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10A NCAC 13D .3003 is amended with changes as published in 34:24 NCR 2377-2380 as follows:

- 3 10A NCAC 13D .3003 VENTILATOR DEPENDENCE ASSISTED CARE
- 4 (a) The general requirements in this Subchapter shall apply when applicable. In addition, facilities having patients
- 5 requiring the use of ventilators for more than eight hours a day shall meet the following requirements: For the purpose
- 6 of this Rule, ventilator assisted individuals, means as defined in [42 CFR Part 483.25(i), F695,] the federal State
- 7 Operations Manual, Appendix PP Guidance to Surveyors for Long Term Care Facilities, herein incorporated by
- 8 reference including subsequent amendments and editions. Copies of the [Code of Federal Regulations, Title 42, Public
- 9 Health, Part 482 End, 2019] State Operations Manual may be accessed free of charge online at
- $10 \qquad \underline{https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.}$
- 11 (b) Facilities having patients who are ventilator assisted individuals shall:
- 12(1)The facility shall be located within 30 minutes of an acute care facility. administer respiratory care13in accordance with 42 CFR Part 483.25(i), and the federal State Operations Manual F695;
- 14(2)Respiratory therapy shall be provided and supervised by a respiratory therapist currently registered15by the National Board for Respiratory Care. administer respiratory care in accordance with the scope16of practice for respiratory therapists defined in G.S. 90-648; and The respiratory therapist shall:
 - (a) make, as a minimum, weekly on site assessments of each patient receiving ventilator support with corresponding progress notes;
- 19 (b) be on call 24 hours daily; and
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 (c)
 assist the pulmonologist and nursing staff in establishing ventilator policies and

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 procedures, including emergency policies and procedures.
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 (3)
 Direct nursing care staffing shall be in accordance with Rule .3005 of this Section. provide

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 pulmonary services from a physician who has training in pulmonary [medicine according to The

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 American Board of Internal Medicine.] medicine. The physician shall be responsible for respiratory

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 services and shall:
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 (A)
 establish with the respiratory therapist and nursing staff, ventilator policies and procedures,

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 including emergency procedures;
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 (B)
 assess each ventilator assisted patient's status at least monthly with corresponding progress

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 notes;
- 30 (C) respond to emergency communications [24 hours] 24 hours a day; and
- 31 (D) participate in individual care planning.
- 32 (c) Direct care nursing personnel staffing ratios established in Rule .2303 of this Subchapter shall not be applied to
- 33 <u>nursing services for patients who are ventilator assisted at life support settings. The minimum direct care nursing staff</u>
- 34 shall be 5.5 hours per patient day, allocated on a per shift basis as the facility chooses; however, in no event shall the
- 35 direct care nursing staff fall below a registered nurse and a nurse aide I at any time during a 24-hour period.
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37 History Note: Authority G.S. 131E-104;

1	RRC objection due to lack of statutory authority Eff. July 13, 1995;
2	Eff. January 1, 1996;
3	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22,
4	2015. <u>2015:</u>
5	Amended Eff. January 1, 2021.