

## DHSR Request for Emergency Waiver of Regulations

*N.C. General Statute § 131D-7 allows the Division of Health Service Regulation to temporarily waive, during disasters or emergencies declared in accordance with Article 1A of Chapter 166A of the General Statutes, any rules of the Commission pertaining to adult care homes to the extent necessary to allow the adult care home to provide temporary shelter and temporary services requested by the emergency management agency. The Division may identify, in advance of a declared disaster or emergency, rules that may be waived, and the extent the rules may be waived, upon a disaster or emergency being declared in accordance with Article 1A of Chapter 166A of the General Statutes. The Division may also waive rules under this subsection during a declared disaster or emergency upon the request of an emergency management agency and may rescind the waiver if, after investigation, the Division determines the waiver poses an unreasonable risk to the health, safety, or welfare of any of the persons occupying the adult care home. The emergency management agency requesting temporary shelter or temporary services shall notify the Division within 72 hours of the time the preapproved waivers are deemed by the emergency management agency to apply.*

**This waiver request should be completed by an adult care home desiring to temporarily shelter residents from another adult care home during a declared disaster or emergency. Please complete the information below and attach a copy of the facility's floor plan marked as indicated below, and submit to [DHSR.AdultCare.Questions@dhhs.nc.gov](mailto:DHSR.AdultCare.Questions@dhhs.nc.gov).**

### **Name of Facility Requesting Waiver:**

Address:

License Number:

County:

Licensed Capacity:

Current Census:

### **Name of Primary Contact Person:**

Phone Number:

Email Address:

### **Waiver Request to Shelter ACH/FCH Residents:**

**Number of Residents to be sheltered at this facility:**

**Number of Staff to be sheltered at this facility:**

**Name of Evacuating Facility and Contact Person:**

**How long will the residents need to be sheltered at this facility?**

**Has the local Emergency Management Office been notified of this plan? If no, please do so immediately.**

**Please summarize this facility's plans to assure the following:**

**Food Supply:**

**Water Supply:**

**Power/Electricity (Generator?):**

**Appropriate staffing:**

**Safe Medication Administration:**

**Resident Records:**

**Safety of Residents and Staff:**

**Training of Visiting Staff on Fire Drill and Evacuation Procedures:**

**Notification of Responsible Parties/Legal Guardians:**

**Privacy of all residents:**

**What space in this facility will be used to shelter residents?**

Please **attach copy of the facility's floor plan marked with X's where the incoming residents will be sheltered**. Tip: You can take a photo of the floor plan with your cell phone and email it to our office with this waiver request. The DHSR Construction Section will review the floor plan for safety and space requirements.