



Mental Health Licensure Policies and Procedures Worksheets

Use of form:

Mental Health Licensure requires the licensee to develop written policies and procedures. Therefore, policies and procedures must be submitted to the Licensure and Training Consultant at the first review.

Instructions:

1. Use the policy worksheet to identify the page number you address each point for ease in reference and review.
2. Policy and procedure manuals must include a table of contents with page numbers
3. This worksheet must be completed and submitted with Policies and Procedures

Policies should be dated and the pages numbered. This worksheet is not a substitution for the rules. The licensee is responsible for complying with all applicable rules and statutes. Therefore, the information below is only a snapshot of the actual rules and is not a substitute for obtaining a licensure rule book.

Fillable Form

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Name – Facility _____	Address – Facility (Street, City, State, Zip Code) _____	Date _____
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Name of LTC	Program Code
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Policy / Procedure Checklist

SUBCHAPTER G. RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE FACILITIES AND SERVICES

<i>Policy Page Number Must be Entered</i>	<u>10A NCAC 27G .201 Governing Body</u>	Yes	No	Comments
	1. Delegation of Management Authority (Chain of command).			
	2. Admission Criteria for admission into facility.			
	3. Admission Assessments including: <ul style="list-style-type: none"> • who will perform the assessment; and • time frames for completing an assessment. 			
	4. Criteria for discharging a client from the facility			
	5. Client record management, including: <ul style="list-style-type: none"> • persons authorized to document; • how to transport records; • safeguard of records • record accessibility to authorized users and • assurance of confidentiality of records. 			

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Policy Page Number Must be Entered	Rule	Yes	NO	Comments
	<p>6. Screenings and assessments, which shall include:</p> <ul style="list-style-type: none"> • Individuals presenting problem or need; • will provide services to address the needs of the individual; • disposition of clients. 			
	<p>7. Quality assurance and Quality improvement activities, including:</p> <ul style="list-style-type: none"> • QUALITY IMPROVEMENT and QUALITY ASSURANCE committee; • QUALITY IMPROVEMENT and QUALITY ASSURANCE improvement plan; • methods for monitoring client care • qualified supervision for all staff • strategies for improving client care; • staff credentialing/privileging • <i>review of all fatalities</i> • adoption of standards practice. 			
	<p>8. Incident Reporting</p>			
	<p>9. Voluntary Non-Compensated client work</p>			
	<p>10. Fee assessment and collection</p>			
	<p>11. Medical Emergency Plan</p>			
	<p>12. Authorization for and follow-up of lab tests.</p>			



Policy Page Number Must be Entered	Rule	Yes	NO	Comments
	13. Transportation including the accessibility of emergency information for a client when transporting.			
	14. Safety precautions and requirements for facility areas, including special client activity areas; <i>(one area is your Fire/Disaster Plan: What you plan to do if there is a fire or disaster and how you will execute the plan).</i>			
	15. Volunteers: services of volunteers, including supervision and requirements for maintaining client confidentiality.			
	16. Areas in which staff, including nonprofessional staff, receive training and continuing education.			
	17. Client grievance policy and procedures for review of client grievances			
	18. Minutes of the governing body shall be permanently maintained.			
	19. Policies and procedures for; <ul style="list-style-type: none"> • identifying, • reporting, • investigating and, • controlling infectious and communicable diseases of <i>staff and client.</i> 			

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Fillable Form



<i>Policy Page Number Must be Entered</i>	<u>10A NCAC 27G .0203 Competencies of Qualified and Associate Professionals</u>	Yes	No	Comments
	1. Policy on implementing and creating the individualized supervision plan upon hiring each associate professional			
<i>Policy Page Number Must be Entered</i>	<u>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</u>	Yes	No	Comments
	2. Policy on implementing and creating of the individualized supervision upon hire of each paraprofessional.			
<i>Policy Page Number Must be Entered</i>	<u>10A NCAC 27G .0205. ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</u>	Yes	No	Comments
	3. The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.			
	4. The plan shall include: <ul style="list-style-type: none"> • client outcome(s) that are anticipated to be achieved by the provision of the service and a projected date of achievement; • strategies; • staff responsible; • a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; • the basis for evaluation or assessment of outcome achievement; and • written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 			

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Page Number Must be Entered	Medication Dispensing 10A NCAC 27G .0209. MEDICATION REQUIREMENTS	Yes	No	Comments
	1. Medications dispensed only by written M.D. order.			
	2. Dispensing of medications only by Licensed person.			
	3. How take-home Methadone is given to the client by R.N. only.			
	4. Policy on how Facilities shall not keep prescription drugs for dispensing without a Pharmacist, except for emergency use.			
	Medication packaging and labeling			Comments
	5. Policy on Non-Prescribed drug containers not dispensed by a Pharmacist must have an original label with expiration dates visible.			
	6. Policy on Prescription medications must be dispensed in tamper-resistant packaging.			
	7. Policy on the label of prescription meds must include: <ul style="list-style-type: none"> • Client name; • M.D. name; • dispensed date; • administration directions; clear directions for self-admin • name, strength, quantity & expiration date of the drug; • name & address of pharmacy; the name of Pharmacist. 			
	Medication administration			Comments
	8. How prescription or non-prescription drugs shall be administered.			
	9. How medications authorized for self-administered medications			
	10. A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: <ul style="list-style-type: none"> • client's name; • name, strength, and quantity of the drug; • instructions for administering the drug; • date and time the drug is administered; and • name or initials of the person administering the drug. 			

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Policy Page Number Must be Entered	Rule	Yes	NO	Comments
	11. Medications, including injections, shall be administered only by licensed persons or by unlicensed persons trained by a registered nurse, Pharmacist or other legally qualified person and privileged to prepare and administer medications.			
	12. Client requests for medication changes or checks shall be recorded and kept with the MAR file followed by an appointment or consultation with a physician.			
	Medication Disposal			Comments
	13. Upon discharge of a patient or resident, the remainder of their drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility. In such a case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.			
	Medication Storage			Comments
	14. Medications shall be stored: <ul style="list-style-type: none"> • in a securely locked cabinet in a clean, well-lighted, ventilated room between 59° and 86° F.; • in a refrigerator, if required, between 36° and 46° F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; • separately for each client; • separately for external and internal use; • securely if approved by a physician for a client to self-medicate. 			
	Medication review			Comments
	1. A 6-month drug review by a Psychiatrist or Pharmacist is required if taking Psychotropic medications			
	2. Findings from drug review recorded in client record with a corrective action plan.			
	3. Staff is responsible for informing M.D. of review results if medical intervention is indicated.			

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Policy Page Number Must be Entered	Medication Errors	YES	NO	Comments
	4. Policy on significant adverse drug reactions and how it is reported immediately to a physician or Pharmacist.			
<u>SUBCHAPTER D. GENERAL RIGHTS</u>				
Policy Page Number Must be Entered	<u>10A NCAC 27D .0101. POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</u>	YES	NO	Comments
<i>If a facility uses Seclusion, Restraints and Isolation Time Out this section MUST be in the facility's policy and procedure manual</i>				
	1. How ALL instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services.			
	2. What safeguards are used when medications are known to present a serious risk.			
	3. Identify restrictive intervention (R.I.) that is prohibited from use within the facility.			
	4. <i>If a 24-hour facility</i> , the circumstances under which staff are prohibited from restricting a client's rights.			
	5. Identify allowed restrictive intervention(s) in your facility.			
	6. Staff (position) responsible for informing the client of restrictive interventions.			
	7. Due process procedure for a client who refuses the use of restrictive interventions.			
	8. Identify staff person (position) responsible for giving written permission for giving written permission for 24hr restrictive interventions.			
	9. Identify staff person (position) who is responsible for review client of restrictive interventions.			
	10. Process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.			

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Policy Page Number Must be Entered	Rule Continued	Yes	NO	Comments
	11. Following the use of restrictive intervention, the staff shall conduct a debriefing and planning with the client and legally responsible person. This process should be conducted based on the cognitive functioning of the client.			
<i>Policy Page Number Must be Entered</i>	10A NCAC 27D .0102. SUSPENSION AND EXPULSION POLICY			Comments
	12. Policy documenting each client shall be free from threat or fear of unwarranted suspension or expulsion from the facility.			
	13. The policy shall address the criteria to be used for suspension, expulsion or other discharge not mutually agreed upon and shall establish documentation requirements that include: <ul style="list-style-type: none"> • Timeframe for resuming services after suspension. • the specific time and conditions for resuming services following suspension; • efforts by the staff of the facility to identify an alternative service to meet the client's needs and designation of such service; and • the discharge plan, if any. 			
<i>Policy Page Number Must be Entered</i>	10A NCAC 27D .0103. SEARCH AND SEIZURE POLICY			Comments
	14. A policy that specifies the conditions under which searches of the client or their living area may occur, and if permitted, the procedures for seizure of the client's belongings or property in possession of the client.			
	15. Each client is free from unwarranted invasion of privacy.			
	16. Specifications on the conditions under which searches of the client or person's area may occur.			
	17. Where and how to document a search and seizure. <ul style="list-style-type: none"> (A) scope of search; (B) reason for search; (C) procedures followed in the search; (D) a description of any property seized; and (E) an account of the disposition of seized property. 			

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<i>Policy Page Number Must be Entered</i>	<u>10A NCAC 27D .0104. PERIODIC INTERNAL REVIEW</u>	YES	NO	Comments
	18. Procedure on conducting a review at least every 3 years to check for compliance with applicable laws.			
	19. The governing body will keep and maintain the three most recent written reports of the findings of reviews.			
<i>Policy Page Number Must be Entered</i>	<u>10A NCAC 27D .0201. INFORMING CLIENTS</u>			Comments
	20. Written client rights shall be made available to each client and or legal representative.			
	21. Each client shall be informed of their right to contact the Disability Rights of North Carolina.			
	22. Documentation is kept in the client record that client rights have been explained.			
	23. Within 72 hours or three visits, the client will be informed of rules and violation penalties; disclosure rules for confidential info; procedure for obtaining a copy of treatment plan; grievance procedure (including contact person); suspension/expulsion and search and seizure.			
	24. In facilities using Restrictive Interventions: timeframe client will be informed of the purpose, goal & reinforcement structure of a behavior management system; potential restrictions; notification provisions regarding use; notice that the legally responsible person after use of restrictive interventions; a competent adult may designate an individual to receive information after restrictive interventions and notification provisions regarding restriction of rights.			
<i>Policy Page Number Must be Entered</i>	<u>10A NCAC 27D .0202. INFORMING STAFF</u>			Comments
	25. Policy on informing staff of client rights.			
	26. Documentation of receipt of information by each staff			

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<i>Policy Page Number Must be Entered</i>	<u>10A NCAC 27D .0301. SOCIAL INTEGRATION</u>	YES	NO	Comments
	27. Each client <i>in a day/night or 24-hour facility</i> is encouraged to participate in appropriate and generally acceptable social interactions and activities with other clients and non-client members of the community.			
	28. Clients shall not be prohibited from appropriate and generally acceptable social interactions and activities with other clients and non-client members of the community.			
<i>Policy Page Number Must be Entered</i>	<u>10A NCAC 27D .0302. CLIENT SELF-GOVERNANCE</u>			Comments
	29. <i>A day/night or 24-hour facility</i> allows client input into facility governance and the development of client self-governance groups			
<i>Policy Page Number Must be Entered</i>	<u>10A NCAC 27D .0303. INFORMED CONSENT</u>			Comments
	30. Clients will be informed about the alleged benefits, potential risks and alternative treatments.			
	31. Clients will be about the length of time the consent is valid and what the procedure is to withdraw consent: <ul style="list-style-type: none"> • The timeframe of consents (no more than six months) • written consents for; <ul style="list-style-type: none"> ➤ Planned interventions ➤ Antabuse and Depo-Provera 			
	32. Clients have a right to refuse treatment and not be threatened with termination.			

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Policy Page Number Must be Entered	10A NCAC 27D .0304. PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION	YES	NO	Comments
	33. Staff shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.			
	34. Staff shall not subject a client to any sort of abuse or neglect.			
	35. Goods or services shall not be sold to or purchased from a client.			
	36. Staff shall use only that degree of force necessary to repel or secure a violent and aggressive client and <ul style="list-style-type: none"> • ensure if force necessary written the degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. 			
	37. Any violation by a staff of this rule is grounds for dismissal.			

SUBCHAPTER E. TREATMENT OR HABILITATION RIGHTS

SUBCHAPTER E. TREATMENT OR HABILITATION RIGHTS				
	SECTION 10A NCAC 27E. PROTECTIONS REGARDING INTERVENTIONS PROCEDURES			
	<i>If the facility uses Seclusion, Restraints and Isolation Time Out below 10A, NCAC 27E Treatment of Habilitation Rights must be reflected in the facility's policy and procedure manual.</i>			
Policy Page Number Must be Entered	10A NCAC 27E .0101. LEAST RESTRICTIVE ALTERNATIVE	Yes	No	Comments
	1. Facilities shall provide services using the least restrictive, most appropriate while ensuring a safe and respectful environment.			
	2. The use of restrictive interventions shall be accompanied by actions to ensure dignity and respect during and after the intervention. Including using the intervention as a last resort; and employing the intervention by people trained in its use.			

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Policy Page Number Must be Entered	10A NCAC 27E .0102. PROHIBITED PROCEDURES	YES	NO	Comments
	3. The following procedures are prohibited: corporal punishment; painful body contact; substances which create painful bodily reactions; electric shock; insulin shock; unpleasant-tasting foodstuffs; application of noxious substances (noise, bad smells, splashing with water); physically painful procedures to reduce behavior			
	4. The governing body may determine to prohibit the use of any interventions deemed unacceptable.			
Policy Page Number Must be Entered	10A NCAC 27E .0103. GENERAL POLICIES REGARDING INTERVENTION PROCEDURES			Comments
	5. Procedures are only employed when clinically or medically indicated as a method of therapeutic treatment.			
	6. The determination that a procedure is clinically/medically indicated and the authorization for the use of such treatment for a specific client can only be made by a physician or a licensed Ph.D. who has been formally trained and privileged in the use of a procedure.			
Policy Page Number Must be Entered	10A NCAC 27E .0104. SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL			Comments
	7. Written policy delineates the use of restrictive interventions.			
	8. The use of restrictive interventions shall be limited to: <ul style="list-style-type: none"> • emergency situations, in order to terminate a behavior or action in which a client is in imminent danger of abuse or injury to self or other persons or when property damage is occurring that poses an imminent risk of danger of injury or harm to self or others; or • as a planned measure of therapeutic treatment (NOTE: NO PRTF shall NOT have planned restrictive intervention's § 483.356 - Protection of residents.) 			

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Policy Page Number Must be Entered	Rule Continued	Yes	NO	Comments
	<p>9. Restrictive interventions are considered a planned intervention and must be included in the client's treatment/habilitation plan whenever it is used:</p> <ul style="list-style-type: none"> • More than four times or • More than 40 hours in a calendar month • in a single episode in which the original order is renewed for up to a total of 24 hours in accordance with the limit specified in Item in your policy • as a measure of therapeutic treatment designed to reduce dangerous, aggressive, self-injurious or undesirable behaviors to a level that will allow the use of less restrictive treatment or habilitation procedures. 			
	<p>10. The planned intervention has consent or approval and shall be considered valid for no more than six months and that the decision to continue the specific intervention shall be based on clear and recent behavioral evidence that the intervention is having a positive impact and continues to be needed</p>			
	<p>11. How restrictive interventions will not be used as coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing.</p>			
	<p>12. Restrictive interventions will not be used in a manner that causes harm or abuse.</p>			
	<p>13. Define and outline the permissible use of restrictive interventions within a facility.</p>			
	<p>14. The facility shall collect and analyze data on the use of seclusion and physical restraint. The data collected and analyzed shall reflect for each incident:</p> <ul style="list-style-type: none"> • the type of procedure used, and the length of time employed; • alternatives considered or employed; and • the effectiveness of the procedure or alternative employed. 			
	<p>15. The facility shall analyze the data on at least a quarterly basis to monitor effectiveness, determine trends and take corrective action where necessary. In addition, the facility shall make the data available to the Secretary upon request.</p>			

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Policy Page Number Must be Entered	Rule Continued	Yes	NO	Comments
	16. Identifying, training, assessing the competence of facility employees who may authorize and implement restrictive interventions.			
	17. The duties and responsibilities of responsible professionals regarding the use of restrictive interventions.			
	18. The person responsible (position) for documentation when restrictive interventions are used.			
	19. The person responsible (position) for the notification of others when restrictive interventions are used.			
	20. The person responsible (position) for checking the client's physical and psychological well-being and assessing the possible consequences of using a restrictive intervention.			
	21. Procedures with the use of Restrictive Interventions: <ul style="list-style-type: none"> • documentation physical disabilities • a room used for seclusion • if using Isolation: criteria • whenever a restrictive intervention is utilized, documentation shall be made in the client record to include • how emergency use of restrictive interventions shall be limited. 			
	22. Precautions and actions are employed when a client is in seclusion or physical restraint.			
	23. Discontinuing immediately at any indication of risk to the client's health or safety.			
	24. Standing orders or PRN orders shall not be used to authorize the use of seclusion, physical restraint or isolation time-out.			

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Policy Page Number Must be Entered	Rule Continued	Yes	NO	Comments
	25. When any restrictive intervention is utilized for a client, who, when and how others will be notified.			
	26. How the facility will conduct reviews and reports on all use of restrictive interventions.			
Policy Page Number Must be Entered	<u>10A NCAC 27E .0105. PROTECTIVE DEVICES</u>			Comments
	27. Procedure ensuring when a protective device is utilized for a client <ul style="list-style-type: none"> • The necessity for the protective device • Facility employee using device has been trained and demonstrated competence in the use for a device • Observation and interventions documented in a client record • Protocol on maintenance and cleaning of the devices 			
	28. Procedure documenting if a facility is operated by or under contract with an area program, the utilization of protective devices in the treatment/habilitation plan shall be subject to review by the Client Rights Committee.			
	<u>10A NCAC 27E .0106. INTERVENTION ADVISORY COMMITTEES</u>			Comments
	29. Intervention Advisory Committee shall be established to provide additional safeguards in a facility that utilizes restrictive interventions as planned interventions			
	30. Document who is required in the membership of your Intervention Advisory Committee.			
	31. A procedure governs the Intervention Advisory Committee and details how client information is disseminated and reasoning for disseminating.			
	32. A procedure regarding the Intervention Advisory Committee will document the specific training and orientation given to the Committee.			

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Treatment Rights in 24-hour Facilities

Policy Page Number Must be Entered	NCGS 122C-61: Treatment rights in 24-hour facilities	YES	NO	Comments
	1. The client will have the right to receive necessary treatment for and prevention of physical ailments based upon the client's condition and projected length of stay.			
	2. Clients have the right during treatment or habilitation (<i>no later than the time of discharge</i>) to an individualized written discharge plan containing recommendations for further services designed to enable the client to live as normally as possible.			
Policy Page Number Must be Entered	NCGS 122C-62: Additional rights in 24-hour facilities			Comments
	<p>3. Adult Clients have the right to:</p> <ul style="list-style-type: none"> • Make and receive confidential phone calls • Receive visitors between 8:00 am and 9:00 pm for at least 6 hours daily; 2 hours shall be after 6:00 pm. Visiting shall not take precedence over therapies. • Communicate & meet under appropriate supervision with individuals of their own choice. • Make visits outside of the facility unless issues are related to commitment proceedings or court orders. • Be out of doors daily and have access to facilities & equipment for physical exercise several times a week. • Keep and use personal clothing and possessions. • Participate in religious worship. • Retain a driver's license unless otherwise prohibited. • Have access to individual storage space for private use. 			

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Policy Page Number Must be Entered	Rule Continued	Yes	NO	Comments
	<p>4. Minor Clients have the right to:</p> <ul style="list-style-type: none"> • Make and receive phone calls. • Under appropriate supervision, receive visitor's b/n 8:00 am and 9:00 pm for at least 6 hours daily; 2 hours shall be after 6:00 pm. Visiting shall not take precedence over therapies. • Send and receive mail and have access to writing materials, postage, staff assistance. • Receive special education and vocational training. • Be out of doors daily and participate in play, recreation, and physical exercise regularly in accordance with client needs. • Keep and use personal clothing and possessions under appropriate supervision. • Participate in religious worship. • Have access to individual storage space for personal belongings. • Have access to and spend a reasonable sum of own money. • Retain a driver's license unless otherwise prohibited. 			

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Subchapter 27F Specific Rules for 24-Hour Facilities

SUBCHAPTER 27F - 24-HOUR FACILITIES				
Policy Page Number Must be Entered	10A NCAC 27F .0101 Scope	Yes	No	Comments
	1. Article 3, Chapter 122C of the General Statutes provides specific rights for each client who receives mental health, developmental disability or substance abuse service. This subchapter delineates the rules regarding those rights for clients in a 24-hour facility.			
Policy Page Number Must be Entered	10A NCAC 27F .0102. LIVING ENVIRONMENT	Yes	No	Comments
	2. Efforts to make a quiet atmosphere for uninterrupted sleep, privacy areas.			
	3. The client may suitably decorate the room when appropriate.			
Policy Page Number Must be Entered	10A NCAC 27F .0103 Health, Hygiene and Grooming	Yes	No	Comments
	4. Clients will have the right to dignity, privacy and humane care in healthy hygiene and grooming.			
	5. The client will have access to shower/tub daily or more often as needed, access to a barber or beautician, access to linens and towels and other toiletries.			
	6. Adequate toilets, lavatory and bath facilities equipped for a client with mobility impairment will be available.			
	7. Ct bathtubs, showers and toilets will be private.			

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<i>Policy Page Number Must be Entered</i>	10A NCAC 27F .0104 Storage and Protection of Clothing and Possessions	Yes	No	Comments
	8. Staff will make every effort to protect clients' personal clothing and possessions from loss or damage.			
<i>Policy Page Number Must be Entered</i>	10A NCAC 27F .0105 Client's Personal Funds	Yes	No	Comments
	9. Each client will be encouraged to maintain funds in a personal account.			
	10. Funds managed by staff will: assure client right to deposit and withdraw money; regulate the receipt and distribution, and deposits of funds; provide adequate financial records on all transactions; assure client funds are kept separate; allow a deduction from accounts for payment of treatment/habilitation services when authorized; issue receipts for deposits and withdrawals provide quarterly client statements.			
	11. Authorization by the client is required before a deduction can be made from an account for any amount owed for damages done by the client to the facility, to an employee of the facility, a visitor or another Client.			
SUBCHAPTER 130 – HEALTHCARE PERSONNEL REGISTRY				
<i>Policy Page Number Must be Entered</i>	10A NCAC 130 .0102 Investigating and Reporting Health Care Personnel Registry	Yes	No	Comments
	1. The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g) .			