NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

JOSH STEIN • Governor
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May 7, 2025

Memo #P0044

MEMORANDUM

TO: N.C. Licensed Adult Care Home & Family Care Home Providers

FROM: Megan Lamphere, Chief
DHSR Adult Care Licensure Section

RE: **Rule Changes Effective June 1, 2025**
Adult Care Homes: 10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans
10A NCAC 13F .0801 Resident Assessment
10A NCAC 13F .0802 Resident Care Plan
Family Care Homes: 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan
10A NCAC 13G .0801 Resident Assessment
10A NCAC 13G .0802 Resident Care Plan

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 provider 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.

This memorandum serves as notice that the following rules were approved for readoption by the N.C. Rules Review Commission on February 27, 2025 and will become effective June 1, 2025:

Adult Care Home Rules

10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans (Readopt)
10A NCAC 13F .0801 Resident Assessment (Readopt)
10A NCAC 13F .0802 Resident Care Plan (Readopt)

Family Care Home Rules

10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (Amend)
10A NCAC 13G .0801 Resident Assessment (Readopt)
10A NCAC 13G .0802 Resident Care Plan (Readopt)

Some of the important changes to the **emergency preparedness** requirements include:

- Changes to the rules to clarify how the fire evacuation plans are to be visible to staff, residents, and visitors.
- Updates to clarify that fire evacuation rehearsals are to be unannounced, and the records of the rehearsals are to be made available upon request to the Division of Health Service Regulation, local officials, and the county Department of Social Services.
- The “disaster plan” updated to “emergency preparedness plan” and the rule now outlines the required components of the plan.
- Updates to the emergency preparedness plans (EPP) to require planning for the implementation of procedures and provisions for identified potential threats and hazards to the facility.
- Additional requirements to promote ongoing implementation and annual review of the EPP to include:
    - Changes to the EPP to be submitted to local emergency management within 60 days of the change
    - Submission of a new or updated EPP within 60 days when the facility changes ownership
    - Making the EPP accessible to staff working in the facility
    - Training for staff who are responsible for tasks related to the EPP
    - Notification of the proper agencies when evacuations occur
    - Approval of building officials before facilities are re-occupied after evacuation
    - Collaboration with local emergency management and other health facilities for appropriate shelter
    - Completion of at least one drill per year; and
    - Notification of and consultation with proper agencies within four hours of evacuation or as soon as practicable

Some of the important changes to the **resident assessment and care plan** rules include:

- Removal of the 72-hour initial assessment requirements as these requirements are included in 13F/G .0704.
- Updates to clarify the conditions that generate the need for a significant change assessment to include falls, changes in pain, a change in the pattern of usual behaviors, and removal of conditions that were considered a threat to life and now include instances when a resident has been enrolled in hospice.
- Changes to allow facilities to monitor a resident’s condition for up to 10 days to determine if change is significant in accordance with the rule and an additional 3 days to complete the significant change assessment
- Update to the requirement for completing a referral after a significant change has been determined to align with additional time now allowed to complete the significant change assessment.
- Changes to the care plan development requirements to now include the involvement of the resident and/or the resident’s responsible person to give them the ability to participate in the care plan process
- Updates to clarify the requirements for communication and coordination of care for residents who receive hospice or home health services.

As we move closer to the effective date of these new rules (June 1, 2025), there will be training offered by the Adult Care Licensure Section to provide guidance regarding these rule changes and how the requirements will be implemented moving forward.

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 and family care homes, download copies

of 10A NCAC 13F and 10A NCAC 13G from the Adult Care Licensure Section website at https://info.ncdhhs.gov/dhsr/acls/rules.html.

Courtesy copies of the new revised rules are enclosed with this memorandum for your convenience. To review copies of the rules showing the changes made, please go to the DHSR Rule Actions webpage at the following link and go to the rules listed under the heading “Technical Changes”: https://info.ncdhhs.gov/dhsr/rules/achfch2022.html.

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

RULES FOR THE LICENSING OF ADULT CARE HOMES OF SEVEN OR MORE BEDS 10A NCAC 13F

Rules Effective June 1, 2025:

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

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

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

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

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

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

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

(B) fires;

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

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

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

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

(G) intruders and active assailants; and

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

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

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

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

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

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

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

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

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

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

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

(g) The emergency preparedness plan outlined in Paragraph (d) of this Rule shall be maintained in the facility and be accessible to staff working in the facility.

(h) Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days after obtaining the new license. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(i) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(j) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in accordance with the facility's emergency preparedness plan as outlined in Paragraph (d) of this Rule. Staff shall be trained upon employment and annually in accordance with Rule .1211 of this Subchapter.

(k) The facility shall conduct at least one drill per year to test the facility's emergency preparedness plan. The drill may be conducted as a tabletop exercise. For the purposes of this Rule "tabletop exercise" means a discussion-based session led by the administrator and includes other facility staff as designated by the administrator, that reviews a potential emergency scenario and the roles and responsibilities of staff, based on the facility's emergency preparedness plan and procedures. The facility shall maintain documentation of the annual drill which shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(l) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate and shall notify the agencies within four hours of the return of residents to the facility.

(m) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section within four hours or as soon as practicable of the incidence occurring.

(n) If a facility is ordered to evacuate residents by the local emergency management or public health official due to an emergency, the facility shall not re-occupy the building until local building or public health officials have given approval to do so.

(o) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division of Health Service Regulation prior to accepting the additional residents into the facility or as soon as practicable but no later than 48 hours after the facility has accepted the residents for sheltering. The waiver request form can be found on the Division of Health Service Regulation Adult Care Licensure Section website at https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident.

(p) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care, supervision, and safety of each resident, including providing required staffing and supplies in accordance with the Rules of this Subchapter. Evacuation to a public emergency shelter shall be a last resort, and the decision shall be made in consultation with the local emergency management agency, or the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. If a facility evacuates residents to a public emergency shelter, the facility shall notify the Division of Health Service

Regulation Adult Care Licensure Section and the county department of social services within four hours of the decision to evacuate or as soon as practicable.

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

~~(f)~~(r) Notwithstanding the requirements of Rule .0301, this ~~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;
Recodified from Rule .0307 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, ~~2005.~~ 2005;
Readopted Eff. June 1, 2025.

SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN

10A NCAC 13F .0801 RESIDENT ASSESSMENT

~~(a) An adult care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.~~

~~(b)~~(a) The facility shall ~~assure~~ complete an assessment of each resident ~~is completed~~ within 30 days following admission and ~~at least~~ annually ~~thereafter~~ thereafter. ~~using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.~~

(b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own

assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following:

(1) resident identification and demographic information;

(2) current diagnoses;

(3) current medications;

(4) the resident's ability to self-administer medications;

(5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating;

(6) mental health history;

(7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background;

(8) mood and behaviors;

(9) nutritional status, including specialized diet or dietary needs;

(10) skin integrity;

(11) memory, orientation and cognition;

(12) vision and hearing;

(13) speech and communication;

(14) assistive devices needed; and

(15) a list of and contact information for health care providers or services used by the resident.

The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf. at no cost.

(c) When a facility identifies a change in a resident's baseline condition based upon the factors listed in Subparagraph (1)(A) through (M) of this Paragraph, the facility shall monitor the resident's condition for no more than 10 days to determine if a significant change in the resident's condition has occurred. The facility shall ~~assure~~ conduct an assessment of a resident ~~is completed~~ within ~~10~~ three days ~~following~~ after the facility identifies that a significant change in the resident's baseline condition has occurred. The facility shall use ~~using~~ the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:

(1) Significant change is one or more of the following:

(A) deterioration in two or more activities of daily ~~living;~~ living including bathing, dressing, personal hygiene, toileting, or eating;

(B) change in ability to walk or ~~transfer;~~ transfer, including falls if the resident experiences repeated falls, meaning more than one, on the same day, or multiple falls that occur over several days to weeks, new onset

of falls not attributed to an identifiable cause, a fall with consequent change in neurological status, or physical injury;

(C) ~~change in the ability to use one's hands to grasp small objects;~~ Pain worsening in severity, intensity, or duration, occurring in a new location, or new onset of pain associated with trauma;

(D) ~~deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic;~~ change in the pattern of usual behavior, new onset of resistance to care, abrupt onset or progression of agitation or combative behavior, deterioration in affect or mood, or violent or destructive behaviors directed at self or others.

(E) no response by the resident to the ~~treatment~~ intervention for an identified problem;

(F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;

(G) ~~threat to life such as stroke, heart condition, or metastatic cancer;~~ when a resident has been enrolled in hospice;

(H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or ~~higher;~~ any pressure ulcer determined to be greater than Stage II;

(I) a new diagnosis of a condition ~~likely to affect~~ which affects the resident's physical, mental, or psychosocial well-being; ~~well-being such as initial diagnosis of Alzheimer's disease or diabetes;~~

(J) improved behavior, mood or functional health status to the extent that the established plan of care no longer meets the resident's needs; ~~matches what is needed;~~

(K) new onset of impaired decision-making;

(L) continence to incontinence or indwelling catheter; or

(M) the resident's condition indicates there may be a need to use a restraint in accordance with Rule .1501 of this Subchapter and there is no current restraint order for the resident.

(2) Significant change ~~is not any of~~ does not include the following:

~~(A) changes that suggest slight upward or downward movement~~ [~~improvement or deterioration~~] ~~in the resident's status;~~

~~(B)~~(A) changes that resolve with or without intervention;

~~(C) changes that arise from easily reversible causes;~~

~~(D)~~(B) an acute illness or episodic ~~event;~~ event. For the purposes of this Rule "acute illness" means symptoms or a condition that develops quickly and is not a part of the resident's baseline physical health or mental health status;

~~(E)~~(C) an established, ~~predictive,~~ predictable cyclical pattern; or

~~(F)~~(D) steady improvement under the current course of care.

(d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other ~~appropriate~~ licensed health professional ~~such as a mental health professional, nurse practitioner, physician assistant or registered nurse in a timely manner consistent with the resident's condition but~~ no longer than ~~10~~ three days from the date

of the significant ~~change,~~ change assessment, and document the referral in the resident's record. Referral shall be made immediately when facility staff determines that a significant ~~changes~~ change as defined in Paragraph (c)(1)(A)-(M) ~~are identified that pose~~ poses an immediate risk to the health and safety of the resident, other ~~residents~~ residents, or staff of the facility.

(e) The assessments required in Paragraphs (a) ~~(b)~~ and (c) of this Rule shall be completed and signed by the person designated by the administrator to perform resident assessments.

History Note: *Authority G.S. 131D-2.15; 131D-2.16; 131D-4.4; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. September 1, 2003; July 1, 2003;
Amended Eff. July 1, 2005; June 1, ~~2004.~~ 2004;
Readopted Eff. June 1, 2025.

10A NCAC 13F .0802 RESIDENT CARE PLAN

(a) ~~An adult care home~~ The facility ~~shall assure a care plan is developed~~ develop and implement a care plan for each resident ~~in conjunction with~~ based on the ~~resident~~ resident's assessment ~~to be~~ completed ~~within 30 days following admission according to~~ in accordance with Rule .0801 of this Section. The care plan ~~is an individualized, written program of personal care for each resident.~~ shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan.

(b) ~~The care plan shall be revised as needed based on further assessments of the resident according to Rule .0801 of this Section.~~ The resident shall be offered the opportunity to participate in the development of his or her care plan. If the resident is unable to participate in the development of the care plan due to cognitive impairment, the responsible person as defined in Rule .0102 of this Subchapter shall be offered the opportunity to participate in the development of the care plan.

(c) The care plan shall include the following:

(1) a ~~statement of the care or service to be provided based on the assessment or reassessment; and~~ description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Subchapter;

(2) frequency of the ~~service provision.~~ services or tasks to be performed;

(3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Subchapter;

(4) licensed health professional tasks required according to Rule .0903 of this Subchapter;

(5) a dated signature of the assessor upon completion; and

(6) a dated signature of the resident's physician or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations warranting the provision of the personal care services in the above care

plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid.

~~(d) The assessor shall sign the care plan upon its completion.~~

~~(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:~~

~~(1) the resident is under the physician's care; and~~

~~(2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.~~

(d) If the resident received home health or hospice services, the facility shall communicate with the home health or hospice agency to coordinate care and services to ensure the resident's needs are met.

~~(f)~~(e) The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance ~~abuse~~ use services includes ~~resident specific~~ instructions regarding how to contact that provider, including emergency ~~contact.~~ and after-hours contacts. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance ~~abuse~~ use services in accordance with Rule .0801(d) of this Subchapter.

(f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section.

History Note: *Authority G.S. 131D-2.15; 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. September 1, 2003; July 1, 2003;
Amended Eff. July 1, 2005; June 1, ~~2004.~~ 2004;
Readopted Eff. June 1, 2025.

10A NCAC 13F .0309 FIRE SAFETY AND EMERGENCY PREPAREDNESS PLANS

(a) Each facility shall have a written fire evacuation plan that includes a diagram of the facility floor plan including evacuation routes. The plan shall have the written approval of the local fire code enforcement official. The approved diagram shall be legible and be posted on each floor of the facility in a location visible to staff, residents, and visitors. The fire evacuation plan and diagram shall be reviewed with each resident upon admission and shall be included in the orientation for all new staff.

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

(c) Documentation of fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and local officials. The records shall include the date and time of the drills, the shift, staff members present, and a short description of the drill.

(d) Each facility shall develop and implement an emergency preparedness plan to ensure resident health and safety and continuity of care and services during an emergency. The emergency preparedness plan shall include the following:

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

(A) weather events including hurricanes, tornadoes, ice storms, and extreme heat or cold;
(B) fires;
(C) utility failures, to include power, water, and gas;
(D) equipment failures, to include fire alarm, automatic sprinkler systems, HVAC systems;
(E) interruptions in communication including phone service and the internet;
(F) unforeseen widespread communicable public health and emerging infectious diseases;
(G) intruders and active assailants; and
(H) other potential threats to the health and safety of residents as identified by the facility or the local emergency management agency.

(2) The procedures outlined in Subparagraph (d)(1) shall address the following:
(A) provisions for the care of all residents in the facility before, during, and after an emergency such as required emergency supplies including water, food, resident care items, medical supplies, medical records, medications, medication records, emergency power, and emergency equipment;
(B) provisions for the care of all residents when evacuated from the facility during an emergency, such as evacuation procedures, procedures for the identification of residents, evacuation transportation arrangements, and sheltering options that are safe and suitable for the resident population served;
(C) identification of residents with Alzheimer's disease and related dementias, residents with mobility limitations, and any other residents who may have specialized needs such as dialysis, oxygen, tracheostomy, and gastrostomy feeding tubes, special medical equipment, or accommodations either at the facility or in case of evacuation;
(D) strategies for staffing to meet the needs of the residents during an emergency and for addressing potential staffing issues; and
(E) procedures for coordinating and communicating with the local emergency management agency and local law enforcement.

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

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

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

(g) The emergency preparedness plan outlined in Paragraph (d) of this Rule shall be maintained in the facility and be accessible to staff working in the facility.

(h) Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days after obtaining the new license. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(i) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(j) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in accordance with the facility's emergency preparedness plan as outlined in Paragraph (d) of this Rule. Staff shall be trained upon employment and annually in accordance with Rule .1211 of this Subchapter.

(k) The facility shall conduct at least one drill per year to test the facility's emergency preparedness plan. The drill may be conducted as a tabletop exercise. For the purposes of this Rule "tabletop exercise" means a discussion-based session led by the administrator and includes other facility staff as designated by the administrator, that reviews a potential emergency scenario and the roles and responsibilities of staff, based on the facility's emergency preparedness plan and procedures. The facility shall maintain documentation

of the annual drill which shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.
(l) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate and shall notify the agencies within four hours of the return of residents to the facility.
(m) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section within four hours or as soon as practicable of the incidence occurring.
(n) If a facility is ordered to evacuate residents by the local emergency management or public health official due to an emergency, the facility shall not re-occupy the building until local building or public health officials have given approval to do so.
(o) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division of Health Service Regulation prior to accepting the additional residents into the facility or as soon as practicable but no later than 48 hours after the facility has accepted the residents for sheltering. The waiver request form can be found on the Division of Health Service Regulation Adult Care Licensure Section website at https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident.
(p) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care, supervision, and safety of each resident, including providing required staffing and supplies in accordance with the Rules of this Subchapter. Evacuation to a public emergency shelter shall be a last resort, and the decision shall be made in consultation with the local emergency management agency, or the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. If a facility evacuates residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation Adult Care Licensure Section and the county department of social services within four hours of the decision to evacuate or as soon as practicable.
(q) Where a fire alarm or automatic sprinkler system is out of service, the facility shall immediately notify the fire department, the fire marshal, and the Division of Health Service Regulation Construction Section and, where required by the fire marshal, a fire watch shall be conducted until the impaired system has been returned to service as approved by the fire marshal. The facility will adhere to the instructions provided by the fire marshal related to the duties of staff performing the fire watch. The facility will maintain documentation of fire watch activities which shall be made available upon request to the DHSR Construction Section and fire marshal. The facility shall notify the DHSR Construction Section when the facility is no longer conducting a fire watch as directed by the fire marshal.
(r) 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;
Recodified from 10A NCAC 13F .0307 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;
Readopted Eff. June 1, 2025.

SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN

10A NCAC 13F .0801 RESIDENT ASSESSMENT

(a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter.
(b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following:
(1) resident identification and demographic information;
(2) current diagnoses;

(3) current medications;
(4) the resident's ability to self-administer medications;
(5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating;
(6) mental health history;
(7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background;
(8) mood and behaviors;
(9) nutritional status, including specialized diet or dietary needs;
(10) skin integrity;
(11) memory, orientation and cognition;
(12) vision and hearing;
(13) speech and communication;
(14) assistive devices needed; and
(15) a list of and contact information for health care providers or services used by the resident.

The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf at no cost.

(c) When a facility identifies a change in a resident's baseline condition based upon the factors listed in Parts (1)(A) through (M) of this Paragraph, the facility shall monitor the resident's condition for no more than 10 days to determine if a significant change in the resident's condition has occurred. The facility shall conduct an assessment of a resident within three days after the facility identifies that a significant change in the resident's baseline condition has occurred. The facility shall use the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:

(1) Significant change is one or more of the following:
  (A) deterioration in two or more activities of daily living including bathing, dressing, personal hygiene, toileting, or eating;
  (B) change in ability to walk or transfer, including falls if the resident experiences repeated falls, meaning more than one, on the same day, or multiple falls that occur over several days to weeks, new onset of falls not attributed to an identifiable cause, a fall with consequent change in neurological status, or physical injury;
  (C) pain worsening in severity, intensity, or duration, occurring in a new location, or new onset of pain associated with trauma;
  (D) change in the pattern of usual behavior, new onset of resistance to care, abrupt onset or progression of agitation or combative behavior, deterioration in affect or mood, or violent or destructive behaviors directed at self or others;
  (E) no response by the resident to the intervention for an identified problem;
  (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;
  (G) when a resident has been enrolled in hospice;
  (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or any pressure ulcer determined to be greater than Stage II;
  (I) a new diagnosis of a condition which affects the resident's physical, mental, or psychosocial well-being;
  (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer meets the resident's needs;
  (K) new onset of impaired decision-making;
  (L) continence to incontinence or indwelling catheter; or
  (M) the resident's condition indicates there may be a need to use a restraint in accordance with Rule .1501 of this Subchapter and there is no current restraint order for the resident.
(2) Significant change does not include the following:
  (A) changes that resolve with or without intervention;
  (B) an acute illness or episodic event. For the purposes of this Rule "acute illness" means symptoms or a condition that develops quickly and is not a part of the resident's baseline physical health or mental health status;
  (C) an established, predictable cyclical pattern; or
  (D) steady improvement under the current course of care.

(d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other licensed health professional no longer than three days from the date of the significant change assessment, and document the referral in the resident's record. Referral shall be made immediately when facility staff determines that a significant change as defined in Parts (c)(1)(A)-(M) poses an immediate risk to the health and safety of the resident, other residents, or staff of the facility.
(e) The assessments required in Paragraphs (a) and (c) of this Rule shall be completed and signed by the person designated by the administrator to perform resident assessments.

History Note: *Authority G.S. 131D-2.15; 131D-2.16; 131D-4.4; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. September 1, 2003; July 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004;
Readopted Eff. June 1, 2025.

10A NCAC 13F .0802 RESIDENT CARE PLAN

(a) The facility shall develop and implement a care plan for each resident based on the resident's assessment completed in accordance with Rule .0801 of this Section. The care plan shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan.
(b) The resident shall be offered the opportunity to participate in the development of his or her care plan. If the resident is unable to participate in the development of the care plan due to cognitive impairment, the responsible person as defined in Rule .0102 of this Subchapter shall be offered the opportunity to participate in the development of the care plan.
(c) The care plan shall include the following:

(1) a description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Section;
(2) frequency of the services or tasks to be performed;
(3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Section;
(4) licensed health professional tasks required according to Rule .0903 of this Subchapter;
(5) a dated signature of the assessor upon completion; and
(6) a dated signature of the resident's physician or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations warranting the provision of the personal care services in the above care plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid.

(d) If the resident received home health or hospice services, the facility shall communicate with the home health or hospice agency to coordinate care and services to ensure the resident's needs are met.
(e) The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance use services includes instructions regarding how to contact that provider, including emergency and after-hours contacts. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Section are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance use services in accordance with Rule .0801(d) of this Section.
(f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section.

History Note: *Authority G.S. 131D-2.15; 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. September 1, 2003; July 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004;
Readopted Eff. June 1, 2025.

RULES FOR THE LICENSING OF FAMILY CARE HOMES 10A NCAC 13G

Rules effective June 1, 2025:

10A NCAC 13G .0316 FIRE SAFETY AND ~~DISASTER~~ EMERGENCY PREPAREDNESS PLAN

(a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:

(1) one five pound or larger (net charge) "A-B-C" type ~~centrally located;~~ located in an area that can be accessed by staff and not stored in rooms with lockable doors or the kitchen;

(2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and

(3) any other location as determined by the local fire code enforcement official.

(b) ~~The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup.~~ The facility shall be provided with smoke detectors in locations as required by the North Carolina State Building Code: Residential Code. Additionally, facilities governed by the North Carolina State Building Code: ~~Residential Code and~~ Building Code, Licensed Residential Care ~~Facilities, if applicable.~~ Facilities Section shall be provided with smoke detectors in locations as required by that Section. All smoke detectors in the facility shall be hard-wired, interconnected, and provided with battery backup.

(c) Underwriters Laboratories, Incorporated (U.L.) listed heat detectors shall be installed in all attic spaces and in the basement of the facility. Heat detectors shall be hard-wired, interconnected, and connected to a dedicated sounding device located inside the living area of the facility. Heat detectors shall be of the rate of rise type and be provided with battery backup.

~~(c)~~(d) ~~Any~~ The facility shall meet all fire safety requirements required by city ordinances or county building ~~inspectors shall be met.~~ inspectors.

~~(d)~~(e) ~~A~~ The facility shall have a written fire evacuation ~~plan~~ plan. ~~(including a diagrammed drawing)~~ For the purpose of this rule, a written fire evacuation plan is a written document that details the procedures and steps that facility occupants shall follow in a fire or other emergency to ensure safe evacuation while minimizing the risk of injury or loss of life. The written fire evacuation plan shall include a diagram of the facility floor plan which clearly marks all emergency egress and escape routes from the facility. The plan shall have ~~which has~~ the approval of the local fire code enforcement ~~official~~ official. The approved diagram shall be ~~prepared in~~ ~~large~~ legible ~~print~~ and be posted ~~in a central location on each floor.~~ on every floor of the facility in a location visible to staff, residents, and visitors. The fire evacuation plan and diagram shall be reviewed with each resident ~~on~~ upon admission and shall be ~~a part of~~ included in the orientation for all new staff.

~~(e)~~(f) There shall be at least four ~~rehearsals~~ unannounced fire drills of the fire evacuation plan ~~each year.~~ every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other

emergency. ~~Records of rehearsals~~ Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and ~~copies furnished to the county department of social services annually.~~ be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The ~~records~~ documentation shall include the date and time of the ~~rehearsals,~~ fire drill, the shift, the names of staff members present, and a short description of ~~what the rehearsal involved.~~ drill.

~~(f)~~(g) ~~A written disaster plan which has the written approval of, or has been documented as submitted to, the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the home. This written disaster plan requirement shall apply to new and existing homes.~~ Each facility shall develop and implement an emergency preparedness plan to ensure resident health and safety and continuity of care and services during an emergency. The emergency preparedness plan shall include the following:

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

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

(B) fires;

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

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

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

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

(G) intruders and active assailants; and

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

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

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

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

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

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

(E) Procedures for coordinating and communicating with the local emergency management agency and local law enforcement;

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

(h) The facility shall maintain documentation that the emergency preparedness plan has written approval of or documentation that the plan has been submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters.

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

(j) The emergency preparedness plan outlined in Paragraph (g) of this Rule shall be maintained in the facility and be accessible to staff working in the facility.

(k) Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days after obtaining the new license. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(l) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(m) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in accordance with the facility's emergency preparedness plan as outlined in Paragraph (g) of this Rule. Staff shall be trained upon employment and annually in accordance with Rule .1211 of this Subchapter.

(n) The facility shall conduct at least one drill per year to test the facility's emergency preparedness plan. The drill may be conducted as a tabletop exercise. For the purposes of this Rule, "tabletop exercise" means a discussion-based session led by the administrator and includes other facility staff as designated by the administrator, that reviews a potential emergency scenario and the roles and responsibilities of staff, based on the facility's emergency preparedness plan and procedures. The facility shall maintain documentation of the annual drill which shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(o) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate, and shall notify the agencies within four hours of the return of residents to the facility.

(p) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section within four hours or as soon as practicable of the incidence occurring.

(q) If a facility is ordered to evacuate residents by the local emergency management or public health official due to an emergency, the facility shall not re-occupy the building until local building or public health officials have given approval to do so.

(r) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division of Health Service Regulation prior to accepting the additional residents into the facility or as soon as practicable but no later than 48 hours after the facility has accepted the residents for sheltering. The waiver request form can be found on the Division of Health Service Regulation Adult Care Licensure Section website at https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident.

(s) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care, supervision, and safety of each resident, including providing required staffing and supplies in accordance with the Rules of this Subchapter. Evacuation to a public emergency shelter shall be a last resort, and the decision shall be made in consultation with the local emergency management agency, or the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. If a facility evacuates residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation Adult Care Licensure Section and the county department of social services within four hours of the decision to evacuate or as soon as practicable.

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

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

History Note: *Authority G.S. 131D-2.16;131D-7; 143B-165;*
Eff. January 1, 1977;
Amended Eff. April 22, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0315 Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, ~~2019.~~ 2019;
Amended Eff. June 1, 2025.

SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN

10A NCAC 13G .0801 RESIDENT ASSESSMENT

~~(a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.~~

~~(b)~~(a) The facility shall ~~assure~~ complete an assessment of each resident ~~is completed~~ within 30 days following admission and ~~at least~~ annually ~~thereafter~~ thereafter. ~~using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.~~

(b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following:

(1) resident identification and demographic information;

(2) current diagnoses;

(3) current medications;

(4) the resident's ability to self-administer medications;

(5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating;

(6) mental health history;

(7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background;

(8) mood and behaviors;

(9) nutritional status, including specialized diet or dietary needs;

(10) skin integrity;

(11) memory, orientation and cognition;

(12) vision and hearing;

(13) speech and communication;

(14) assistive devices needed; and

(15) a list of and contact information for health care providers or services used by the resident.

The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf. at no cost.

(c) When a facility identifies a change in a resident's baseline condition based upon the factors listed in Subparagraph (1)(A) through (M) of this Paragraph, the facility shall monitor the resident's condition for no more than 10 days to determine if a significant change in the resident's condition has occurred. The facility shall ~~assure~~ conduct an assessment of a resident ~~is completed~~ within ~~10~~ three days ~~following~~ after the facility identifies that a significant change in the resident's baseline condition has occurred. The facility shall use ~~using~~ the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:

(1) Significant change is one or more of the following:

(A) deterioration in two or more activities of daily ~~living;~~ living including bathing, dressing, personal hygiene, toileting, or eating;

(B) change in ability to walk or ~~transfer;~~ transfer, including falls if the resident experiences repeated falls, meaning more than one, on the same day, or multiple falls that occur over several days to weeks, new onset of falls not attributed to an identifiable cause, a fall with consequent change in neurological status, or physical injury;

(C) ~~change in the ability to use one's hands to grasp small objects;~~ Pain worsening in severity, intensity, or duration, occurring in a new location, or new onset of pain associated with trauma;

(D) ~~deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic;~~ change in the pattern of usual behavior, new onset of resistance to care, abrupt onset or progression of agitation or combative behavior, deterioration in affect or mood, or violent or destructive behaviors directed at self or others.

(E) no response by the resident to the ~~treatment~~ intervention for an identified problem;

(F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;

(G) ~~threat to life such as stroke, heart condition, or metastatic cancer;~~ when a resident has been enrolled in hospice;

(H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or ~~higher;~~ any pressure ulcer determined to be greater than Stage II;

(I) a new diagnosis of a condition ~~likely to affect~~ which affects the resident's physical, mental, or psychosocial well-being; ~~well-being such as initial diagnosis of Alzheimer's disease or diabetes;~~

(J) improved behavior, mood or functional health status to the extent that the established plan of care no longer meets the resident's needs; ~~matches what is needed;~~

(K) new onset of impaired decision-making;

(L) continence to incontinence or indwelling catheter; or

(M) the resident's condition indicates there may be a need to use a restraint in accordance with Rule .1301 of this subchapter and there is no current restraint order for the resident.

(2) Significant change ~~is not any of~~ does not include the following:

~~(A) changes that suggest slight upward or downward movement in the resident's status;~~

~~(B)~~(A) changes that resolve with or without intervention;

~~(C) changes that arise from easily reversible causes;~~

~~(D)~~(B) an acute illness or episodic ~~event;~~ event. For the purposes of this Rule "acute illness" means symptoms or a condition that develops quickly and is not a part of the resident's baseline physical health or mental health status;

~~(E)~~(C) an established, ~~predictive,~~ predictable, cyclical pattern; or

~~(F)~~(D) steady improvement under the current course of care.

(d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other ~~appropriate~~ licensed health professional ~~such as a mental health professional, nurse practitioner, physician assistant or registered nurse in a timely manner consistent with the resident's condition but~~ no longer than ~~10~~ three days from the date of the significant ~~change,~~ change assessment, and document the referral in the resident's record. Referral shall be made immediately when facility staff determines that a significant ~~changes~~ change as defined in Paragraph (c)(1)(A)-(M) ~~are identified that pose~~ poses an immediate risk to the health and safety of the resident, other ~~residents~~ residents, or staff of the facility.

(e) The assessments required in Paragraphs (a) ~~(b)~~ and (c) of this Rule shall be completed and signed by the person designated by the administrator to perform resident assessments.

History Note: *Authority G.S. 131D-2.15; 131D-2.16; 131D-4.4; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. July 1, 2005; June 1, ~~2004.~~ 2004;
Readopted Eff. June 1, 2025.

10A NCAC 13G .0802 RESIDENT CARE PLAN

(a) ~~A family care home~~ The facility shall ~~assure a care plan is developed~~ develop and implement a care plan for each resident ~~in conjunction with~~ based on the ~~resident~~ resident's assessment ~~to be~~ completed ~~within 30 days following admission according to~~ in accordance with Rule .0801 of this Section. The care plan shall be ~~an individualized, written program of personal care for each resident.~~ resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current

care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan.

(b) ~~The care plan shall be revised as needed based on further assessments of the resident according to Rule .0801 of this Subchapter.~~ The resident shall be offered the opportunity to participate in the development of his or her care plan. If the resident is unable to participate in the development of the care plan due to cognitive impairment, the responsible person as defined in Rule .0102 of this Subchapter shall be offered the opportunity to participate in the development of the care plan.

(c) The care plan shall include the following:

(1) a ~~statement of the care or service to be provided based on the assessment or reassessment; and~~ description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Subchapter;

(2) frequency of the ~~service provision.~~ services or tasks to be performed;

(3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Subchapter;

(4) licensed health professional tasks required according to Rule .0903 of this Subchapter;

(5) a dated signature of the assessor upon completion; and

(6) a dated signature of the resident's physician or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations warranting the provision of the personal care services in the above care plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid.

~~(d) The assessor shall sign the care plan upon its completion.~~

~~(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:~~

~~(1) the resident is under the physician's care; and~~

~~(2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.~~

(d) If the resident received home health or hospice services, the facility shall communicate with the home health or hospice agency to coordinate care and services to ensure the resident's needs are met.

~~(f)~~(e) The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance ~~abuse~~ use services includes ~~resident specific~~ instructions regarding how to contact that provider, including emergency ~~contact.~~ and after-hours contacts. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance ~~abuse~~ use services in accordance with Rule .0801(d) of this Subchapter.

(f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section.

History Note: *Authority G.S. 131D-2.15; 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. January 1, 2001;
Temporary Amendment Expired October 13, 2001;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. July 1, 2005; June 1, ~~2004.~~ 2004;
Readopted Eff. June 1, 2025.

10A NCAC 13G .0316 FIRE SAFETY AND EMERGENCY PREPAREDNESS PLAN

(a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:
- (1) one five pound or larger (net charge) "A-B-C" type located in an area that can be accessed by staff and not stored in rooms with lockable doors or the kitchen;
- (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and
- (3) any other location as determined by the local fire code enforcement official.

(b) The facility shall be provided with smoke detectors in locations as required by the North Carolina State Building Code: Residential Code. Additionally, facilities governed by the North Carolina State Building Code: Building Code, Licensed Residential Care Facilities Section shall be provided with smoke detectors in locations as required by that Section. All smoke detectors in the facility shall be hard-wired, interconnected, and provided with battery backup.

(c) Underwriters Laboratories, Incorporated (U.L.) listed heat detectors shall be installed in all attic spaces and in the basement of the facility. Heat detectors shall be hard-wired, interconnected, and connected to a dedicated sounding device located inside the living area of the facility. Heat detectors shall be of the rate of rise type and be provided with battery backup.

(d) The facility shall meet all fire safety requirements required by city ordinances or county building inspectors.

(e) The facility shall have a written fire evacuation plan. For the purpose of this Rule, a written fire evacuation plan is a written document that details the procedures and steps that facility occupants shall follow in a fire or other emergency to ensure safe evacuation while minimizing the risk of injury or loss of life. The written fire evacuation plan shall include a diagram of the facility floor plan which clearly marks all emergency egress and escape routes from the facility. The plan shall have the approval of the local fire code enforcement official. The approved diagram shall be legible and be posted on every floor of the facility in a location visible to staff, residents, and visitors. The fire evacuation plan and diagram shall be reviewed with each resident upon admission and shall be included in the orientation for all new staff.

(f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill.

(g) Each facility shall develop and implement an emergency preparedness plan to ensure resident health and safety and continuity of care and services during an emergency. The emergency preparedness plan shall include the following:
- (1) Procedures to address the following threats and hazards that may create an emergency for the facility:
  - (A) weather events including hurricanes, tornadoes, ice storms, and extreme heat or cold;
  - (B) fires;
  - (C) utility failures, to include power, water, and gas;
  - (D) equipment failures, to include fire alarm, automatic sprinkler systems, HVAC systems;
  - (E) interruptions in communication including phone service and the internet;
  - (F) unforeseen widespread communicable public health and emerging infectious diseases;
  - (G) intruders and active assailants; and
  - (H) other potential threats to the health and safety of residents as identified by the facility or the local emergency management agency.
- (2) The procedures outlined in Subparagraph (g)(1) of this Rule shall address the following:

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

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

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

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

(E) Procedures for coordinating and communicating with the local emergency management agency and local law enforcement;

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

(h) The facility shall maintain documentation that the emergency preparedness plan has written approval of or documentation that the plan has been submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters.

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

(j) The emergency preparedness plan outlined in Paragraph (g) of this Rule shall be maintained in the facility and be accessible to staff working in the facility.

(k) Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days after obtaining the new license. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(l) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(m) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in accordance with the facility's emergency preparedness plan as outlined in Paragraph (g) of this Rule. Staff shall be trained upon employment and annually in accordance with Rule .1211 of this Subchapter.

(n) The facility shall conduct at least one drill per year to test the facility's emergency preparedness plan. The drill may be conducted as a tabletop exercise. For the purposes of this Rule, "tabletop exercise" means a discussion-based session led by the administrator and includes other facility staff as designated by the administrator, that reviews a potential emergency scenario and the roles and responsibilities of staff, based on the facility's emergency preparedness plan and procedures. The facility shall maintain documentation of the annual drill which shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(o) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate, and shall notify the agencies within four hours of the return of residents to the facility.

(p) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section within four hours or as soon as practicable of the incidence occurring.

(q) If a facility is ordered to evacuate residents by the local emergency management or public health official due to an emergency, the facility shall not re-occupy the building until local building or public health officials have given approval to do so.

(r) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division of Health Service Regulation prior to accepting the additional residents into the facility or as soon as practicable but no later than 48 hours after the facility has accepted the residents for sheltering. The waiver request form can be found on the Division of Health Service Regulation Adult Care Licensure Section website at https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident.
(s) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care, supervision, and safety of each resident, including providing required staffing and supplies in accordance with the Rules of this Subchapter. Evacuation to a public emergency shelter shall be a last resort, and the decision shall be made in consultation with the local emergency management agency, or the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. If a facility evacuates residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation Adult Care Licensure Section and the county department of social services within four hours of the decision to evacuate or as soon as practicable.
(t) Where a fire alarm or automatic sprinkler system is out of service, the facility shall immediately notify the fire department, the fire marshal, and the Division of Health Service Regulation Construction Section and, where required by the fire marshal, a fire watch shall be conducted until the impaired system has been returned to service as approved by the fire marshal. The facility will adhere to the instructions provided by the fire marshal related to the duties of staff performing the fire watch. The facility will maintain documentation of fire watch activities which shall be made available upon request to the DHSR Construction Section and fire marshal. The facility shall notify the DHSR Construction Section when the facility is no longer conducting a fire watch as directed by the fire marshal.
(u) 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; 131D-7; 143B-165;*
Eff. January 1, 1977;
Amended Eff. April 22, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1987; April 1, 1984;
Recodified from 10A NCAC 13G .0315 Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019;
Amended Eff. June 1, 2025.

SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN

10A NCAC 13G .0801 RESIDENT ASSESSMENT

(a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter.
(b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following:

(1) resident identification and demographic information;
(2) current diagnoses;
(3) current medications;
(4) the resident's ability to self-administer medications;
(5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating;
(6) mental health history;
(7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background;
(8) mood and behaviors;
(9) nutritional status, including specialized diet or dietary needs;
(10) skin integrity;

(11) memory, orientation and cognition;
(12) vision and hearing;
(13) speech and communication;
(14) assistive devices needed; and
(15) a list of and contact information for health care providers or services used by the resident.

The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf. at no cost.

(c) When a facility identifies a change in a resident's baseline condition based upon the factors listed in Parts (1)(A) through (M) of this Paragraph, the facility shall monitor the resident's condition for no more than 10 days to determine if a significant change in the resident's condition has occurred. The facility shall conduct an assessment of a resident within three days after the facility identifies that a significant change in the resident's baseline condition has occurred. The facility shall use the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:

(1) Significant change is one or more of the following:
  (A) deterioration in two or more activities of daily living including bathing, dressing, personal hygiene, toileting, or eating;
  (B) change in ability to walk or transfer, including falls if the resident experiences repeated falls, meaning more than one, on the same day, or multiple falls that occur over several days to weeks, new onset of falls not attributed to an identifiable cause, a fall with consequent change in neurological status, or physical injury;
  (C) Pain worsening in severity, intensity, or duration, occurring in a new location, or new onset of pain associated with trauma;
  (D) change in the pattern of usual behavior, new onset of resistance to care, abrupt onset or progression of agitation or combative behavior, deterioration in affect or mood, or violent or destructive behaviors directed at self or others.
  (E) no response by the resident to the intervention for an identified problem;
  (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;
  (G) when a resident has been enrolled in hospice;
  (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or any pressure ulcer determined to be greater than Stage II;
  (I) a new diagnosis of a condition which affects the resident's physical, mental, or psychosocial well-being;
  (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer meets the resident's needs;
  (K) new onset of impaired decision-making;
  (L) continence to incontinence or indwelling catheter; or
  (M) the resident's condition indicates there may be a need to use a restraint in accordance with Rule .1301 of this Subchapter and there is no current restraint order for the resident.
(2) Significant change does not include the following:
  (A) changes that resolve with or without intervention;
  (B) an acute illness or episodic event. For the purposes of this Rule "acute illness" means symptoms or a condition that develops quickly and is not a part of the resident's baseline physical health or mental health status;
  (C) an established, predictable, cyclical pattern; or
  (D) steady improvement under the current course of care.

(d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other licensed health professional no longer than three days from the date of the significant change assessment, and document the referral in the resident's record. Referral shall be made immediately when facility staff determines that a significant change as defined in Parts (c)(1)(A)-(M) of this Rule poses an immediate risk to the health and safety of the resident, other residents, or staff of the facility.

(e) The assessments required in Paragraphs (a) and (c) of this Rule shall be completed and signed by the person designated by the administrator to perform resident assessments.

History Note: *Authority G.S. 131D-2.15; 131D-2.16; 131D-4.4; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;

Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004;
Readopted Eff. June 1, 2025.

10A NCAC 13G .0802 RESIDENT CARE PLAN

(a) The facility shall develop and implement a care plan for each resident based on the resident's assessment completed in accordance with Rule .0801 of this Section. The care plan shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan.

(b) The resident shall be offered the opportunity to participate in the development of his or her care plan. If the resident is unable to participate in the development of the care plan due to cognitive impairment, the responsible person as defined in Rule .0102 of this Subchapter shall be offered the opportunity to participate in the development of the care plan.

(c) The care plan shall include the following:

(1) a description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Section;
(2) frequency of the services or tasks to be performed;
(3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Section;
(4) licensed health professional tasks required according to Rule .0903 of this Section;
(5) a dated signature of the assessor upon completion; and
(6) a dated signature of the resident's physician or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations warranting the provision of the personal care services in the above care plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid.

(d) If the resident received home health or hospice services, the facility shall communicate with the home health or hospice agency to coordinate care and services to ensure the resident's needs are met.

(e) The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance use services includes instructions regarding how to contact that provider, including emergency and after-hours contacts. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance use services in accordance with Rule .0801(d) of this Subchapter.

(f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section.

History Note: *Authority G.S. 131D-2.15; 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
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