1	10A NCAC 13	D .3003	is proposed for amendment as follows:
2			
3	10A NCAC 13	D .3003	VENTILATOR DEPENDENCE ASSISTED CARE
4	(a) The general requirements in this Subchapter shall apply when applicable. In addition, facilities having patients		
5	requiring the use of ventilators for more than eight hours a day shall meet the following requirements: For the purpose		
6	of this Rule, ventilator assisted individuals, means as defined in 42 CFR Part 483.25(i), F695, herein incorporated by		
7	reference including subsequent amendments and editions. Copies of the Code of Federal Regulations, Title 42, Public		
8	Health, Part 482-End, 2019 may be accessed free of charge online at https://www.cms.gov/Regulations-and-		
9	Guidance/Guidance/Manuals/downloads/som107ap pp guidelines ltcf.pdf.		
10	(b) Facilities having patients who are ventilator assisted individuals shall:		
11	(1)	(1) The facility shall be located within 30 minutes of an acute care facility. <u>administer respiratory care</u>	
12		<u>in acc</u>	cordance with 42 CFR Part 483.25(i), F695;
13	(2)	Respi	iratory therapy shall be provided and supervised by a respiratory therapist currently registered
14		by the	e National Board for Respiratory Care. administer respiratory care in accordance with the scope
15		<u>of pra</u>	actice for respiratory therapists defined in G.S. 90-648; and The respiratory therapist shall:
16		(a)	make, as a minimum, weekly on site assessments of each patient receiving ventilator
17			support with corresponding progress notes;
18		(b)	be on call 24 hours daily; and
19		(c)	assist the pulmonologist and nursing staff in establishing ventilator policies and
20			procedures, including emergency policies and procedures.
21	(3)	Direc	et nursing care staffing shall be in accordance with Rule .3005 of this Section. provide
22		pulmo	onary services from a physician who has training in pulmonary medicine according to The
23		American Board of Internal Medicine. The physician shall be responsible for respiratory services	
24		and shall:	
25		<u>(A)</u>	establish with the respiratory therapist and nursing staff, ventilator policies and procedures,
26			including emergency procedures;
27		<u>(B)</u>	assess each ventilator assisted patient's status at least monthly with corresponding progress
28			notes:
29		<u>(C)</u>	respond to emergency communications 24-hours a day; and
30		<u>(D)</u>	participate in individual care planning.
31	(c) Direct care nursing personnel staffing ratios established in Rule .2303 of this Subchapter shall not be applied to		
32	nursing services for patients who are ventilator assisted at life support settings. The minimum direct care nursing staff		
33	shall be 5.5 hours per patient day, allocated on a per shift basis as the facility chooses; however, in no event shall the		
34	direct care nursing staff fall below a registered nurse and a nurse aide I at any time during a 24-hour period.		
35			
36	History Note:	Autho	ority G.S. 131E-104;
37		RRC	objection due to lack of statutory authority Eff. July 13, 1995;

1	Eff. January 1, 1996;
2	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22,
3	2015. <u>2015:</u>
4	Amended Eff. January 1, 2021.