| 1  | 10A NCAC 131   | F .0802 is proposed for readoption with substantive changes as follows:                                    |
|----|--|--|
| 2  |  |  |
| 3  | 10A NCAC 13  | F .0802 RESIDENT CARE PLAN   |
| 4  | (a) An adult care home The facility shall assure a care plan is developed develop and implement a care plan for each     |  |
| 5  | resident in conjunction with based on the resident resident's assessment to be completed within 30 days following        |  |
| 6  | admission acco   | rding to in accordance with Rule .0801 of this Section. The care plan is an individualized, written        |
| 7  | program of pers  | sonal care for each resident. shall be resident-centered and include the resident's preferences related to |
| 8  | the provision of   | f care and services. A copy of each resident's current care plan shall be maintained in a location in the  |
| 9  | facility where it  | t can be accessed by facility staff who are responsible for the implementation of the care plan.           |
| 10 | (b) The care pl  | an shall be revised as needed based on further assessments of the resident according to Rule .0801 of      |
| 11 | this Section. The resident shall be offered the opportunity to participate in the development f his or her care plan. If |  |
| 12 | the resident is unable to participate in the development of the care plan due to cognitive impairment, the responsible   |  |
| 13 | person shall be offered the opportunity to participate in the development of the care plan.                              |  |
| 14 | (c) The care plan shall include the following:   |  |
| 15 | (1)  | a statement of the care or service to be provided based on the assessment or reassessment; and             |
| 16 |  | description of services, supervision, tasks, and level of assistance to be provided to address the         |
| 17 |  | resident's needs identified in the resident's assessment in Rule .0801 of this Subchapter;                 |
| 18 | (2)  | frequency of the service provision. Services or tasks to be performed;                                     |
| 19 | <u>(3)</u>   | revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this              |
| 20 |  | Subchapter;  |
| 21 | <u>(4)</u>   | licensed health professional tasks required according to Rule .0903 of this Subchapter;                    |
| 22 | (5)  | a dated signature of the assessor upon completion; and   |
| 23 | (6)  | a dated signature of the resident's physician or physician extender within 15 days of completion of        |
| 24 |  | the care plan certifying the resident as being under this physician's care with medical diagnoses          |
| 25 |  | justifying the tasks specified in the care plan. This shall not apply to residents assessed through the    |
| 26 |  | Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering           |
| 27 |  | tasks needed for each activity of daily living of this Rule for which care planning and signing are        |
| 28 |  | directed by Medicaid. The activities of daily living relevant to the Medicaid State Plan Personal          |
| 29 |  | Care Services Assessment are bathing, dressing, mobility, toileting, and eating.                           |
| 30 | (d) The assessor shall sign the care plan upon its completion.   |  |
| 31 | (e) The facility   | shall assure that the resident's physician authorizes personal care services and certifies the following   |
| 32 | by signing and dating the care plan within 15 calendar days of completion of the assessment:                             |  |
| 33 | (1)  | the resident is under the physician's care; and  |
| 34 | (2)  | the resident has a medical diagnosis with associated physical or mental limitations that justify the       |
| 35 |  | personal care services specified in the care plan.   |
| 36 | (d) If the resident received home health or hospice services, the facility shall communicate with the home health or     |  |
| 37 | hospice agency to coordinate care and services to ensure the resident's needs are met.                                   |  |

1 (f)(e) The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, 2 developmental disabilities or substance abuse use services includes resident specific instructions regarding how to 3 contact that provider, including emergency contact, and after-hours contacts. Whenever significant behavioral changes 4 described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of 5 mental health, developmental disabilities or substance abuse use services in accordance with Rule .0801(d) of this 6 Subchapter. 7 (f) The care plan shall be revised as needed based on the results of a significant change assessment completed in 8 accordance with Rule .0801 of this Section. 9 10 Authority G.S. 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165; History Note: 11 Temporary Adoption Eff. January 1, 1996; 12 Eff. May 1, 1997; 13 Temporary Amendment Eff. September 1, 2003; July 1, 2003; 14 Amended Eff. July 1, 2005; June 1, 2004. 2004; Readopted Eff. May 1, 2025. 15 16

17