SECTION .2100 - LICENSURE

10A NCAC 13D .2101 APPLICATION REQUIREMENTS
...(b) The application shall contain the following:
...(4) ownership disclosure...

10A NCAC 13D .2102 ISSUANCE OF LICENSE
(a) Only one license shall be issued to each facility. The Department shall issue a license to the licensee of the facility following review of operational policies and procedures and verification of compliance with applicable laws and rules.
(b) Licenses are not transferable.
(c) The bed capacity and services provided in a facility shall be in compliance with G.S. 131E, Article 9 regarding Certificate of Need.
(d) The license shall be posted in a prominent location, accessible to public view, within the licensed premises.

10A NCAC 13D .2104 REQUIREMENTS FOR LICENSURE RENEWAL OR CHANGES
...(b) The facility shall notify the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation in writing and make changes in the licensure application at least 30 days prior to the occurrence of the following:
...(2) a change in the legal identity (licensee) which has ownership responsibility and liability (such information shall be submitted by the proposed new owner)...

SECTION .2200 – GENERAL STANDARDS OF ADMINISTRATION

10A NCAC 13D .2201 ADMINISTRATOR
(a) The facility shall be under the direct management control of an administrator. The administrator shall not serve simultaneously as the director of nursing.
(b) If an administrator is not the sole owner of a facility, his or her authority and responsibility shall be clearly defined in a written agreement or in the facility's governing bylaws.
(c) The administrator shall be responsible for the operation of a facility on a full-time basis.
(d) The administrator shall ensure patient services are provided in accordance with all applicable local, state and federal regulations and codes, and with acceptable standards of practice that apply to professionals providing such services in the facility.
(e) The administrator shall be responsible for developing and implementing policies for the management and operation of the facility.
(f) In the temporary absence of the administrator, a person shall be on-site who is designated to be in charge of the overall facility operation.

10A NCAC 13D .2204 RESPITE CARE
(a) Respite care is not required as a condition of licensure. Facilities providing respite care, however, shall meet the requirements of this Subchapter with the following exceptions: Rules .2205, .2301, and .2501(b) and (c) of this Subchapter.

(b) Facilities providing respite care shall meet the following additional requirements:

(1) A patient’s descriptive record of stay shall include the preadmission or admission assessment, interdisciplinary notes as warranted by episodic events, medication administration records and a summary of the stay upon discharge.

(2) The facility shall complete a preadmission or admission assessment which allows for the development of a short-term plan of care and is based on the patient’s customary routine. The assessment shall address needs, including but not limited to identifying information, customary routines, hearing, vision, cognitive ability, functional limitations, continence, special procedures and treatments, skin conditions, behavior and mood, oral and nutritional status and medication regimen. The plan shall be developed to meet the respite care patient’s needs.

(3) The attending physician of the respite care patient will be notified of any acute changes or acute episode which warrant medical involvement. Medical orders and progress notes shall be written following the physician’s visits.

10A NCAC 13D .2206 MEDICAL DIRECTOR
(a) The facility shall designate a physician to serve as medical director.
(b) The medical director shall be responsible for implementation of patient care policies and coordination of medical care in the facility.

10A NCAC 13D .2208 SAFETY
(a) The facility shall have detailed written plans and procedures to meet potential emergencies and disasters, including but not limited to fire, severe weather and missing patients or residents.
(b) The plans and procedures shall be made available upon request to local or regional emergency management offices.
(c) The facility shall provide training for all employees in emergency procedures upon employment and annually.
(d) The facility shall conduct unannounced drills using the emergency procedures.

10A NCAC 13D .2210 REPORTING AND INVESTIGATING ABUSE, NEGLECT OR MISAPPROPRIATION
(a) A facility shall take measures to prevent patient abuse, patient neglect, or misappropriation of patient property, including orientation and instruction of facility staff on patients’ rights, and the screening of and requesting of references for all prospective employees.
(b) The administrator shall ensure that the Health Care Personnel Registry Section of the Division of Health Service Regulation is notified within 24 hours of the health care facility becoming aware of all allegations against health care personnel as defined in G.S. 131E-256(a)(1), which includes abuse, neglect, misappropriation of resident property, misappropriation of the property of the facility, diversion of drugs belonging to a health care facility or a resident, fraud against a health care facility or a resident, and injuries of unknown source in accordance with 42 CFR subsection 483.13 which is incorporated by reference.
(c) The facility shall investigate allegations of patient abuse, patient neglect, or misappropriation of patient property in accordance with 42 CFR subsection 483.13 which is incorporated by reference, including subsequent amendments, and shall document all relevant information pertaining to such investigation and shall take the necessary steps to prevent further incidents of abuse, neglect or misappropriation of patient property while the investigation is in progress. The Code of Federal Regulations, Title 42, Public Health, Part 430 to the end, revised as of October 1, 2005, Description Item 572-B, may be purchased from the U.S. Government Printing Office, P.O. Box 979050, St. Louis, MO 63197-9000, by a direct telephone call to the G.P.O. at (866) 512-1800 or online at http://bookstore.gpo.gov/ or accessed electronically at http://ecfr.gpoaccess.gov/.

(d) The administrator shall ensure that the report of investigation is printed or typed and postmarked to the Health Care Personnel Registry Section of the Division of Health Service Regulation within five working days of the allegation. The report shall include the date and time of the alleged incident of abuse, neglect or misappropriation of property; the patient's full name and room number; details of the allegation and any injury; names of the accused and any witnesses; names of the facility staff who investigated the allegation; results of the investigation; and any corrective action that may have been taken by the facility.

10A NCAC 13D .2211 PERSONNEL STANDARDS
(a) The facility shall employ the types and numbers of qualified staff, professional and non-professional, necessary to provide for the health, safety and proper care of patients.
(b) Each employee shall be assigned duties consistent with his or her job description and with his or her level of education and training.
(c) Professional staff shall be licensed, certified or registered in accordance with applicable state laws.
(d) The facility shall provide orientation regarding facility policies and procedures for all staff upon employment.
(e) The facility shall train all staff periodically in accordance with their job duties.
(f) The facility shall maintain an individual personnel record for each employee, including verification of credentials.
(g) The facility shall have a written agreement with any nursing personnel agency providing staff to the facility and shall orient agency staff as to facility policies and procedures.

10A NCAC 13D .2212 QUALITY ASSURANCE COMMITTEE
(a) The administrator shall establish a quality assessment and assurance committee that consists of the director of nursing, a physician designated by the facility, a pharmacist and at least three other staff members.
(b) The committee shall meet at least quarterly.
(c) The committee shall develop and implement appropriate plans of action which will correct identified quality care problems.

2300 PATIENT AND RESIDENT CARE SERVICES

10A NCAC 13D .2302 NURSING SERVICES
(a) The facility shall designate a registered nurse to serve as the director of nursing on a full-time basis.