

1 10A NCAC 13F .0703 is proposed for readoption with substantive changes as follows:

2
3 **10A NCAC 13F .0703 TUBERCULOSIS TEST, MEDICAL EXAMINATION AND IMMUNIZATIONS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9
10 *History Note: Authority G.S. 131D-2.16; 143B-165;*
11 *Temporary Adoption Eff. September 1, 2003;*
12 *Eff. June 1, ~~2004~~ 2004;*
13 *Readopted Eff. January 1, 2024.*