



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary


MARK PAYNE • Director, Division of Health Service Regulation

March 24, 2025

Memo #P0041

MEMORANDUM

TO: N.C. Licensed Adult Care Home Providers

FROM: Megan Lamphere, Chief 
DHSR Adult Care Licensure Section

RE: Rule Changes Effective April 1, 2025
10A NCAC 13F. 0206 Capacity
10A NCAC 13F .0301 Application of Physical Plant Requirements
10A NCAC 13F .0302 Design and Construction
10A NCAC 13F .0304 Plans and Specifications
10A NCAC 13F .0305 Physical Environment
10A NCAC 13F .0306 Housekeeping and Furnishings
10A NCAC 13F .0307 Fire Alarm System
10A NCAC 13F .0310 Electrical Outlets
10A NCAC 13F .0311 Other Requirements
10A NCAC 13F .1304 Special Care Unit Building Requirements
10A NCAC 13F .1501 Use of Physical Restraints and Alternatives

As you are aware, the N.C. Medical Care Commission, in partnership with the Division of Health Service Regulation Adult Care Licensure Section, are re-adopting various adult care home and family care home rules in accordance with the “Periodic Review of Existing Rules” process required in N.C. Gen. Stat. 150B. According to the law, rules identified during the initial review as being “necessary with substantive interest” must be re-adopted. The re-adoption process includes review by a rule re-adoption workgroup made up of representatives who are members of the two industry associations, resident advocacy groups, county departments of social services, the Ombudsman program, and relevant state agencies. The goal of the workgroup and re-adoption of rules is to ensure that rules are clear and unambiguous, are in line with current practices and laws, and protect the health, safety and rights of residents.

The following rules were approved for re-adoption by the N.C. Rules Review Commission on November 22, 2024 and the changes are effective April 1, 2025:

10A NCAC 13F. 0206 Capacity (Amend)
10A NCAC 13F .0301 Application of Physical Plant Requirements (Readopt)
10A NCAC 13F .0302 Design and Construction (Readopt)
10A NCAC 13F .0304 Plans and Specifications (Readopt)
10A NCAC 13F .0305 Physical Environment (Readopt)
10A NCAC 13F .0306 Housekeeping and Furnishings (Readopt)
10A NCAC 13F .0307 Fire Alarm System (Readopt)
10A NCAC 13F .0310 Electrical Outlets (Repeal)
10A NCAC 13F .0311 Other Requirements (Readopt)
10A NCAC 13F .1304 Special Care Unit Building Requirements (Readopt)

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10A NCAC 13F .1501 Use of Physical Restraints and Alternatives (Amend)

Important rule changes to note effective April 1, 2025, include:

- Changes to the physical plant equivalency requirements to reflect current procedures of the DHSR Construction Section. (13F .0301)
- Updates to clarify access to the North Carolina State Building Codes and current rules for Sanitation of Hospital, Nursing Homes, And Adult Care Homes and Other Institutions. (13F .0302)
- Updates to requirements for the physical environment of rooms, spaces and areas in adult care facilities to include walls and doors, windows, faucets, shower/laundry equipment, and outdoor safety protections. (13F .0305)
- Changes to the fire alarm system requirements to meet the North Carolina Fire code. (13F .0307)
- Repeal of Rule 13F .0310 Electrical Requirements Rule as these requirements are located in the North Carolina State Building Codes: North Carolina Electrical Code.
- Clarification of the types of cooking appliance used by residents that require locking provisions for safe operation. (13F .0311)
- Updates and clarification to calling system requirements for licensed facilities. (13F .0311)
- Changes to the Special Care Unit physical environment requirements to clarify minimum space requirements within the unit, sounding devices, access to the outside, and fencing for outdoor spaces. (13F .1304)
- Updates to 13F .1501 to include a “physician extender” with a definition for clarity and to align with other updated rules within the subchapter, removal of outdated language, updates to terms to clarify the use of physical restraints and alternatives, and a new definition for “emergency” for clarity.

Please be sure to update your staff and colleagues, as well as your records, with these changes. Additionally, to ensure you have the most current set of rules for adult care homes, download copies of 10A NCAC 13F from the Adult Care Licensure Section website at <https://info.ncdhhs.gov/dhsr/acls/rules.html>.

Courtesy copies of the new revised rules and of the rules showing the changes made are enclosed with this memorandum for your convenience.

Please direct any questions you may have about this memorandum to DHSR.AdultCare.Questions@dhhs.nc.gov.

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RULES FOR THE LICENSING OF ADULT CARE HOMES OF SEVEN OR MORE BEDS

10A NCAC 13F

Rules effective April 1, 2025:

10A NCAC 13F .0206 CAPACITY

- (a) The licensed capacity of adult care homes licensed pursuant to this Subchapter is seven or more residents.
- (b) The total number of residents shall not exceed the number shown on the license.
- (c) ~~A facility shall be licensed for no more than the number of beds that the required physical space and other required facilities in the building are available.~~ The Department shall not grant a license to a facility for more beds than the number for which the permitted by the Rules of this Subchapter.
- (d) ~~The facility's bed capacity and services provided shall comply with the Certificate of Need issued to the facility in accordance with G.S. 131E, Article 9, regarding the certificate of need.~~ The facility's bed capacity and services provided shall comply with the Certificate of Need issued to the facility in accordance with G.S. 131E, Article 9, regarding the certificate of need.

History Note: Authority G.S. 131D-2.4; 131D-2.16; 143B-165;

Eff. January 1, 1977;

Readopted Eff. October 31, 1977;

Amended Eff. April 1, 1984;

Temporary Amendment Eff. July 1, 2003;

Amended Eff. June 1, 2004;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018~~; 2018;

Amended Eff. April 1, 2025.

10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

~~The physical plant requirements for each adult care home shall be applied as follows~~ Adult Care Homes shall apply the following physical plant requirements:

- (1) New construction shall comply with the requirements of this Section.
- (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet the licensure and code requirements in effect at the time of licensure, construction, change in service or bed count, addition, modification, renovation, or ~~alteration~~; alteration, ~~however, in no case shall the requirements for any licensed facility, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;~~
- (3) ~~In no case shall the physical plant requirements for a licensed facility, where no addition or renovation has been made, be less than those physical plant requirements found in the 1971 "Minimum and Desired Standards and Regulations"~~

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- for "Homes for the Aged and Infirm", Section III, C, [copies of which are available at the Division of Health Service Regulation, 1800 Umstead Drive, Raleigh, North Carolina, 27603] which are hereby incorporated by reference and are available on the Construction Section website at <https://info.ncdhhs.gov/dhsr/const/pastrules.html> at no cost.
- (3)(4) New additions, alterations, ~~modifications~~ modifications, and repairs shall meet the ~~technical~~ requirements of this ~~Section~~ Section.
- (4)(5) Effective July 1, 1987, resident bedrooms and resident services shall not be permitted on the second floor of ~~any a~~ facility licensed for seven or more beds prior to April 1, 1984 and classified as two-story wood frame construction by the North Carolina State Building ~~Code~~ Code.
- (5)(6) Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, ~~systems~~ systems, or operational conditions that exceed minimum ~~requirements~~ requirements.
- (6) ~~The bed capacity and services provided in a facility shall be in compliance with G.S. 131E, Article 9 regarding Certificate of Need. A facility shall be licensed for no more beds than the number for which required physical space and other required facilities are available;~~
- (7)(6) ~~Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division when the facility can effectively demonstrate that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility; and The Division may grant an equivalency to allow alternate methods, procedures, design criteria, or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a facility submits a written equivalency request to the Division that states the following:~~
- (a) the rule citation and the rule requirement that will not be met because strict conformance with current requirements would be:
- (i) impractical;
- (ii) unable to be met due to extraordinary circumstances. For the purpose of this rule, "extraordinary circumstances" means situations that are unexpected and beyond the control of the facility; or
- (iii) unable to be met due to new programs.
- (b) the justification for the equivalency; and
- (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- (7)(8) In determining whether to grant an equivalency request, the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The governing body shall maintain a copy of the approved equivalence issued by the Division.
- (8)(9) Where rules, ~~codes~~ codes, or standards have ~~any a~~ conflict, the ~~most~~ more stringent requirement shall ~~apply and any conflicting requirement shall not apply.~~

History Note: Authority G.S. 131D-2.16; 143B-165;

Temporary Adoption Eff. July 1, 2004;

Eff. July 1, 2005-2005;

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10A NCAC 13F .0302 DESIGN AND CONSTRUCTION

(a) ~~Any A~~ building licensed for the first time as an adult care home or a licensed adult care home that is closed or vacant and not serving residents for more than one year for reasons other than approved construction or remodeling shall meet the requirements of the North Carolina State Building ~~Code Codes~~ for new construction. All new construction, ~~additions~~ additions, alterations, repairs, modifications, and renovations to existing buildings shall meet the requirements of the North Carolina State Building ~~Code Codes~~ for I-2 Institutional Occupancy if the facility houses 13 or more residents or the North Carolina State Building ~~Code requirements Code: Building Code,~~ ~~for~~ Large Residential Care Facilities Section if the facility houses seven to twelve residents. The North Carolina State Building ~~Code,~~ ~~all applicable volumes, Codes,~~ which ~~is~~ are incorporated by reference, including ~~all~~ subsequent amendments and editions, may be purchased from the ~~Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).~~ International Code Council online at <https://shop.iccsafe.org/> at a cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at <https://codes.iccsafe.org/codes/north-carolina>. Licensed facilities shall meet the North Carolina State Building Codes in effect at the time of licensure, construction, or remodeling. The facility shall also meet all of the rules of this Section.

(b) ~~Each facility shall be planned, constructed, equipped and maintained to provide the services offered in the facility. A facility shall not offer services for which the facility was not planned, constructed, equipped, or maintained.~~

(c) ~~Any An~~ existing building converted from another use to an adult care home shall meet all requirements of a ~~new facility. Paragraph (a) of this Rule.~~

~~(d) Any existing licensed facility that is closed or vacant for more than one year shall meet all requirements of a new facility.~~

~~(e)(d)~~ The sanitation, water supply, sewage ~~disposal disposal~~, and dietary facilities for facilities with a licensed capacity of 13 or more residents shall comply with ~~the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300 .1300, which are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699 1632 at no cost. are hereby~~ incorporated by reference, including subsequent amendments and editions. The sanitation, water supply, sewage disposal, and dietary facilities for facilities with a licensed capacity of 7 to 12 residents shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600, which are hereby incorporated by reference, including subsequent amendments and editions. Copies of these rules may be accessed online free of charge at <https://www.oah.nc.gov/>.

~~(f)(e)~~ The facility shall maintain in the facility and have available for review current sanitation and fire ~~and building~~ safety inspection reports which shall be ~~maintained in the home and available for review. reports.~~

History Note: Authority G.S. 131D-2.16; 143B-165;

Eff. January 1, 1977;

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Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; September 1, 1986; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005- 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13F .0304 PLANS AND SPECIFICATIONS

- (a) When construction or remodeling of an adult care home is planned, ~~two copies~~ the adult care licensee or licensee's appointed representative shall submit one copy of Construction Documents construction drawings and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. ~~As a preliminary step to avoid last minute difficulty with final plan approval,~~ Schematic Design Drawings design drawings and Design Development Drawings design development drawings may be submitted for review and approval prior to the required submission of ~~Construction Documents.~~ construction drawings.
- (b) Approval of ~~Construction Documents~~ construction drawings and specifications shall be obtained from the Division prior to licensure. Approval of ~~Construction Documents~~ construction drawings and specifications shall expire ~~after~~ after one year after the date of approval unless a building permit for the construction has been ~~obtained.~~ obtained prior to the expiration date of the approval of construction drawings and specifications.
- (c) If an approval expires, renewed approval shall be issued by the Division, provided revised ~~Construction Documents~~ construction drawings and specifications meeting ~~all current regulations, codes and standards~~ the rules established in this Section are submitted by the ~~applicant or appointed~~ adult care licensee or licensee's appointed representative and reviewed by the Division.
- (d) ~~Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.~~ An adult care licensee or licensee's appointed representative shall submit changes made during construction to the Division for review and approval to ensure compliance with the rules established in this Section.
- (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. ~~Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder.~~
- (f) ~~The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.~~ The adult care licensee or licensee's appointed representative shall notify the Division in writing either by U.S. Mail or e-mail when construction or remodeling is complete.

History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, 2005- 2005;
Readopted Eff. April 1, 2025.

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10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(a) An adult care home shall provide living arrangements ~~to meet the individual needs of~~ for the residents, the live-in ~~staff~~ staff, and other live-in persons.

(b) The requirements for ~~each~~ a living room and recreational area are:

- (1) ~~Each~~ a living room and recreational area shall be located off a lobby or ~~corridor. At least 50 percent of required living and recreational areas shall be enclosed with walls and doors;~~ corridor. For the purpose of this Rule, a “living room” is a space enclosed by walls used for social activities, such as reading, talking or watching television. For the purpose of this Rule, a “recreational area” is a space within the facility that may be opened to adjacent spaces and is designated to be used for social activities, such as reading, talking or watching television.
- (2) ~~In~~ in buildings with a licensed capacity of 15 or less, there shall be a minimum area of 250 square feet;
- (3) ~~In~~ in buildings with a licensed capacity of 16 or more, there shall be a minimum of 16 square feet per resident; and
- (4) ~~Each~~ a required living room and recreational area shall have ~~windows;~~ windows with views to the outside. The total gross window area shall not be less than eight percent of the gross floor area of the room. The window shall be openable from the inside and shall have insect-proof screens.

(c) The requirements for the dining room are:

- (1) ~~The~~ the dining room shall be located off a lobby or ~~corridor and enclosed with walls and doors;~~ corridor. For the purposes of this Rule, a “dining room” is a space enclosed by walls used for eating meals.
- (2) ~~In~~ in buildings with a licensed capacity of 15 or less, there shall be a minimum of 200 square feet;
- (3) ~~In~~ in building with a licensed capacity of 16 or more, there shall be a minimum of 14 square feet per resident; and
- (4) ~~The~~ the required dining room shall have ~~windows;~~ windows with views to the outside. The total gross window area shall not be less than eight percent of the gross floor area of the room. The window shall be openable from the inside and shall have insect-proof screens.

(d) The requirements for the bedroom are:

- (1) ~~The~~ the number of resident beds set up shall not exceed the licensed capacity of the facility;
- (2) ~~live-in staff shall be permitted in facilities with a capacity of 7 to 12 residents provided all of the requirements of Section .0600 of these Rules are met;~~
- (2) ~~There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, any live-in staff and other persons living in the home. Residents shall not share bedrooms with staff or other live-in non-residents;~~
- (3) there shall be separate bedrooms for any live-in staff and other persons living in the facility. Residents shall not share bedrooms with live-in staff and other live-in non-residents;
- (5) ~~live-in staff shall not occupy a licensed bed or live in a licensed bed;~~
- (6) ~~residents shall reside in bedrooms with residents of the same sex unless other arrangements are made with each resident’s consent;~~
- (3)(7) Only only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for ~~residents’~~ bedrooms;

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- ~~(4)~~(8) ~~Bedrooms~~ bedrooms shall be located on an outside wall and off a corridor. A room where access is through a bathroom, kitchen, or another bedroom shall not be approved ~~for~~ as a resident's bedroom;
 - ~~(5)~~(9) ~~There shall be a minimum area of 100 square feet excluding vestibule, closet or wardrobe space in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two people; private resident bedrooms shall have not less than 100 square feet of occupiable floor area excluding accessory areas such as vestibules, closets, or wardrobes. For the purpose of this rule, "private resident bedroom" is a resident bedroom occupied by one resident.~~
 - ~~(10)~~ semi-private resident bedrooms shall have not less than 80 square feet of occupiable floor area per bed excluding accessory areas such as vestibules, closets, or wardrobes. For the purpose of this rule, "semi-private resident bedroom" is a resident bedroom occupied by two residents.
 - ~~(6)~~(11) ~~The~~ the total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Health Service Regulation for that particular bedroom;
 - ~~(7)~~(12) ~~A~~ a bedroom may not be occupied by more than two ~~residents.~~ residents;
 - ~~(8)~~(13) ~~Resident~~ resident bedrooms shall be designed to accommodate all required furnishings;
 - ~~(9)~~(14) ~~Each resident bedroom~~ resident bedrooms shall be ventilated with one or more windows which are maintained ~~operable and well lighted.~~ operable. The window area shall ~~be equivalent to at least~~ not be less than eight percent of the floor space and be ~~provided~~ equipped with ~~insect~~ insect-proof screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and
 - ~~(10)~~(15) ~~Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one half shall be for hanging clothes with an adjustable height hanging bar. Residents' bedrooms shall have one closet or wardrobe per resident. A closet or wardrobe shall have clothing storage space of not less than 48 cubic feet per bed, approximately two feet deep by three feet wide by eight feet high, of which one-half of this space shall be for hanging with an adjustable height hanging bar;~~
- (e) The requirements for ~~bathrooms and toilet rooms~~ bathrooms, toilet rooms, bathtubs, showers, a manufactured walk-in tub, or a similar manufactured bathtub, and central bathing rooms are:

- (1) Minimum ~~minimum~~ bathroom and toilet ~~facilities~~ rooms shall include a toilet and a hand lavatory for each 5 ~~residents~~ residents, and a ~~tub or shower~~ bathtub, shower, a manufactured walk-in tub, or a similar manufactured bathtub for each 10 residents or portion ~~thereof;~~ thereof. The hand lavatory shall be trimmed with valves that can be operated without hands. If the hand lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the hand lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (2) Entrance ~~entrance to the bathroom~~ bathrooms and toilet rooms shall not be through a kitchen, another person's bedroom, or another bathroom;

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- (3) ~~Toilets~~ toilet rooms and ~~baths~~ bathrooms for staff and visitors shall be in accordance with the North Carolina State Building Code: Plumbing Code;
- (4) ~~Bathrooms~~ bathrooms and ~~toilets~~ toilet rooms accessible to the physically handicapped shall be provided as required by ~~Volume I-C, the~~ North Carolina State Building Code, ~~Accessibility Code;~~ Codes;
- (5) ~~The~~ bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more toilets shall have privacy partitions or curtains for each toilet. Each ~~tub or shower~~ bathtub, shower, a manufactured walk-in tub, or a similar manufactured bathtub shall have privacy partitions or ~~curtains;~~ curtains. Notwithstanding the requirements of Rule .0301, the requirements of this Paragraph shall apply to new and existing facilities.
- (6) ~~Hand~~ hand grips shall be installed at all ~~commodes, tubs and showers used by or accessible to residents;~~ toilets, bathtubs, showers, a manufactured walk-in tub, and similar manufactured bathtubs;
- (7) ~~Each home shall have at least one bathroom opening off the corridor with:~~
 - (A) ~~a door of three feet minimum width;~~
 - (B) ~~a three feet by three feet roll in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet;~~
 - (C) ~~a bathtub accessible on at least two sides;~~
 - (D) ~~a lavatory; and~~
 - (E) ~~a toilet.~~
- (7) there shall be one central bathing room opening off the corridor in a facility. In multi-level facilities, each resident floor shall contain a minimum of one central bathing room opening off the corridor. Central bathing room(s) shall have the following:
 - (A) a door of three feet minimum width;
 - (B) a roll-in shower designed to allow the staff to help a resident in taking a shower without the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the facility, the central bathing area is not required to have a roll-in shower;
 - (C) a bathtub, a manufactured walk-in tub, or a similar manufactured bathtub designed for easy transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides. Staff shall not be required to reach over or through the tub faucets and other fixture fittings to assist the resident in the tub;
 - (D) a toilet and a lavatory trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet shall have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
 - (E) individual cubicle curtain enclosing each toilet, bathtub, shower, manufactured walk-in tub, or a similar manufactured bathtub and shower. A closed cubicle curtain at one of these plumbing fixtures shall not restrict access to the other plumbing fixtures.

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- (8) ~~If~~ where the tub and shower are in separate rooms, each room shall have a lavatory and a ~~toilet~~; toilet. The lavatory shall be trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (9) ~~Bathrooms and toilet rooms shall be located as conveniently as possible to the residents' bedrooms;~~ in facilities where resident bedrooms do not have direct access to a bathroom or toilet room, bathrooms and toilet rooms shall be evenly distributed throughout the facility for residents' use;
- (10) ~~Resident~~ resident toilet rooms and bathrooms shall not be ~~utilized~~ used for storage or ~~purposes other than those indicated in Item (4) of this Rule;~~ purposes;
- (11) ~~Toilets~~ toilet rooms and ~~baths~~ bathrooms shall be well ~~lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation;~~ lighted;
- (12) ~~toilet rooms and bathrooms shall have an exhaust system per the North Carolina State Building Codes. Exhaust vents shall be vented directly to the outdoors;~~
- ~~(12)~~(13) ~~Nonskid~~ nonskid surfacing or strips shall be installed in ~~showers~~ showers, ~~and bath areas;~~ areas, and bathtubs; and
- ~~(13)~~(14) ~~The~~ the floors of the bathrooms and toilet rooms shall ~~have~~ be water-resistant ~~covering~~; and slip-resistant.
- (f) The requirements for storage rooms and closets are:
- (1) ~~General Storage for the Home. A~~ a facility shall have a minimum area of five square feet (40 cubic feet) per licensed capacity shall be provided. capacity for general storage for the facility. This storage space shall be either in the facility or within 500 feet of the facility on the same site;
- ~~(2)~~ ~~Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room;~~
- (2) separate storage room or area shall provide for the storage of clean linens. Clean linens shall not be stored in the same room or area as soiled linens;
- (3) separate storage room shall provide for the storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room. If space for the storage of soiled linen is provided in the soiled utility room, a separate soiled linen room is not required;
- ~~(3)~~(4) ~~Food Storage. Space there shall be provided space for the storage of dry, refrigerated~~ refrigerated, and frozen food ~~items to~~ items, and shall comply with sanitation rules; Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300, which is incorporated by reference including subsequent amendments and editions, for facilities with a licensed capacity of 13 or more residents, and Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600, which is incorporated by reference including subsequent amendments and editions, for facilities with a licensed capacity of 7 to 12 residents;
- ~~(4)~~(5) ~~Housekeeping~~ the requirements for housekeeping storage requirements are:

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(A) ~~A~~ a housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion ~~thereof; and~~ thereof. In multi-level facilities, each resident floor shall have a housekeeping closet; and

(B) ~~There~~ there shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, ~~inhaled~~ inhaled, or handled. Cleaning supplies shall be monitored while in use;

~~(5)(6) Handwashing facilities with wrist type lever handles~~ there be a sink which can be operated without the use of hands located shall be provided immediately adjacent to the drug storage area; area. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;

~~(6)(7) Storage for Resident's Articles. Some means for residents to lock personal articles within the home shall be provided; and~~ the facility shall have locked storage for residents' personal articles within the facility; and

~~(7)(8) Staff Facilities. Some means for staff to lock personal articles within the home shall be provided. the facility shall~~ have some means for staff to lock personal articles within the facility.

(g) The requirements for corridors are:

- (1) ~~Doors~~ doors to spaces other than reach-in closets shall not swing into the corridor;
- (2) ~~Handrails~~ handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;
- (3) ~~Corridors~~ corridors shall be lighted with night lights providing 1 foot-candle power at the floor; and
- (4) ~~Corridors~~ corridors shall be free of all equipment and other obstructions.

(h) The requirements for outside entrances and exits are:

- (1) Service entrances shall not be through resident use areas;
- (2) All steps, porches, ~~stoops~~ stoops, and ramps shall ~~be provided with~~ have handrails and ~~guardrails;~~ guards. Handrails shall be on both sides of steps and ramps including sides bordered by the facility wall. Handrails shall extend the full length of steps and ramps. Guards shall be on all open sides of steps, porches, stoops, and ramps. For the purposes of this Rule, "guards" are rails or barriers located at or near the open side of elevated walking surfaces that minimizes the possibility of a fall from a walking surface to any adjacent change in elevation;
- (3) All exit door locks shall ~~be easily operable, by a single hand motion,~~ operate from the inside at all times by a single hand motion without ~~keys; and~~ keys, tools or special knowledge; and
- (4) In facilities with at least one resident who is determined by a physician or is otherwise observed by staff to be ~~disoriented or a wanderer,~~ disoriented or exhibits wandering behavior, ~~each exit door accessible by residents shall be equipped with~~ a continuously sounding device that is activated when the door is opened. opened shall be located on each exit door that opens to the outside. The sound shall be ~~of sufficient [such] volume that it can be heard by staff.~~ audible in the facility. If a central system of remote sounding devices is provided, the control panel for the system shall be powered by the facility's electrical system, and be located in the office of the administrator or in a location

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accessible ~~only to~~ by staff authorized by the administrator to operate the control panel. Notwithstanding the requirements of Rule .0301, the requirements of this Paragraph shall apply to new and existing facilities.

(i) The requirements for floors are:

- (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable;
- (2) Scatter or throw rugs shall not be used; and
- (3) All floors shall be kept in good repair.

~~(j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities.~~ The requirements for soiled utility rooms are:

(1) for facilities with a licensed capacity of 13 or more residents, a separate soiled utility room shall be provided and equipped for the cleaning and sanitizing of bed pans as required by 15A NCAC 18A .1312, which is incorporated by reference including subsequent amendments and editions. The soiled utility room shall have a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and

(2) for facilities with a licensed capacity of 7 to 12 residents, a separate soiled utility room shall be provided and equipped for the cleaning and sanitizing of bed pans. The soiled utility room shall have a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets.

~~(k) Office. There~~ The facility shall be have an area within the ~~home~~ facility large enough to accommodate normal administrative functions.

(l) The requirements for laundry facilities are:

- (1) Laundry facilities shall be large enough to accommodate washers, dryers, and ironing equipment or work tables;
- (2) These facilities shall be located where soiled linens will not be carried through the kitchen, dining, clean linen storage, living rooms or recreational areas; and
- (3) A minimum of one residential type washer and dryer each shall be provided in a separate room ~~which that~~ is accessible by staff, residents, and family, even if all laundry services are contracted. In multi-level facilities, each resident floor shall have a minimum of one residential type washer and dryer each in a separate room which is accessible by staff, residents, and family.

(m) The requirements for outside premises are:

- (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe ~~condition;~~ condition. For the purpose of this rule, "clean and safe condition" means free from debris, trash, uneven surfaces, and similar conditions as not to attract rodents and vermin and provide for safe movement throughout facility grounds. Creeks, ravines, ponds, pools, and other similar areas shall have safety protection. For the purpose of this rule, "safety protection" means preventive measures, such as barriers, to block access to such areas.

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- (2) If the ~~home~~ facility has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or ~~be hazardous; and have sharp edges, rusting posts, or other similar conditions that may cause injury; and~~
 - (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.
- ~~(n) Alternate methods, procedures, design criteria and functional variations from the physical environment requirements, because of extraordinary circumstances, new programs or unusual conditions, shall be approved by the Division when the facility can effectively demonstrate to the Division's satisfaction that the intent of the physical environment requirements are met and the variation does not reduce the safety or operational effectiveness of the facility.~~

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; July 1, 1984; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Recodified from Rule .0303 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005- 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS

(a) Adult care homes shall:

- (1) have walls, ceilings, and floors or floor coverings ~~kept clean and in good repair; that are clean, safe, and functional;~~
- (2) have no ~~chronic unpleasant odors; persistent and recurring odors that are considered by the residents to be unpleasant;~~
- (3) have furniture ~~clean and in good repair; that is clean, safe, and functional;~~
- (4) have a sanitation report in accordance with one of the following: North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more;
 - (A) A North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section approved sanitation classification at all times in facilities with 12 beds or less, pursuant to the "Rules Governing the Sanitation of Residential Care Facilities", 15A NCAC 18A .1600, which are incorporated by reference including all subsequent amendments and can be accessed electronically free of charge at <http://ehs.dph.ncdhhs.gov/rules.htm>; and
 - (B) A North Carolina Department of Health and Human Services Division of Public Health, and Environmental Health Section sanitation scores of 85 or above at all times in facilities with 13 beds or more. The "Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes, and Other Institutions", 15A NCAC 18A .1300, can be accessed electronically free of charge at <http://ehs.dph.ncdhhs.gov/rules.htm>.

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- (5) be maintained in an uncluttered, ~~clean~~ clean, and orderly manner, free of all obstructions and hazards;
 - (6) have a supply available in the facility at all times of bath soap, clean towels, washcloths, sheets, pillowcases, blankets, and additional ~~coverings adequate~~ covers such as a bedspread, comforter, or quilt for each resident to use on hand at all times; use;
 - (7) make available the following items as needed ~~through any means other than~~ at no additional charge to the personal funds of recipients of State-County Special Assistance:
 - (A) ~~sheets protective mattress covers,~~ and clean, absorbent, ~~soft,~~ soft, and smooth mattress pads;
 - (B) ~~bedpans, urinals, hot water bottles, and ice caps;~~ bedpans and urinals; and
 - (C) bedside commodes, walkers, and wheelchairs.
 - ~~(8)~~(9) have one television and one radio, ~~each~~ in good working order;
 - ~~(9)~~(10) have curtains, ~~draperies~~ draperies, or blinds at windows in resident use areas to provide for resident privacy;
 - ~~(10)~~(11) have recreational equipment, supplies for games, books, ~~magazines~~ magazines, and a current newspaper available for residents;
 - ~~(11)~~(12) have a clock that has numbers at least 1½ inches tall in ~~an area commonly used by the residents;~~ the living room, the dining room, or dining area; and
 - (12) have at least one telephone that does not ~~depend on~~ require electricity or cellular service to operate.
- (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:
- (1) A bed equipped with a box springs spring and mattress or a bed frame with solid link springs and with a foam mattress or a mattress designed to prevent sagging. no sag innerspring or foam mattress. A hospital Hospital bed appropriately equipped with all accessories required for use shall be arranged for as needed. A waterbed is allowed if requested by a resident and permitted by the ~~home.~~ facility. Each bed shall have the following:
 - (A) at least one pillow with clean pillowcase;
 - (B) a clean top and bottom sheets sheet on the bed, with bed changed as often as necessary but at least once a week; and week and when soiled; and
 - (C) clean bedspread and other clean coverings as needed.
 - (2) a bedside type table;
 - (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;
 - (4) a wall or dresser mirror that ~~can~~ may be used by each ~~resident;~~ resident in each bedroom;
 - (5) a minimum of one ~~comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising;~~ chair that is comfortable as preferred by the resident, which may include a rocking or straight chair, with or without arms, that is high enough for the resident to easily rise without discomfort;
 - (6) additional chairs available, as needed, for use by visitors;
 - (7) individual clean towel, wash ~~cloth~~ cloth, and towel bar in the bedroom or an adjoining bathroom; and
 - (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.

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(c) The living room shall have ~~functional living room furnishings for the comfort of aged and disabled persons,~~ that are in good working order and provide comfort as preferred by residents with coverings that are easily cleanable.

(d) The dining room shall have the following furnishings:

- (1) small tables serving from two to eight persons and chairs to seat all residents eating in the dining room; tables and chairs equal to the resident capacity of the home shall be on the premises; and
- (2) chairs that are sturdy, without rollers unless retractable or on front legs only, non-folding and designed to minimize tilting.

(e) Notwithstanding the requirements of Rule .0301, this Rule shall apply to new and existing facilities.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. September 1, 2003.
Amended Eff. June 1, 2004;
Recodified from Rule .0304 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, ~~2005~~. 2005;
Readopted Eff. April 1, 2025.*

10A NCAC 13F .0307 FIRE ALARM SYSTEM

(a) The fire alarm system in adult care homes shall be able to transmit the fire alarm signal automatically to the local emergency fire department dispatch center, ~~either directly or through a central station monitoring company connection.~~ center that is legally committed to serving the area in which the facility is located. The alarm shall be transmitted either to a fire department or through a third-party service that shall transmit the alarm to the fire department. The method used to transmit the alarm shall be in accordance with local ordinances.

(b) ~~Any applicable fire safety requirements required by city ordinances or county building inspectors shall be provided.~~ The facility shall comply with fire safety requirements of the city and county in which the facility is located as required by local building and fire officials.

(c) In a facility licensed before April 1, 1984 and constructed prior to January 1, 1975, the building, in addition to meeting the requirements of the North Carolina State Building Code in effect at the time the building was constructed, shall ~~be provided with~~ have the following:

- (1) A fire alarm system with pull stations within five feet of ~~each~~ an exit and sounding devices which are audible throughout the building;
- (2) Products of combustion (smoke) U/L listed detectors in all corridors. The detectors shall be no more than 60 feet from each other and no more than 30 feet from ~~any~~ an end wall;

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- (3) Heat detectors or products of combustion detectors in all storage rooms, kitchens, living rooms, dining rooms and laundries;
- (4) All detection systems interconnected with the fire alarm system; and
- (5) Emergency power for the fire alarm system, heat detection system, and products of combustion detection with automatic start generator or trickle charge battery system capable of operating the fire alarm systems for 24 hours and able to sound the alarm for five minutes at the end of that time. Emergency egress lights and exit signs shall be powered from an automatic start generator or a U/L approved trickle charge battery system capable of operation for 1-1/2 hours when normal power fails.

(d) When ~~any~~ a facility not equipped with a complete automatic fire extinguishment system replaces the fire alarm system, ~~each bedroom~~ all bedrooms shall ~~be provided with~~ have smoke detectors. Other building spaces shall ~~be provided with such~~ provide fire detection devices as required by the North Carolina State Building Code and requirements of this Subchapter.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Recodified from Rule .0305 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, ~~2005~~; 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13F .0310 ELECTRICAL OUTLETS

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Recodified from Rule .0308 Eff. July 1, 2004;
Temporary Amendment July 1, 2004;
Amended Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018~~; 2018;
Repealed Eff. April 1, 2025.

10A NCAC 13F .0311 OTHER REQUIREMENTS

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(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(b) ~~There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the~~
The following shall apply to heaters and cooking appliances-appliances:

- (1) ~~Built-in~~ built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room ~~furnishings.~~ furnishings:
- (2) ~~Unvented~~ unvented fuel burning room heaters and portable electric heaters are ~~prohibited.~~ prohibited:
- (3) ~~Fireplaces,~~ fireplaces, ~~fireplace inserts~~ inserts, and wood stoves shall be designed ~~or~~ and installed so as to avoid a burn hazard to residents. ~~Fireplace inserts and wood stoves shall be U.L. listed.~~ listed:
- (4) ~~Ovens, ranges and~~ the power supply for ovens, ranges, microwaves, cook tops ~~tops,~~ and other domestic cooking appliances located in resident activity or recreational areas ~~shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.~~ shall have a locking feature provided that shall be controlled by staff. These appliances shall not be used except under facility staff supervision.
- (5) ~~Ovens, ranges and~~ the power supply for ovens, and ~~ranges,~~ microwaves, cook tops ~~tops,~~ and other domestic cooking appliances located in resident rooms shall have a locking feature provided that shall be controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. ~~staff.~~ Each resident shall be assessed by the administrator or their designee to determine the resident's capability to operate the appliances in a safe manner, and the degree of staff supervision necessary to ensure safe operation of the appliances.

(c) ~~Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C). The facility shall have heating and cooling systems such that environmental temperature controls shall be capable of maintaining temperatures in the facility at 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season.~~

(d) The hot water system shall ~~be of such size to provide an adequate supply of~~ hot water to the kitchen, bathrooms, laundry, housekeeping ~~closets~~ closets, and ~~soil~~ soiled utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (~~38 degrees C~~) and shall not exceed 116 degrees F (~~46.7 degrees C~~). F. Notwithstanding the requirements of Rule .0301, the requirements of this Paragraph shall apply to new and existing facilities.

(e) ~~All multi-story~~ Multi-story facilities shall be equipped with elevators.

(f) In addition to the required emergency lighting, minimum lighting shall be as follows:

- (1) 30 foot-candle power for ~~reading,~~ reading; and
- (2) 10 foot-candle power for general ~~lighting;~~ lighting.
- (3) ~~1 foot candle power at the floor for corridors at night.~~

(g) The spaces listed in this Paragraph shall ~~be provided with~~ have an exhaust ventilation system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors: at the rate of two cubic feet per minute per square foot. foot of floor area.

~~This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:~~

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- (1) soiled linen storage;
- (2) ~~soil~~ soiled utility room;
- (3) bathrooms and toilet rooms;
- (4) housekeeping closets; and
- (5) laundry area.

(h) In facilities licensed for ~~7-12-7~~ to 12 residents, ~~an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.~~ there shall be an electrically operated call system meeting the following requirements:

- (1) the call system shall connect residents' bedrooms and bathrooms to the live-in staff bedroom. Where there are no live-in staff for the facility, the call system shall connect residents' bedrooms and bathrooms to a location accessible to staff;
- (2) residents' bedrooms shall have a resident call system activator at the resident's bed;
- (3) the resident call system activator shall be within reach of a resident lying on the bed;
- (4) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin; and
- (5) when activated, the call system shall activate an audible and visual signal in the live-in staff bedroom, in a location accessible to staff, or register with the floor staff.

(i) In ~~newly~~ licensed facilities without live-in staff, ~~an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.~~ there shall be an electrically operated call system meeting the following requirements:

- (1) the call system shall connect residents' bedrooms and bathrooms to a location accessible to staff;
- (2) residents' bedrooms shall have a resident call system activator at the resident's bed;
- (3) the resident call system activator shall be within reach of a resident lying on the bed;
- (4) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin; and
- (5) when activated, the call system shall activate an audible and visual signal in a location accessible to staff.

(j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices.

~~(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.~~

History Note: Authority G.S. 131D-2.16; 143B-165;

Eff. January 1, 1977;

Readopted Eff. October 31, 1977;

Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;

Temporary Amendment Eff. December 1, 1999;

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Amended Eff. July 1, 2000;

Recodified from Rule .0309 Eff. July 1, 2004;

Temporary Amendment Eff. July 1, 2004;

Amended Eff. July 1, ~~2005~~. 2005;

Readopted Eff. April 1, 2025.

10A NCAC 13F .1304 SPECIAL CARE UNIT ~~BUILDING~~ PHYSICAL ENVIRONMENT REQUIREMENTS

In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements:

(a) For facilities licensed prior to April 1, 2025, the following shall apply:

- (1) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the Division of Health Service Regulation for review and approval.
- (2) If the special care unit is a portion of a facility, it shall be separated from the rest of the building by closed doors.
- (3) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices.
- (4) Where exit doors are not locked, a system of security monitoring shall be provided.
- (5) The unit shall be located so that other residents, staff and visitors do not have to routinely pass through the unit to reach other areas of the building.
- (6) At a minimum the following service and storage areas shall be provided within the special care unit: staff work area, nourishment station for the preparation and provision of snacks, lockable space for medication storage, and storage area for the residents' records.
- (7) Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident and may be used as an activity area.
- (8) Direct access from the facility to a secured outside area shall be provided.
- (9) A toilet and hand lavatory shall be provided within the unit for every five residents.
- (10) A tub and shower for bathing of residents shall be provided within the unit.
- (11) Use of potentially distracting mechanical noises such as loud ice machines, window air conditioners, intercoms and alarm systems shall be minimized or avoided.

(b) For facilities licensed on or after April 1, 2025, the following shall apply:

- (1) A special care unit that is part of an adult care home shall meet licensure rules for adult care homes contained in Rules .0301-.0311 of this Subchapter with the following exceptions: 13F .0305(e)(3), 13F .0305(f)(1), 13F .0305(f)(4), 13F .0305(h)(3), 13F .0305(k), and 13F .0305(l).
- (2) The unit, if part of an adult care home, shall be separated from the rest of the facility by walls and closed doors.
- (3) The unit, if part of an adult care home, shall be located so that other residents, staff, and visitors will not have to pass through the unit to reach other areas of the facility.

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- (4) Unit exit doors shall be locked with locking devices meeting the requirements outlined in the North Carolina State Building Code for special locking arrangements.
- (5) Unit exit doors shall have a sounding device that is activated when the door is opened per Rule 13F .0305(h)(4).
- (6) Operable exterior windows shall be equipped with mechanisms to limit window openings to no less than four inches and no greater than six inches to minimize the chance of elopement.
- (7) There shall be direct access from the unit to a secured outside area located on the same level as the unit.
- (8) Fences used to enclose the secured outside area shall be at least six feet high and shall be constructed to prevent residents' ability to climb over the fence.
- (9) The following service and storage areas shall be provided within the special care unit:
 - (A) a staff work area;
 - (B) a staff bathroom;
 - (C) a nourishment station for the preparation and provision of snacks. The nourishment station shall be provided with a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (D) lockable space for medication storage;
 - (E) storage area for the residents' records;
 - (F) separate storage room or area shall be provided for the storage of soiled linens, and
 - (G) a housekeeping closet, with mop sink or mop floor receptor.
- (10) The living room and dining room/dining area may be sized per Rules 13F .0305(b) and 13F .0305(c) or may be combined for a minimum of 30 square feet per resident. The combined space may be used as an activity area.
- (11) The unit shall have a central bathing area meeting the following:
 - (A) a door of three feet minimum width;
 - (B) a roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the facility, the central bathing area is not required to have a roll-in shower;
 - (C) a bathtub, a manufactured walk-in tub or a similar manufactured bathtub designed for easy transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides. Staff shall not be required to reach over or through the tub faucets and other fixture fittings to assist the resident in the tub;
 - (D) a toilet and a lavatory trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power

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source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
(E) individual cubicle curtains shall enclose each toilet, bathtub, manufactured walk-in tub or similar manufactured bathtub, and shower.

(12) If each resident bedroom has direct access to a bathroom equipped with a shower meeting the requirements of Rule 13F .0305(e)(7)(B), the shower required by this rule is not required to be provided in the unit.

(13) Fire extinguishers required by Rule 13F .0308(a) shall be secured in a manner acceptable to the local Fire Marshal to prevent access by residents.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 131D-4.6; 131D-8; 143B-165;

Temporary Adoption Eff. December 1, 1999;

Eff. July 1, ~~2000~~, 2000;

Readopted Eff. April 1, 2025.

SECTION .1501 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

10A NCAC 13F .1501 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

(a) An adult care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and ~~which that~~ restricts freedom of movement or normal access to one's body, shall be:

- (1) used only in those circumstances in which the resident has medical symptoms for which the resident's physician or physician extender has determined that warrant the use of restraints and not for discipline or convenience purposes;
- (2) used only with a written order from a physician or physician extender except in ~~emergencies~~, emergencies where the health or safety of the resident is threatened, according to Paragraph ~~(e)~~ (d) of this Rule;
- (3) the least restrictive restraint that would ~~provide safety~~; provide a safe environment for the resident and prevent physical injury;
- (4) used only after alternatives that would provide ~~safety to~~ a safe environment for the resident to prevent physical injury and prevent a potential decline in the resident's functioning have been tried and documented by the administrator or their designee in the resident's ~~record~~, record as being unsuccessful;
- (5) used only after an assessment and care planning process has been completed, except in ~~emergencies~~, emergencies where the health or safety of the resident is threatened, according to Paragraph (d) of this Rule;
- (6) applied correctly according to the manufacturer's instructions and the physician's or the physician extenders' order; and
- (7) used in conjunction with alternatives in an effort to reduce restraint use. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner.

Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance abilities to stand safely and walk,

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providing a device that monitors attempts to rise from chair or bed, placing the bed lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and providing supportive devices such as wedge cushions.

(b) The facility shall ~~ask obtain written consent from the resident or resident, the resident's responsible person as defined in Rule .0102 of this Subchapter,~~ or legal representative ~~if the resident may for the resident to~~ be restrained based on an order from the resident's ~~physician- physician or physician extender.~~ The facility shall inform the ~~resident~~ resident, the resident's responsible person, or legal representative of the reason for the ~~request and request,~~ the benefits of restraint ~~use use,~~ and the negative outcomes and alternatives to restraint use. The resident or the resident's legal representative or the responsible person if the resident is unable to consent to the use of restraints and there is no legal representative may accept or refuse restraints based on the information provided. Documentation shall consist of a statement signed by the resident or the resident's legal representative or the responsible person if the resident is unable to consent to the use of restraints and there is no legal representative indicating the signer has been informed, the signer's acceptance or refusal of restraint use and, if accepted, the type of restraint to be used and the medical indicators for restraint use.

Note: Potential negative outcomes of restraint use include incontinence, decreased range of motion, decreased ability to ambulate, increased risk of pressure ulcers, symptoms of withdrawal or ~~depression~~ depression, and reduced social contact.

(c) In addition to the requirements in Rules 13F .0801, .0802 and .0903 of this Subchapter regarding assessments and care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph (a)(5) of this Rule shall meet the following requirements:

- (1) The assessment and care planning shall be implemented through a team process with the team consisting of at least a ~~staff~~ supervisor or personal care aide, a registered nurse, the resident and the resident's responsible person or legal representative. If the resident or resident's responsible person or legal representative is unable to participate, there shall be documentation in the resident's record that they were notified and declined the invitation or were unable to attend.
- (2) The assessment shall include consideration of the following:
 - (A) medical symptoms that warrant the use of a restraint;
 - (B) how the medical symptoms affect the resident;
 - (C) when the medical symptoms were first observed;
 - (D) how often the symptoms occur;
 - (E) alternatives that have been provided and the resident's response; and
 - (F) the least restrictive type of physical restraint that would provide safety.
- (3) The care plan shall include the following:
 - (A) alternatives and how the alternatives will be used prior to restraint use and in an effort to reduce restraint time once the resident is restrained;
 - (B) the type of restraint to be used; and
 - (C) care to be provided to the resident during the time the resident is restrained.

(d) The following applies to the restraint order as required in Subparagraph (a)(2) of this Rule:

- (1) The order shall indicate:
 - (A) the medical need for the ~~restraint- restraint based on the assessment and care plan;~~

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- (B) the type of restraint to be used;
 - (C) the period of time the restraint is to be used; and
 - (D) the time intervals the restraint is to be checked and released, but no longer than every 30 minutes for checks and no longer than two hours for releases.
- (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify the resident's physician or physician extender of the order within seven days.
- (3) The restraint order shall be updated by the resident's physician or physician extender at least every three months following the initial order.
- (4) If the resident's physician changes, the physician or physician extender who is to attend the resident shall update and sign the existing order.
- (5) In ~~emergency situations~~, an emergency, where the health or safety of the resident is threatened, the administrator or ~~administrator in charge~~ their designee, shall make the determination relative to the need for a restraint and its type and duration of use until a physician or physician extender is contacted. Contact with a physician shall be made within 24 hours and documented in the resident's record. For the purpose of this Rule, an "emergency" means a situation where there is a certain risk of physical injury or death to a resident.
- (6) The restraint order shall be kept in the resident's record.
- (e) All instances of the use of physical restraints and alternatives shall be documented by the facility in the resident's record and include the following:
- (1) restraint alternatives that were provided and the resident's response;
 - (2) type of restraint that was used;
 - (3) medical symptoms warranting restraint use;
 - (4) the time the restraint was applied and the duration of restraint use;
 - (5) care that was provided to the resident during restraint use; and
 - (6) behavior of the resident during restraint use.
- (f) Physical restraints shall be applied only by staff who have received training on the use of alternatives to physical restraint use and on the care of residents who are physically restrained according to Rule .0506 of this Subchapter and have been validated on ~~restraint use~~ the care of residents who are physically restrained and the use of care practices as alternative to restraints according to Rule .0504 of this Subchapter.

History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Temporary Adoption Expired March 12, 2005;
Eff. June 1, 2005;
~~Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018.~~
Amended Eff. April 1, 2025.

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10A NCAC 13F .0206 CAPACITY

- (a) The licensed capacity of adult care homes licensed pursuant to this Subchapter is seven or more residents.
- (b) The total number of residents shall not exceed the number shown on the license.
- (c) The Department shall not grant a license to a facility for more beds than permitted by the rules of this Subchapter.
- (d) The facility's bed capacity and services provided shall comply with the Certificate of Need issued to the facility in accordance with G.S. 131E, Article 9.

*History Note: Authority G.S. 131D-2.4; 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018;
Amended Eff. April 1, 2025.*

10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

Adult Care Homes shall apply the following physical plant requirements:

- (1) New construction shall comply with the requirements of this Section.
- (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet the licensure and code requirements in effect at the time of licensure, construction, change in service or bed count, addition, modification, renovation, or alteration.
- (3) New additions, alterations, modifications, and repairs shall meet the requirements of this Section.
- (4) Effective July 1, 1987, resident bedrooms and resident services shall not be permitted on the second floor of a facility licensed for seven or more beds prior to April 1, 1984 and classified as two-story wood frame construction by the North Carolina State Building Code.
- (5) Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems, or operational conditions that exceed minimum requirements.
- (6) The Division may grant an equivalency to allow alternate methods, procedures, design criteria, or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a facility submits a written equivalency request to the Division that states the following:
 - (a) the rule citation and the rule requirement that will not be met because strict conformance with current requirements would be:
 - (i) impractical;
 - (ii) unable to be met due to extraordinary circumstances. For the purpose of this Rule, "extraordinary circumstances" means situations that are unexpected and beyond the control of the facility; or
 - (iii) unable to be met due to new programs.
 - (b) the justification for the equivalency; and
 - (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- (7) In determining whether to grant an equivalency request, the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The governing body shall maintain a copy of the approved equivalence issued by the Division.
- (8) Where rules, codes, or standards have a conflict, the more stringent requirement shall apply.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, 2005;
Readopted Eff. April 1, 2025.*

10A NCAC 13F .0302 DESIGN AND CONSTRUCTION

- (a) A building licensed for the first time as an adult care home or a licensed adult care home that is closed or vacant and not serving residents for more than one year for reasons other than approved construction or remodeling shall meet the requirements of the North Carolina State Building Codes for new construction. All new construction, additions, alterations, repairs, modifications, and renovations

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to existing buildings shall meet the requirements of the North Carolina State Building Codes for I-2 Institutional Occupancy if the facility houses 13 or more residents or the North Carolina State Building Code: Building Code, Large Residential Care Facilities Section if the facility houses seven to twelve residents. The North Carolina State Building Codes, which are incorporated by reference, including subsequent amendments and editions, may be purchased from the International Code Council online at <https://shop.iccsafe.org/> at a cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at <https://codes.iccsafe.org/codes/north-carolina>. Licensed facilities shall meet the North Carolina State Building Codes in effect at the time of licensure, construction, or remodeling. The facility shall also meet all of the rules of this Section.

(b) A facility shall not offer services for which the facility was not planned, constructed, equipped, or maintained.

(c) An existing building converted from another use to an adult care home shall meet all requirements of Paragraph (a) of this Rule.

(d) The sanitation, water supply, sewage disposal, and dietary facilities for facilities with a licensed capacity of 13 or more residents shall comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300, which are hereby incorporated by reference, including subsequent amendments and editions. The sanitation, water supply, sewage disposal, and dietary facilities for facilities with a licensed capacity of 7 to 12 residents shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600, which are hereby incorporated by reference, including subsequent amendments and editions. Copies of these Rules may be accessed online free of charge at <https://www.oah.nc.gov/>.

(e) The facility shall maintain in the facility and have available for review current sanitation and fire safety inspection reports.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; September 1, 1986; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13F .0304 PLANS AND SPECIFICATIONS

(a) When construction or remodeling of an adult care home is planned, the adult care licensee or licensee's appointed representative shall submit one copy of construction drawings and specifications to the Division for review and approval. Schematic design drawings and design development drawings may be submitted for review and approval prior to the required submission of construction drawings.

(b) Approval of construction drawings and specifications shall be obtained from the Division prior to licensure. Approval of construction drawings and specifications shall expire one year after the date of approval unless a building permit for the construction has been obtained prior to the expiration date of the approval of construction drawings and specifications.

(c) If an approval expires, renewed approval shall be issued by the Division, provided revised construction drawings and specifications meeting the rules established in this Section are submitted by the adult care licensee or licensee's appointed representative and reviewed by the Division.

(d) An adult care licensee or licensee's appointed representative shall submit changes made during construction to the Division for review and approval to ensure compliance with the rules established in this Section.

(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy.

(f) The adult care licensee or licensee's appointed representative shall notify the Division in writing either by U.S. Mail or e-mail when construction or remodeling is complete.

History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(a) An adult care home shall provide living arrangements for the residents, the live-in staff, and other live-in persons.

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(b) The requirements for a living room and recreational area are:

- (1) a living room and recreational area shall be located off a lobby or corridor. For the purpose of this Rule, a "living room" is a space enclosed by walls used for social activities, such as reading, talking or watching television. For the purpose of this Rule, a "recreational area" is a space within the facility that may be opened to adjacent spaces and is designated to be used for social activities, such as reading, talking or watching television;
- (2) in buildings with a licensed capacity of 15 or less, there shall be a minimum area of 250 square feet;
- (3) in buildings with a licensed capacity of 16 or more, there shall be a minimum of 16 square feet per resident; and
- (4) a required living room and recreational area shall have windows with views to the outside. The total gross window area shall not be less than eight percent of the gross floor area of the room. The window shall be openable from the inside and shall have insect-proof screens.

(c) The requirements for the dining room are:

- (1) the dining room shall be located off a lobby or corridor. For the purposes of this Rule, a "dining room" is a space enclosed by walls used for eating meals;
- (2) in buildings with a licensed capacity of 15 or less, there shall be a minimum of 200 square feet;
- (3) in building with a licensed capacity of 16 or more, there shall be a minimum of 14 square feet per resident; and
- (4) the required dining room shall have windows with views to the outside. The total gross window area shall not be less than eight percent of the gross floor area of the room. The window shall be openable from the inside and shall have insect-proof screens.

(d) The requirements for the bedroom are:

- (1) the number of resident beds set up shall not exceed the licensed capacity of the facility;
- (2) live-in staff shall be permitted in facilities with a capacity of 7 to 12 residents provided all of the requirements of Section .0600 of these Rules are met;
- (3) there shall be separate bedrooms for any live-in staff and other persons living in the facility. Residents shall not share bedrooms with live-in staff and other live-in non-residents;
- (4) live-in staff shall not occupy a licensed bed or live in a licensed bed;
- (5) residents shall reside in bedrooms with residents of the same sex unless other arrangements are made with each resident's consent;
- (6) only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for bedrooms;
- (7) bedrooms shall be located on an outside wall and off a corridor. A room where access is through a bathroom, kitchen, or another bedroom shall not be approved as a resident's bedroom;
- (8) private resident bedrooms shall have not less than 100 square feet of occupiable floor area excluding accessory areas such as vestibules, closets, or wardrobes. For the purpose of this Rule, "private resident bedroom" is a resident bedroom occupied by one resident;
- (9) semi-private resident bedrooms shall have not less than 80 square feet of occupiable floor area per bed excluding accessory areas such as vestibules, closets, or wardrobes. For the purpose of this Rule, "semi-private resident bedroom" is a resident bedroom occupied by two residents;
- (10) the total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Health Service Regulation for that particular bedroom;
- (11) a bedroom may not be occupied by more than two residents;
- (12) resident bedrooms shall be designed to accommodate all required furnishings;
- (13) resident bedrooms shall be ventilated with one or more windows which are maintained operable. The window area shall not be less than eight percent of the floor space and be equipped with insect-proof screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and
- (14) Residents' bedrooms shall have one closet or wardrobe per resident. A closet or wardrobe shall have clothing storage space of not less than 48 cubic feet per bed, approximately two feet deep by three feet wide by eight feet high, of which one-half of this space shall be for hanging with an adjustable height hanging bar.

(e) The requirements for bathrooms, toilet rooms, bathtubs, showers, a manufactured walk-in tub, or a similar manufactured bathtub, and central bathing rooms are:

- (1) minimum bathroom and toilet rooms shall include a toilet and a hand lavatory for each 5 residents, and a bathtub, shower, a manufactured walk-in tub, or a similar manufactured bathtub for each 10 residents or portion thereof. The hand lavatory shall be trimmed with valves that can be operated without hands. If the hand lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the hand lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery

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- backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (2) entrance to bathrooms and toilet rooms shall not be through a kitchen, another person's bedroom, or another bathroom;
 - (3) toilet rooms and bathrooms for staff and visitors shall be in accordance with the North Carolina State Building Code: Plumbing Code;
 - (4) bathrooms and toilet rooms accessible to the physically handicapped shall be provided as required by the North Carolina State Building Codes;
 - (5) bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more toilets shall have privacy partitions or curtains for each toilet. Each bathtub, shower, a manufactured walk-in tub, or a similar manufactured bathtub shall have privacy partitions or curtains. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities;
 - (6) hand grips shall be installed at all toilets, bathtubs, showers, a manufactured walk-in tub, and similar manufactured bathtubs;
 - (7) there shall be one central bathing room opening off the corridor in a facility. In multi-level facilities, each resident floor shall contain a minimum of one central bathing room opening off the corridor. Central bathing room(s) shall have the following:
 - (A) a door of three feet minimum width;
 - (B) a roll-in shower designed to allow the staff to help a resident in taking a shower without the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the facility, the central bathing area is not required to have a roll-in shower;
 - (C) a bathtub, a manufactured walk-in tub, or a similar manufactured bathtub designed for easy transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides. Staff shall not be required to reach over or through the tub faucets and other fixture fittings to assist the resident in the tub;
 - (D) a toilet and a lavatory trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet shall have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
 - (E) individual cubicle curtain enclosing each toilet, bathtub, shower, manufactured walk-in tub, or a similar manufactured bathtub and shower. A closed cubicle curtain at one of these plumbing fixtures shall not restrict access to the other plumbing fixtures.
 - (8) where the tub and shower are in separate rooms, each room shall have a lavatory and a toilet. The lavatory shall be trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (9) in facilities where resident bedrooms do not have direct access to a bathroom or toilet room, bathrooms and toilet rooms shall be evenly distributed throughout the facility for residents' use;
 - (10) resident toilet rooms and bathrooms shall not be used for storage or other purposes;
 - (11) toilet rooms and bathrooms shall be well lighted;
 - (12) toilet rooms and bathrooms shall have an exhaust system per the North Carolina State Building Codes. Exhaust vents shall be vented directly to the outdoors;
 - (13) nonskid surfacing or strips shall be installed in showers, bath areas, and bathtubs; and
 - (14) the floors of the bathrooms and toilet rooms shall be water-resistant and slip-resistant.
- (f) The requirements for storage rooms and closets are:
- (1) a facility shall have a minimum area of five square feet (40 cubic feet) per licensed capacity for general storage for the facility. This storage space shall be either in the facility or within 500 feet of the facility on the same site;
 - (2) separate storage room or area shall provide for the storage of clean linens. Clean linens shall not be stored in the same room or area as soiled linens;
 - (3) separate storage room shall provide for the storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room. If space for the storage of soiled linen is provided in the soiled utility room, a separate soiled linen room is not required;

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- (4) there shall be space for the storage of dry, refrigerated, and frozen food items, and shall comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300, which is incorporated by reference including subsequent amendments and editions, for facilities with a licensed capacity of 13 or more residents, and Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600, which is incorporated by reference including subsequent amendments and editions, for facilities with a licensed capacity of 7 to 12 residents;
 - (5) the requirements for housekeeping storage are:
 - (A) a housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion thereof. In multi-level facilities, each resident floor shall have a housekeeping closet; and
 - (B) there shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled, or handled. Cleaning supplies shall be monitored while in use;
 - (6) there shall be a sink which can be operated without the use of hands located adjacent to the drug storage area. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (7) the facility shall have locked storage for residents' personal articles within the facility; and
 - (8) the facility shall have some means for staff to lock personal articles within the facility.
- (g) The requirements for corridors are:
- (1) doors to spaces other than reach-in closets shall not swing into the corridor;
 - (2) handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;
 - (3) corridors shall be lighted with night lights providing 1 foot-candle power at the floor; and
 - (4) corridors shall be free of all equipment and other obstructions.
- (h) The requirements for outside entrances and exits are:
- (1) service entrances shall not be through resident use areas;
 - (2) all steps, porches, stoops, and ramps shall have handrails and guards. Handrails shall be on both sides of steps and ramps including sides bordered by the facility wall. Handrails shall extend the full length of steps and ramps. Guards shall be on all open sides of steps, porches, stoops, and ramps. For the purposes of this Rule, "guards" are rails or barriers located at or near the open side of elevated walking surfaces that minimizes the possibility of a fall from a walking surface to any adjacent change in elevation;
 - (3) all exit door locks shall operate from the inside at all times by a single hand motion without keys, tools or special knowledge; and
 - (4) in facilities with at least one resident who is determined by a physician or is otherwise observed by staff to be disoriented or exhibits wandering behavior, a continuously sounding device that is activated when the door is opened shall be located on each exit door that opens to the outside. The sound shall be audible in the facility. If a central system of remote sounding devices is provided, the control panel shall be powered by the facility's electrical system, and be in a location accessible by staff to operate the control panel. Notwithstanding the requirements of Rule .0301, the requirements of this Paragraph shall apply to new and existing facilities.
- (i) The requirements for floors are:
- (1) all floors shall be of smooth, non-skid material and so constructed as to be easily cleanable;
 - (2) scatter or throw rugs shall not be used; and
 - (3) all floors shall be kept in good repair.
- (j) The requirements for soiled utility rooms are:
- (1) for facilities with a licensed capacity of 13 or more residents, a separate soiled utility room shall be provided and equipped for the cleaning and sanitizing of bed pans as required by 15A NCAC 18A .1312, which is incorporated by reference including subsequent amendments and editions. The soiled utility room shall have a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
 - (2) for facilities with a licensed capacity of 7 to 12 residents, a separate soiled utility room shall be provided and equipped for the cleaning and sanitizing of bed pans. The soiled utility room shall have a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and

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one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets.

- (k) The facility shall have an area within the facility large enough to accommodate normal administrative functions.
- (l) The requirements for laundry facilities are:
 - (1) laundry facilities shall be large enough to accommodate washers, dryers, and ironing equipment or work tables;
 - (2) these facilities shall be located where soiled linens will not be carried through the kitchen, dining, clean linen storage, living rooms or recreational areas; and
 - (3) a minimum of one residential type washer and dryer each shall be provided in a separate room that is accessible by staff, residents, and family, even if all laundry services are contracted. In multi-level facilities, each resident floor shall have a minimum of one residential type washer and dryer each in a separate room which is accessible by staff, residents, and family.
- (m) The requirements for outside premises are:
 - (1) the outside grounds of new and existing facilities shall be maintained in a clean and safe condition. For the purpose of this Rule, "clean and safe condition" means free from debris, trash, uneven surfaces, and similar conditions as not to attract rodents and vermin and provide for safe movement throughout facility grounds. Creeks, ravines, ponds, pools, and other similar areas shall have safety protection. For the purpose of this Rule, "safety protection" means preventive measures, such as barriers, to block access to such areas;
 - (2) if the facility has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or have sharp edges, rusting posts, or other similar conditions that may cause injury; and
 - (3) outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; July 1, 1984; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Recodified from 10A NCAC 13F .0303 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;
Readopted Eff. April 1, 2025.*

10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS

- (a) Adult care homes shall:
 - (1) have walls, ceilings, and floors or floor coverings that are clean, safe, and functional;
 - (2) have no persistent and recurring odors that are considered by the residents to be unpleasant;
 - (3) have furniture that is clean, safe, and functional;
 - (4) have a sanitation report in accordance with one of the following:
 - (A) a North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section approved sanitation classification at all times in facilities with 12 beds or less, pursuant to the "Rules Governing the Sanitation of Residential Care Facilities", 15A NCAC 18A .1600, which are incorporated by reference including all subsequent amendments and can be accessed electronically free of charge at <http://ehs.dph.ncdhhs.gov/rules.htm>; and
 - (B) a North Carolina Department of Health and Human Services Division of Public Health, and Environmental Health Section sanitation scores of 85 or above at all times in facilities with 13 beds or more. The "Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes, and Other Institutions", 15A NCAC 18A .1300, can be accessed electronically free of charge at <http://ehs.dph.ncdhhs.gov/rules.htm>.
 - (5) be maintained in an uncluttered, clean, and orderly manner, free of all obstructions and hazards;
 - (6) have a supply available in the facility at all times of bath soap, clean towels, washcloths, sheets, pillowcases, blankets, and additional covers such as a bedspread, comforter, or quilt for each resident to use;
 - (7) make available the following items as needed at no additional charge to the personal funds of recipients of State-County Special Assistance:

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- (A) protective mattress covers, and clean, absorbent, soft, and smooth mattress pads;
 - (B) bedpans and urinals; and
 - (C) bedside commodes, walkers, and wheelchairs.
 - (8) have one television and one radio, in good working order;
 - (9) have curtains, draperies, or blinds at windows in resident use areas to provide for resident privacy;
 - (10) have recreational equipment, supplies for games, books, magazines, and a current newspaper available for residents;
 - (11) have a clock that has numbers at least 1½ inches tall in the living room, the dining room, or dining area; and
 - (12) have at least one telephone that does not require electricity or cellular service to operate.
- (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:
- (1) a bed equipped with a box spring and mattress or a bed frame with solid link springs with a foam mattress or a mattress designed to prevent sagging. A hospital bed equipped with all accessories required for use shall be arranged for as needed. A waterbed is allowed if requested by a resident and permitted by the facility. Each bed shall have the following:
 - (A) at least one pillow with clean pillowcase;
 - (B) a clean top and bottom sheet on the bed, with bed changed at least once a week and when soiled; and
 - (C) clean bedspread and other clean coverings as needed.
 - (2) a bedside type table;
 - (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;
 - (4) a wall or dresser mirror that may be used by each resident in each bedroom;
 - (5) a minimum of one chair that is comfortable as preferred by the resident, which may include a rocking or straight chair, with or without arms, that is high enough for the resident to easily rise without discomfort;
 - (6) additional chairs available, as needed, for use by visitors;
 - (7) individual clean towel, wash cloth, and towel bar in the bedroom or an adjoining bathroom; and
 - (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.
- (c) The living room shall have living room furnishings that are in good working order and provide comfort as preferred by residents with coverings that are easily cleanable.
- (d) The dining room shall have the following furnishings:
- (1) small tables serving from two to eight persons and chairs to seat all residents eating in the dining room; tables and chairs equal to the resident capacity of the home shall be on the premises; and
 - (2) chairs that are sturdy, without rollers unless retractable or on front legs only, non-folding and designed to minimize tilting.
- (e) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. September 1, 2003.
Amended Eff. June 1, 2004;
Recodified from 10A NCAC 13F .0304 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;
Readopted Eff. April 1, 2025.*

10A NCAC 13F .0307 FIRE ALARM SYSTEM

- (a) The fire alarm system in adult care homes shall be able to transmit the fire alarm signal automatically to the local emergency fire department dispatch center that is legally committed to serving the area in which the facility is located. The alarm shall be transmitted either to a fire department or through a third-party service that shall transmit the alarm to the fire department. The method used to transmit the alarm shall be in accordance with local ordinances.
- (b) The facility shall comply with fire safety requirements of the city and county in which the facility is located as required by local building and fire officials.

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(c) In a facility licensed before April 1, 1984 and constructed prior to January 1, 1975, the building, in addition to meeting the requirements of the North Carolina State Building Code in effect at the time the building was constructed, shall have the following:

- (1) A fire alarm system with pull stations within five feet of an exit and sounding devices which are audible throughout the building;
- (2) Products of combustion (smoke) U/L listed detectors in all corridors. The detectors shall be no more than 60 feet from each other and no more than 30 feet from an end wall;
- (3) Heat detectors or products of combustion detectors in all storage rooms, kitchens, living rooms, dining rooms and laundries;
- (4) All detection systems interconnected with the fire alarm system; and
- (5) Emergency power for the fire alarm system, heat detection system, and products of combustion detection with automatic start generator or trickle charge battery system capable of operating the fire alarm systems for 24 hours and able to sound the alarm for five minutes at the end of that time. Emergency egress lights and exit signs shall be powered from an automatic start generator or a U/L approved trickle charge battery system capable of operation for 1-1/2 hours when normal power fails.

(d) When a facility not equipped with a complete automatic fire extinguishment system replaces the fire alarm system, all bedrooms shall have smoke detectors. Other building spaces shall provide fire detection devices as required by the North Carolina State Building Code and requirements of this Subchapter.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Recodified from 10A NCAC 13F .0305 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;
Readopted Eff. April 1, 2025.*

10A NCAC 13F .0311 OTHER REQUIREMENTS

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(b) The following shall apply to heaters and cooking appliances:

- (1) built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room furnishings;
- (2) unvented fuel burning room heaters and portable electric heaters are prohibited;
- (3) fireplaces, fireplace inserts, and wood stoves shall be designed and installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves shall be U.L. listed;
- (4) the power supply for ovens, ranges, microwaves, cook tops, and other domestic cooking appliances located in resident activity or recreational areas shall have a locking feature provided that shall be controlled by staff. These appliances shall not be used except under facility staff supervision;
- (5) the power supply for ovens, ranges, microwaves, cook tops, and other domestic cooking appliances located in resident rooms shall have a locking feature provided that shall be controlled by staff. Each resident shall be assessed by the administrator or their designee to determine the resident's capability to operate the appliances in a safe manner, and the degree of staff supervision necessary to ensure safe operation of the appliances.

(c) The facility shall have heating and cooling systems such that environmental temperature controls shall be capable of maintaining temperatures in the facility at 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season.

(d) The hot water system shall supply hot water to the kitchen, bathrooms, laundry, housekeeping closets, and soiled utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F and shall not exceed 116 degrees F. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities.

(e) Multi-story facilities shall be equipped with elevators.

(f) In addition to the required emergency lighting, minimum lighting shall be as follows:

- (1) 30 foot-candle power for reading; and
- (2) 10 foot-candle power for general lighting.

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(g) The spaces listed in this Paragraph shall have an exhaust system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors:

- (1) soiled linen storage;
- (2) soiled utility room;
- (3) bathrooms and toilet rooms;
- (4) housekeeping closets; and
- (5) laundry area.

(h) In facilities licensed for 7 to 12 residents, there shall be an electrically operated call system meeting the following requirements:

- (1) the call system shall connect residents' bedrooms and bathrooms to the live-in staff bedroom. Where there are no live-in staff for the facility, the call system shall connect residents' bedrooms and bathrooms to a location accessible to staff;
- (2) residents' bedrooms shall have a resident call system activator at the resident's bed;
- (3) the resident call system activator shall be within reach of a resident lying on the bed;
- (4) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin; and
- (5) when activated, the call system shall activate an audible and visual signal in the live-in staff bedroom, in a location accessible to staff, or register with the floor staff.

(i) In licensed facilities without live-in staff, there shall be an electrically operated call system meeting the following requirements:

- (1) the call system shall connect residents' bedrooms and bathrooms to a location accessible to staff;
- (2) residents' bedrooms shall have a resident call system activator at the resident's bed;
- (3) the resident call system activator shall be within reach of a resident lying on the bed;
- (4) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin; and
- (5) when activated, the call system shall activate an audible and visual signal in a location accessible to staff.

(j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Recodified from 10A NCAC 13F .0309 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;
Readopted Eff. April 1, 2025.*

10A NCAC 13F .1304 SPECIAL CARE UNIT PHYSICAL ENVIRONMENT REQUIREMENTS

In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements:

- (1) For facilities licensed prior to April 1, 2025, the following shall apply:
 - (a) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the Division of Health Service Regulation for review and approval.
 - (b) If the special care unit is a portion of a facility, it shall be separated from the rest of the building by closed doors.
 - (c) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices.
 - (d) Where exit doors are not locked, a system of security monitoring shall be provided.
 - (e) The unit shall be located so that other residents, staff and visitors do not have to routinely pass through the unit to reach other areas of the building.
 - (f) At a minimum the following service and storage areas shall be provided within the special care unit: staff work area, nourishment station for the preparation and provision of snacks, lockable space for medication storage, and storage area for the residents' records.

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- (g) Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident and may be used as an activity area.
 - (h) Direct access from the facility to a secured outside area shall be provided.
 - (i) A toilet and hand lavatory shall be provided within the unit for every five residents.
 - (j) A tub and shower for bathing of residents shall be provided within the unit.
 - (k) Use of potentially distracting mechanical noises such as loud ice machines, window air conditioners, intercoms and alarm systems shall be minimized or avoided.
- (2) For facilities licensed on or after April 1, 2025, the following shall apply:
- (a) A special care unit that is part of an adult care home shall meet licensure rules for adult care homes contained in Rules .0301-.0311 of this Subchapter with the following exceptions: .0305(e)(3), .0305(f)(1), .0305(f)(4), .0305(h)(3), .0305(k), and .0305(l).
 - (b) The unit, if part of an adult care home, shall be separated from the rest of the facility by walls and closed doors.
 - (c) The unit, if part of an adult care home, shall be located so that other residents, staff, and visitors will not have to pass through the unit to reach other areas of the facility.
 - (d) Unit exit doors shall be locked with locking devices meeting the requirements outlined in the North Carolina State Building Code for special locking arrangements.
 - (e) Unit exit doors shall have a sounding device that is activated when the door is opened per Rule .0305(h)(4) of this Subchapter.
 - (f) Operable exterior windows shall be equipped with mechanisms to limit window openings to no less than four inches and no greater than six inches to minimize the chance of elopement.
 - (g) There shall be direct access from the unit to a secured outside area located on the same level as the unit.
 - (h) Fences used to enclose the secured outside area shall be at least six feet high and shall be constructed to prevent residents' ability to climb over the fence.
 - (i) The following service and storage areas shall be provided within the special care unit:
 - (i) a staff work area;
 - (ii) a staff bathroom;
 - (iii) a nourishment station for the preparation and provision of snacks. The nourishment station shall be provided with a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (iv) lockable space for medication storage;
 - (v) storage area for the residents' records;
 - (vi) separate storage room or area shall be provided for the storage of soiled linens; and
 - (vii) a housekeeping closet, with mop sink or mop floor receptor.
 - (j) The living room and dining room/dining area may be sized per Rules .0305(b) and .0305(c) of this Subchapter or may be combined for a minimum of 30 square feet per resident. The combined space may be used as an activity area.
 - (k) The unit shall have a central bathing area meeting the following:
 - (i) a door of three feet minimum width;
 - (ii) a roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the facility, the central bathing area is not required to have a roll-in shower;
 - (iii) a bathtub, a manufactured walk-in tub or a similar manufactured bathtub designed for easy transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides. Staff shall not be required to reach over or through the tub faucets and other fixture fittings to assist the resident in the tub;
 - (iv) a toilet and a lavatory trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet must

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- have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
- (v) individual cubicle curtains shall enclose each toilet, bathtub, manufactured walk-in tub or similar manufactured bathtub, and shower.
 - (l) If each resident bedroom has direct access to a bathroom equipped with a shower meeting the requirements of Rule .0305(e)(7)(B) of this Subchapter, the shower required by this rule is not required to be provided in the unit.
 - (m) Fire extinguishers required by Rule .0308(a) of this Subchapter shall be secured in a manner acceptable to the local Fire Marshal to prevent access by residents.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 131D-4.6; 131D-8; 143B-165; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000; Readopted Eff. April 1, 2025.

10A NCAC 13F .1501 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

(a) An adult care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and that restricts freedom of movement or normal access to one's body, shall be:

- (1) used only in those circumstances in which the resident has medical symptoms for which the resident's physician or physician extender has determined warrant the use of restraints and not for discipline or convenience purposes;
- (2) used only with a written order from a physician or physician extender except in emergencies where the health or safety of the resident is threatened, according to Paragraph (d) of this Rule;
- (3) the least restrictive restraint that would provide a safe environment for the resident and prevent physical injury;
- (4) used only after alternatives that would provide a safe environment for the resident to prevent physical injury and prevent a potential decline in the resident's functioning have been tried and documented by the administrator or their designee in the resident's record as being unsuccessful;
- (5) used only after an assessment and care planning process has been completed, except in emergencies where the health or safety of the resident is threatened, according to Paragraph (d) of this Rule;
- (6) applied correctly according to the manufacturer's instructions and the physician's or the physician extenders' order; and
- (7) used in conjunction with alternatives in an effort to reduce restraint use. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner.

Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and providing supportive devices such as wedge cushions.

(b) The facility shall obtain written consent from the resident, the resident's responsible person as defined in Rule .0102 of this Subchapter, or legal representative for the resident to be restrained based on an order from the resident's physician or physician extender. The facility shall inform the resident, the resident's responsible person, or legal representative of the reason for the request, the benefits of restraint use, and the negative outcomes and alternatives to restraint use. The resident or the resident's legal representative or the responsible person if the resident is unable to consent to the use of restraints and there is no legal representative may accept or refuse restraints based on the information provided. Documentation shall consist of a statement signed by the resident or the resident's legal representative or the responsible person if the resident is unable to consent to the use of restraints and there is no legal representative indicating the signer has been informed, the signer's acceptance or refusal of restraint use and, if accepted, the type of restraint to be used and the medical indicators for restraint use.

Note: Potential negative outcomes of restraint use include incontinence, decreased range of motion, decreased ability to ambulate, increased risk of pressure ulcers, symptoms of withdrawal or depression, and reduced social contact.

(c) In addition to the requirements in Rules 13F .0801, .0802 and .0903 of this Subchapter regarding assessments and care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph (a)(5) of this Rule shall meet the following requirements:

- (1) The assessment and care planning shall be implemented through a team process with the team consisting of at least a supervisor or personal care aide, a registered nurse, the resident and the resident's responsible person or legal

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

ADULT CARE LICENSURE SECTION

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- representative. If the resident or resident's responsible person or legal representative is unable to participate, there shall be documentation in the resident's record that they were notified and declined the invitation or were unable to attend.
- (2) The assessment shall include consideration of the following:
 - (A) medical symptoms that warrant the use of a restraint;
 - (B) how the medical symptoms affect the resident;
 - (C) when the medical symptoms were first observed;
 - (D) how often the symptoms occur;
 - (E) alternatives that have been provided and the resident's response; and
 - (F) the least restrictive type of physical restraint that would provide safety.
 - (3) The care plan shall include the following:
 - (A) alternatives and how the alternatives will be used prior to restraint use and in an effort to reduce restraint time once the resident is restrained;
 - (B) the type of restraint to be used; and
 - (C) care to be provided to the resident during the time the resident is restrained.
- (d) The following applies to the restraint order as required in Subparagraph (a)(2) of this Rule:
- (1) The order shall indicate:
 - (A) the medical need for the restraint based on the assessment and care plan;
 - (B) the type of restraint to be used;
 - (C) the period of time the restraint is to be used; and
 - (D) the time intervals the restraint is to be checked and released, but no longer than every 30 minutes for checks and no longer than two hours for releases.
 - (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify the resident's physician or physician extender of the order within seven days.
 - (3) The restraint order shall be updated by the resident's physician or physician extender at least every three months following the initial order.
 - (4) If the resident's physician changes, the physician or physician extender who is to attend the resident shall update and sign the existing order.
 - (5) In an emergency, where the health or safety of the resident is threatened, the administrator or their designee, shall make the determination relative to the need for a restraint and its type and duration of use until a physician or physician extender is contacted. Contact with a physician shall be made within 24 hours and documented in the resident's record. For the purpose of this Rule, an "emergency" means a situation where there is a certain risk of physical injury or death to a resident.
 - (6) The restraint order shall be kept in the resident's record.
- (e) All instances of the use of physical restraints and alternatives shall be documented by the facility in the resident's record and include the following:
- (1) restraint alternatives that were provided and the resident's response;
 - (2) type of restraint that was used;
 - (3) medical symptoms warranting restraint use;
 - (4) the time the restraint was applied and the duration of restraint use;
 - (5) care that was provided to the resident during restraint use; and
 - (6) behavior of the resident during restraint use.
- (f) Physical restraints shall be applied only by staff who have received training on the use of alternatives to physical restraint use and on the care of residents who are physically restrained according to Rule .0506 of this Subchapter and have been validated on the care of residents who are physically restrained and the use of care practices as alternative to restraints according to Rule .0504 of this Subchapter.

History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Temporary Adoption Expired March 12, 2005;
Eff. June 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018;
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