

1 10A NCAC 13G .0316 is proposed for amendment as follows:

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3 **10A NCAC 13G .0316 FIRE SAFETY AND ~~DISASTER~~ EMERGENCY PREPAREDNESS PLAN**

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

- 5 (1) one five pound or larger (net charge) "A-B-C" type ~~centrally located;~~ located in an area that can be
6 accessed by staff and not stored in rooms with doors or the kitchen;
7 (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and
8 (3) any other location as determined by the ~~code~~ local fire code enforcement official.

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

15 (c) Underwriters Laboratories, Incorporated (U.L.) listed heat detectors shall be installed in all attic spaces and in the
16 basement of the facility. Heat detectors shall be hard-wired, interconnected, and connected to a dedicated sounding
17 device located inside the living area of the facility. Heat detectors shall be of the rate of rise type as not to create
18 nuisance alarms and be provided with battery backup.

19 ~~(d)~~ (d) Any All fire safety requirements required by city ordinances or county building inspectors shall be met.

20 ~~(d)~~ (e) A written fire evacuation plan ~~(including a diagrammed drawing)~~ that includes a diagrammed drawing. The
21 plan shall have which has the approval of the local fire prevention code enforcement official shall be official, prepared
22 in large legible print and posted in a central location on each floor. every floor in a location visible to staff, residents,
23 and visitors. The plan shall be reviewed with each resident all residents on admission and shall be a part of the
24 orientation for all new staff.

25 ~~(e)~~ (f) There shall be at least four rehearsals of the fire evacuation plan ~~each year.~~ every year on each shift. Records
26 of rehearsals shall be maintained by the administrator or their designee in the facility and copies furnished to the
27 county department of social services annually. The records shall include the date and time of the rehearsals, the shift
28 staff members present, and a short description of what the rehearsal involved. ~~rehearsal.~~

29 (g) Each facility shall develop and implement an emergency preparedness plan. The administrator shall ensure
30 emergency preparedness planning and the development and implementation of the facility's emergency preparedness
31 plan in accordance with this Rule. The emergency preparedness plan shall include the following:

- 32 (1) An all-hazards plan which includes a basic emergency operations plan, using an all-hazards
33 approach. For the purpose of this Rule, an "all-hazards approach" means addressing the facility's
34 common operational functions in an emergency; the facility identifies and trains staff on tasks
35 common to all emergency events; the facility identifies and trains the primary staff persons
36 responsible for accomplishing those tasks; and the facility identifies how it will ensure continuity
37 of operations, including designating alternate individuals to carry out those responsibilities and tasks

1 in the event that the primary staff person is not available to do so. The plan shall address the
2 following:

3 (A) procedures for collaborating with other healthcare facilities and services to include
4 emergency medical services, hospitals, nursing homes, adult care homes when applicable
5 and the community during an emergency or disaster;

6 (B) a plan for communicating with local emergency management, the Division of Health
7 Service Regulation (DHSR), Department of Social Services (DSS), residents and their
8 responsible parties, and staff;

9 (C) procedures for collaborating with local emergency management and healthcare coalitions;

10 (D) provision for subsistence needs for residents and staff, including food, water, medical and
11 pharmaceutical supplies, and equipment including durable medical equipment, medication,
12 and personal protective equipment;

13 (E) alternate source of energy to maintain temperatures to protect resident health and safety
14 and for the safe and sanitary storage of food and medications, emergency lighting, fire
15 detection, extinguishing, and alarm systems, sewage and waste disposal;

16 (F) a system for tracking residents and staff;

17 (G) procedures for sheltering-in-place;

18 (H) evacuation procedures that provide for safe evacuation of residents, staff, resident family
19 or representatives, or other personnel who sought potential refuge at the facility;

20 (I) resident identification and resident records;

21 (J) emergency and standby power systems;

22 (K) transportation procedures to include prearranged transfer agreements, written agreements
23 or contracted arrangements with other facilities and other providers to receive residents in
24 the event of limitations or cessation of operations to maintain the continuity of services to
25 residents;

26 (L) provisions for addressing potential staffing issues and ensuring staffing to meet the needs
27 of residents during an emergency situation, including the provision of staff to care for
28 residents while evacuated from the facility;

29 (M) coordination with the local and regional emergency management agency; and

30 (N) contact information for state and local resources for emergency response, facility staff,
31 residents and responsible parties, vendors, contractors, utility companies, and local
32 building officials such as the fire marshal and local health department.

33 (2) A risk assessment that identifies potential hazards to the facility. The risk assessment shall be based
34 on the county risk assessment established by the county emergency management agency and the
35 hazard vulnerability assessment established by the regional healthcare coalition. The facility's risk
36 assessment shall identify the top three to five risk areas to the facility and its residents and categorize
37 the risk areas by the likelihood of occurrence. For each of the three to five risk areas identified, the

1 facility shall develop a plan which addresses the factors listed in Items (e)(1)(A-N) of this Rule. The
2 following are examples of types of emergencies or disasters that may pose a risk to a facility:

3 (A) Natural disasters to include a hurricane, tornado, storm, high water, wind-driven water,
4 tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or
5 drought;

6 (B) Man-made disasters to include fire, building structure failures, transport accidents, acts of
7 terrorism, active assailant, incidents of mass violence, industrial accidents;

8 (C) Infrastructure disruptions such as failures to structures, facilities, and equipment for roads,
9 highways, bridges, ports, intercity passenger and freight railroads; freight and intermodal
10 facilities, airport, water systems, sewer systems;

11 (D) Resident care-related emergencies;

12 (E) Equipment and utility failures, to include power, water, gas;

13 (F) Interruptions in communication;

14 (G) Unforeseen widespread communicable public health and emerging infectious diseases;

15 (H) Loss of all or a portion of the facility; and

16 (I) Interruptions to the normal supply of essential resources, such as water, food, fuel for
17 heating and cooking, generators, medications, and medical supplies. For the purposes of
18 this rule “emergency” means a situation which presents the risk of death or physical harm
19 to residents.

20 (h) The facility’s emergency preparedness plan shall be reviewed at least annually and updated as needed by the
21 administrator and shall be submitted to the local emergency management agency and the local agency designated to
22 coordinate and plan for the provision of access to functional needs support services in shelters during disasters. Any
23 changes to the plan shall be submitted to the local emergency management agency and the local agency designated to
24 coordinate and plan for the provision of access to functional needs support services in shelters during disasters within
25 30 days of the change. Documentation of submissions shall be maintained at the facility and made available for review
26 upon request to the Division of Health Service Regulation and county department of social services.

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

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

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

1 (l) The facility shall conduct at least one drill per year to test the facility's emergency plan. The facility shall maintain
2 documentation of the annual drill which shall be made available upon request to the Division of Health Service
3 Regulation, county department of social services, and emergency management officials.

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

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

10 (o) Any damage to the facility or building systems that disrupts the normal care and services provided to residents
11 shall be reported to the Division of Health Service Regulation Construction Section to obtain technical assistance
12 within three hours or as soon as practicable of the incidence occurring.

13 (p) If a facility has evacuated residents due to an emergency, the facility shall not re-occupy the building until local
14 building officials have given approval to do so.

15 (q) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or
16 desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division
17 of Health Service Regulation prior to accepting the additional residents into the facility. The waiver request form can
18 be found on the Division of Health Service Regulation Adult Care Licensure Section website at
19 <https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident>.

20 (r) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care,
21 supervision, and safety of each resident, including providing required staffing and supplies in accordance with the
22 Rules of this Subchapter. Evacuation to a public emergency shelter should be a last resort due to a failure of the
23 facility's emergency preparedness plan, and the decision shall be made in consultation with the local emergency
24 management agency or the local agency designated to coordinate special needs sheltering during disasters. If a facility
25 evacuates residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation
26 Adult Care Licensure Section and the county department of social services within three hours of the decision to
27 evacuate.

28 ~~(h) (s) A written disaster plan which has the written approval of, or has been documented as submitted to, the local~~
29 ~~emergency management agency and the local agency designated to coordinate special needs sheltering during~~
30 ~~disasters. The emergency preparedness plan outlines in Paragraph (g) of this Rule shall be prepared and updated at~~
31 ~~least annually and shall be maintained in the home. facility and accessible to staff working in the facility. This written~~
32 ~~disaster plan requirement shall apply to new and existing homes.~~

34 *History Note: Authority G.S. 131D-2.16; 143B-165;*

35 *Eff. January 1, 1977;*

36 *Amended Eff. April 22, 1977;*

37 *Readopted Eff. October 31, 1977;*

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~~Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February~~
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Amended Eff. May 1, 2025.