10A NCAC 13D .3003 is amended with changes as published in 34:24 NCR 2377-2380 as follows:

10A NCAC 13D .3003 VENTILATOR DEPENDENCE ASSISTED CARE

(a) The general requirements in this Subchapter shall apply when applicable. In addition, facilities having patients requiring the use of ventilators for more than eight hours a day shall meet the following requirements: For the purpose of this Rule, ventilator assisted individuals, means as defined in [42 CFR Part 483.25(i), F695,] the federal State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities, herein incorporated by reference including subsequent amendments and editions. Copies of the [Code of Federal Regulations, Title 42, Public Health, Part 482-End, 2019] State Operations Manual may be accessed free of charge online at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

(b) Facilities having patients who are ventilator assisted individuals shall:

(1) The facility shall be located within 30 minutes of an acute care facility, administer respiratory care in accordance with 42 CFR Part 483.25(i), and the federal State Operations Manual F695;

(2) Respiratory therapy shall be provided and supervised by a respiratory therapist currently registered by the National Board for Respiratory Care, administer respiratory care in accordance with the scope of practice for respiratory therapists defined in G.S. 90-648; and The respiratory therapist shall:

   (a) make, as a minimum, weekly on site assessments of each patient receiving ventilator support with corresponding progress notes;

   (b) be on call 24 hours daily; and

   (c) assist the pulmonologist and nursing staff in establishing ventilator policies and procedures, including emergency policies and procedures.

(3) Direct nursing care staffing shall be in accordance with Rule .3005 of this Section, provide pulmonary services from a physician who has training in pulmonary medicine according to The American Board of Internal Medicine. The physician shall be responsible for respiratory services and shall:

   (A) establish with the respiratory therapist and nursing staff, ventilator policies and procedures, including emergency procedures;

   (B) assess each ventilator assisted patient’s status at least monthly with corresponding progress notes;

   (C) respond to emergency communications 24 hours a day; and

   (D) participate in individual care planning.

(c) Direct care nursing personnel staffing ratios established in Rule .2303 of this Subchapter shall not be applied to nursing services for patients who are ventilator assisted at life support settings. The minimum direct care nursing staff shall be 5.5 hours per patient day, allocated on a per shift basis as the facility chooses; however, in no event shall the direct care nursing staff fall below a registered nurse and a nurse aide I at any time during a 24-hour period.

History Note: Authority G.S. 131E-104;
1. RRC objection due to lack of statutory authority Eff. July 13, 1995;
2. Eff. January 1, 1996;
3. Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015;