>	<u>Minimum Total Air Changes/Hour</u>
Toilets	N	4
Janitor's closet	N	6
Soiled holding	N	6
Clean holding	NR	2

(P = positive pressure N = negative pressure NR = No Requirement)

(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, NFPA-99, category 2 system, which is hereby incorporated by reference including subsequent amendments and editions. Copies of NFPA 99 2012 NFPA-99 may be purchased from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269 9101, Association online at <https://www.nfpa.org/product/nfpa-99-code/p0099code> at a cost of one hundred forty-nine dollars (\$149.00) 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~~ ten (10) inches above the ~~rim of the fixture~~ bottom of the basin 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~~ The facility's 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~~ 1 foot ~~candles~~ candle 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.~~
- ~~(d) At least one wired in, ionization type smoke detector shall be within 15 feet of each procedure or recovery room entrance.~~

- (4) Buildings systems and medical equipment shall have preventative maintenance conducted as recommended by the equipment manufacturers' or installers' literature to assure operation in compliance with manufacturer's instructions.

*History Note: Authority G.S. 131E-153.5; 143B-165;*  
*Codifier determined that findings of need did not meet criteria for emergency rule on October 30, 2023;*  
*Emergency Rule Eff. November 14, 2023;*  
*Temporary Adoption Eff. February 8, 2024-2024;*  
*Adopted Eff. January 1, 2025.*

1 10A NCAC 13S .0315 is proposed for adoption 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.*  
 20 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
 21 *2023;*  
 22 *Emergency Rule Eff. November 14, 2023;*  
 23 *Temporary Adoption Eff. February 8, ~~2024~~ 2024;*  
 24 *Adopted Eff. January 1, 2025.*  
 25

1 10A NCAC 13S .0318 is proposed for adoption 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 (h) The governing authority shall certify that the physical facilities to be used are adequate to safeguard the health  
32 and safety of patients; of note one area may accommodate various aspects of the patient's visits.

33

34 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

35 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
36 *2023;*

37 *Emergency Rule Eff. November 14, 2023;*

1                    *Temporary Adoption Eff. February 8, ~~2024-2024~~;*  
2                    *Adopted Eff. January 1, 2025.*  
3

1 10A NCAC 13S .0319 is proposed for adoption 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) emergency protocols as required by Rule .0326;
- 20 ~~(3)(4)~~ policy and procedure for validating the full and true name of the patient;
- 21 ~~(4)(5)~~ policy and procedure for abortion procedures performed at the clinic;
- 22 ~~(5)(6)~~ policy and procedure for the provision of patient privacy in the recovery area of the clinic;
- 23 ~~(6)(7)~~ protocol for determining gestational age as defined in Rule ~~.0101(5)~~ .0101(4) of this Subchapter;
- 24 ~~(7)(8)~~ protocol for referral of patients for whom services have been declined; and
- 25 (9) protocol that defines use of space to include opportunities that one area may accommodate various  
26 aspects of patient visits.
- 27 ~~(8) protocol for discharge instructions that informs patients who to contact for post-procedural problems~~  
28 ~~and questions.~~

29  
30 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

31 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
32 *2023;*

33 *Emergency Rule Eff. November 14, 2023;*

34 *Temporary Adoption Eff. February 8, 2024, 2024;*

35 *Adopted Eff. January 1, 2025.*

36

1 10A NCAC 13S .0320 is proposed for adoption 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.*

20 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
21 *2023;*

22 *Emergency Rule Eff. November 14, 2023;*

23 *Temporary Adoption Eff. February 8, ~~2024~~ 2024;*

24 *Adopted Eff. January 1, 2025.*

25

1 10A NCAC 13S .0321 is proposed for adoption 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) a copy of the signed 72 hour consent and physician declaration;

16 ~~(10)~~(11) the patient's history and physical examination including identification of pre-existing or current  
17 illnesses, drug sensitivities or other idiosyncrasies that may impact the procedure or anesthetic to be  
18 administered; and

19 ~~(11)~~(12) documentation that indicates all items listed in Rule .0320(d) of this Section were provided to the  
20 patient.

21 (b) The clinic shall record and authenticate by signature, date, and time all other pertinent information such as pre-  
22 and post-procedure instructions, laboratory reports, drugs administered, report of abortion procedure, and follow-up  
23 instruction, including family planning advice.

24 (c) If Rh is negative, the clinic shall explain the significance to the patient and shall record the explanation. The  
25 patient in writing may reject Rh immunoglobulin. A written record of the patient's decision shall be a permanent part  
26 of her medical record.

27 (d) An ultrasound examination shall be performed by a technician qualified in ultrasonography and the results,  
28 including gestational age, placed in the patient's medical record for any patient who is scheduled for an abortion  
29 procedure.

30 (e) The clinic shall maintain a daily procedure log of all patients receiving abortion services. This log shall contain at  
31 least the following:

32 (1) the patient name;

33 (2) the estimated length of gestation;

34 (3) the type of procedure;

35 (4) the name of the physician;

36 (5) the name of the Registered Nurse on duty; and

37 (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.

12 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
13 *2023;*

14 *Emergency Rule Eff. November 14, 2023;*

15 *Temporary Adoption Eff. February 8, ~~2024-2024~~;*

16 *Adopted Eff. January 1, 2025.*  
17

1 10A NCAC 13S .0322 is proposed for adoption 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 or resume for employment that includes education, training, experience and  
8 references; and

9 ~~(C) a resume of education and work experience;~~

10 ~~(D)(C) a copy of a valid license (if required). (if required), education, training, and prior~~  
11 ~~employment 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)~~ .0101(6) of this  
30 Subchapter, education, training, and verification of professional certification shall be available for review by the  
31 Division.

32

33 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

34 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
35 *2023;*

36 *Emergency Rule Eff. November 14, 2023;*

37 *Temporary Adoption Eff. February 8, ~~2024~~ 2024;*

1  
2

Adopted Eff. January 1, 2025.

1 10A NCAC 13S .0323 is proposed for adoption as follows:

2

3 **10A NCAC 13S .0323 CLINIC STAFFING NURSING SERVICE**

4 (a) The clinic shall have an organized ~~nursing~~ clinical staff under the supervision of a nursing supervisor who is  
5 currently 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, or other health care practitioner as defined in G.S. 90-640

15 (a) practicing within the scope of their license or certification who is basic life support (BLS) certified and authorized  
16 by state laws to administer medications as required for analgesia, nausea, vomiting, or other indications on duty in the  
17 clinic at all times patients are in the clinic, procedure rooms and recovery area.

18

19 History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.

20 Codifier determined that findings of need did not meet criteria for emergency rule on October 30,  
21 2023;

22 Emergency Rule Eff. November 14, 2023;

23 Temporary Adoption Eff. February 8, 2024, 2024;

24 Adopted Eff. January 1, 2025.

25

1 10A NCAC 13S .0324 is proposed for adoption 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 frequency of meetings and details of data collection shall be defined by the governing authority. The functions  
12 of the committee shall include development of policies for selection of patients, approval for adoption of policies,  
13 review of credentials for staff privileges, peer review, tissue inspection, establishment of infection control procedures,  
14 and approval of additional procedures to be performed in the clinic.~~

15 ~~(e) Records shall be kept of the activities of the committee for a period not less than 10 years. These records shall  
16 include:~~

17 ~~(1) reports made to the governing authority;~~

18 ~~(2) minutes of committee meetings including date, time, persons attending, description and results of  
19 cases reviewed, and recommendations made by the committee; and~~

20 ~~(3) information on any corrective action taken.~~

21 ~~(f) The clinic shall conduct orientation, training, or education programs to correct deficiencies that are uncovered as  
22 a result of the quality assurance program.~~

23

24 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

25 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,  
26 2023;*

27 *Emergency Rule Eff. November 14, 2023;*

28 *Temporary Adoption Eff. February 8, ~~2024~~, 2024;*

29 *Adopted Eff. January 1, 2025.*

30

1 10A NCAC 13S .0325 is proposed for adoption 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.~~ performed, and will perform laboratory tests appropriate to their Clinical Laboratory Improvement  
6 Amendments (CLIA) certification.

7 (b) The governing authority shall establish written policies regarding which surgical specimens require examination  
8 by a pathologist.

9 (c) Each patient shall have ~~the following performed and a record of the results placed in the patient's medical record~~  
10 ~~prior to the abortion:~~ laboratory testing as determined to be clinically necessary by the physician, or as required by  
11 law. A record of the results of any tests performed will be included in the patient's medical record. These laboratory  
12 tests may include:

- 13 (1) pregnancy testing, except when a positive diagnosis of pregnancy has been established by  
14 ultrasound;
- 15 (2) anemia testing (hemoglobin or hematocrit); and
- 16 (3) Rh factor testing.

17 ~~(d) Patients requiring the administration of blood shall be transferred to a local hospital having blood bank facilities.~~

18 ~~(e)(d)~~ The clinic shall maintain a manual in a location accessible by employees, that includes the procedures,  
19 instructions, and manufacturer's instructions for each test procedure performed, including: meets requirements for the  
20 level of clinic's CLIA certification. This includes the procedures, instructions, and manufacturer's instructions for  
21 each test procedure performed including:

- 22 (1) sources of reagents, ~~standard and calibration procedures,~~ and quality control procedures; and
- 23 (2) information concerning the basis for the listed "normal" ranges.

24 ~~(f) The clinic shall perform and document, at least quarterly, calibration of equipment and validation of test results.~~

25

26 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

27 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
28 *2023;*

29 *Emergency Rule Eff. November 14, 2023;*

30 *Temporary Adoption Eff. February 8, ~~2024.~~ 2024.*

31 *Adopted Eff. January 1, 2025.*

32

1 10A NCAC 13S .0326 is proposed for adoption 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) All clinics shall have written emergency instructions for clinic staff to carry out in the event of an emergency. All  
12 clinic personnel shall be familiar and capable of carrying out written emergency instructions:

13 (1) Instructions shall be followed in the event of an emergency, any untoward anesthetic, medical or  
14 procedural complications, or other conditions making transfer to an emergency department and/or  
15 hospitalization of a patient necessary.

16 (2) The instructions shall include arrangements for immediate contact of emergency medical services when  
17 indicated and when advanced cardiac life support is needed.

18 (3) When emergency medical services are not indicated, the instructions shall include procedures for timely  
19 escort of the patient to the hospital or to an appropriate licensed health care professional.

20 ~~(e) The clinic shall have a written agreement between the clinic and a hospital to facilitate the transfer of patients~~  
21 ~~who are in need of emergency care. A clinic that has documentation of its efforts to establish such a transfer agreement~~  
22 ~~with a hospital that provides emergency services and has been unable to secure such an agreement shall be considered~~  
23 ~~to be in compliance with this Rule.~~

24 (d) The clinic shall provide intervention for emergency situations. These provisions shall include:

25 (1) basic cardio-pulmonary life support;

26 (2) emergency protocols for:

27 (A) administration of intravenous fluids;

28 (B) establishing and maintaining airway support;

29 (C) oxygen administration;

30 (D) utilizing a bag-valve-mask resuscitator with oxygen reservoir; and

31 ~~(E) —utilizing a suction machine; and~~

32 ~~(F)(E) utilizing an automated external defibrillator; defibrillator.~~

33 (3) emergency lighting available in the procedure room as set forth in Rule .0212 of this Subchapter;  
34 and

35 (4) ultrasound equipment.

36

37 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

1                   *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
2                   *2023;*  
3                   *Emergency Rule Eff. November 14, 2023;*  
4                   *Temporary Adoption Eff. February 8, ~~2024.~~ 2024.*  
5                   *Adopted Eff. January 1, 2025.*

6

1 10A NCAC 13S .0327 is proposed for adoption as follows:  
2

3 **10A NCAC 13S .0327 OUTPATIENT PROCEDURAL 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.~~ precautions, including appropriate cleaning of all patient care areas including procedure  
7 rooms.

8 (b) Tissue Examination:

9 (1) The physician performing the abortion is responsible for examination of all products of conception  
10 (P.O.C.) prior to patient discharge. Such examination shall note specifically the presence or absence  
11 of chorionic villi and fetal parts, or the amniotic sac. The results of the examination shall be recorded  
12 in the patient's medical record.

13 (2) If adequate tissue is not obtained based on the gestational age, the physician performing the  
14 procedure shall evaluate for ectopic pregnancy, or an incomplete procedure.

15 (3) The clinic shall establish procedures for obtaining, identifying, storing, and transporting specimens.  
16

17 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

18 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
19 *2023;*

20 *Emergency Rule Eff. November 14, 2023;*

21 *Temporary Adoption Eff. February 8, ~~2024.~~ 2024.*

22 *Adopted Eff. January 1, 2025.*  
23

1 10A NCAC 13S .0328 is proposed for adoption as follows:

2

3 **10A NCAC 13S .0328 MEDICATIONS AND ~~ANESTHESIA~~ SEDATION**

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~~ Medications, including injections  
6 shall be administered by a physician, Registered Nurse, and other health care practitioners as defined in G.S. 90-640

7 (a) practicing within the scope of their license or certification authorized by state laws to administer medications. All  
8 medications shall be recorded in the patient's permanent record.

9 (c) The ~~anesthesia~~ sedation shall be administered only under the direct supervision of a licensed physician. Direct  
10 supervision means the physician must be present in the clinic and immediately available to furnish assistance and  
11 direction throughout the administration of the ~~anesthesia.~~ sedation. It does not mean the physician must be present in  
12 the room when the ~~anesthesia~~ sedation is administered.

13

14 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

15 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
16 *2023;*

17 *Emergency Rule Eff. November 14, 2023;*

18 *Temporary Adoption Eff. February 8, ~~2024~~, 2024;*

19 *Adopted Eff. January 1, 2025.*

20

1 10A NCAC 13S .0329 is proposed for adoption as follows:

2

3 **10A NCAC 13S .0329 POST-OPERATIVE PROCEDURAL CARE**

4 (a) A patient whose pregnancy is terminated shall be observed in the clinic to ensure that no post-~~operative~~ procedural  
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~~ clinic's physician  
19 is incapable of managing.

20

21 *History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.*

22 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
23 *2023;*

24 *Emergency Rule Eff. November 14, 2023;*

25 *Temporary Adoption Eff. February 8, ~~2024~~, 2024;*

26 *Adopted Eff. January 1, 2025.*

27

1 10A NCAC 13S .0330 is proposed for adoption 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.*

9 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
10 *2023;*

11 *Emergency Rule Eff. November 14, 2023;*

12 *Temporary Adoption Eff. February 8, ~~2024~~ 2024;*

13 *Adopted Eff. January 1, 2025.*

14

1 10A NCAC 13S .0331 is proposed for adoption as follows:

2

3 **10A NCAC 13S .0331 FOOD SERVICE**

4 Nourishments, such as crackers and soft drinks, shall be available and offered to all patients.

5

6 *History Note: Authority G.S. 131E-153;131E-153.2; 131E-153.5; 143B-165.*

7 *Codifier determined that findings of need did not meet criteria for emergency rule on October 30,*  
8 *2023;*

9 *Emergency Rule Eff. November 14, 2023;*

10 *Temporary Adoption Eff. February 8, ~~2024~~, 2024;*

11 *Adopted Eff. January 1, 2025.*

12