

1 F10A NCAC 13F .0309 is proposed for readoption with substantive changes as follows:

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3 **10A NCAC 13F .0309 FIRE SAFETY AND EMERGENCY PREPAREDNESS PLANS PLAN FOR**
4 **EVACUATION**

5 (a) ~~A~~ Each facility shall have a written fire evacuation plan (including a diagrammed drawing) that includes a diagram
6 of the facility floor plan including evacuation routes. The plan shall have which has the written approval of the local
7 ~~Code Enforcement Official~~ fire code enforcement official. The approved diagram shall be prepared in large legible
8 print and be posted in a central location on each floor of an adult care home; the facility in a location visible to staff,
9 residents, and visitors. The fire evacuation plan and diagram shall be reviewed with each resident on upon admission
10 and shall be a part of included in the orientation for all new staff.

11 (b) There shall be unannounced rehearsals fire drills of the fire plan conducted quarterly on each shift in accordance
12 with the requirement of the local ~~Fire Prevention Code Enforcement Official;~~ fire prevention code enforcement official
13 and the 2018 North Carolina Building Code: Fire Prevention Code, which is hereby incorporated by reference and
14 includes all subsequent editions, available at <https://codes.iccsafe.org/content/NCFC2018>.

15 (c) ~~Records of rehearsals~~ Documentation of fire drills shall be maintained by the administrator or their designee in
16 the facility and copies furnished to the county department of social services annually. be made available upon request
17 to the Division of Health Service Regulation, county department of social services, and local officials. The records
18 shall include the date and time of the ~~rehearsals,~~ drills, the shift, staff members present, and a short description of ~~what~~
19 ~~the rehearsal involved.~~ drill.

20 (d) ~~A~~ Each facility shall develop and implement an emergency preparedness plan to ensure resident health and safety
21 and continuity of care and services during an emergency. The emergency preparedness plan shall include the
22 following: written disaster plan, which has the written approval of or has been documented as submitted to the local
23 emergency management agency and the local agency designated to coordinate special needs sheltering during
24 disasters, shall be prepared and updated at least annually and shall be maintained in the facility.

25 (1) Procedures to address the following threats and hazards that may create an emergency for the
26 facility:

27 (A) weather events including hurricanes, tornadoes, ice storms, and extreme heat or cold;

28 (B) fires;

29 (C) utility failures, to include power, water, and gas;

30 (D) equipment failures, to include fire alarm, automatic sprinkler systems, HVAC systems;

31 (E) interruptions in communication including phone service and the internet;

32 (F) unforeseen widespread communicable public health and emerging infectious diseases;

33 (G) intruders and active assailants; and

34 (H) other potential threats to the health and safety of residents as identified by the facility or
35 the local emergency management agency.

36 (2) The procedures outlined in Subparagraph (d)(1) shall address the following:

1 (A) provisions for the care of all residents in the facility before, during, and after an emergency
2 such as required emergency supplies including water, food, resident care items, medical
3 supplies, medical records, medications, medication records, emergency power, and
4 emergency equipment;

5 (B) provisions for the care of all residents when evacuated from the facility during an
6 emergency, such as evacuation procedures, procedures for the identification of residents,
7 evacuation transportation arrangements, and sheltering options that are safe and suitable
8 for the resident population served;

9 (C) identification of residents with Alzheimer’s disease and related dementias, residents with
10 mobility limitations, and any other residents who may have specialized needs such as
11 dialysis, oxygen, tracheostomy, and gastrostomy feeding tubes, special medical equipment,
12 or accommodations either at the facility or in case of evacuation;

13 (D) strategies for staffing to meet the needs of the residents during an emergency and for
14 addressing potential staffing issues; and

15 (E) procedures for coordinating and communicating with the local emergency management
16 agency and local law enforcement.

17 (3) The emergency preparedness plan shall include contact information for state and local resources for
18 emergency response, local law enforcement, facility staff, residents and responsible parties, vendors,
19 contractors, utility companies, and local building officials such as the fire marshal and local health
20 department.

21 ~~(e) A facility that elects to be designated as a special care shelter during an impending disaster or emergency event~~
22 ~~shall follow the guidelines established by the latest Division of Social Services' State of North Carolina Disaster Plan~~
23 ~~which is available at no cost from the N.C. Division of Social Services, 2401 Mail Service Center, Raleigh, NC 27699-~~
24 ~~2401. The facility shall contact the Division of Health Service Regulation to determine which licensure rules may be~~
25 ~~waived according to G.S. 131D-7 to allow for emergency care shelter placements prior to sheltering during the~~
26 ~~emergency event.~~

27 ~~(e) The facility’s emergency preparedness plan shall have the written approval of or documentation that the plan has~~
28 ~~been submitted to the local emergency management agency and the local agency designated to coordinate and plan~~
29 ~~for the provision of access to functional needs support services in shelters during disasters.~~

30 ~~(f) The facility’s emergency preparedness plan shall be reviewed at least annually and updated as needed by the~~
31 ~~administrator and shall be submitted to the local emergency management agency and the local agency designated to~~
32 ~~coordinate and plan for the provision of access to functional needs support services in shelters during disasters. Any~~
33 ~~changes to the plan shall be submitted to the local emergency management agency and the local agency designated to~~
34 ~~coordinate and plan for the provision of access to functional needs support services in shelters during disasters within~~
35 ~~60 days of the change. For the purpose of this Rule, correction of grammatical or spelling errors do not constitute a~~
36 ~~change. Documentation of submissions shall be maintained at the facility and made available for review upon request~~
37 ~~to the Division of Health Service Regulation and county department of social services.~~

- 1 (g) The emergency preparedness plan outlined in Paragraph (d) of this Rule shall be maintained in the facility and
2 accessible to staff working in the facility.
- 3 (h) Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan
4 to the local emergency management agency and the local agency designated to coordinate and plan for the provision
5 of access to functional needs support services in shelters during disasters within 30 days after obtaining the new
6 license. Documentation of submissions shall be maintained at the facility and made available for review upon request
7 to the Division of Health Service Regulation and county department of social services.
- 8 (i) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service
9 Regulation, county department of social services, and emergency management officials.
- 10 (j) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in
11 accordance with the facility's emergency preparedness plan as outlined in Paragraph (d) of this Rule. Staff shall be
12 trained upon employment and annually in accordance with Rule .1211 of this Subchapter.
- 13 (k) The facility shall conduct at least one drill per year to test the facility's emergency preparedness plan. The drill
14 may be conducted as a tabletop exercise. The facility shall maintain documentation of the annual drill which shall be
15 made available upon request to the Division of Health Service Regulation, county department of social services, and
16 emergency management officials.
- 17 (l) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to
18 the local emergency management agency, the local county department of social services, and the Division of Health
19 Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate
20 and shall notify the agencies within four hours of the return of residents to the facility.
- 21 (m) Any damage to the facility or building systems that disrupts the normal care and services provided to residents
22 shall be reported to the Division of Health Service Regulation Construction Section within four hours or as soon as
23 practicable of the incidence occurring.
- 24 (n) If a facility is ordered to evacuate residents by the local emergency management or public health official due to
25 an emergency, the facility shall not re-occupy the building until local building or public health officials have given
26 approval to do so.
- 27 (o) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or
28 desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division
29 of Health Service Regulation prior to accepting the additional residents into the facility or as soon as practicable but
30 no later than 48 hours after the facility has accepted the residents for sheltering. The waiver request form can be found
31 on the Division of Health Service Regulation Adult Care Licensure Section website at
32 <https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident>.
- 33 (p) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care,
34 supervision, and safety of each resident, including providing required staffing and supplies in accordance with the
35 Rules of this Subchapter. Evacuation to a public emergency shelter should be a last resort, and the decision shall be
36 made in consultation with the local emergency management agency, or the local agency designated to coordinate and
37 plan for the provision of access to functional needs support services in shelters during disasters. If a facility evacuates

1 residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation Adult Care
2 Licensure Section and the county department of social services within four hours of the decision to evacuate or as
3 soon as practicable.

4 (q) Where a fire alarm or automatic sprinkler system is out of service, the facility shall immediately notify the fire
5 department, the fire marshal, and the Division of Health Service Regulation Construction Section and, where required
6 by the fire marshal, a fire watch shall be conducted until the impaired system has been returned to service as approved
7 by the fire marshal. The facility will adhere to the instructions provided by the fire marshal related to the duties of
8 staff performing the fire watch. The facility will maintain documentation of fire watch activities which shall be made
9 available upon request to the DHSR Construction Section and fire marshal. The facility shall notify the DHSR
10 Construction Section when the facility is no longer conducting a fire watch as directed by the fire marshal.

11 ~~(r)~~ This Rule shall apply to new and existing facilities.

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13 *History Note: Authority G.S. 131D.2.16; 143B-165;*
14 *Eff. January 1, 1977;*
15 *Readopted Eff. October 31, 1977;*
16 *Amended Eff. April 1, 1987; April 1, 1984;*
17 *Recodified from Rule .0307 Eff. July 1, 2004;*
18 *Temporary Amendment Eff. July 1, 2004;*
19 *Amended Eff. July 1, 2005- 2005;*
20 *Readopted Eff. May 1, 2025.*

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