

# Request for Emergency Waiver of Regulations for

## Adult Care Homes & Family Care Homes

### Licensed Pursuant to Rules 10A NCAC 13F & 10A NCAC 13G

*Per Session Law 2022-74, in the event of a declaration of a state of emergency by the Governor in accordance with Article 1A of Chapter 166A of the General Statutes, a declaration of a national emergency by the President of the United States, a declaration of a public health emergency by the Secretary of the United States Department of Health and Human Services; or to the extent necessary to allow for consistency with any temporary waiver or modification issued by the Secretary of the United States Department of Health and Human Services or the Centers for Medicare and Medicaid Services under section 1135 or 1812(f) of the Social Security Act; or when the Division of Health Service Regulation determines the existence of an emergency that poses a risk to the health or safety of residents, the Division of Health Service Regulation may do either or both of the following: (1) Temporarily waive any rules of the Commission pertaining to adult care homes. (2) Allow an adult care home to temporarily increase its bed capacity.*

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**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. Waiver requests should be submitted prior to the adult care home accepting residents from another adult care home, or as soon as practicable. An adult care home that intends to shelter residents from another adult care home shall notify the Division of Health Service Regulation, Adult Care Licensure Section immediately of its intent to do so.**

**Please complete the information below and attach a copy of the facility's floor plan marked as indicated below, and email the documents to [DHSR.AdultCare.Questions@dhhs.nc.gov](mailto:DHSR.AdultCare.Questions@dhhs.nc.gov).**

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**Name of Facility Requesting Waiver:**

Address:

License Number:

County:

Licensed Capacity: AL beds: \_\_\_\_\_ SCU beds: \_\_\_\_\_

Current Census: AL beds: \_\_\_\_\_ SCU beds: \_\_\_\_\_

**Primary Contact Person:**

Name and Title:

Phone Number:

Email Address:

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

**Name of Facility Evacuating and Needing shelter:**

**Primary Contact of Evacuating Facility:**

**Name and Title:**

**Phone Number:**

**Email Address:**

Number of Residents to be sheltered at this facility: Total: \_\_\_\_\_ AL: \_\_\_\_\_ SCU: \_\_\_\_\_

Number and Type of Staff to be sheltered at this facility (Medication Aides, Personal Care Aides, etc.):

When are the residents expected to arrive at the sheltering facility?

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 the sheltering 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:

Infection Prevention/COVID-19 Precautions:

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.