

SUBCHAPTER 13F – LICENSING OF HOMES FOR THE AGED AND INFIRM

SECTION .0100 - DEFINITIONS

10A NCAC 13F .0101 DEFINITIONS

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Repealed Eff. July 1, 2005.

SECTION .0200 – LICENSING

10A NCAC 13F .0201 DEFINITIONS

The following definitions shall apply throughout this Section:

- (1) "Person" means an individual; a trust or estate; a partnership; a corporation; or any grouping of individuals, each of whom owns five percent or more of a partnership or corporation, who collectively own a majority interest of either a partnership or a corporation.
- (2) "Owner" means any person who has or had legal or equitable title to or a majority interest in an adult care home.
- (3) "Affiliate" means any person that directly or indirectly controls or did control an adult care home or any person who is controlled by a person who controls or did control an adult care home. In addition, two or more adult care homes who are under common control are affiliates.
- (4) "Principal" means any person who is or was the owner or operator of an adult care home, an executive officer of a corporation that does or did own or operate an adult care home, a general partner of a partnership that does or did own or operate an adult care home, or a sole proprietorship that does or did own or operate an adult care home.
- (5) "Indirect control" means any situation where one person is in a position to act through another person over whom the first person has control due to the legal or economic relationship between the two.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0113; S.L. 1999-0334; S.L. 2002-0160;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0202 THE LICENSE

- (a) Except as otherwise provided in Rule .0203 of this Section, the Department shall issue an adult care home license to any person who submits the application material according to Rule .0204 of this Section and the Department determines that the applicant complies with the provisions of all applicable State adult care home licensure statutes and rules. All applications for a new license shall disclose the names of individuals who are co-owners, partners or shareholders holding an ownership or controlling interest of five percent or more of the applicant entity.
- (b) The license shall be conspicuously posted in a public place in the home.
- (c) When a provisional license is issued, the administrator shall post the provisional license and a copy of the notice from the Division of Health Service Regulation identifying the reasons for it, in place of the full license.
- (d) The license is not transferable or assignable.
- (e) The license shall be terminated when the home is licensed to provide a higher level of care or a combination of a higher level of care and adult care home level of care.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0203 PERSONS NOT ELIGIBLE FOR NEW ADULT CARE HOME LICENSES

No new license shall be issued for any adult care home to an applicant for licensure who is the owner, principal or affiliate of an adult care home that has had its admissions suspended until six months after the suspension is lifted.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0204 APPLYING FOR A LICENSE TO OPERATE A FACILITY NOT CURRENTLY LICENSED

- (a) Prior to submission of a license application, all Certificate of Need requirements shall be met according to G.S. 131E, Article 9.
- (b) In applying for a license to operate an adult care home to be constructed or renovated or in an existing building that is not currently licensed, the applicant shall submit the following to the Division of Health Service Regulation:
- (1) the Initial License Application which is available on the internet website, <http://facility-services.state.nc.us/gcpage.htm> or the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708;
 - (2) plans and specifications as required in Section .0300 of this Subchapter and a construction review fee according to G.S. 131E-267;
 - (3) an approved fire and building safety inspection report from the local fire marshal to be submitted upon completion of construction or renovation;
 - (4) an approved sanitation report or a copy of the permit to begin operation from the sanitation division of the county health department to be submitted upon completion of construction or renovation;
 - (5) a nonrefundable license fee as required by G.S. 131D-2(b)(1); and
 - (6) a certificate of occupancy or certification of compliance from the local building official to be submitted upon completion of construction or renovation.

Note: Rule .0207 of this Section applies to obtaining a license to operate a currently licensed facility.

- (c) A pre-licensing survey shall be made by program consultants of the Division of Health Service Regulation and an adult home specialist of the county department of social services.
- (d) The Division of Health Service Regulation shall provide to the applicant written notification of the decision to license or not to license the adult care home.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0205 APPLICATION TO LICENSE A NEWLY CONSTRUCTED OR RENOVATED BUILDING

History Note: Authority G.S. 131D-2; 143B-153; 143B-165; S.L. 2002-160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Repealed Eff. June 1, 2004.

10A NCAC 13F .0206 CAPACITY

- (a) The licensed capacity of adult care homes licensed pursuant to this Subchapter is seven or more residents.
- (b) The total number of residents shall not exceed the number shown on the license.
- (c) A facility shall be licensed for no more beds than the number for which the required physical space and other required facilities in the building are available.
- (d) The bed capacity and services shall be in compliance with G.S. 131E, Article 9, regarding the certificate of need.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0207 CHANGE OF LICENSEE

When a licensee plans to sell the adult care home business, the following procedure is required.

- (1) The current licensee shall provide written notification of a planned change of licensee to the Division of Health Service Regulation, the county department of social services and the residents or their responsible persons prior to the planned change of licensee.
- (2) If the prospective licensee plans to purchase the building, the prospective licensee shall provide the Certificate of Need Section of the Division of Health Service Regulation with prior written notice as required by G.S. 13E-184(a)(8) prior to the purchase of the building.
- (3) If the licensee is changing but the ownership of the building is not, the applicant for the license shall request in writing an exemption from review from the Certificate of Need Section.

- (4) The prospective licensee shall submit the following license application material to the Division of Health Service Regulation:
- (a) the Initial License Application which is available on the internet website, <http://facility-services.state.nc.us/gcpage.htm>, or from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708;
 - (b) a current fire and building safety inspection report from the local fire marshal;
 - (c) a current sanitation report from the sanitation division of the county health department; and
 - (d) a nonrefundable license fee as required by G.S. 131D-2(b)(1).
- (5) Following the licensing of the facility to the new licensee, a survey of the facility shall be made by program consultants of the Division of Health Service Regulation and an adult home specialist of the county department of social services.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. September 1, 2003; July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0208 RENEWAL OF LICENSE

- (a) The license shall be renewed annually, except as otherwise provided in Rule .0209 of this Subchapter, if the licensee submits an application for renewal on the forms provided by the Department with a nonrefundable annual license fee according to G.S. 131D-2(b)(1) and the Department determines that the licensee complies with the provisions of all applicable State adult care home licensure statutes and rules. When violations of licensure rules or statutes are documented and have not been corrected prior to expiration of license, the Department shall either approve a continuation or extension of a plan of correction, issue a provisional license, or revoke the license.
- (b) All applications for license renewal shall disclose the names of individuals who are co-owners, partners or shareholders holding an ownership or controlling interest of five percent or more of the applicant entity.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0209 CONDITIONS FOR LICENSE RENEWAL

In determining whether to renew a license under G.S. 131D-2(b)(6), the Department shall take into consideration at least the following:

- (1) the compliance history of the applicant facility;
- (2) the compliance history of the owners, principals or affiliates in operating other adult care homes in the state;
- (3) the extent to which the conduct of a related facility is likely to affect the quality of care at the applicant facility; and
- (4) the hardship on residents of the applicant facility if the license is not renewed.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0210 TERMINATION OF LICENSE

History Note: Authority G.S. 131D-2; 143B-153; 143B-165; S.L. 2002-160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Repealed Eff. June 1, 2004.

10A NCAC 13F .0211 NOTIFICATION ABOUT CLOSING OF HOME

If a licensee plans to close a home, the licensee shall provide written notification of the planned closing to the Division of Health Service Regulation, the county department of social services and the residents or their responsible persons at least 30 days prior to the planned closing. Written notification shall include date of closing and plans made for the move of the residents.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0212 DENIAL OR REVOCATION OF LICENSE

- (a) A license may be denied by the Division of Health Service Regulation for failure to comply with the rules of this Subchapter.
- (b) Denial by the Division of Health Service Regulation shall be effected by mailing to the applicant, by registered mail, a notice setting forth the particular reasons for such action.
- (c) A license may be revoked by the Division of Health Service Regulation in accordance with G.S. 131D-2(b) and G.S. 131D-29.
- (d) When a facility receives a notice of revocation, the administrator shall inform each resident and the resident's responsible person of the notice and the basis on which it was issued.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0213 APPEAL OF LICENSURE ACTION

The licensee of an adult care home may appeal a licensure action by commencing a contested case according to G.S. 150B-23 following attempts at informal resolution according to G.S. 150B-22.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. July 1, 2004.

10A NCAC 13F .0214 SUSPENSION OF ADMISSIONS

10A NCAC 13G .0214 and .0215 shall control for this Subchapter

History Note: Authority G.S. 130-9.7(e);
Eff. January 1, 1982.

10A NCAC 13F .0215 ADMINISTRATIVE PENALTY DETERMINATION PROCESS

(a) The county department of social services or the Division of Health Service Regulation shall identify areas of non-compliance resulting from a complaint investigation or monitoring or survey visit which may be violations of residents' rights contained in G.S. 131D-21 or rules contained in this Subchapter. If the county department of social services or the Division of Health Service Regulation decides that the violation is a Type B violation as defined in G.S. 131D-34(a)(2), it shall require a plan of correction pursuant to G.S. 131D-34(a)(2). If the county department of social services or the Division of Health Service Regulation decides that the violation is a Type A violation as defined in G.S. 131D-34(a)(1), it shall follow the procedure required in G.S. 131D-34(a)(1)(a) through (c) and prepare an administrative penalty proposal for submission to the Department. The proposal shall include a copy of the written confirmation required in G.S. 131D-34(a)(1)(c) and documentation that the licensee was notified of the county department of social services' or the Division of Health Service Regulation's intent to prepare and forward an administrative penalty proposal to the Department; offered an opportunity to provide additional information prior to the preparation of the proposal; after the proposal is prepared, given a copy of the contents of the proposal; and then extended an opportunity to request a conference with the agency proposing the administrative penalty, allowing the licensee 10 days to respond prior to forwarding the proposal to the Department. The conference, if requested of the county department of social services, shall include the county department director or his designee. The licensee may request a conference and produce information to cause the agency recommending the administrative penalty to change its proposal. The agency recommending the administrative penalty may rescind its proposal; or change its proposal and submit it to the Department or submit it unchanged to the Department pursuant to G.S. 131D-34(c2).

(b) An assistant chief of the Adult Care Licensure Section shall receive the proposal, review it for completeness and evaluate it to determine the penalty amount. If the proposal is complete, the assistant chief shall make a decision on the amount of penalty to be submitted for consideration and whether to recommend training in lieu of an administrative penalty pursuant to G.S. 131D-34(g1). If the proposal is incomplete, the assistant chief shall contact the agency that submitted the proposal to request necessary changes or additional material. When the proposal is complete and the amount of penalty determined, the assistant chief shall forward the

proposal to the administrative penalty monitor for processing. If the assistant chief recommends training in lieu of an administrative penalty pursuant to G.S. 131D-34(g1), the recommendation shall be forwarded with the proposal.

(c) The Department shall notify the licensee by certified mail within 10 working days from the time the proposal is received by the administrative penalty monitor that an administrative penalty is being considered.

(d) The licensee shall have 10 working days from receipt of the notification to provide both the Department and the county department of social services any additional information relating to the proposed administrative penalty.

(e) If a facility fails to correct a Type A or a Type B violation within the time specified on the plan of correction, an assistant chief of the Adult Care Licensure Section shall make a decision on the amount of penalty pursuant to G.S. 131D-34(b)(1) and (2) and submit a penalty proposal for consideration by the Penalty Review Committee.

(f) The Penalty Review Committee shall consider Type A violations and Type A and Type B violations that have not been corrected within the time frame specified on the plan of correction. Providers, complainants, affected parties and any member of the public may attend Penalty Review Committee meetings. The Penalty Review Committee chair may ask questions of any of these persons, as resources, during the meeting. Time shall be allowed during the meeting for individual presentations which provide pertinent additional information. The order in which presenters speak and the length of each presentation shall be at the discretion of the Penalty Review Committee chair.

(g) The Penalty Review Committee shall have for review the entire record relating to the penalty recommendation and shall make recommendations after review of administrative penalty proposals, any supporting evidence, any additional information submitted by the licensee as described in Paragraph (d) of this Rule and the factors specified in G.S. 131D-34(c).

(h) There shall be no taking of sworn testimony or cross-examination of anyone during the course of the Penalty Review Committee meetings.

(i) If the Penalty Review Committee determines that the licensee has violated applicable rules or statutes, the Penalty Review Committee shall recommend an administrative penalty for each violation pursuant to G.S. 131D-34. Recommendations for adult care home penalties shall be submitted to the Chief of the Adult Care Licensure Section who shall have five working days from the date of the Penalty Review Committee meeting to determine and impose administrative penalties for each violation or require staff training pursuant to G.S. 131D-34(g1) and notify the licensee by certified mail.

(j) The licensee shall have 60 days from receipt of the notification to pay the penalty or shall file a petition for a contested case with the Office of Administrative Hearings within 30 days of the mailing of the notice of penalty imposition as provided by G.S. 131D-34.

*History Note: Authority G.S. 131D-2; 131D-34; 143B-165; S.L. 2002-0160;
Eff. December 1, 1993;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.*

SECTION .0300 - PHYSICAL PLANT

10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

The physical plant requirements for each adult care home shall be applied as follows:

- (1) New construction shall comply with the requirements of this Section.
- (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;
- (3) New additions, alterations, modifications and repairs shall meet the technical requirements of this Section;
- (4) Effective July 1, 1987, resident bedrooms and resident services shall not be permitted on the second floor of any facility licensed for seven or more beds prior to April 1, 1984 and classified as two-story wood frame construction by the North Carolina State Building Code;
- (5) Rules in this Section are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that exceed minimum requirements;
- (6) The bed capacity and services provided in a facility shall be in compliance with G.S. 131E, Article 9 regarding Certificate of Need. A facility shall be licensed for no more beds than the number for which required physical space and other required facilities are available;
- (7) Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division when the facility can effectively demonstrate that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility; and
- (8) Where rules, codes or standards have any conflict, the most stringent requirement shall apply and any conflicting requirement shall not apply.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Temporary Adoption Eff. July 1, 2004;*

Eff. July 1, 2005.

10A NCAC 13F .0302 DESIGN AND CONSTRUCTION

- (a) Any building licensed for the first time as an adult care home shall meet the requirements of the North Carolina State Building Code for new construction. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for I-2 Institutional Occupancy if the facility houses 13 or more residents or the North Carolina State Building Code requirements for Large Residential Care Facilities if the facility houses seven to twelve residents. The North Carolina State Building Code, all applicable volumes, which is incorporated by reference, including all subsequent amendments may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). The facility shall also meet all of the rules of this Section.
- (b) Each facility shall be planned, constructed, equipped and maintained to provide the services offered in the facility.
- (c) Any existing building converted from another use to an adult care home shall meet all requirements of a new facility.
- (d) Any existing licensed facility that is closed or vacant for more than one year shall meet all requirements of a new facility.
- (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.
- (f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; September 1, 1986; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13F .0303 LOCATION

- (a) An adult care home shall be in a location approved by local zoning boards.
- (b) The facility shall be located so that hazards to the occupants are minimized.
- (c) Plans for the building and site are to be reviewed and approved by the Construction Section of the Division of Health Service Regulation prior to licensure.
- (d) An adult care home may be located in an existing building or in a building newly constructed specifically for that purpose.
- (e) The site of the proposed facility shall be approved by the Division of Health Service Regulation prior to construction and shall:
 - (1) be accessible by streets, roads and highways and be maintained for motor vehicles and emergency vehicle access;
 - (2) be accessible to fire fighting and other emergency services;
 - (3) have a water supply, sewage disposal system, garbage disposal system and trash disposal system approved by the local health department having jurisdiction;
 - (4) meet all local ordinances and zoning laws; and
 - (5) be free from exposure to pollutants known to the applicant or licensee.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. January 1, 1991; April 1, 1984;
Temporary Amendment Eff. July 1, 2003.
Amended Eff. June 1, 2004;
Recodified from Rule .0301 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13F .0304 PLANS AND SPECIFICATIONS

- (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents.
- (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained.

- (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.
- (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.
- (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder.
- (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, 2005.*

10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

- (a) An adult care home shall provide living arrangements to meet the individual needs of the residents, the live-in staff and other live-in persons.
- (b) The requirements for each living room and recreational area are:
 - (1) Each living room and recreational area shall be located off a lobby or corridor. At least 50 percent of required living and recreational areas shall be enclosed with walls and doors;
 - (2) In buildings with a licensed capacity of 15 or less, there shall be a minimum area of 250 square feet;
 - (3) In buildings with a licensed capacity of 16 or more, there shall be a minimum of 16 square feet per resident; and
 - (4) Each living room and recreational area shall have windows.
- (c) The requirements for the dining room are:
 - (1) The dining room shall be located off a lobby or corridor and enclosed with walls and doors;
 - (2) In buildings with a licensed capacity of 15 or less, there shall be a minimum of 200 square feet;
 - (3) In building with a licensed capacity of 16 or more, there shall be a minimum of 14 square feet per resident; and
 - (4) The dining room shall have windows.
- (d) The requirements for the bedroom are:
 - (1) The number of resident beds set up shall not exceed the licensed capacity of the facility;
 - (2) There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, any live-in staff and other persons living in the home. Residents shall not share bedrooms with staff or other live-in non-residents;
 - (3) Only rooms authorized as bedrooms shall be used for residents' bedrooms;
 - (4) Bedrooms shall be located on an outside wall and off a corridor. A room where access is through a bathroom, kitchen, or another bedroom shall not be approved for a resident's bedroom;
 - (5) There shall be a minimum area of 100 square feet excluding vestibule, closet or wardrobe space in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two people;
 - (6) The total number of residents assigned to a bedroom shall not exceed the number authorized for that particular bedroom;
 - (7) A bedroom may not be occupied by more than two residents.
 - (8) Resident bedrooms shall be designed to accommodate all required furnishings;
 - (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and
 - (10) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar.
- (e) The requirements for bathrooms and toilet rooms are:
 - (1) Minimum bathroom and toilet facilities shall include a toilet and a hand lavatory for each 5 residents and a tub or shower for each 10 residents or portion thereof;
 - (2) Entrance to the bathroom shall not be through a kitchen, another person's bedroom, or another bathroom;
 - (3) Toilets and baths for staff and visitors shall be in accordance with the North Carolina State Building Code, Plumbing Code;
 - (4) Bathrooms and toilets accessible to the physically handicapped shall be provided as required by Volume I-C, North Carolina State Building Code, Accessibility Code;
 - (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains;
 - (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;

- (7) Each home shall have at least one bathroom opening off the corridor with:
 - (A) a door of three feet minimum width;
 - (B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet;
 - (C) a bathtub accessible on at least two sides;
 - (D) a lavatory; and
 - (E) a toilet.
 - (8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet;
 - (9) Bathrooms and toilet rooms shall be located as conveniently as possible to the residents' bedrooms;
 - (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule;
 - (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation;
 - (12) Nonskid surfacing or strips shall be installed in showers and bath areas; and
 - (13) The floors of the bathrooms and toilet rooms shall have water-resistant covering.
- (f) The requirements for storage rooms and closets are:
- (1) General Storage for the Home. A minimum area of five square feet (40 cubic feet) per licensed capacity shall be provided. This storage space shall be either in the facility or within 500 feet of the facility on the same site;
 - (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room;
 - (3) Food Storage. Space shall be provided for dry, refrigerated and frozen food items to comply with sanitation rules;
 - (4) Housekeeping storage requirements are:
 - (A) A housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion thereof; and
 - (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use;
 - (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area;
 - (6) Storage for Resident's Articles. Some means for residents to lock personal articles within the home shall be provided; and
 - (7) Staff Facilities. Some means for staff to lock personal articles within the home shall be provided.
- (g) The requirements for corridors are:
- (1) Doors to spaces other than reach-in closets shall not swing into the corridor;
 - (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;
 - (3) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor; and
 - (4) Corridors shall be free of all equipment and other obstructions.
- (h) The requirements for outside entrances and exits are:
- (1) Service entrances shall not be through resident use areas;
 - (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;
 - (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and
 - (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.
- (i) The requirements for floors are:
- (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable;
 - (2) Scatter or throw rugs shall not be used; and
 - (3) All floors shall be kept in good repair.
- (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities.
- (k) Office. There shall be an area within the home large enough to accommodate normal administrative functions.
- (l) The requirements for laundry facilities are:
- (1) Laundry facilities shall be large enough to accommodate washers, dryers, and ironing equipment or work tables;
 - (2) These facilities shall be located where soiled linens will not be carried through the kitchen, dining, clean linen storage, living rooms or recreational areas; and
 - (3) A minimum of one residential type washer and dryer each shall be provided in a separate room which is accessible by staff, residents and family, even if all laundry services are contracted.
- (m) The requirements for outside premises are:
- (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;

- (2) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous; and
 - (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.
- (n) Alternate methods, procedures, design criteria and functional variations from the physical environment requirements, because of extraordinary circumstances, new programs or unusual conditions, shall be approved by the Division when the facility can effectively demonstrate to the Division's satisfaction that the intent of the physical environment requirements are met and the variation does not reduce the safety or operational effectiveness of the facility.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160; 2003-0284; Eff. January 1, 1977; Readopted Eff. October 31, 1977; Amended Eff. July 1, 1990; April 1, 1987; July 1, 1984; April 1, 1984; Temporary Amendment Eff. December 1, 1999; Amended Eff. July 1, 2000; Recodified from Rule .0303 Eff. July 1, 2004; Temporary Amendment Eff. July 1, 2004; Amended Eff. July 1, 2005.

10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS

(a) Adult care homes shall:

- (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
- (2) have no chronic unpleasant odors;
- (3) have furniture clean and in good repair;
- (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more;
- (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;
- (6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times;
- (7) make available the following items as needed through any means other than charge to the personal funds of recipients of State-County Special Assistance:
 - (A) protective sheets and clean, absorbent, soft and smooth pads;
 - (B) bedpans, urinals, hot water bottles, and ice caps; and
 - (C) bedside commodes, walkers, and wheelchairs;
- (8) have television and radio, each in good working order;
- (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy;
- (10) have recreational equipment, supplies for games, books, magazines and a current newspaper available for residents;
- (11) have a clock that has numbers at least 1½ inches tall in an area commonly used by the residents; and
- (12) have at least one telephone that does not depend on electricity or cellular service to operate.

(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:

- (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following:
 - (A) at least one pillow with clean pillow case;
 - (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and
 - (C) clean bedspread and other clean coverings as needed;
- (2) a bedside type table;
- (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;
- (4) a wall or dresser mirror that can be used by each resident;
- (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising;
- (6) additional chairs available, as needed, for use by visitors;
- (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and
- (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.

(c) The living room shall have functional living room furnishings for the comfort of aged and disabled persons, with coverings that are easily cleanable.

(d) The dining room shall have the following furnishings:

- (1) small tables serving from two to eight persons and chairs to seat all residents eating in the dining room; tables and chairs equal to the resident capacity of the home shall be on the premises; and

- (2) chairs that are sturdy, without rollers unless retractable or on front legs only, non-folding and designed to minimize tilting.
- (e) This Rule shall apply to new and existing facilities.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. September 1, 2003.
Amended Eff. June 1, 2004;
Recodified from Rule .0304 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13F .0307 FIRE ALARM SYSTEM

- (a) The fire alarm system in adult care homes shall be able to transmit the fire alarm signal automatically to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection.
- (b) Any applicable fire safety requirements required by city ordinances or county building inspectors shall be provided.
- (c) In a facility licensed before April 1, 1984 and constructed prior to January 1, 1975, the building, in addition to meeting the requirements of the North Carolina State Building Code in effect at the time the building was constructed, shall be provided with the following:
- (1) A fire alarm system with pull stations within five feet of each exit and sounding devices which are audible throughout the building;
 - (2) Products of combustion (smoke) U/L listed detectors in all corridors. The detectors shall be no more than 60 feet from each other and no more than 30 feet from any end wall;
 - (3) Heat detectors or products of combustion detectors in all storage rooms, kitchens, living rooms, dining rooms and laundries;
 - (4) All detection systems interconnected with the fire alarm system; and
 - (5) Emergency power for the fire alarm system, heat detection system, and products of combustion detection with automatic start generator or trickle charge battery system capable of operating the fire alarm systems for 24 hours and able to sound the alarm for five minutes at the end of that time. Emergency egress lights and exit signs shall be powered from an automatic start generator or a U/L approved trickle charge battery system capable of operation for 1-1/2 hours when normal power fails.
- (d) When any facility not equipped with a complete automatic fire extinguishment system replaces the fire alarm system, each bedroom shall be provided with smoke detectors. Other building spaces shall be provided with such fire detection devices as required by the North Carolina State Building Code and requirements of this Subchapter.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Recodified from Rule .0305 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13F .0308 FIRE EXTINGUISHERS

- (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof.
- (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
Recodified from Rule .0306 Eff. July 1, 2004.

10A NCAC 13F .0309 PLAN FOR EVACUATION

- (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.

- (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.
- (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.
- (d) A written disaster plan, which has the written approval of or has been documented as submitted to the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the facility.
- (e) A facility that elects to be designated as a special care shelter during an impending disaster or emergency event shall follow the guidelines established by the latest Division of Social Services' State of North Carolina Disaster Plan which is available at no cost from the N.C. Division of Social Services, 2401 Mail Service Center, Raleigh, NC 27699-2401. The facility shall contact the Division of Health Service Regulation to determine which licensure rules may be waived according to G.S. 131D-7 to allow for emergency care shelter placements prior to sheltering during the emergency event.
- (f) This Rule shall apply to new and existing facilities.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. April 1, 1987; April 1, 1984;
 Recodified from Rule .0307 Eff. July 1, 2004;
 Temporary Amendment Eff. July 1, 2004;
 Amended Eff. July 1, 2005.

10A NCAC 13F .0310 ELECTRICAL OUTLETS

All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. April 1, 1984;
 Recodified from Rule .0308 Eff. July 1, 2004;
 Temporary Amendment July 1, 2004;
 Amended Eff. July 1, 2005.

10A NCAC 13F .0311 OTHER REQUIREMENTS

- (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.
- (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.
 - (1) Built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room furnishings.
 - (2) Unvented fuel burning room heaters and portable electric heaters are prohibited.
 - (3) Fireplaces, fireplace inserts and wood stoves shall be designed or installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves shall be U.L. listed.
 - (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.
 - (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner.
- (c) Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).
- (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).
- (e) All multi-story facilities shall be equipped with elevators.
- (f) In addition to the required emergency lighting, minimum lighting shall be as follows:
 - (1) 30 foot-candle power for reading;
 - (2) 10 foot-candle power for general lighting; and
 - (3) 1 foot-candle power at the floor for corridors at night.

(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:

- (1) soiled linen storage;
- (2) soil utility room;
- (3) bathrooms and toilet rooms;
- (4) housekeeping closets; and
- (5) laundry area.

(h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.

(i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.

(j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 1999-0334; 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Recodified from Rule .0309 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13F .0312 BUILDING CODE AND SANITATION REQUIREMENTS

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Recodified from Rule .0310 Eff. July 1, 2004;
Temporary Repeal Eff. July 1, 2004;
Repealed Eff. July 1, 2005.

SECTION .0400 - STAFF QUALIFICATIONS

10A NCAC 13F .0401 CERTIFICATION OF ADMINISTRATOR

The administrator of an adult care home licensed on or after January 1, 2000, shall be certified by the Department under the provisions of G.S. 90, Article 20A.

History Note: Authority G.S. 90-288; 131D-2; 143B-165; S.L. 1999-0334; S.L. 1999-0443; S.L. 2002-0160;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Amended Eff. June 1, 2004.

10A NCAC 13F .0402 QUALIFICATIONS OF ADMINISTRATOR-IN-CHARGE

The administrator-in-charge, who is responsible to the administrator for carrying out the program in an adult care home in the absence of the administrator, shall meet the following requirements:

- (1) be 21 years or older;
- (2) be a high school graduate or certified under the G.E.D. program or have passed an alternative examination established by the Department;
- (3) have six months training or experience related to management or supervision in long term care or health care settings or be a licensed health professional, licensed nursing home administrator or certified assisted living administrator; and
- (4) earn 12 hours a year of continuing education credits related to the management of adult care homes or care of aged and disabled persons.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;

Readopted Eff. October 31, 1977;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0403 QUALIFICATIONS OF MEDICATION STAFF

(a) Adult care home staff who administer medications, hereafter referred to as medication aides, and staff who directly supervise the administration of medications shall have documentation of successfully completing the clinical skills validation portion of the competency evaluation according to Paragraphs (d) and (e) of Rule 10A NCAC 13F .0503 prior to the administration or supervision of the administration of medications. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement.

(b) Medication aides and their direct supervisors, except persons authorized by state occupational licensure laws to administer medications, shall successfully pass the written examination within 90 days after successful completion of the clinical skills validation portion of a competency evaluation according to Rule .0503 of this Section.

(c) Medication aides and staff who directly supervise the administration of medications, except persons authorized by state occupational licensure laws to administer medications, shall complete six hours of continuing education annually related to medication administration.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160; 2003-0284;
Temporary Adoption Eff. January 1, 2000; December 1, 1999;
Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13F .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR

There shall be a designated adult care home activity director who meets the following qualifications:

- (1) The activity director (employed on or after August 1, 1991) shall meet a minimum educational requirement by being at least a high school graduate or certified under the GED Program or by passing an alternative examination established by the Department of Health & Human Services.
- (2) The activity director hired on or after July 1, 2005 shall have completed or complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professionals meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13F .0405 QUALIFICATIONS OF FOOD SERVICE SUPERVISOR

(a) The food service supervisor shall be experienced in food service and willing to accept consultation from a registered dietitian.

(b) Rule 10A NCAC 13G .0405 (c) and (d) shall control for this Subchapter.

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984.

10A NCAC 13F .0406 TEST FOR TUBERCULOSIS

(a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.

(b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. September 1, 2003; July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0407 OTHER STAFF QUALIFICATIONS

(a) Each staff person at an adult care home shall:

- (1) have a job description that reflects actual duties and responsibilities and is signed by the administrator and the employee;
- (2) be able to apply all of the home's accident, fire safety and emergency procedures for the protection of the residents;
- (3) be informed of the confidential nature of resident information and shall protect and preserve such information from unauthorized use and disclosure.
Note: G.S. 131D-2(b)(4), 131D-21(6), and 131D-21.1 govern the disclosure of such information;
- (4) not hinder or interfere with the exercise of the rights guaranteed under the Declaration of Residents' Rights in G.S. 131D-21;
- (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;
- (6) have documented annual immunization against influenza virus according to G.S. 131D-9, except as documented otherwise according to exceptions in this law;
- (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;
- (8) maintain a valid driver's license if responsible for transportation of residents; and
- (9) be willing to work with bona fide inspectors and the monitoring and licensing agencies toward meeting and maintaining the rules of this Subchapter.

(b) Any staff member left in charge of the care of residents shall be 18 years or older.

(c) If licensed practical nurses are employed by the facility and practicing in their licensed capacity as governed by their practice act and occupational licensing laws, there shall be continuous availability of a registered nurse consistent with Rules 21 NCAC 36 .0224(i) and 21 NCAC 36 .0225.

Note: The practice of licensed practical nurses is governed by their occupational licensing laws.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-334; S.L. 2002-160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. September 1, 2003; July 1, 2003.
Amended Eff. June 1, 2004.

SECTION .0500 - STAFF ORIENTATION, TRAINING, COMPETENCY AND CONTINUING EDUCATION

10A NCAC 13F .0501 PERSONAL CARE TRAINING AND COMPETENCY

(a) An adult care home shall assure that staff who provide or directly supervise staff who provide personal care to residents successfully complete an 80-hour personal care training and competency evaluation program established by the Department. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. Copies of the 80-hour training and competency evaluation program are available at the cost of printing and mailing by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

(b) The facility shall assure that training specified in Paragraph (a) of this Rule is successfully completed within six months after hiring for staff hired after September 1, 2003. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review.

(c) The Department shall exempt staff from the 80-hour training and competency evaluation program who are:

- (1) licensed health professionals;
- (2) listed on the Nurse Aide Registry; or
- (3) documented as having successfully completed a 40-45 hour or 75-80 hour training program or competency evaluation program approved by the Department since January 1, 1996 according to Rule .0502 of this Section.

(d) The facility shall assure that staff who perform or directly supervise staff who perform personal care receive on-the-job training and supervision as necessary for the performance of individual job assignments prior to meeting the training and competency requirements of this Rule. Documentation of the on-the-job training shall be maintained in the facility and available for review.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160;
Temporary Adoption Eff. January 1, 1996;

Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0502 PERSONAL CARE TRAINING CONTENT AND INSTRUCTORS

(a) The 80-hour training specified in Rule .0501 of this Section shall consist of at least 34 hours of classroom instruction or and at least 34 hours of supervised practical experience. Competency evaluation shall be conducted in each of the following areas:

- (1) observation and documentation;
- (2) basic nursing skills, including special health-related tasks;
- (3) personal care skills;
- (4) cognitive, behavioral and social care for all residents and, including interventions to reduce behavioral problems for residents with mental disabilities;
- (5) basic restorative services; and
- (6) residents' rights as established by G.S. 131D-21.

(b) The following requirements shall apply to the 80-hour training specified in Rule .0501 of this Section:

- (1) The training shall be conducted by an individual or a team of instructors with a coordinator. The supervisor of practical experience and instructor of content having to do with personal care tasks or basic nursing skills shall be a registered nurse with a current, unencumbered license in North Carolina and with two years of clinical or direct patient care experience working in a health care, home care or long term care setting. The program coordinator and any instructor of content that does not include instruction on personal care tasks or basic nursing skills shall be a registered nurse, licensed practical nurse, physician, gerontologist, social worker, psychologist, mental health professional or other health professional with two years of work experience in adult education or in a long term care setting; or a four-year college graduate with four years of experience working in the field of aging or long term care for adults.
- (2) A trainee participating in the classroom instruction and supervised practical experience in the setting of the trainee's employment shall not be considered on duty and counted in the staff-to-resident ratio.
- (3) Training shall not be offered without an instructor on site.
- (4) Classroom instruction shall include the opportunity for demonstration and practice of skills.
- (5) Supervised practical experience shall be conducted in a licensed adult care home or in a facility or laboratory setting comparable to the work setting in which the trainee will be performing or supervising the personal care skills.
- (6) All skills shall be performed on humans except for intimate care skills, such as perineal and catheter care, which may be conducted on a mannequin.
- (7) There shall be no more than 10 trainees for each instructor for the supervised practical experience.
- (8) A written examination prepared by the instructor shall be used to evaluate the trainee's knowledge of the content portion of the classroom training. The trainee shall score at least 70 on the written examination. Oral testing shall be provided in the place of a written examination for trainees lacking reading or writing ability.
- (9) The trainee shall satisfactorily perform all of the personal care skills required in the training program. The instructor shall use a skills performance checklist for this competency evaluation. Satisfactory performance of the personal care skills and interpersonal and behavioral intervention skills means that the trainee performed the skill unassisted; explained the procedure to the resident; explained to the instructor, prior to or after the procedure, what was being done and why it was being done in that way; and incorporated the principles of good body mechanics, medical asepsis and resident safety and privacy.
- (10) The training provider shall issue to all trainees who successfully complete the training a certificate, signed by the registered nurse who conducted the skills competency evaluation, stating that the trainee successfully completed the 80-hour training. The trainee's name shall be on the certificate. The training provider shall maintain copies of the certificates and the skills evaluation checklists for a minimum of five years.

(c) An individual, agency or organization seeking to provide the 80-hour training and competency evaluation specified in Rule .0501 of this Section shall submit an application which is available at no charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center Raleigh, North Carolina 27699-2708.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; S.L. 2002-0160;
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0503 MEDICATION ADMINISTRATION COMPETENCY

(a) The competency evaluation for medication administration required in Rule .0403 of this Subchapter shall consist of a written examination and a clinical skills evaluation to determine competency in the following areas:

- (1) medical abbreviations and terminology;
- (2) transcription of medication orders;
- (3) obtaining and documenting vital signs;
- (4) procedures and tasks involved with the preparation and administration of oral (including liquid, sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications;
- (5) infection control procedures;
- (6) documentation of medication administration;
- (7) monitoring for reactions to medications and procedures to follow when there appears to be a change in the resident's condition or health status based on those reactions;
- (8) medication storage and disposition;
- (9) regulations pertaining to medication administration in adult care facilities; and
- (10) the facility's medication administration policy and procedures.

(b) An individual shall score at least 90% on the written examination which shall be a standardized examination established by the Department.

(c) A certificate of successful completion of the written examination shall be issued to each participant successfully completing the examination. A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable from one facility to another as proof of successful completion of the written examination. A medication study guide for the written examination is available at no charge by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

(d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a registered pharmacist consistent with their occupational licensing laws and who has a current unencumbered license in North Carolina. This validation shall be completed for those medication administration tasks to be performed in the facility. Competency validation by a registered nurse is required for unlicensed staff who perform any of the personal care tasks related to medication administration specified in Rule .0903 of this Subchapter.

(e) The Medication Administration Skills Validation Form shall be used to document successful completion of the clinical skills validation portion of the competency evaluation for those medication administration tasks to be performed in the facility employing the medication aide. Copies of this form and instructions for its use may be obtained at no cost by contacting the Adult Care Licensure Section, Division of Health Service Regulation, 2708 Mail Service Center, Raleigh, NC 27699-2708. The completed form shall be maintained and available for review in the facility and is not transferable from one facility to another.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160; Temporary Adoption Eff. January 1, 2000; December 1, 1999; Eff. July 1, 2000; Temporary Amendment Eff. July 1, 2003; Amended Eff. June 1, 2004.

10A NCAC 13F .0504 COMPETENCY VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT TASKS

(a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.

(b) Competency validation shall be performed by the following licensed health professionals:

- (1) A registered nurse shall validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(1) through (28) of Rule .0903 of this Subchapter.
- (2) In lieu of a registered nurse, a respiratory care practitioner licensed under G.S. 90, Article 38, may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (a)(11), (a)(16), (a)(18), (a)(19) and (a)(21) of Rule .0903 of this Subchapter.
- (3) In lieu of a registered nurse, a registered pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(8) of Rule .0903 of this Subchapter.
- (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (27) of Rule .0903 of this Subchapter.

(c) Competency validation of staff, according to Paragraph (a) of this Rule, for the licensed health professional support tasks specified in Paragraph (a) of Rule .0903 of this Subchapter and the performance of these tasks is limited exclusively to these tasks except in those cases in which a physician acting under the authority of G.S. 131D-2(a1) certifies that non-licensed personnel can be competency validated to perform other tasks on a temporary basis to meet the resident's needs and prevent unnecessary relocation.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; Temporary Adoption Eff. September 1, 2003; Eff. July 1, 2004.

10A NCAC 13F .0505 TRAINING ON CARE OF DIABETIC RESIDENTS

An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows:

- (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner.
- (2) Training shall include at least the following:
 - (a) basic facts about diabetes and care involved in the management of diabetes;
 - (b) insulin action;
 - (c) insulin storage;
 - (d) mixing, measuring and injection techniques for insulin administration;
 - (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms;
 - (f) blood glucose monitoring; universal precautions;
 - (g) universal precautions;
 - (h) appropriate administration times; and
 - (i) sliding scale insulin administration.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160; Temporary Adoption Eff. September 1, 2003; Eff. June 1, 2004.

10A NCAC 13F .0506 TRAINING ON PHYSICAL RESTRAINTS

(a) An adult care home shall assure that all staff responsible for caring for residents with medical symptoms that warrant restraints are trained on the use of alternatives to physical restraint use and on the care of residents who are physically restrained.

(b) Training shall be provided by a registered nurse and shall include the following:

- (1) alternatives to physical restraints;
- (2) types of physical restraints;
- (3) medical symptoms that warrant physical restraint;
- (4) negative outcomes from using physical restraints;
- (5) correct application of physical restraints;
- (6) monitoring and caring for residents who are restrained; and
- (7) the process of reducing restraint time by using alternatives.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160; Temporary Adoption Eff. September 1, 2003; Eff. June 1, 2004.

10A NCAC 13F .0507 TRAINING ON CARDIO-PULMONARY RESUSCITATION

Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160; Temporary Adoption Eff. September 1, 2003; Eff. June 1, 2004; Amended Eff. July 1, 2005.

10A NCAC 13F .0508 ASSESSMENT TRAINING

The person or persons designated by the administrator to perform resident assessments as required by Rule .0801 of this Subchapter shall successfully complete training on resident assessment established by the Department before performing the required assessments. Registered nurses are exempt from the assessment training. The instruction manual on resident assessment is available on the internet website, <http://facility-services.state.nc.us/gcpage.htm>, or it is available at the cost of printing and mailing from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 2002-0160; Temporary Adoption Eff. September 1, 2003; Eff. June 1, 2004.

10A NCAC 13F .0509 FOOD SERVICE ORIENTATION

The adult care home staff person in charge of the preparation and serving of food shall complete a food service orientation program established by the Department or an equivalent within 30 days of hire for those staff hired on or after July 1, 2004. Registered dietitians are exempt from this orientation. The orientation program is available on the internet website, <http://facility-services.state.nc.us/gcpage.htm>, or it is available at the cost of printing and mailing from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Temporary Adoption Eff. July 1, 2004;
Temporary Adoption Expired March 12, 2005;
Eff. June 1, 2005.

10A NCAC 13F .0510 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13F .0511 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13F .0512 DOCUMENTATION OF TRAINING AND COMPETENCY VALIDATION

An adult care home shall maintain documentation of the training and competency validation of staff required by the rules of this Section in the facility and available for review.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160;
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, 2004.

SECTION .0600 - STAFFING

10A NCAC 13F .0601 MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF SEVEN TO THIRTY RESIDENTS

(a) An adult care home administrator shall be responsible for the total operation of an adult care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter.

(b) At all times there shall be one administrator or administrator-in-charge who is directly responsible for assuring that all required duties are carried out in the home and for assuring that at no time is a resident left alone in the home without a staff member. Except for the provisions in Paragraph (c) of this Rule, one of the following arrangements shall be used to manage a facility with a capacity or census of 7 to 30 residents:

- (1) The administrator is in the home or within 500 feet of the home with a means of two-way telecommunication with the home at all times;
- (2) An administrator-in-charge is in the home or within 500 feet of the home with a means of two-way telecommunication with the home at all times; or
- (3) When there is a cluster of licensed homes, each with a capacity of 7 to 12 residents, located adjacently on the same site, there shall be at least one staff member, either live-in or on a shift basis in each of these homes. In addition, there shall be at least one administrator or administrator-in-charge who is within 500 feet of each home with a means of two-way telecommunication with each home at all times and directly responsible for assuring that all required duties are carried out in each home.

(c) When the administrator or administrator-in-charge is absent from the home or not within 500 feet of the home, the following shall apply:

- (1) For absences of a non-routine nature that do not exceed 24 hours per week, a relief-person-in-charge designated by the administrator shall be in charge of the home during the absence and in the home or within 500 feet of the home according to the requirements in Paragraph (b) of this Rule. The administrator shall assure that the relief-person-in-charge is prepared to respond in case of an emergency in the home. The relief-person-in-charge shall be 21 years or older.
- (2) For recurring or planned absences, a relief-administrator-in-charge designated by the administrator shall be in charge of the home during the absence and in the home or within 500 feet of the home according to the requirements in Paragraph (b) of this Rule. The relief-administrator-in-charge shall meet all of the qualifications required for the administrator-in-charge as specified in Rule .0402 of this Subchapter with the exception of Item (4) pertaining to the continuing education requirement.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;

Temporary Amendment Eff. January 1, 2000; December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004.

10A NCAC 13F .0602 MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF 31 TO 80 RESIDENTS

(a) In facilities with a capacity or census of 31 to 80 residents, there shall be an administrator on call, which means able to be contacted by telephone, pager or two-way intercom, at all times when not in the building. (For staffing chart, see Rule .0606 of this Subchapter.)

(b) When the administrator is not on duty in the facility, there shall be a person designated as administrator-in-charge on duty in the facility who has the responsibility for the overall operation of the facility and meets the qualifications for administrator-in-charge required in Rule .0602 of this Section. The personal care aide supervisor, as required in Rule .0605 of this Subchapter, may serve simultaneously as the administrator-in-charge.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. January 1, 2000;
Eff. July 1, 2000.

10A NCAC 13F .0603 MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF 81 OR MORE RESIDENTS

(a) An adult care home with a capacity or census of 81 or more residents shall be under the direct control of an administrator, who shall be responsible for the operation, administration, management and supervision of the facility on a full-time basis to assure that all care and services to residents are provided in accordance with all applicable local, state and federal regulations and codes. The administrator shall be on duty in the facility at least eight hours per day, five days per week and shall not serve simultaneously as a personal care aide supervisor or other staff to meet staffing requirements while on duty as an administrator or be an administrator for another adult care home except as follows. If there is more than one facility on a contiguous parcel of land or campus setting, and the combined licensed capacity of the facilities is 200 beds or less, there may be one administrator on duty for all the facilities on the campus. The administrator shall not serve simultaneously as a personal care aide supervisor in this campus setting. For staffing chart, see Rule .0606 of this Subchapter.

(b) When the administrator is not on duty in the facility, there shall be a person designated as administrator-in-charge on duty in the facility who has responsibility for the overall operation of the facility. The supervisor may serve simultaneously as the administrator-in-charge. Each facility on a contiguous parcel of land or campus setting, as described in Paragraph (a) of this Rule, shall have a person designated as the administrator-in-charge in the facility when the administrator is not on duty.

(c) The administrator shall be on call, which means able to be contacted by telephone, pager or two-way intercom at all times when not in the building.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. January 1, 2000; December 1, 1999;
Eff. July 1, 2000;
Amended Eff. July 1, 2005.

10A NCAC 13F .0604 PERSONAL CARE AND OTHER STAFFING

(a) Adult care homes shall staff to the licensed capacity of the home or to the resident census. When a home is staffing to resident census, a daily census log shall be maintained which lists current residents by name, room assignment and date of admission and must be available for review by the Division of Health Service Regulation and the county departments of social services.

(b) Homes with capacity or census of 12 or fewer residents shall comply with the following.

- (1) At all times there shall be an administrator or administrator-in-charge in the home or within 500 feet of the home with a means of two-way telecommunication.
- (2) When the administrator or administrator-in-charge is not on duty within the home, there shall be at least one staff member on duty on the first and second shifts and at least one staff member on call within the building on third shift. There shall be a call system connecting the bedroom of the staff member, who may be asleep on the third shift, with each resident's bedroom.
- (3) When the administrator or administrator-in-charge is on duty within the home on the first and second shifts and on call within the home on the third shift, another staff member (i.e., co-administrator, administrator-in-charge or aide) shall be in the building or within 500 feet of the home with a means of two-way telecommunication at all times.
- (4) The administrator shall prepare a plan of operation for the home (each home in a cluster) specifying the staff involved, their regularly assigned duties and the amount of time estimated to be spent for each duty. There shall be a current plan of operation on file in the home, available for review by the Division of Health Service Regulation and the county department of social services.
- (5) At least 12 hours shall be spent daily providing for the personal services, health services, drug management, planned activities, and other direct services needed by the residents. These duties are the primary responsibility of

the staff member(s) on duty on the first and second shifts; however, other help, such as administrator-in-charge and activities coordinator may be used to assist in providing these services.

- (6) Between the hours of 9 p.m. and 7 a.m. the staff member on duty and the person on call may perform housekeeping and food service duties as long as a staff member can respond immediately to resident calls or the residents are otherwise supervised. The duties shall not hinder care of residents or immediate response to resident calls, disrupt residents' normal lifestyles and sleeping patterns, nor take a staff member out of view of where the residents are.

- (7) There shall be staff available daily to assure housekeeping and food service.

(c) A cluster of homes with capacity or census of 12 or fewer residents shall comply with the following staffing:

- (1) When there is a cluster of up to six licensed homes located adjacently, there shall be at least one administrator or administrator-in-charge who lives within 500 feet of each of the homes with a means of two-way telecommunication at all times and who is directly responsible for assuring that all required duties are carried out in each home; and

- (2) In each of the homes, at least one staff member shall be on duty on the first and second shifts and at least one staff member shall be on call within the building during the third shift. There shall be a call system connecting the bedroom of the staff member, who may be asleep on the third shift, with each resident's bedroom.

(d) Homes with capacity or census of 13-20 shall comply with the following staffing. When the home is staffing to census and the census falls below 13 residents, the staffing requirements for a home with 12 or fewer residents shall apply.

- (1) At all times there shall be an administrator or administrator-in-charge in the home or within 500 feet of the home with a means of two-way telecommunication.

- (2) When the administrator or administrator-in-charge is not on duty within the home, there shall be at least one staff member on duty on the first, second and third shifts.

- (3) When the administrator or administrator-in-charge is on duty within the home, another staff member (i.e. co-administrator, administrator-in-charge or aide) shall be in the building or within 500 feet of the home with a means of two-way telecommunication at all times.

- (4) The job responsibility of the staff member on duty within the home is to provide the direct personal assistance and supervision needed by the residents. Any housekeeping duties performed by the staff member between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks. The staff member may perform housekeeping duties between the hours of 9 p.m. and 7 a.m. as long as such duties do not hinder care of residents or immediate response to resident calls, do not disrupt residents' normal lifestyles and sleeping patterns and do not take the staff member out of view of where the residents are. The staff member on duty to attend to the residents shall not be assigned food service duties.

- (5) In addition to the staff member(s) on duty to attend to the residents, there shall be staff available daily to perform housekeeping and food service duties.

(e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall apply.

- (1) The home shall have staff on duty to meet the needs of the residents. The daily total of aide duty hours on each 8-hour shift shall at all times be at least:

- (A) First shift (morning) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.)

- (B) Second shift (afternoon) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.)

- (C) Third shift (evening) - 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census). (For staffing chart, see Rule .0606 of this Subchapter.)

- (D) The facility shall have additional aide duty to meet the needs of the facility's heavy care residents equal to the amount of time reimbursed by Medicaid. As used in this Rule, the term, "heavy care resident", means an individual residing in an adult care home who is defined as "heavy care" by Medicaid and for which the facility is receiving enhanced Medicaid payments.

- (E) The Department shall require additional staff if it determines the needs of residents cannot be met by the staffing requirements of this Rule.

- (2) The following describes the nature of the aide's duties, including allowances and limitations:

- (A) The job responsibility of the aide is to provide the direct personal assistance and supervision needed by the residents.

- (B) Any housekeeping performed by an aide between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks, such as wiping up a water spill to prevent an accident, attending to an individual resident's soiling of his bed, or helping a resident make his bed. Routine bed-making is a permissible aide duty.

- (C) If the home employs more than the minimum number of aides required, any additional hours of aide duty above the required hours of direct service between 7 a.m. and 9 p.m. may involve the performance of housekeeping tasks.

(D) An aide may perform housekeeping duties between the hours of 9 p.m. and 7 a.m. as long as such duties do not hinder the aide's care of residents or immediate response to resident calls, do not disrupt the residents' normal lifestyles and sleeping patterns, and do not take the aide out of view of where the residents are. The aide shall be prepared to care for the residents since that remains his primary duty.

(E) Aides shall not be assigned food service duties; however, providing assistance to individual residents who need help with eating and carrying plates, trays or beverages to residents is an appropriate aide duty.

(3) In addition to the staffing required for management and aide duties, there shall be sufficient personnel employed to perform housekeeping and food service duties.

(f) Information on required staffing shall be posted in the facility according to G.S. 131D-4.3(a)(5).

*History Note: Authority G.S. 131D-2; 131D-4.3; 143B-153; S.L. 99-0334;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. December 1, 1991; September 1, 1990; July 1, 1990; April 1, 1984;
Temporary Amendment Eff. January 1, 2000; December 1, 1999;
Amended Eff. July 1, 2005; July 1, 2000.*

10A NCAC 13F .0605 STAFFING OF PERSONAL CARE AIDE SUPERVISORS

(a) On first and second shifts in facilities with a capacity or census of 31 or more residents and on third shift in facilities with a capacity or census of 91 or more residents, there shall be at least one supervisor of personal care aides, hereafter referred to as supervisor, on duty in the facility for less than 64 hours of aide duty per shift; two supervisors for 64 to less than 96 hours of aide duty per shift; and three supervisors for 96 to less than 128 hours of aide duty per shift. In facilities sprinklered for fire suppression with a capacity or census of 91 to 120 residents, the supervisor's time on third shift may be counted as required aide duty. (For staffing chart, see Rule .0606 of this Section.)

(b) On first and second shifts in facilities with a capacity or census of 31 to 70 residents, the supervisor may provide up to four hours of aide duty per shift which may be counted as required aide hours of duty. The supervisor's hours on duty shall not be counted as required hours of aide duty except as specified in this Rule.

Note: Supervisors may be involved in performing some personal care in facilities with a capacity or census of 71 or more residents, but their primary responsibility is the direct supervision of personal care aides and the time involved in performing any personal care cannot be counted as required aide hours.

(c) On third shift in facilities with a capacity or census of 31 to 60 residents, the supervisor shall be in the facility or within 500 feet and immediately available, as defined in Rule .0601 of this Subchapter. In facilities sprinklered for fire suppression with a capacity or census of 31 to 60 residents, the supervisor's time on duty in the facility on third shift may be counted as required aide duty.

(d) On third shift in facilities with a capacity or census of 61 to 90 residents, the supervisor shall be on duty in the facility for at least four hours and within 500 feet and immediately available, as defined in Rule .0601 of this Subchapter, for the remaining four hours. In facilities sprinklered for fire suppression with a capacity or census of 61 to 90 residents, the supervisor's time on duty in the facility on third shift may be counted as required aide duty.

(e) A supervisor is responsible for the direct supervision of personal care aides, including those who administer medications, to assure that care and services are provided to residents by personal care aides in a safe and secure manner and according to licensure rules. This involves observing personal care aides in the performance of their duties; instructing, correcting and consulting with aides as needed; and reviewing documentation by aides.

(f) A supervisor on duty shall not serve simultaneously as the administrator but may serve simultaneously as the administrator-in-charge in the absence of the administrator.

(g) A supervisor shall meet the following qualifications:

- (1) be 21 years or older;
- (2) be a high school graduate or certified under the G.E.D. program, or have passed an alternative examination established by the Department;
- (3) meet the general health requirements according to Rule .0406 of this Section;
- (4) have at least six months of experience in performing or supervising the performance of duties to be supervised during a period of three years prior to the effective date of this Rule or the date of hire, whichever is later, or be a licensed health professional or a licensed nursing home administrator;
- (5) meet the same minimum training and competency requirements of the aides being supervised; and
- (6) earn at least 12 hours a year of continuing education credits related to the care of aged and disabled persons in accordance with procedures established by the Department of Health and Human Services.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. January 1, 2000; December 1, 1999;
Eff. July 1, 2000.*

10A NCAC 13F .0606 STAFFING CHART

The following chart specifies the required aide, supervisory and management staffing for each eight-hour shift in facilities with a capacity or census of 21 or more residents according to Rules .0601, .0603, .0602, .0604 and .0605 of this

Subchapter.

Bed Count	Position Type	First Shift	Second Shift	Third Shift
21 - 30	Aide	16	16	8
	Supervisor	Not Required	Not Required	Not Required
	Administrator/SIC	In the building, or within 500 feet and immediately available.		
31-40	Aide	16	16	16
	Supervisor	8*	8*	In the building, or within 500 feet and immediately available.**
	Administrator	On call		
41-50	Aide	20	20	16
	Supervisor	8*	8*	In the building, or within 500 feet and immediately available.**
	Administrator	On call		
51-60	Aide	24	24	16
	Supervisor	8*	8*	In the building, or within 500 feet and immediately available.**
	Administrator	On call		
61-70	Aide	28	28	24
	Supervisor	8*	8*	4 hours within the facility/4 hours within 500 feet and immediately available.**
	Administrator	On call		
71-80	Aide	32	32	24
	Supervisor	8	8	4 hours within the facility/4 hours within 500 feet and immediately available.**
	Administrator	On call		
81-90	Aide	36	36	24
	Supervisor	8	8	4 hours within the facility/4 hours within 500 feet and immediately available.**
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
91-100	Aide	40	40	32
	Supervisor	8	8	8**
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
101-110	Aide	44	44	32
	Supervisor	8	8	8**
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
111-120	Aide	48	48	32
	Supervisor	8	8	8**
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
121-130	Aide	52	52	40
	Supervisor	8	8	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
131-140	Aide	56	56	40
	Supervisor	8	8	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call		
141-150	Aide	60	60	40
	Supervisor	8	8	8

	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
151-160	Aide	64	64	48
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
161-170	Aide	68	68	48
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
171-180	Aide	72	72	48
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
181-190	Aide	76	76	56
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
191-200	Aide	80	80	56
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
201-210	Aide	84	84	56
	Supervisor	16	16	8
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
211-220	Aide	88	88	64
	Supervisor	16	16	16
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
221-230	Aide	92	92	64
	Supervisor	16	16	16
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		
231-240	Aide	96	96	64
	Supervisor	24	24	16
	Administrator	5 days/week: Minimum of 40 hours. When not in facility, on call.		

*Supervisor may conduct up to four hours of aide duty.

** Supervisor' time on duty in the facility may be counted as required aide duty if the facility is sprinklered.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. January 1, 2000;
Eff. July 1, 2000.*

SECTION .0700 - ADMISSION AND DISCHARGE

10A NCAC 13F .0701 ADMISSION OF RESIDENTS

(a) Any adult (18 years of age or over) who, because of a temporary or chronic physical condition or mental disability, needs a substitute home may be admitted to an adult care home when, in the opinion of the resident, physician, family or social worker, and the administrator the services and accommodations of the home will meet his particular needs.

(b) People shall not be admitted:

- (1) for treatment of mental illness, or alcohol or drug abuse;
- (2) for maternity care;
- (3) for professional nursing care under continuous medical supervision;
- (4) for lodging, when the personal assistance and supervision offered for the aged and disabled are not needed; or
- (5) who pose a direct threat to the health or safety of others.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.*

10A NCAC 13F .0702 DISCHARGE OF RESIDENTS

(a) The discharge of a resident initiated by the facility shall be according to conditions and procedures specified in Paragraphs (a) through (g) of this Rule. The discharge of a resident initiated by the facility involves the termination of residency by the facility resulting in the resident's move to another location and the facility not holding the bed for the resident based on the facility's bed hold policy.

- (b) The discharge of a resident shall be based on one of the following reasons:
- (1) the discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility as documented by the resident's physician, physician assistant or nurse practitioner;
 - (2) the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility as documented by the resident's physician, physician assistant or nurse practitioner;
 - (3) the safety of other individuals in the facility is endangered;
 - (4) the health of other individuals in the facility is endangered as documented by a physician, physician assistant or nurse practitioner;
 - (5) failure to pay the costs of services and accommodations by the payment due date according to the resident contract after receiving written notice of warning of discharge for failure to pay; or
 - (6) the discharge is mandated under G.S. 131D-2(a1).
- (c) The notices of discharge and appeal rights as required in Paragraph (e) of this Rule shall be made by the facility at least 30 days before the resident is discharged except that notices may be made as soon as practicable when:
- (1) the resident's health or safety is endangered and the resident's urgent medical needs cannot be met in the facility under Subparagraph (b)(1) of this Rule; or
 - (2) reasons under Subparagraphs (b)(2), (b)(3), and (b)(4) of this Rule exist.
- (d) The reason for discharge shall be documented in the resident's record. Documentation shall include one or more of the following as applicable to the reasons under Paragraph (b) of this Rule:
- (1) documentation by physician, physician assistant or nurse practitioner as required in Paragraph (b) of this Rule;
 - (2) the condition or circumstance that endangers the health or safety of the resident being discharged or endangers the health or safety of individuals in the facility, and the facility's action taken to address the problem prior to pursuing discharge of the resident;
 - (3) written notices of warning of discharge for failure to pay the costs of services and accommodations; or
 - (4) the specific health need or condition of the resident that the facility determined could not be met in the facility pursuant to G.S. 131D-2(a1)(4) and as disclosed in the resident contract signed upon the resident's admission to the facility.
- (e) The facility shall assure the following requirements for written notice are met before discharging a resident:
- (1) The Adult Care Home Notice of Discharge with the Adult Care Home Hearing Request Form shall be hand delivered, with receipt requested, to the resident on the same day the Adult Care Home Notice of Discharge is dated. These forms may be obtained at no cost from the Division of Medical Assistance, 2505 Mail Service Center, Raleigh, NC 27699-2505.
 - (2) A copy of the Adult Care Home Notice of Discharge with a copy of the Adult Care Home Hearing Request Form shall be hand delivered, with receipt requested, or sent by certified mail to the resident's responsible person or legal representative on the same day the Adult Care Home Notice of Discharge is dated.
 - (3) Failure to use and simultaneously provide the specific forms according to Subparagraphs (e)(1) and (e)(2) of this Rule shall invalidate the discharge. Failure to use the latest version of these forms shall not invalidate the discharge unless the facility has been previously notified of a change in the forms and been provided a copy of the latest forms by the Department of Health and Human Services.
 - (4) A copy of the completed Adult Care Home Notice of Discharge, the Adult Care Home Hearing Request Form as completed by the facility prior to giving to the resident and a copy of the receipt of hand delivery or the notification of certified mail delivery shall be maintained in the resident's record.
- (f) The facility shall provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge from the facility as evidenced by:
- (1) notifying staff in the county department of social services responsible for placement services;
 - (2) explaining to the resident and responsible person or legal representative why the discharge is necessary;
 - (3) informing the resident and responsible person or legal representative about an appropriate discharge destination; and
 - (4) offering the following material to the caregiver with whom the resident is to be placed and providing this material as requested prior to or upon discharge of the resident:
 - (A) a copy of the resident's most current FL-2;
 - (B) a copy of the resident's most current assessment and care plan;
 - (C) a copy of the resident's current physician orders;
 - (D) a list of the resident's current medications;
 - (E) the resident's current medications;
 - (F) a record of the resident's vaccinations and TB screening;
 - (5) providing written notice of the name, address and telephone number of the following, if not provided on the discharge notice required in Paragraph (e) of this Rule:
 - (A) the regional long term care ombudsman; and
 - (B) the protection and advocacy agency established under federal law for persons with disabilities.
- (g) If an appeal hearing is requested:

- (1) the facility shall provide to the resident or legal representative or the resident and the responsible person, and the Hearing Unit copies of all documents and records that the facility intends to use at the hearing at least five working days prior to the scheduled hearing; and
 - (2) the facility shall not discharge the resident before the final decision resulting from the appeal has been rendered, except in those cases of discharge specified in Paragraph (c) of this Rule.
- (h) If a discharge is initiated by the resident or responsible person, the administrator may require up to a 14-day written notice from the resident or responsible person which means the resident or responsible person may be charged for the days of the required notice if notice is not given or if notice is given and the resident leaves before the end of the required notice period. Exceptions to the required notice are cases in which a delay in discharge or transfer would jeopardize the health or safety of the resident or others in the facility. The facility's requirement for a notice from the resident or responsible person shall be established in the resident contract or the house rules provided to the resident or responsible person upon admission.
- (i) The discharge requirements in this Rule do not apply when a resident is transferred to an acute inpatient facility for mental or physical health evaluation or treatment and the adult care facility's bed hold policy applies based on the expected return of the resident. If the facility decides to discharge a resident who has been transferred to an acute inpatient facility and there has been no physician-documented level of care change for the resident, the discharge requirements in this Rule apply.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-21; 143B-165; S.L. 2002-0160; Eff. January 1, 1977; Readopted Eff. October 31, 1977; Temporary Amendment Eff. July 1, 2003; Amended Eff. July 1, 2004.

10A NCAC 13F .0703 TUBERCULOSIS TEST, MEDICAL EXAMINATION AND IMMUNIZATIONS

- (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.
- (b) Each resident shall have a medical examination prior to admission to the facility and annually thereafter.
- (c) The results of the complete examination required in Paragraph (b) of this Rule are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following:
- (1) The examining date recorded on the FL-2 or MR-2 shall be no more than 90 days prior to the person's admission to the home.
 - (2) The FL-2 or MR-2 shall be in the facility before admission or accompany the resident upon admission and be reviewed by the facility before admission except for emergency admissions.
 - (3) In the case of an emergency admission, the medical examination and completion of the FL-2 or MR-2 as required by this rule shall be within 72 hours of admission as long as current medication and treatment orders are available upon admission or there has been an emergency medical evaluation, including any orders for medications and treatments, upon admission.
 - (4) If the information on the FL-2 or MR-2 is not clear or is insufficient, the facility shall contact the physician for clarification in order to determine if the services of the facility can meet the individual's needs.
 - (5) The completed FL-2 or MR-2 shall be filed in the resident's record in the home.
 - (6) If a resident has been hospitalized, the facility shall have a completed FL-2 or MR-2 or a transfer form or discharge summary with signed prescribing practitioner orders upon the resident's return to the facility from the hospital.
- (d) Each resident shall be immunized against pneumococcal disease and annually against influenza virus according to G.S. 13D-9, except as otherwise indicated in this law.
- (e) The facility shall make arrangements for any resident, who has been an inpatient of a psychiatric facility within 12 months before entering the home and who does not have a current plan for psychiatric care, to be examined by a local physician or a physician in a mental health center within 30 days after admission and to have a plan for psychiatric follow-up care when indicated.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; Temporary Adoption Eff. September 1, 2003; Eff. June 1, 2004.

10A NCAC 13F .0704 RESIDENT CONTRACT, INFORMATION ON HOME AND RESIDENT REGISTER

- (a) An adult care home administrator or administrator-in-charge shall furnish and review with the resident or responsible person information on the home upon admission and when changes are made to that information. A statement indicating that this information has been received upon admission or amendment as required by this Rule shall be signed and dated by each person to whom it is given and retained in the resident's record in the home. The information shall include the following:
- (1) the resident contract to which the following applies:
 - (A) the contract shall specify rates for resident services and accommodations, including the cost of different levels of service, if applicable, and any other charges or fees;

- (B) the contract shall disclose any health needs or conditions that the facility has determined it cannot meet pursuant to G.S. 131D-2(a1)(4);
- (C) the contract shall be signed and dated by the administrator or administrator-in-charge and the resident or responsible person, a copy given to the resident or responsible person and a copy kept in the resident's record;
- (D) the resident or responsible person shall be notified as soon as any change is known, but not less than 30 days before the change for rate changes initiated by the facility, of any changes in the contract and be provided an amended contract or an amendment to the contract for review and signature;
- (E) gratuities in addition to the established rates shall not be accepted; and
- (F) the maximum monthly adult care home rate that may be charged to Special Assistance recipients is established by the North Carolina Social Services Commission and the North Carolina General Assembly.

Note: Facilities may accept payments for room and board from a third party, such as family member, charity or faith community, if the payment is made voluntarily to supplement the cost of room and board for the added benefit of a private room or a private or semi-private room in a special care unit.

- (2) a written copy of all house rules, including facility policies on smoking, alcohol consumption, visitation, refunds and the requirements for discharge of residents consistent with the rules of this Subchapter, and amendments disclosing any changes in the house rules;
- (3) a copy of the Declaration of Residents' Rights as found in G.S. 131D-21;
- (4) a copy of the home's grievance procedures which shall indicate how the resident is to present complaints and make suggestions as to the home's policies and services on behalf of himself or others; and
- (5) a statement as to whether the home has signed Form DSS-1464, Statement of Assurance of Compliance with Title VI of the Civil Rights Act of 1964 for Other Agencies, Institutions, Organizations or Facilities, and which shall also indicate that, if the home does not choose to comply or is found to be in non-compliance, the residents of the home would not be able to receive State-County Special Assistance for Adults and the home would not receive supportive services from the county department of social services.

(b) The administrator or administrator-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register within 72 hours of the resident's admission to the facility and revise the information on the form as needed. The Resident Register is available on the internet website, <http://facility-services.state.nc.us/gcpage.htm>, or at no charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. The facility may use a resident information form other than the Resident Register as long as it contains at least the same information as the Resident Register.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160; 2003-0284; Temporary Adoption Eff. July 1, 2004; Eff. July 1, 2005.

SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN

10A NCAC 13F .0801 RESIDENT ASSESSMENT

(a) An adult care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.

(b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.

(c) The facility shall assure an assessment of a resident is completed within 10 days following a significant change in the resident's condition using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:

- (1) Significant change is one or more of the following:
 - (A) deterioration in two or more activities of daily living;
 - (B) change in ability to walk or transfer;
 - (C) change in the ability to use one's hands to grasp small objects;
 - (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic;
 - (E) no response by the resident to the treatment for an identified problem;
 - (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;
 - (G) threat to life such as stroke, heart condition, or metastatic cancer;

- (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or higher;
 - (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being such as initial diagnosis of Alzheimer's disease or diabetes;
 - (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer matches what is needed;
 - (K) new onset of impaired decision-making;
 - (L) continence to incontinence or indwelling catheter; or
 - (M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident.
- (2) Significant change is not any of the following:
- (A) changes that suggest slight upward or downward movement in the resident's status;
 - (B) changes that resolve with or without intervention;
 - (C) changes that arise from easily reversible causes;
 - (D) an acute illness or episodic event;
 - (E) an established, predictive, cyclical pattern; or
 - (F) steady improvement under the current course of care.
- (d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other appropriate licensed health professional such as a mental health professional, nurse practitioner, physician assistant or registered nurse in a timely manner consistent with the resident's condition but no longer than 10 days from the significant change, and document the referral in the resident's record. Referral shall be made immediately when significant changes are identified that pose an immediate risk to the health and safety of the resident, other residents or staff of the facility.
- (e) The assessments required in Paragraphs (b) and (c) of this Rule shall be completed and signed by the person designated by the administrator to perform resident assessments.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. January 1, 1996; Eff. May 1, 1997; Temporary Amendment Eff. September 1, 2003; July 1, 2003; Amended Eff. July 1, 2005; June 1, 2004.

10A NCAC 13F .0802 RESIDENT CARE PLAN

- (a) An adult care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident.
- (b) The care plan shall be revised as needed based on further assessments of the resident according to Rule .0801 of this Section.
- (c) The care plan shall include the following:
- (1) a statement of the care or service to be provided based on the assessment or reassessment; and
 - (2) frequency of the service provision.
- (d) The assessor shall sign the care plan upon its completion.
- (e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:
- (1) the resident is under the physician's care; and
 - (2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.
- (f) The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance abuse services includes resident specific instructions regarding how to contact that provider, including emergency contact. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance abuse services in accordance with Rule .0801(d) of this Subchapter.

History Note: Authority G.S. 131D-2; 131D-4.3; 131D-4.5; 143B-165; S.L. 99-0334; 2002-0160; Temporary Adoption Eff. January 1, 1996; Eff. May 1, 1997; Temporary Amendment Eff. September 1, 2003; July 1, 2003; Amended Eff. July 1, 2005; June 1, 2004.

SECTION .0900 – RESIDENT CARE AND SERVICES

10A NCAC 13F .0901 PERSONAL CARE AND SUPERVISION

- (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.

- (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.
- (c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures.

History Note: Authority G.S. 131D-2; 143B-153; 143B-165; S.L. 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 2004; April 1, 1984.

10A NCAC 13F .0902 HEALTH CARE

- (a) An adult care home shall provide care and services in accordance with the resident's care plan.
- (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.
- (c) The facility shall assure documentation of the following in the resident's record:
 - (1) facility contacts with the resident's physician, physician service, other licensed health professional, including mental health professional, when illnesses or accidents occur and any other facility contacts with a physician or licensed health professional regarding resident care;
 - (2) all visits of the resident to or from the resident's physician, physician service or other licensed health professional, including mental health professional, of which the facility is aware.
 - (3) written procedures, treatments or orders from a physician or other licensed health professional; and
 - (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.
- (d) The following shall apply to the resident's physician or physician service:
 - (1) The resident or the resident's responsible person shall be allowed to choose a physician or physician service to attend the resident.
 - (2) When the resident cannot remain under the care of the chosen physician or physician service, the facility shall assure that arrangements are made with the resident or responsible person for choosing and securing another physician or physician service within 45 days or prior to the signing of the care plan as required in Rule .0802 of this Subchapter.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 99-0334; 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. September 1, 2003; July 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004.

10A NCAC 13F .0903 LICENSED HEALTH PROFESSIONAL SUPPORT

- (a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks:
 - (1) applying and removing ace bandages, ted hose, binders, and braces and splints;
 - (2) feeding techniques for residents with swallowing problems;
 - (3) bowel or bladder training programs to regain continence;
 - (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;
 - (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;
 - (6) chest physiotherapy or postural drainage;
 - (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents;
 - (8) collecting and testing of fingerstick blood samples;
 - (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage);
 - (10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater;
 - (11) inhalation medication by machine;
 - (12) forcing and restricting fluids;
 - (13) maintaining accurate intake and output data;
 - (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established);
 - (15) medication administration through injection;
Note: Unlicensed staff may only administer subcutaneous injections, excluding anticoagulants such as heparin.
 - (16) oxygen administration and monitoring;
 - (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;
 - (18) oral suctioning;
 - (19) care of well-established tracheostomy, not to include indo-tracheal suctioning;
 - (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule);
 - (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);

- (22) application of prescribed heat therapy;
 - (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;
 - (24) ambulation using assistive devices that requires physical assistance;
 - (25) range of motion exercises;
 - (26) any other prescribed physical or occupational therapy;
 - (27) transferring semi-ambulatory or non-ambulatory residents; or
 - (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36.
- (b) The appropriate licensed health professional, as required in Paragraph (a) of this Rule, is:
- (1) a registered nurse licensed under G.S. 90, Article 9A, for tasks listed in Subparagraphs (a)(1) through (28) of this Rule;
 - (2) an occupational therapist licensed under G.S. 90, Article 18D or physical therapist licensed under G.S. 90-270.24, Article 18B for tasks listed in Subparagraphs (a)(17) and (22) through (27) of this Rule;
 - (3) a respiratory care practitioner licensed under G.S. 90, Article 38, for tasks listed in Subparagraphs (a)(6), (11), (16), (18), (19) and (21) of this Rule; or
 - (4) a registered nurse licensed under G.S. 90, Article 9A, for tasks that can be performed by a nurse aide II according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36;
- (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:
- (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;
 - (2) evaluating the resident's progress to care being provided;
 - (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and
 - (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.
- (d) The facility shall assure action is taken in response to the licensed health professional review and documented, and that the physician or appropriate health professional is informed of the recommendations when necessary.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160; Temporary Adoption Eff. January 1, 1996; Eff. May 1, 1997; Temporary Amendment Eff. September 1, 2003; July 1, 2003; Amended Eff. June 1, 2004.

10A NCAC 13F .0904 NUTRITION AND FOOD SERVICE

- (a) Food Procurement and Safety in Adult Care Homes:
- (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.
 - (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination.
 - (3) All meat processing shall occur at a USDA-approved processing plant.
 - (4) There shall be at least a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus, for both regular and therapeutic diets.
- (b) Food Preparation and Service in Adult Care Homes:
- (1) Sufficient staff, space and equipment shall be provided for safe and sanitary food storage, preparation and service.
 - (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident.
 - (3) Hot foods shall be served hot and cold foods shall be served cold.
 - (4) If residents require feeding assistance, food shall be maintained at serving temperature until assistance is provided.
- (c) Menus in Adult Care Homes:
- (1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the Daily Food Requirements in Paragraph (d) of this Rule.
 - (2) Menus shall be maintained in the kitchen and identified as to the current menu day and cycle for any given day for guidance of food service staff.
 - (3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents.
 - (4) Menus shall be planned to take into account the food preferences and customs of the residents.
 - (5) Menus as served and invoices or other receipts of purchases shall be maintained in the facility for 30 days.

- (6) Menus for all therapeutic diets shall be planned or reviewed by a registered dietitian. The facility shall maintain verification of the registered dietitian's approval of the therapeutic diets which shall include an original signature by the registered dietitian and the registration number of the dietitian.
 - (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.
- (d) Food Requirements in Adult Care Homes:
- (1) Each resident shall be served a minimum of three nutritionally adequate, palatable meals a day at regular hours with at least 10 hours between the breakfast and evening meals.
 - (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.
 - (3) Daily menus for regular diets shall include the following:
 - (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used.
 - (B) Fruit: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C in each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried or canned fruit.
 - (C) Vegetables: Three servings of vegetables (one serving equals ½ cup of cooked or canned vegetable; 6 ounces of vegetable juice; or 1 cup of raw vegetable). One of these shall be a dark green, leafy or deep yellow three times a week.
 - (D) Eggs: One whole egg or substitute (e.g., 2 egg whites or ¼ cup of pasteurized egg product) at least three times a week at breakfast.
 - (E) Protein: Two to three ounces of pure cooked meat at least two times a day for a minimum of 4 ounces. A substitute (e.g., 4 tablespoons of peanut butter, 1 cup of cooked dried peas or beans or 2 ounces of pure cheese) may be served three times a week but not more than once a day, unless requested by the resident.
Note: Bacon is considered to be fat and not meat for the purposes of this Rule.
 - (F) Cereals and Breads: At least six servings of whole grain or enriched cereal and bread or grain products a day. Examples of one serving are as follows: 1 slice of bread; ½ of a bagel, English muffin or hamburger bun; one 1 ½ -ounce muffin, 1- ounce roll, 2-ounce biscuit or 2-ounce piece of cornbread; ½ cup cooked rice or cereal (e.g., oatmeal or grits); ¾ cup ready-to-eat cereal; or one waffle, pancake or tortilla that is six inches in diameter. Cereals and breads offered as snacks may be included in meeting this requirement.
 - (G) Fats: Include butter, oil, margarine or items consisting primarily of one of these (e.g., icing or gravy).
 - (H) Water and Other Beverages: Water shall be served to each resident at each meal, in addition to other beverages.
- (e) Therapeutic Diets in Adult Care Homes:
- (1) All therapeutic diet orders including thickened liquids shall be in writing from the resident's physician. Where applicable, the therapeutic diet order shall be specific to calorie, gram or consistency, such as for calorie controlled ADA diets, low sodium diets or thickened liquids, unless there are written orders which include the definition of any therapeutic diet identified in the facility's therapeutic menu approved by a registered dietitian.
 - (2) Physician orders for nutritional supplements shall be in writing from the resident's physician and be brand specific, unless the facility has defined a house supplement in its communication to the physician, and shall specify quantity and frequency.
 - (3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.
 - (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.
- (f) Individual Feeding Assistance in Adult Care Homes:
- (1) Sufficient staff shall be available for individual feeding assistance as needed.
 - (2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect.
- (g) Variations from the required three meals or time intervals between meals to meet individualized needs or preferences of residents shall be documented in the resident's record.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; Eff. January 1, 1977; Readopted Eff. October 31, 1977; Amended Eff. April 1, 1984; Temporary Amendment Eff. July 1, 2003; Amended Eff. June 1, 2004.

10A NCAC 13F .0905 ACTIVITIES PROGRAM

- (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community.
- (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities.
- (c) The activity director, as required in Rule .0404 of this Subchapter, shall:
- (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities and possible cultural differences of the residents;
 - (2) prepare a monthly calendar of planned group activities which shall be easily readable with large print, posted in a prominent location by the first day of each month, and updated when there are any changes;
 - (3) involve community resources, such as recreational, volunteer, religious, aging and developmentally disabled-associated agencies, to enhance the activities available to residents;
 - (4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program;
 - (5) encourage residents to participate in activities; and
 - (6) assure there are adequate supplies, supervision and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities.
- (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees.
- (e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression. Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and nature walks.
- (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so.
- (g) Each resident shall have the opportunity to participate in meaningful work-type and volunteer service activities in the home or in the community, but participation shall be on an entirely voluntary basis, never forced upon residents and not assigned in place of staff.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004 (This temporary amendment replaces the permanent rule approved by RRC on May 20, 2004);
Amended Eff. July 1, 2005.*

10A NCAC 13F .0906 OTHER RESIDENT CARE AND SERVICES

- (a) Transportation. The administrator shall assure the provision of transportation for the residents of adult care homes to necessary resources and activities, including transportation to the nearest appropriate health facilities, social services agencies, shopping and recreational facilities, and religious activities of the resident's choice. The resident shall not be charged any additional fee for this service. Sources of transportation may include community resources, public systems, volunteer programs, family members as well as facility vehicles.
- (b) Mail.
- (1) Residents shall receive their mail promptly and it shall be unopened unless there is a written, witnessed request authorizing management staff to open and read mail to the resident. This request shall be recorded on Form DSS-1865, the Resident Register or the equivalent;
 - (2) Outgoing mail written by a resident shall not be censored; and
 - (3) Residents shall be encouraged and assisted, if necessary, to correspond by mail with close relatives and friends. Residents shall have access to writing materials, stationery and postage and, upon request, the home shall provide such items at cost. It is not the home's obligation to pay for these items.
- (c) Laundry.
- (1) Laundry services shall be provided to residents without any additional fee; and
 - (2) It is not the home's obligation to pay for a resident's personal dry cleaning. The resident's plans for personal care of clothing shall be indicated on Form DSS-1865, the Resident Register.

(d) Telephone.

- (1) A telephone shall be available in a location providing privacy for residents to make and receive calls.
- (2) A pay station telephone is not acceptable for local calls; and
- (3) It is not the home's obligation to pay for a resident's toll calls.

(e) Personal Lockable Space.

- (1) Personal lockable space shall be provided for each resident to secure his personal valuables. One key shall be provided free of charge to the resident. Additional keys shall be provided to residents at cost upon request. It is not the home's obligation to pay for additional keys; and
- (2) While a resident may elect not to use lockable space, it shall still be available in the home since the resident may change his mind. This space shall be accessible only to the resident and the administrator or supervisor-in-charge. The administrator or supervisor-in-charge shall determine at admission whether the resident desires lockable space, but the resident may change his mind at any time.

(f) Visiting.

- (1) Visiting in the home and community at reasonable hours shall be encouraged and arranged through the mutual prior understanding of the residents and administrator;
- (2) There shall be at least 10 hours each day for visitation in the home by persons from the community. If a home has established visiting hours or any restrictions on visitation, information about the hours and any restrictions shall be included in the house rules given to each resident at the time of admission and posted conspicuously in the home;
- (3) A signout register shall be maintained for planned visiting and other scheduled absences which indicates the resident's departure time, expected time of return and the name and telephone number of the responsible party;
- (4) If the whereabouts of a resident are unknown and there is reason to be concerned about his safety, the person in charge in the home shall immediately notify the resident's responsible person, the appropriate law enforcement agency and the county department of social services.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. July 1, 2004.*

10A NCAC 13F .0907 RESPITE CARE

- (a) For the purposes of this Subchapter, respite care is defined as supervision, personal care and services provided for persons admitted to an adult care home on a temporary basis for temporary caregiver relief, not to exceed 30 days.
- (b) Respite care is not required as a condition of licensure. However, respite care is subject to the requirements of this Subchapter except for Rules .0702, .0704(b), .0801, .0802 and .1201.
- (c) The number of respite care residents and adult care home residents shall not exceed the facility's licensed bed capacity.
- (d) If the facility is staffing to census, the respite care residents shall be included in the daily census for determination of appropriate staffing levels according to the rules of this Subchapter.
- (e) The respite care resident contract shall specify the rates for respite care services and accommodations, the date of admission to the facility and the proposed date of discharge from the facility. The contract shall be signed by the administrator or designee and the respite care resident or his responsible person and a copy given to the resident and responsible person.
- (f) Upon admission of a respite care resident into the facility, the facility shall assure that the resident has a current FL-2 and been tested for tuberculosis disease according to Rule .0703 of this Subchapter and that there are current physician orders for any medications, treatments and special diets for inclusion in the respite care resident's record. The facility shall assure that the respite care resident's physician or prescribing practitioner is contacted for verification of orders if the orders are not signed and dated within seven calendar days prior to admission to the facility as a respite care resident or for clarification of orders if orders are not clear or complete.
- (g) The facility shall complete an assessment which allows for the development of a short-term care plan prior to or upon admission to the facility with input from the resident or responsible person. The assessment shall address respite resident needs, including identifying information, hearing, vision, cognitive ability, functional limitations, continence, special procedures and treatments as ordered by physician, skin conditions, behavior and mood, oral and nutritional status and medication regimen. The facility may use the Resident Register or an equivalent as the assessment instrument. The care plan shall be signed and dated by the facility's administrator or designated representative and the respite care resident or responsible person.
- (h) The respite care resident's record shall include a copy of the signed respite care contract; the FL-2; the assessment and care plan; documentation of a tuberculosis test according to Paragraph (f) of this Rule; documentation of any contacts (office, home or telephone) with the resident's physician or other licensed health professionals from outside the facility; physician orders; medication administration records; a statement, signed and dated by the resident or responsible person, indicating that information on the home as required in Rule .0704(a) of this Subchapter has been received; a written description of any acute changes in the resident's condition or any incidents or accidents resulting in injury to the respite care resident, and any action taken by the facility in response to the changes, incidents or accidents; and how the responsible person or his designated representative can be contacted in case of an emergency.

(i) The respite care resident's responsible person or his designated representative shall be contacted and informed of the need to remove the resident from the facility if one or more of the following conditions exists:

- (1) the resident's condition is such that he is a danger to himself or poses a direct threat to the health of others as documented by a physician; or
- (2) the safety of individuals in the home is threatened by the behavior of the resident as documented by the facility.

Documentation of the emergency discharge shall be on file in the facility.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2000-50; 2002-0160; 2003-0284;
Temporary Adoption Eff. November 1, 2000;
Eff. July 18, 2002;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13F .0908 COOPERATION WITH CASE MANAGERS

The adult care home administrator shall cooperate with and assure the cooperation of facility staff with case managers in their provision of case management services to residents.

History Note: Authority G.S. 131D-2; 131D-4.3; 143B-165; S.L. 2002-0160;
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13F .0909 RESIDENT RIGHTS

An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, 2005.

SECTION .1000 - MEDICATIONS

10A NCAC 13F .1001 MEDICATION ADMINISTRATION POLICIES AND PROCEDURES

In addition to the requirements in Rule .1211(a)(1) of this Subchapter, an adult care home shall ensure the following:

- (1) orientation to medication policies and procedures for staff responsible for medication administration prior to their administering or supervising the administration of medications; and
- (2) compliance of medication policies and procedures with requirements of this Section and all applicable state and federal regulations, including definitions in the North Carolina Pharmacy Practice Act, G.S. 90-85.3.

For the purposes of this Subchapter, medications include herbal and non-herbal supplements.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-153; S.L. 1999-0334;
Eff. January 1, 1977;
Amended Eff. April 22, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2005; July 1, 2000.

10A NCAC 13F .1002 MEDICATION ORDERS

(a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:

- (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility;
- (2) if orders are not clear or complete; or
- (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.

The facility shall ensure that this verification or clarification is documented in the resident's record.

(b) All orders for medications, prescription and non-prescription, and treatments shall be maintained in the resident's record in the facility.

(c) The medication orders shall be complete and include the following:

- (1) medication name;
- (2) strength of medication;

- (3) dosage of medication to be administered;
 - (4) route of administration;
 - (5) specific directions of use, including frequency of administration; and
 - (6) if ordered on an as needed basis, a stated indication for use.
- (d) Verbal orders for medications and treatments shall be:
- (1) countersigned by the prescribing practitioner within 15 days from the date the order is given;
 - (2) signed or initialed and dated by the person receiving the order; and
 - (3) accepted only by a licensed professional authorized by state occupational licensure laws to accept orders or staff responsible for medication administration.
- (e) Any standing orders shall be for individual residents and signed and dated by the resident's physician or prescribing practitioner.
- (f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration are reviewed and signed by the resident's physician or prescribing practitioner at least every six months.
- (g) In addition to the requirements as stated in Paragraph (c) of this Rule, psychotropic medications ordered "as needed" by a prescribing practitioner, shall not be administered unless the following have been provided by the practitioner or included in an individualized care plan developed with input by a registered nurse or licensed pharmacist:
- (1) detailed behavior-specific written instructions, including symptoms that might require use of the medication;
 - (2) exact dosage;
 - (3) exact time frames between dosages; and
 - (4) the maximum dosage to be administered in a twenty-four hour period.
- (h) The facility shall assure that personal care aides and their direct supervisors receive training annually about the desired and undesired effects of psychotropic medications, including alternative behavior interventions. Documentation of training attended by staff shall be maintained in the facility.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; Eff. July 1, 2005.

10A NCAC 13F .1003 MEDICATION LABELS

- (a) Prescription legend medications shall have a legible label with the following information:
- (1) the name of the resident for whom the medication is prescribed;
 - (2) the most recent date of issuance;
 - (3) the name of the prescriber;
 - (4) the name and concentration of the medication, quantity dispensed, and prescription serial number;
 - (5) directions for use stated and not abbreviated;
 - (6) a statement of generic equivalency shall be indicated if a brand other than the brand prescribed is dispensed;
 - (7) the expiration date, unless dispensed in a single unit or unit dose package that already has an expiration date;
 - (8) auxiliary statements as required of the medication;
 - (9) the name, address, telephone number of the dispensing pharmacy; and
 - (10) the name or initials of the dispensing pharmacist.
- (b) For medication systems such as med paks and multi-paks when two or more solid oral dosage forms are packaged and dispensed together, labeling shall be in accordance with Paragraph (a) of this Rule and the label or package shall also have a physical description or identification of each medication contained in the package.
- (c) The facility shall assure the container is relabeled by a licensed pharmacist or a dispensing practitioner at the refilling of the medication when there is a change in the directions by the prescriber. The facility shall have a procedure for identifying direction changes until the container is correctly labeled. No person other than a licensed pharmacist or dispensing practitioner shall alter a prescription label.
- (d) Non-prescription medications shall have the manufacturer's label with the expiration date visible, unless the container has been labeled by a licensed pharmacist or a dispensing practitioner. Non-prescription medications in the original manufacturer's container shall be labeled with at least the resident's name and the name shall not obstruct any of the information on the container. Facility staff may label or write the resident's name on the container.
- (e) Medications, prescription and non-prescription, shall not be transferred from one container to another except when prepared for administration to a resident.
- (f) Prescription medications leaving the facility shall be in a form packaged and labeled by a licensed pharmacist or a dispensing practitioner. Non-prescription medications that are not packaged or labeled by a licensed pharmacist or dispensing practitioner must be released in the original container and directions for administration must be provided to the resident or responsible party. The facility shall assure documentation of medications, including quantity released and returned to the facility.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; Eff. July 1, 2005.

10A NCAC 13F .1004 MEDICATION ADMINISTRATION

- (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:

- (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and
- (2) rules in this Section and the facility's policies and procedures.
- (b) The facility shall assure that only staff meeting the requirements in Rule .0403 of this Subchapter shall administer medications, including the preparation of medications for administration.
- (c) Only oral solid medications that are ordered for routine administration may be prepared in advance and must be prepared within 24 hours of the prescribed time for administration. Medications prescribed for prn (as needed) administration shall not be prepared in advance.
- (d) Liquid medications, including powders or granules that require to be mixed with liquids for administration, and medications for injection shall be prepared immediately before administration to a resident.
- (e) Medications shall not be crushed for administration until immediately before the medications are administered to the resident.
- (f) If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage:
 - (1) Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed in a capped or sealed container;
 - (2) Medications not dispensed in a sealed and labeled package as specified in Subparagraph (1) of this Paragraph are kept enclosed in a sealed container that identifies the name and strength of each medication prepared and the resident's name;
 - (3) A separate container is used for each resident and each planned administration of the medications and labeled according to Subparagraph (1) or (2) of this Paragraph; and
 - (4) All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff as specified in Rule .1006(d) of this Section.
- (g) The facility shall ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations.
- (h) If medications are not prepared and administered by the same staff person, there shall be documentation for each dose of medication prepared for administration by the staff person who prepared the medications when or at the time the resident's medication is prepared. Procedures shall be established and implemented to identify the staff person who prepared the medication and the staff person who administered the medication.
- (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.
- (j) The resident's medication administration record (MAR) shall be accurate and include the following:
 - (1) resident's name;
 - (2) name of the medication or treatment order;
 - (3) strength and dosage or quantity of medication administered;
 - (4) instructions for administering the medication or treatment;
 - (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;
 - (6) date and time of administration;
 - (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,
 - (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).
- (k) The facility shall have a system in place to ensure the resident is identified prior to the administration of any medication or treatment.
- (l) The facility shall assure the development and implementation of policies and procedures governing medication errors and adverse medication reactions that include documentation of the following:
 - (1) notification of a physician or appropriate health professional and supervisor;
 - (2) action taken by the facility according to orders by the physician or appropriate health professional; and
 - (3) charting or documentation errors, unavailability of a medication, resident refusal of medication, any adverse medication reactions and notification of the resident's physician when necessary.
- (m) Medication administration supplies, such as graduated measuring devices, shall be available and used by facility staff in order for medications to be accurately and safely administered.
- (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents.
- (o) A resident's medication shall not be administered to another resident except in an emergency. In the event of an emergency, the borrowed medications shall be replaced promptly and the borrowing and replacement of the medication shall be documented.

(p) Only oral, topical (including ophthalmic and otic medications), inhalants, rectal and vaginal medications, subcutaneous injections and medications administered by gastrostomy tube and nebulizers may be administered by persons who are not authorized by state occupational licensure laws to administer medication.

(q) Unlicensed staff may not administer insulin or other subcutaneous injections prior to meeting the requirements for training and competency validation as stated in Rules .0504 and .0505 of this Subchapter.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165;
Eff. July 1, 2005.

10A NCAC 13F .1005 SELF-ADMINISTRATION OF MEDICATIONS

(a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met:

- (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and
- (2) specific instructions for administration of prescription medications are printed on the medication label.

(b) When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance with the physician's orders or the facility's medication policies and procedures, the facility shall notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165;
Eff. July 1, 2005.

10A NCAC 13F .1006 MEDICATION STORAGE

(a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures.

(b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration.

(c) The medication storage area shall be clean, well-lighted, well-ventilated, large enough to store medications in an orderly manner, and located in areas other than the bathroom, kitchen or utility room. Medication carts shall be clean and medications shall be stored in an orderly manner.

(d) Accessibility to locked storage areas for medications shall only be by staff responsible for medication administration and administrator or person in charge.

(e) Medications intended for topical or external use, except for ophthalmic, otic and transdermal medications shall be stored in a designated area separate from the medications intended for oral and injectable use. Ophthalmic, otic and transdermal medications may be stored with medications intended for oral and injectable use. Medications shall be stored apart from cleaning agents and hazardous chemicals.

(f) Medications requiring refrigeration shall be stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C).

(g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area.

(h) The facility may possess a stock of non-prescription medications or the following prescription legend medications for general or common use:

- (1) irrigation solutions in single unit quantities exceeding 49 ml. and related diagnostic agents;
- (2) diagnostic agents;
- (3) vaccines; and
- (4) water for injection and normal saline for injection.

Note: A prescribing practitioner's order is required for the administration of any medication as stated in Rule .1004(a) of this Section.

(i) First aid supplies shall be immediately available, stored out of sight of residents and visitors and stored separately in a secure and orderly manner.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165;
Eff. July 1, 2005.

10A NCAC 13F .1007 MEDICATION DISPOSITION

(a) Medications shall be released to or with a resident upon discharge if the resident has a physician's order to continue the medication. Prescribed medications are the property of the resident and shall not be given to, or taken by, other staff or residents according to Rule .1004(o) of this Subchapter.

(b) Medications, excluding controlled medications that are expired, discontinued, prescribed for a deceased resident or deteriorated shall be stored separately from actively used medications until disposed of.

(c) Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident.

- (d) All medications destroyed at the facility shall be destroyed by the administrator or the administrator's designee and witnessed by a licensed pharmacist, dispensing practitioner, or designee of a licensed pharmacist or dispensing practitioner. The destruction shall be conducted so that no person can use, administer, sell or give away the medication.
- (e) Records of medications destroyed or returned to the pharmacy shall include the resident's name, the name and strength of the medication, the amount destroyed or returned, the method of destruction if destroyed in the facility and the signature of the administrator or the administrator's designee and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or dispensing practitioner. These records shall be maintained by the facility for a minimum of one year.
- (f) A dose of any medication prepared for administration and accidentally contaminated or not administered shall be destroyed at the facility according to the facility's policies and procedures.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165;
Eff. July 1, 2005.

10A NCAC 13F .1008 CONTROLLED SUBSTANCES

- (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.
- (b) Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock.
- (c) Controlled substances that are expired, discontinued or no longer required for a resident shall be returned to the pharmacy within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The facility shall document the resident's name; the name, strength and dosage form of the controlled substance; and the amount returned. There shall also be documentation by the pharmacy of the receipt or return of the controlled substances.
- (d) If the pharmacy will not accept the return of a controlled substance, the administrator or the administrator's designee shall destroy the controlled substance within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The destruction shall be witnessed by a licensed pharmacist, dispensing practitioner, or designee of a licensed pharmacist or dispensing practitioner. The destruction shall be conducted so that no person can use, administer, sell or give away the controlled substance. Records of controlled substances destroyed shall include the resident's name; the name, strength and dosage form of the controlled substance; the amount destroyed; the method of destruction; and, the signature of the administrator or the administrator's designee and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or dispensing practitioner.
- (e) Records of controlled substances returned to the pharmacy or destroyed by the facility shall be maintained by the facility for a minimum of three years.
- (f) Controlled substances that are expired, discontinued, prescribed for a deceased resident or deteriorated shall be stored securely in a locked area separately from actively used medications until disposed of.
- (g) A dose of a controlled substance accidentally contaminated or not administered shall be destroyed at the facility. The destruction shall be documented on the medication administration record (MAR) or the controlled substance record showing the time, date, quantity, manner of destruction and the initials or signature of the person destroying the substance.
- (h) The facility shall ensure that all known drug diversions are reported to the pharmacy, local law enforcement agency and Health Care Personnel Registry as required by state law, and that all suspected drug diversions are reported to the pharmacy. There shall be documentation of the contact and action taken.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165;
Eff. July 1, 2005.

10A NCAC 13F .1009 PHARMACEUTICAL CARE

- (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following:
 - (1) an on-site medication review for each resident which includes the following:
 - (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and
 - (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and
 - (C) documenting the results of the medication review in the resident's record;

- (2) review of all aspects of medication administration including the observation or review of procedures for the administration of medications and inspection of medication storage areas;
- (3) review of the medication system utilized by the facility, including packaging, labeling and availability of medications;
- (4) review the facility's procedures and records for the disposition of medications and provide assistance, if necessary;
- (5) provision of a written report of findings and any recommendations for change for Subparagraphs (a)(1) through (4) of this Rule to the facility and the physician or appropriate health professional, when necessary;
- (6) conducting in-service programs as needed for facility staff on medication usage that includes the following:
 - (A) potential or current medication related problems identified;
 - (B) new medications;
 - (C) side effects and medication interactions; and
 - (D) policies and procedures.

(b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary.

(c) The facility shall maintain the findings and reports resulting from the activities in Subparagraphs (a)(1) through (6) of this Rule in the facility, including action taken by the facility.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165;
Eff. July 1, 2005.*

10A NCAC 13F .1010 PHARMACEUTICAL SERVICES

- (a) An adult care home shall allow the residents the right to choose a pharmacy provider as long as the pharmacy will provide services that are in compliance with the facility's medication management policies and procedures.
- (b) There shall be a current, written agreement with a licensed pharmacist or a prescribing practitioner for pharmaceutical care services according to Rule .1009 of this Section. The written agreement shall include a statement of the responsibility of each party.
- (c) The facility shall assure the provision of pharmaceutical services to meet the needs of the residents including procedures that assure the accurate ordering, receiving and administering of all medications prescribed on a routine, emergency, or as needed basis.
- (d) The facility shall assure the provision of medication for residents on temporary leave from the facility or involved in day activities out of the facility.
- (e) The facility shall assure that accurate records of the receipt, use and disposition of medications are maintained in the facility and readily available for review.
- (f) A facility with 12 or more beds shall have a written agreement with a pharmacy provider for dispensing services. The written agreement shall include a statement of the responsibility of each party.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165;
Eff. July 1, 2005.*

SECTION .1100 – RESIDENT'S FUNDS AND REFUNDS

10A NCAC 13F .1101 MANAGEMENT OF RESIDENTS FUNDS

- (a) Residents shall manage their own funds if possible.
- (b) In situations where a resident is unable to manage his funds, a legal representative or payee shall be designated in accordance with Rule .1103 of this Section.
- (c) Residents shall endorse checks made out to them unless a legal representative or payee has been authorized to endorse checks.

*History Note: Authority G.S. 35A-1203; 108A-37; 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005.*

10A NCAC 13F .1102 REFUND POLICY

An adult care home's refund policies shall be in writing and signed by the administrator. A copy shall be given to each resident or the resident's responsible person at time of admission. A copy shall also be filed in the resident's record.

*History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005.*

10A NCAC 13F .1103 LEGAL REPRESENTATIVE OR PAYEE

(a) In situations where a resident of an adult care home is unable to manage his funds, the administrator shall contact a family member or the county department of social services regarding the need for a legal representative or payee. The administrator and

other staff of the home shall not serve as a resident's legal representative, payee, or executor of a will, except as indicated in Paragraph (b) of this Rule.

(b) In the case of funds administered by the Social Security Administration, the Veteran's Administration or other federal government agencies, the administrator of the home may serve as a payee when so authorized as a legally constituted authority by the respective federal agencies.

(c) The administrator shall give the resident's legal representative or payee receipts for any monies received on behalf of the resident.

*History Note: Authority G.S.; 35A-1203; 108A-37; 131D-2; 143B-165;
Eff. July 1, 2005.*

10A NCAC 13F .1104 ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS

(a) To document a resident's receipt of the State-County Special Assistance personal needs allowance after payment of the cost of care, a statement shall be signed by the resident or marked by the resident with two witnesses' signatures. The statement shall be maintained in the home.

(b) Upon the written authorization of the resident or his legal representative or payee, an administrator or the administrator's designee may handle the personal money for a resident, provided an accurate accounting of monies received and disbursed and the balance on hand is available upon request of the resident or his legal representative or payee.

(c) A record of each transaction involving the use of the resident's personal funds according to Paragraph (b) of this Rule shall be signed by the resident, legal representative or payee or marked by the resident, if not adjudicated incompetent, with two witnesses' signatures at least monthly verifying the accuracy of the disbursement of personal funds. The record shall be maintained in the home.

(d) A resident's personal funds shall not be commingled with facility funds. The facility shall not commingle the personal funds of residents in an interest-bearing account.

(e) All or any portion of a resident's personal funds shall be available to the resident or his legal representative or payee upon request during regular office hours, except as provided in Rule .1105 of this Subchapter.

(f) The resident's personal needs allowance shall be credited to the resident's account within 24 hours of the check being deposited following endorsement.

*History Note: Authority G.S. 131D-2; 143B-165;
Eff. July 1, 2005.*

10A NCAC 13F .1105 REFUND OF PERSONAL FUNDS

(a) When the administrator or the administrator's designee handles a resident's personal money at the resident's or his payee's request, the balance shall be given to the resident or the resident's responsible person within 14 days of the resident's leaving the home.

(b) If a resident dies, the administrator of his estate or the Clerk of Superior Court, when no administrator for his estate has been appointed, shall be given all of his personal funds within 30 days after death.

*History Note: Authority G.S. 131D-2; 143B-165;
Eff. July 1, 2005.*

10A NCAC 13F .1106 SETTLEMENT OF COST OF CARE

(a) If a resident of an adult care home, after being notified by the facility of its intent to discharge the resident in accordance with Rule .0702 of this Subchapter, moves out of the facility before the period of time specified in the notice has elapsed, the facility shall refund the resident an amount equal to the cost of care for the remainder of the month minus any nights spent in the facility during the notice period. The refund shall be made within 14 days after the resident leaves the facility.

(b) If a resident moves out of the facility without giving notice, as may be required by the facility according to Rule .0702(h) of this Subchapter, or before the facility's required notice period has elapsed, the resident owes the facility an amount equal to the cost of care for the required notice period. If a resident receiving State-County Special Assistance moves before the facility's required notice period has elapsed, the former facility is entitled to the required payment for the notice period before the new facility receives any payment. The facility shall refund the resident the remainder of any advance payment following settlement of the cost of care. The refund shall be made within 14 days from the date of notice or, if no notice is given, within 14 days after the resident leaves the facility.

(c) When there is an exception to the notice, as provided in Rule .0702(h) of this Subchapter, to protect the health or safety of the resident or others in the facility, the resident is only required to pay for any nights spent in the facility. A refund shall be made to the resident by the facility within 14 days from the date of notice.

(d) When a resident gives notice of leaving the facility, as may be required by the facility according to Rule .0702(h) of this Subchapter, and leaves at the end of the notice period, the facility shall refund the resident the remainder of any advance payment within 14 days from the date of notice. If notice is not required by the facility, the refund shall be made within 14 days after the resident leaves the facility.

(e) When a resident leaves the facility with the intent of returning to it, the following apply:

- (1) The facility may reserve the resident's bed for a set number of days with the written agreement of the facility and the resident or his responsible person and thereby require payment for the days the bed is held.

- (2) If, after leaving the facility, the resident decides not to return to it, the resident or someone acting on his behalf may be required by the facility to provide up to a 14-day written notice that he is not returning.
 - (3) Requirement of a notice, if it is to be applied by the facility, shall be a part of the written agreement and explained by the facility to the resident and his family or responsible person before signing.
 - (4) On notice by the resident or someone acting on his behalf that he will not be returning to the facility, the facility shall refund the remainder of any advance payment to the resident or his responsible person, minus an amount equal to the cost of care for the period covered by the agreement. The refund shall be made within 14 days after notification that the resident will not be returning to the facility.
 - (5) In no situation involving a recipient of State-County Special Assistance may a facility require payment for more than 30 days since State-County Special Assistance is not authorized unless the resident is actually residing in the facility or it is anticipated that he will return to the facility within 30 days.
 - (6) Exceptions to the two weeks' notice, if required by the facility, are cases where returning to the facility would jeopardize the health or safety of the resident or others in the facility as certified by the resident's physician or approved by the county department of social services, and in the case of the resident's death. In these cases, the facility shall refund the rest of any advance payment calculated beginning with the day the facility is notified.
- (f) If a resident dies, the administrator of his estate or the Clerk of Superior Court, when no administrator for his estate has been appointed, shall be given a refund equal to the cost of care for the month minus any nights spent in the facility during the month. This is to be done within 30 days after the resident's death.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165;
Eff. July 1, 2005.

SECTION .1200 – POLICIES, RECORDS AND REPORTS

10A NCAC 13F .1201 RESIDENT RECORDS

(a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Health Service Regulation and county departments of social services:

- (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable;
- (2) Resident Register;
- (3) receipt for the following as required in Rule .0704 of this Subchapter:
 - (A) contract for services, accommodations and rates;
 - (B) house rules as specified in Rule .0704(a)(2) of this Subchapter;
 - (C) Declaration of Residents' Rights (G.S. 131D-21);
 - (D) the home's grievance procedures; and
 - (E) civil rights statement;
- (4) resident assessment and care plan;
- (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter;
- (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation;
- (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and
- (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged.

When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident.

(b) A resident financial record providing an accurate accounting of the receipt and disbursement of the resident's personal funds if handled by the facility according to Rule .1101 of this Subchapter shall be maintained on each resident in an orderly manner in the facility and made available for review by representatives of the Division of Health Service Regulation and county departments of social services. When there is an approved cluster of licensed facilities, financial records may be kept in one location among the clustered facilities.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13F .1202 DISPOSAL OF RESIDENT RECORDS

After a resident has left an adult care home or died, the resident's records shall be filed in the facility for at least one year and then stored for at least two more years.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004.

10A NCAC 13F .1203 REPORT OF ADMISSIONS AND DISCHARGES

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004;
Repealed Eff. July 1, 2005.

10A NCAC 13F .1204 POPULATION REPORT

History Note: Authority G.S. 131D-2; 143B-153; 143B-165; S.L. 2002-160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. July 1, 2003;
Temporary Repeal Eff. September 1, 2003;
Repealed Eff. June 1, 2004.

10A NCAC 13F .1205 HEALTH CARE PERSONNEL REGISTRY

The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .1001 and .1002.

History Note: Authority G.S. 131D-2; 131D-4.5; 131E-256; 143B-165; S.L. 99-0334;
Temporary Adoption Eff. January 1, 2000;
Eff. July 1, 2000.

10A NCAC 13F .1206 ADVERTISING

The adult care home may advertise provided:

- (1) The name used is as it appears on the license.
- (2) Only the services and accommodations for which the home is licensed are used.
- (3) The home is listed under proper classification in telephone books, newspapers or magazines.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. July 1, 2004.

10A NCAC 13F .1207 FACILITIES TO REPORT RESIDENT DEATHS

For purposes of this Section, facilities licensed in accordance with G.S. 131D-2 shall report resident deaths to the Division of Health Service Regulation.

History Note: Authority G.S. 131D-2; 131D-34.1;
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, 2002.

10A NCAC 13F .1208 DEATH REPORTING REQUIREMENTS

(a) Upon learning of a resident death as described in Paragraphs (b) and (c) of this Rule, a facility shall file a report in accordance with this Rule. A facility shall be deemed to have learned of a resident death when any facility staff obtains information that the death occurred.

(b) A written notice containing the information listed under Paragraph (d) of this Rule shall be made immediately for the following:

- (1) a resident death occurring in an adult care home within seven days of the the use of a physical restraint or physical hold on the resident; or
- (2) a resident death occurring within 24 hours of the resident's transfer from the adult care home to a hospital, if the death occurred within seven days of physical restraint or physical hold of the resident.

(c) A written notice containing the information under Paragraph (d) of this Rule shall be made within three days of any death resulting from violence, accident, suicide or homicide.

(d) Written notice may be submitted in person or by telefacsimile or electronic mail. If the reporting facility does not have the capacity or capability to submit a written notice immediately, the information contained in the notice may be reported by telephone following the same time requirements under Subparagraphs (b) and (c) of this Rule until such time the written notice may be submitted. The notice shall include at least the following information:

- (1) Reporting facility: Name, address, county, license number (if applicable), Medicare/Medicaid provider number (if applicable), facility administrator and telephone number, name and title of person preparing report, first person to learn of death and first staff to receive report of death, and date and time report prepared;
- (2) Resident information: Name, Medicaid number (if applicable), date of birth, age, sex, race, primary admitting diagnoses, and date of most recent admission to an acute care hospital.
- (3) Circumstances of death: place and address where resident died, date and time death was discovered, physical location decedent was found, cause of death (if known), whether or not decedent was restrained at the time of death or within 7 days of death and if so, a description of the type of restraint and its usage, and a description of events surrounding the death; and
- (4) Other information: list of other authorities such as law enforcement or the County Department of Social Services that have been notified, have investigated or are in the process of investigating the death or events related to the death.

(e) The facility shall submit a written report, using a form pursuant to G.S. 131D-34.1(e). The facility shall provide, fully and accurately, all information sought on the form. If the facility is unable to obtain any information sought on the form, or if any such information is not yet available, the facility shall so explain on the form.

(f) In addition, the facility shall:

- (1) Notify the Division of Health Service Regulation immediately whenever it has reason to believe that information provided may be erroneous, misleading, or otherwise unreliable;
- (2) Submit to the Division of Health Service Regulation, immediately after it becomes available, any information required by this rule that was previously unavailable; and
- (3) Provide, upon request by the Division of Health Service Regulation, other information the facility obtains regarding the death, including, but not limited to, death certificates, autopsy reports, and reports by other authorities.

(g) With regard to any resident death under circumstances described in G.S. 130A-383, a facility shall notify the appropriate law enforcement authorities so the medical examiner of the county in which the body is found may be notified. Documentation of such notification shall be maintained by the facility and be made available for review by the Division upon request.

(h) In deaths not under the jurisdiction of the medical examiner, the facility shall notify the decedent's next-of-kin, or other individual authorized according to G.S. 130A-398, that an autopsy may be requested as designated in G.S. 130A-389.

History Note: Authority G.S. 131D-2; 131D-34.1;
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, 2002.

10A NCAC 13F .1209 DEFINITIONS APPLICABLE TO DEATH REPORTING

The following definitions shall apply throughout this Section:

- (1) "Accident" means an unexpected, unnatural or irregular event contributing to a resident's death and includes, but is not limited to, medication errors, falls, fractures, choking, elopement, exposure, poisoning, drowning, fire, burns or thermal injury, electrocution, misuse of equipment, motor vehicle accidents, and natural disasters.
- (2) "Immediately" means at once, at or near the present time, without delay.
- (3) "Violence" means physical force exerted for the purpose of violating, damaging, abusing or injuring, or abusing another person.

History Note: Authority G.S. 131D-2; 131D-34.1;
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, 2002.

10A NCAC 13F .1210 RECORD OF STAFF QUALIFICATIONS

An adult care home shall maintain records of staff qualifications required by the rules in Section .0400 of this Subchapter in the facility. When there is an approved cluster of licensed facilities, these records may be kept in one location among the clustered facilities.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, 2005.

10A NCAC 13F .1211 WRITTEN POLICIES AND PROCEDURES

(a) An adult care home shall develop written policies and procedures that comply with applicable rules of this Subchapter, on the following:

- (1) ordering, receiving, storage, discontinuation, disposition, administration, including self-administration, and monitoring the resident's reaction to medications, as developed in consultation with a licensed health professional who is authorized to dispense or administer medications;
- (2) use of alternatives to physical restraints and the care of residents who are physically restrained, as developed in consultation with a registered nurse;
- (3) accident, fire safety and emergency procedures;
- (4) infection control;
- (5) refunds;
- (6) missing resident;
- (7) identification and supervision of wandering residents;
- (8) management of physical aggression or assault by a resident;
- (9) handling of resident grievances;
- (10) visitation in the facility by guests; and
- (11) smoking and alcohol use.

(b) In addition to other training and orientation requirements in this Subchapter, all staff shall be trained within 30 days of hire on the policies and procedures listed as Subparagraphs (3), (4), (6), (7), (8), (9), (10) and (11) in Paragraph (a) of this Rule.

(c) Policies and procedures on which staff have been trained shall be available within the facility to staff for their reference.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160; 2003-0284; Temporary Adoption Eff. July 1, 2004; Temporary Adoption Expired March 12, 2005; Eff. June 1, 2005.

10A NCAC 13F .1212 REPORTING OF ACCIDENTS AND INCIDENTS

(a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid.

(b) Notification as required in Paragraph (a) of this Rule shall be by a copy of the death report completed according to Rule .1208 of this Subchapter or a written report that shall provide the following information:

- (1) resident's name;
- (2) name of staff who discovered the accident or incident;
- (3) name of the person preparing the report;
- (4) how, when and where the accident or incident occurred;
- (5) nature of the injury;
- (6) what was done for the resident, including any follow-up care;
- (7) time of notification or attempts at notification of the resident's responsible person or contact person as required in Paragraph (e) of this Rule; and
- (8) signature of the administrator or administrator-in-charge.

(c) The report as required in Paragraph (b) of this Rule shall be submitted to the county department of social services by mail, telefacsimile, electronic mail, or in person within 48 hours of the initial discovery or knowledge by staff of the accident or incident.

(d) The facility shall immediately notify the county department of social services in accordance with G.S. 108A-102 and the local law enforcement authority as required by law of any mental or physical abuse, neglect or exploitation of a resident.

(e) The facility shall assure the notification of a resident's responsible person or contact person, as indicated on the Resident Register, of the following, unless the resident or his responsible person or contact person objects to such notification:

- (1) any injury to or illness of the resident requiring medical treatment or referral for emergency medical evaluation, with notification to be as soon as possible but no later than 24 hours from the time of the initial discovery or knowledge of the injury or illness by staff and documented in the resident's file; and
- (2) any incident of the resident falling or elopement which does not result in injury requiring medical treatment or referral for emergency medical evaluation, with notification to be as soon as possible but not later than 48 hours from the time of initial discovery or knowledge of the incident by staff and documented in the resident's file, except for elopement requiring immediate notification according to Rule .0906(f)(4) of this Subchapter.

(f) When a resident is at risk that death or physical harm will occur as a result of physical violence by another person, the facility shall immediately report the situation to the local law enforcement authority.

(g) In the case of physical assault by a resident or whenever there is a risk that death or physical harm will occur due to the actions or behavior of a resident, the facility shall immediately:

- (1) seek the assistance of the local law enforcement authority;
- (2) provide additional supervision of the threatening resident to protect others from harm;
- (3) seek any needed emergency medical treatment;
- (4) make a referral to the Local Management Entity for Mental Health Services or mental health provider for emergency treatment of the threatening resident; and

- (5) cooperate with assessment personnel assigned to the case by the Local Management Entity for Mental Health Services or mental health provider to enable them to provide their earliest possible assessment.
- (h) The facility shall immediately report any assault resulting in harm to a resident or other person in the facility to the local law enforcement authority.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. July 1, 2005.

10A NCAC 13F .1213 AVAILABILITY OF CORRECTIVE ACTION AND SURVEY REPORTS

An adult care home shall make available to residents and their families or responsible persons and to prospective residents and their families or responsible persons, upon request and within the facility, corrective action reports by the county departments of social services and facility survey reports by state licensure consultants that have been approved by the Adult Care Licensure Section of the Division of Health Service Regulation within the past 12 months.

History Note: Authority 131D-2; 143B-165;
Eff. July 1, 2005.

SECTION .1300 - SPECIAL CARE UNITS FOR ALZHEIMER AND RELATED DISORDERS

10A NCAC 13F .1301 DEFINITIONS APPLICABLE TO SPECIAL CARE UNITS

The following definitions shall apply throughout this Section:

- (1) "Alzheimer's Disease" means a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Characteristic symptoms of the disease include gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and loss of language skills.
- (2) "Related disorders" means dementing or memory impairing conditions characterized by irreversible memory dysfunction.
- (3) "Special care unit for persons with Alzheimer's Disease or related disorders" means an entire facility or any section, wing or hallway within an adult care home separated by closed doors from the rest of the home, or a program provided by an adult care home, that is designated or advertised especially for special care of residents with Alzheimer's Disease or related disorders.
- (4) "Care coordinator" means a staff person in a special care unit who oversees resident care and coordinates, supervises and evaluates resident services to assure that each resident receives services appropriate to the individual's needs.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-8; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.

10A NCAC 13F .1302 SPECIAL CARE UNIT DISCLOSURE

- (a) Only those facilities with units that meet the requirements of this Section may advertise, market or otherwise promote themselves as providing special care units for persons with Alzheimer's Disease or related disorders.
- (b) The facility shall disclose information about the special care unit according to G.S. 131D-8 and which addresses policies and procedures listed in Rule .1305 of this Section.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-8; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.

10A NCAC 13F .1303 LICENSURE OF FACILITIES WITH SPECIAL CARE UNITS

A facility that advertises, markets or otherwise promotes itself as having a special care unit for residents with Alzheimer's Disease or related disorders and meets the requirements of this Section for special care units and the rules set forth in this Subchapter shall be licensed as an adult care home with a special care unit. The license shall indicate that a special care unit for residents with Alzheimer's Disease or related disorders is provided.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-8; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.

10A NCAC 13F .1304 SPECIAL CARE UNIT BUILDING REQUIREMENTS

In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements:

- (1) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the Division of Health Service Regulation for review and approval.
- (2) If the special care unit is a portion of a facility, it shall be separated from the rest of the building by closed doors.
- (3) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices.
- (4) Where exit doors are not locked, a system of security monitoring shall be provided.
- (5) The unit shall be located so that other residents, staff and visitors do not have to routinely pass through the unit to reach other areas of the building.
- (6) At a minimum the following service and storage areas shall be provided within the special care unit: staff work area, nourishment station for the preparation and provision of snacks, lockable space for medication storage, and storage area for the residents' records.
- (7) Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident and may be used as an activity area.
- (8) Direct access from the facility to a secured outside area shall be provided.
- (9) A toilet and hand lavatory shall be provided within the unit for every five residents.
- (10) A tub and shower for bathing of residents shall be provided within the unit.
- (11) Use of potentially distracting mechanical noises such as loud ice machines, window air conditioners, intercoms and alarm systems shall be minimized or avoided.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-8; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1305 SPECIAL CARE UNIT POLICIES AND PROCEDURES

The facility shall assure that special care unit policies and procedures are established, implemented by staff and available for review within the facility. In addition to all applicable policies and procedures for adult care homes, there shall be policies and procedures that address the following:

- (1) the philosophy of the special care unit which includes a statement of mission and objectives regarding the specific population to be served by the unit which shall address, but not be limited to, the following:
 - (a) safe, secure, familiar and consistent environment that promotes mobility and minimal use of physical restraints or psychotropic medications;
 - (b) a structured but flexible lifestyle through a well developed program of care which includes activities appropriate for each resident's abilities;
 - (c) individualized care plans that stress the maintenance of residents' abilities and promote the highest possible level of physical and mental functioning; and
 - (d) methods of behavior management which preserve dignity through design of the physical environment, physical exercise, social activity, appropriate medication administration, proper nutrition and health maintenance;
- (2) the process and criteria for admission to and discharge from the unit;
- (3) a description of the special care services offered in the unit;
- (4) resident assessment and care planning, including opportunity for family involvement in care planning, and the implementation of the care plan, including responding to changes in the resident's condition;
- (5) safety measures addressing dementia specific dangers such as wandering, ingestion, falls and aggressive behavior;
- (6) staffing in the unit;
- (7) staff training based on the special care needs of the residents;
- (8) physical environment and design features that address the needs of the residents;
- (9) activity plans based on personal preferences and needs of the residents;
- (10) opportunity for involvement of families in resident care and the availability of family support programs; and
- (11) additional costs and fees for the special care provided.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1306 ADMISSION TO THE SPECIAL CARE UNIT

In addition to meeting all requirements specified in the rules of this Subchapter for the admission of residents to the home, the facility shall assure that the following requirements are met for admission to the special care unit:

- (1) A physician shall specify a diagnosis on the resident's FL-2 that meets the conditions of the specific group of residents to be served.
- (2) There shall be a documented pre-admission screening by the facility to evaluate the appropriateness of an individual's placement in the special care unit.

- (3) Family members seeking admission of a resident to a special care unit shall be provided disclosure information required in G.S. 131D-8 and any additional written information addressing policies and procedures listed in Rule .1305 of this Subchapter that is not included in G.S. 131D-8. This disclosure shall be documented in the resident's record.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-8; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1307 SPECIAL CARE UNIT RESIDENT PROFILE AND CARE PLAN

In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following:

- (1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment.
- (2) The resident care plan as required in Rule 13F .0802 of this Subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L.1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1308 SPECIAL CARE UNIT STAFFING

(a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident.

(b) There shall be a care coordinator on duty in the unit at least eight hours a day, five days a week. The care coordinator may be counted in the staffing required in Paragraph (a) of this Rule for units of 15 or fewer residents.

(c) In units of 16 or more residents and any units that are freestanding facilities, there shall be a care coordinator as required in Paragraph (b) of this Rule in addition to the staff required in Paragraph (a) of this Rule.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1309 SPECIAL CARE UNIT STAFF ORIENTATION AND TRAINING

The facility shall assure that special care unit staff receive at least the following orientation and training:

- (1) Prior to establishing a special care unit, the administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement.
- (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents.
- (3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule.
- (4) Staff responsible for personal care and supervision within the unit shall complete at least 12 hours of continuing education annually, of which six hours shall be dementia specific.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L.1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1310 OTHER APPLICABLE RULES FOR SPECIAL CARE UNITS

In addition to specific rules pertaining to special care units for residents in this Section, such units shall also meet all other applicable requirements governing the operation of adult care homes as set forth in this Subchapter.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

SECTION .1400 – SPECIAL CARE UNITS FOR MENTAL HEALTH DISORDERS

10A NCAC 13F .1401 DEFINITIONS APPLICABLE TO SPECIAL CARE UNITS

The following definitions shall apply throughout this Section:

- (1) "Special care unit for persons with a mental health disability" means an entire facility or any section, wing or hallway within an adult care home separated by closed doors from the rest of the home a special care unit as defined in G.S. 131D-4.6, that is, "a wing or hallway within an adult care home, or a program provided by an adult care home," that is designated or advertised especially for special care of residents with a mental health disability.
- (2) "Care coordinator" means a staff person in a special care unit who oversees resident care and coordinates, supervises and evaluates resident services to assure that each resident receives services appropriate to the individual's needs.
- (3) "Mental health disability" means a lessened capacity to use self-control, judgment, and discretion in the conduct of an individual's affairs and social relations that is related to a diagnosed mental illness and which makes it necessary or advisable for the individual to be under treatment for the mental illness and to receive care, supervision, and guidance.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-8; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1402 SPECIAL CARE UNIT DISCLOSURE

- (a) Only those facilities with units that meet the requirements of this Section may advertise or represent themselves to the public as providing special care for persons with a mental health disability.
- (b) The facility shall disclose information about the special care unit according to G.S. 131D-8 and which addresses policies and procedures listed in Rule .1405 of this Section.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-8; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1403 LICENSURE OF FACILITIES WITH SPECIAL CARE UNITS

A facility that advertises or represents itself to the public as having a special care unit for residents with a mental health disability and meets the requirements of this Section for special care units and the rules set forth in this Subchapter shall be licensed as an adult care home with a special care unit. The license shall indicate that a special care unit for residents with a mental health disability is provided.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1404 SPECIAL CARE UNIT BUILDING REQUIREMENTS

In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements:

- (1) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the Division of Health Service Regulation for review and approval. No special care unit for residents with a mental health disability shall serve more than 12 residents. A facility shall have no more than one special care unit for residents with a mental health disability.
- (2) If the special care unit is a portion of a facility, it shall be separated from the rest of the building by closed doors.
- (3) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices.
- (4) Where exit doors are not locked, a system of security monitoring shall be provided.
- (5) The unit shall be located so that other residents, staff and visitors do not have to routinely pass through the unit to reach other areas of the building.
- (6) At a minimum the following service areas shall be provided within the special care unit: staff work area, nourishment station for the preparation and provision of snacks, and lockable space for medication storage.
- (7) Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident and may be used as an activity area.
- (8) Direct access to an outside area shall be provided.
- (9) A toilet and hand lavatory shall be provided within the unit for every five residents.
- (10) A tub and shower for residents' bathing shall be provided within the unit.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1405 SPECIAL CARE UNIT POLICIES AND PROCEDURES

The facility shall assure that special care unit policies and procedures are established, implemented by staff and available for review within the facility. In addition to all applicable policies and procedures for adult care homes, there shall be policies and procedures that address the following:

- (1) the philosophy of the special care unit which includes a statement of mission and objectives regarding the specific population to be served by the unit which shall address, but not be limited to, the following:
 - (a) safe, secure, familiar and consistent environment that promotes community integration and minimal use of physical restraints or psychotropic medications;
 - (b) a structured but flexible lifestyle through a well developed program of care;
 - (c) the facility's policy regarding grouping of residents that takes age, interests, and behaviors into account;
 - (d) individualized care plans that stress the maintenance of residents' abilities and promote the highest possible level of physical and mental functioning; and
 - (e) methods of behavior management which preserve dignity through design of the physical environment, physical exercise, social activity, appropriate medication administration, proper nutrition and health maintenance;
- (2) the process and criteria for admission to and discharge from the unit;
- (3) the procedures shall include the following to ensure client rights, choice, and service coordination:
 - (a) procedures shall specify the responsibility of both the facility and the area program to inform residents of client rights and available choices in treatment options and providers;
 - (b) procedures shall specify that an area program shall provide mental health status and diagnostic evaluations and case management; and
 - (c) these procedures shall be signed by the facility, the area program and shall be adhered to by any mental health treatment providers providing treatment to residents of the unit to ensure coordination among all parties. These procedures shall be reviewed and revised, as needed, on an annual basis;
- (4) procedures for safeguarding confidential information and ensuring that that such information is not further disclosed in accordance with G.S. 122C-55(f);
- (5) a description of the special care services offered in the unit;
- (6) resident assessment and care planning, including opportunity for family involvement in care planning, and the implementation of the care plan. The care plan shall include resident involvement, as appropriate, in activities of daily living, participation in psychosocial programs or supported employment, and shall respond to changes in the resident's condition;
- (7) safety measures addressing specific dangers or problems associated with the residents' condition such as aggressive behavior or other behavior management problems;
- (8) staff to resident ratios to meet the needs of the residents;
- (9) staff training based on the special care needs of the residents;
- (10) physical environment and design features that address the needs of the residents;
- (11) activity plans based on personal preferences and needs of the residents;
- (12) opportunity for involvement of families in resident care and the availability of family support programs; and
- (13) additional costs and fees for the special care provided.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1406 ADMISSION TO THE SPECIAL CARE UNIT

In addition to meeting all requirements specified in the rules of this Subchapter for the admission of residents to the home, the facility shall assure that the following requirements are met for admission to the special care unit:

- (1) A psychiatrist shall specify a diagnosis on the resident's FL-2 that meets the conditions of the specific group of residents to be served.
- (2) There shall be a documented pre-admission screening by the facility to evaluate the appropriateness of an individual's placement in the special care unit.
- (3) Any person seeking to be admitted to a special care unit shall be provided disclosure information required in G.S. 131D-7 and any additional written information addressing policies and procedures listed in Rule .1405 of this Subchapter that is not included in G.S. 131D-8. This disclosure shall also be provided to family members of the person seeking admission upon request of the person or the family of the person and this disclosure shall be documented in the resident's record.
- (4) There shall be documented evidence that for any individual who is to be admitted to a special care unit for mental health disabilities, the facility has made arrangements with an area mental health program for evaluation and case

management. Arrangements for treatment of the individual's mental illness and for any other needed mental health services shall be made in accordance with the signed procedures required by Rule .1405(3)(c) of this Section.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-8; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1407 SPECIAL CARE UNIT RESIDENT PROFILE AND CARE PLAN

In addition to the requirements in Rules 13F .0801 and .0802 of this Subchapter, the facility shall assure the following:

- (1) Within 45 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment.
- (2) This profile shall be reviewed by the area program and, if applicable, by other providers of mental health treatment selected by the resident as part of the treatment planning process. The facility's resident care plan shall be developed jointly by the facility and all providers involved in the resident's services.
- (3) The resident care plan shall be based on the resident profile and shall specify programming that is individualized to meet the resident's treatment and rehabilitative needs and directed toward the goal of community integration to the greatest extent possible for the resident.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1408 SPECIAL CARE UNIT STAFFING

(a) Direct care and supervisory staff requirements in 10A NCAC 13F .0604 and .0605 shall apply and staff shall be present in the unit at all times in sufficient numbers to meet the needs of the residents.

(b) There shall be a care coordinator on duty in the unit 8 hours per day, 7 days per week.

(c) Staffing shall be consistent so that rotation of staff on and off the unit is avoided except for emergency situations or to alleviate staff burnout.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1409 SPECIAL CARE UNIT STAFF ORIENTATION AND TRAINING

The facility shall assure that special care unit staff receive at least the following orientation and training:

- (1) Prior to establishing a special care unit for residents with a mental health disability, the administrator shall document receipt of at least 20 hours of training specific to the population by a qualified mental health professional, as defined in 10A NCAC 27G .0104(18), for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement.
- (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents.
- (3) Within six months of employment, direct care staff shall complete 20 hours of training specific to the population being served.
- (4) In addition to the training required in Rule .0501 of this Subchapter, direct care staff assigned to the unit shall complete at least 8 hours of continuing education annually that is specific to the needs of the residents.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1410 RESIDENTS' RIGHTS

In addition to rights specified in G.S. 131D-21, residents in a special care unit for mental health disabilities shall have all the rights set forth in G.S. 122C Article 3, Part 1. Client's Rights and as specified in, Subchapters 27C, 27D, 27E, and 27F which, for purposes of this Section, are incorporated by reference including all subsequent amendments and additions. In case of conflict, G.S. 122C Article 3 Part 1 and implementing regulations shall prevail.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-8; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

10A NCAC 13F .1411 OTHER APPLICABLE RULES FOR SPECIAL CARE UNITS

In addition to specific rules pertaining to special care units for residents in this Section, such units shall also meet all other applicable requirements governing the operation of adult care homes as set forth in this Subchapter.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-4.6; 131D-7; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000.

SECTION .1501 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

10A NCAC 13F .1501 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

(a) An adult care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and which restricts freedom of movement or normal access to one's body, shall be:

- (1) used only in those circumstances in which the resident has medical symptoms that warrant the use of restraints and not for discipline or convenience purposes;
- (2) used only with a written order from a physician except in emergencies, according to Paragraph (e) of this Rule;
- (3) the least restrictive restraint that would provide safety;
- (4) used only after alternatives that would provide safety to the resident and prevent a potential decline in the resident's functioning have been tried and documented in the resident's record.
- (5) used only after an assessment and care planning process has been completed, except in emergencies, according to Paragraph (d) of this Rule;
- (6) applied correctly according to the manufacturer's instructions and the physician's order; and
- (7) used in conjunction with alternatives in an effort to reduce restraint use.

Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and providing supportive devices such as wedge cushions.

(b) The facility shall ask the resident or resident's legal representative if the resident may be restrained based on an order from the resident's physician. The facility shall inform the resident or legal representative of the reason for the request and the benefits of restraint use and the negative outcomes and alternatives to restraint use. The resident or the resident's legal representative may accept or refuse restraints based on the information provided. Documentation shall consist of a statement signed by the resident or the resident's legal representative indicating the signer has been informed, the signer's acceptance or refusal of restraint use and, if accepted, the type of restraint to be used and the medical indicators for restraint use.

Note: Potential negative outcomes of restraint use include incontinence, decreased range of motion, decreased ability to ambulate, increased risk of pressure ulcers, symptoms of withdrawal or depression and reduced social contact.

(c) In addition to the requirements in Rules 13F .0801, .0802 and .0903 of this Subchapter regarding assessments and care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph (a)(5) of this Rule shall meet the following requirements:

- (1) The assessment and care planning shall be implemented through a team process with the team consisting of at least a staff supervisor or personal care aide, a registered nurse, the resident and the resident's responsible person or legal representative. If the resident or resident's responsible person or legal representative is unable to participate, there shall be documentation in the resident's record that they were notified and declined the invitation or were unable to attend.
- (2) The assessment shall include consideration of the following:
 - (A) medical symptoms that warrant the use of a restraint;
 - (B) how the medical symptoms affect the resident;
 - (C) when the medical symptoms were first observed;
 - (D) how often the symptoms occur;
 - (E) alternatives that have been provided and the resident's response; and
 - (F) the least restrictive type of physical restraint that would provide safety.
- (3) The care plan shall include the following:
 - (A) alternatives and how the alternatives will be used prior to restraint use and in an effort to reduce restraint time once the resident is restrained;
 - (B) the type of restraint to be used; and
 - (C) care to be provided to the resident during the time the resident is restrained.

(d) The following applies to the restraint order as required in Subparagraph (a)(2) of this Rule:

- (1) The order shall indicate:
 - (A) the medical need for the restraint;
 - (B) the type of restraint to be used;
 - (C) the period of time the restraint is to be used; and

- (D) the time intervals the restraint is to be checked and released, but no longer than every 30 minutes for checks and two hours for releases.
- (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify the resident's physician of the order within seven days.
- (3) The restraint order shall be updated by the resident's physician at least every three months following the initial order.
- (4) If the resident's physician changes, the physician who is to attend the resident shall update and sign the existing order.
- (5) In emergency situations, the administrator or administrator-in-charge shall make the determination relative to the need for a restraint and its type and duration of use until a physician is contacted. Contact with a physician shall be made within 24 hours and documented in the resident's record.
- (6) The restraint order shall be kept in the resident's record.
- (e) All instances of the use of physical restraints and alternatives shall be documented by the facility in the resident's record and include the following:
 - (1) restraint alternatives that were provided and the resident's response;
 - (2) type of restraint that was used;
 - (3) medical symptoms warranting restraint use;
 - (4) the time the restraint was applied and the duration of restraint use;
 - (5) care that was provided to the resident during restraint use; and
 - (6) behavior of the resident during restraint use.
- (f) Physical restraints shall be applied only by staff who have received training according to Rule .0506 of this Subchapter and been validated on restraint use according to Rule .0504 of this Subchapter.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
 Temporary Adoption Eff. July 1, 2004;
 Temporary Adoption Expired March 12, 2005;
 Eff. June 1, 2005.

SECTION .1600 – RATED CERTIFICATES

10A NCAC 13F .1601 SCOPE

- (a) This Section applies to all licensed adult care homes for seven or more residents that have been in operation for more than one year.
- (b) As used in this Section a "rated certificate" means a certificate issued to an adult care home on or after January 1, 2009 and based on the factors contained in G.S. 131D-10.

History Note: Authority G.S. 131D-4.5; 131D-10;
 Eff. July 3, 2008.

10A NCAC 13F .1602 ISSUANCE OF RATED CERTIFICATES

- (a) A rated certificate shall be issued to a facility by the Division of Health Service Regulation within 45 days completion of a new rating calculation pursuant to Rule .1604 of this Subchapter.
- (b) If the ownership of the facility changes, the rated certificate in effect at the time of the change of ownership shall remain in effect until the next annual survey or until a new certificate is issued pursuant to Rule .1604(b) of this Subchapter.
- (c) The certificate and any worksheet the Division used to calculate the rated certificate shall be displayed in a location visible to the public.
- (d) The facility may contest the rated certificate by requesting a contested case hearing pursuant to G.S. 150B. The rated certificate and any subsequent certificates remain in effect during any contested case hearing process.

History Note: Authority G.S. 131D-4.5; 131D-10;
 Eff. July 3, 2008.

10A NCAC 13F .1603 STATUTORY AND RULE REQUIREMENTS AFFECTING RATED CERTIFICATES

The following Statutes and Rules comprise the standards that contribute to rated certificates:

- (1) G.S. 131D-21 Resident's Rights;
- (2) 10A NCAC 13F .0300 Physical Plant Requirements;
- (3) 10A NCAC 13F .0700 Admission and Discharge Requirements;
- (4) 10A NCAC 13F .0800 Resident Assessment and Care Plan;
- (5) 10A NCAC 13F .0900 Resident Care and Services;
- (6) 10A NCAC 13F .1000 Medication Management;
- (7) 10A NCAC 13F .1300 Special Care Units for Alzheimer's and Related Disorders;
- (8) 10A NCAC 13F .1400 Special Care Units for Mental Health Disorders; and

- (9) 10A NCAC 13F .1500 Use of Physical Restraints and Alternatives.

*History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008.*

10A NCAC 13F .1604 RATING CALCULATION

(a) Ratings shall be based on:

- (1) Inspections completed pursuant to G.S. 131D-2(b)(1a)a;
- (2) Statutory and Rule requirements listed in Rule .1603 of this Section;
- (3) Type A or uncorrected Type B penalty violations identified pursuant to G.S. 131D-34; and
- (4) Other items listed in Subparagraphs (c)(1) and (c)(2) of this Rule.

(b) The initial rating a facility receives shall remain in effect until the next inspection. If an activity occurs which results in the assignment of additional merit or demerit points, a new certificate shall be issued pursuant to Rule .1602(a) of this Section.

(c) The rating shall be based on a 100 point scale. Beginning with the initial rating and repeating with each annual inspection, the facility shall be assigned 100 points and shall receive merits or demerits, which shall be added or subtracted from the 100 points, respectively. The merits and demerits shall be assigned as follows:

(1) Merit Points

- (A) If the facility corrects citations of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, which are not related to the identification of a Type A violation or an uncorrected Type B violation, the facility shall receive 1.25 merit points for each corrected deficiency;
- (B) If the facility receives citations on its annual inspection with no Type A or Type B violations and the rating from the annual inspection is one or zero stars the facility may request Division of Health Service Regulation to conduct a follow-up inspection not less than 60 days after the date of the annual inspection. A follow-up inspection shall be completed depending upon the availability of Division of Health Service Regulation staff. As determined by the follow-up review, the facility shall receive 1.25 merit points for each corrected deficiency;
- (C) If the facility corrects the citation for which a Type A violation was identified, the facility shall receive 2.5 merit points and shall receive an additional 2.5 merit points following the next annual inspection if no further Type A violations are identified;
- (D) If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.25 merit points;
- (E) If the facility's admissions have been suspended, the facility shall receive 5 merit points if the suspension is removed;
- (F) If the facility participates in any quality improvement program pursuant to G.S. 131D-10, the facility shall receive 2.5 merit points;
- (G) If the facility receives NC NOVA special licensure designation, the facility shall receive 2.5 merit points;
- (H) On or after the effective date of this Rule, if the facility permanently installs a generator or has a contract with a generator provider to provide emergency power for essential functions of the facility, the facility shall receive 2 merit points. For purposes of this Section, essential functions mean those functions necessary to maintain the health or safety of residents during power outages greater than 6 hours. If the facility has an existing permanently installed generator or an existing contract with a generator provider, the facility shall receive 1 merit point for maintaining the generator in working order or continuing the contract with a generator provider; and
- (I) On or after the effective date of this Rule, if the facility installs automatic sprinklers in compliance with the North Carolina Building Code, the facility shall receive 3 merit points. If the facility has an existing automatic sprinkler, the facility shall receive 2 merit points for subsequent ratings for maintaining the automatic sprinklers in good working order.

(2) Demerit Points

- (A) For each citation of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, the facility shall receive a demerit of 2 points. The facility shall receive demerit points only once for citations in which the findings are identical to those findings used for another citation;
- (B) For each citation of a Type A violation, the facility shall receive a demerit of 10 points;
- (C) For each citation of a Type B violation, the facility shall receive a demerit of 3.5 points and if the Type B violation remains uncorrected as the result of a follow-up inspection, the facility shall receive an additional demerit of 3.5 points;
- (D) If the facility's admissions are suspended, the facility shall receive a demerit of 10 points; however, if the facility's admissions are suspended pursuant to G.S. 131D-4.2, the facility shall not receive any demerit points; and
- (E) If the facility receives a notice of revocation against its license, the facility shall receive demerit of 31 points.

(d) Facilities shall be given a rating of zero to four stars depending on the score assigned pursuant to Paragraph (a), (b) or (c) of this Rule. Ratings shall be assigned as follows:

- (1) Four stars shall be assigned to any facility whose score is 100 points or greater on two consecutive annual inspections;
- (2) Three stars shall be assigned for scores of 90 to 99.9 points, or for any facility whose score is 100 points or greater on one annual inspection;
- (3) Two stars shall be assigned for scores of 80 to 89.9 points;
- (4) One star shall be assigned for scores of 70 to 79.9 points; and
- (5) Zero stars shall be assigned for scores of 69.9 points or lower.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008.

10A NCAC 13F .1605 CONTENTS OF RATED CERTIFICATE

- (a) The certificate shall contain a rating determined pursuant to Rule .1604 of this Subchapter.
- (b) The certificate or accompanying worksheet from which the score is derived shall contain a breakdown of the point merits and demerits by the factors listed in Rules .1603 and .1604(c) of this Subchapter in a manner that the public can determine how the rating was assigned and the factors that contributed to the rating.
- (c) The certificate shall be printed on the same type of paper that is used to print the facility's license.
- (d) The Division of Health Service Regulation shall issue the certificate pursuant to Rule .1602 of this Subchapter.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008.

SUBCHAPTER 13G – LICENSING OF FAMILY CARE HOMES

SECTION .0100 - DEFINITIONS

10A NCAC 13G .0101 DEFINITIONS

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984; June 26, 1980;
Repealed Eff. July 1, 2005.

SECTION .0200 - LICENSING

10A NCAC 13G .0201 DEFINITIONS

The following definitions shall apply throughout this Section:

- (1) "Person" means an individual; a trust or estate; a partnership; a corporation; or any grouping of individuals, each of whom owns five percent or more of a partnership or corporation, who collectively own a majority interest of either a partnership or a corporation.
- (2) "Owner" means any person who has or had legal or equitable title to or a majority interest in an adult care home.
- (3) "Affiliate" means any person that directly or indirectly controls or did control an adult care home or any person who is controlled by a person who controls or did control an adult care home. In addition, two or more adult care homes who are under common control are affiliates.
- (4) "Principal" means any person who is or was the owner or operator of an adult care home, an executive officer of a corporation that does or did own or operate an adult care home, a general partner of a partnership that does or did own or operate an adult care home, or a sole proprietorship that does or did own or operate an adult care home.
- (5) "Indirect control" means any situation where one person is in a position to act through another person over whom the first person has control due to the legal or economic relationship between the two.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0113; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.

10A NCAC 13G .0202 THE LICENSE

- (a) Except as otherwise provided in Rule .0203 of this Subchapter, the Department of Health and Human Services shall issue a family care home license to any person who submits an application on the forms provided by the Department with a non-refundable license fee as required by G.S. 131D-2(b)(1) and the Department determines that the applicant complies with the provisions of all applicable State family care home licensure statutes and rules. All applications for a new license shall disclose the names of individuals who are co-owners, partners or shareholders holding an ownership or controlling interest of five percent or more of the applicant entity.
- (b) The license shall be conspicuously posted in a public place in the home.

- (c) The license shall be in effect for 12 months from the date of issuance unless revoked for cause, voluntarily or involuntarily terminated, or changed to provisional licensure status.
- (d) A provisional license may be issued in accordance with G.S. 131D-2(b).
- (e) When a provisional license is issued, the administrator shall post the provisional license and a copy of the notice from the Division of Health Service Regulation identifying the reasons for it, in place of the full license.
- (f) The license is not transferable or assignable.
- (g) The license shall be terminated when the home is licensed to provide a higher level of care or a combination of a higher level of care and family care home level of care.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0113; 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. January 1, 1998;
Amended Eff. April 1, 1999;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13G .0203 PERSONS NOT ELIGIBLE FOR NEW ADULT CARE HOME LICENSES

- (a) A new license shall not be issued for an adult care home if any of the conditions specified in G.S. 131D-2(b)(1b) apply to the applicant for the adult care home license.
- (b) Additionally, no new license shall be issued for any adult care home to an applicant for licensure who is the owner, principal or affiliate of an adult care home that has had its admissions suspended until six months after the suspension is lifted.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0113; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.

10A NCAC 13G .0204 APPLYING FOR A LICENSE TO OPERATE A HOME NOT CURRENTLY LICENSED

- (a) An application for a license to operate a family care home for adults in an existing building where no alterations are necessary or a home which is to be constructed, added to or renovated shall be made at the county department of social services.
- (b) If during the study of the administrator and the home, it does not appear that the qualifications of the administrator or requirements for the home can be met, the county department of social services shall so inform the applicant, indicating in writing the reason and give the applicant an opportunity to withdraw the application. Upon the applicant's request, the application shall be completed and submitted to the Division of Health Service Regulation for consideration.
- (c) The applicant shall submit the following forms and reports through the county department of social services to the Division of Health Service Regulation:
 - (1) the Initial Licensure Application;
 - (2) an approval letter from the local zoning jurisdiction for the proposed location;
 - (3) a photograph of each side of the existing structure and at least one of each of the interior spaces if an existing structure;
 - (4) a set of blueprints or a floor plan of each level indicating the layout of all rooms, room dimensions (including closets), door widths (exterior, bedroom, bathroom and kitchen doors), window sizes and window sill heights, type of construction, the use of the basement and attic, the proposed resident bedroom locations including the number of occupants and the bedroom and number (including the ages) of any non-resident who will be residing within the home;
 - (5) a cover letter or transmittal form prepared by the adult home specialist of the county department of social services identifying the prospective home site address, the name of the contact person (including address, telephone numbers, fax numbers), the name and address of the applicant (if different from the contact person) and the total number and the expected evacuation capability of the residents; and
- (6) a construction review fee according to G.S. 131E-267.
- (d) The Construction Section of the Division of Health Service Regulation shall review the information and notify the applicant and the county department of social services of any required changes that must be made to the building to meet the rules in Section .0300 of this Subchapter along with the North Carolina State Building Code. At the end of the letter there shall be a list of final documentation required from the local jurisdiction that must be submitted upon completion of any required changes to the building or completion of construction.
- (e) Any changes to be made during construction that were not proposed during the initial review shall require the approval of the Construction Section to assure that licensing requirements are maintained.
- (f) Upon receipt of the required final documentation from the local jurisdiction, the Construction Section shall review the information and may either make an on-site visit or approve the home for construction by documentation. If all items are met, the Construction

Section shall notify the Adult Care Licensure Section of the Division of Health Service Regulation of its recommendation for licensure.

(g) Following review of the application, references, all forms and the Construction Section's recommendation for licensure, a pre-licensing visit shall be made by a consultant of the Adult Care Licensure Section. The consultant shall report findings and recommendations to the Division of Health Service Regulation which shall notify, in writing, the applicant and the county department of social services of the decision to license or not to license the family care home .

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
ARRC Objection Lodged November 14, 1990;
Amended Eff. May 1, 1991;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. July 1, 2005; July 1, 2004.

10A NCAC 13G .0205 APPLICATION TO LICENSE A NEWLY CONSTRUCTED OR RENOVATED BUILDING

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Repealed Eff. July 1, 2005.

10A NCAC 13G .0206 CAPACITY

- (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents.
- (b) The total number of residents shall not exceed the number shown on the license.
- (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure.
- (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations.
- (e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Health Service Regulation for review of any possible changes that may be required to the building.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984; January 1, 1983.

10A NCAC 13G .0207 CHANGE OF LICENSEE

When a licensee wishes to sell or lease the family care home business, the following procedure is required:

- (1) The licensee shall notify the county department of social services that a change is desired. When there is a plan for a change of licensee and another person applies to operate the home immediately, the licensee shall notify the county department and the residents or their responsible persons. The county department shall talk with the residents, giving them the opportunity to make other plans if they so desire.
- (2) The county department of social services shall submit all forms and reports specified in Rule .0204 (b) of this Subchapter to the Division of Health Service Regulation.
- (3) The Division of Health Service Regulation shall review the records of the facility and may visit the home.
- (4) The licensee and prospective licensee shall be advised by the Division of Health Service Regulation of any changes which must be made to the building before licensing to a new licensee can be recommended.
- (5) Frame or brick veneer buildings over one story in height with resident services and accommodations on the second floor shall not be considered for re-licensure.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;

Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13G .0208 RENEWAL OF LICENSE

(a) The license shall be renewed annually, except as otherwise provided in Rule .0209 of this Subchapter, if the licensee submits an application for renewal on the forms provided by the Department and the Department determines that the licensee complies with the provisions of all applicable State adult care home licensure statutes and rules. When violations of licensure rules or statutes are documented and have not been corrected prior to expiration of license, the Department may approve a continuation or extension of a plan of correction, or may issue a provisional license or revoke the license for cause.

(b) All applications for license renewal shall disclose the names of individuals who are co-owners, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. December 1, 1992; July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000.

10A NCAC 13G .0209 CONDITIONS FOR LICENSE RENEWAL

(a) Before renewing an existing license of an adult care home, the Department shall conduct a compliance history review of the facility and its principals and affiliates.

(b) In determining whether to renew a license under G.S. 131D-2(b)(6), the Department shall take into consideration at least the following:

- (1) the compliance history of the applicant facility;
- (2) the compliance history of the owners, principals or affiliates in operating other adult care homes in the state;
- (3) the extent to which the conduct of a related facility is likely to affect the quality of care at the applicant facility; and
- (4) the hardship on residents of the applicant facility if the license is not renewed.

(c) Pursuant to G.S. 131D-2(b)(1), an adult care home is not eligible to have its license renewed if any outstanding fines or penalties imposed by the Department have not been paid; provided, however that if an appeal is pending the fine or penalty will not be considered imposed until the appeal is resolved.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.

10A NCAC 13G .0210 TERMINATION OF LICENSE

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1984;
Temporary Amendment Eff. January 1, 1998;
Amended Eff. April 1, 1999;
Repealed Eff. July 1, 2005.

10A NCAC 13G .0211 CLOSING OF HOME

If a licensee plans to close a family care home, the licensee shall provide written notification of the planned closing to the Division of Health Service Regulation, the county department of social services and the residents or their responsible persons at least 30 days prior to the planned closing. Written notification shall include date of closing and plans made for the move of the residents.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13G .0212 DENIAL AND REVOCATION OF LICENSE

- (a) A license may be denied by the Division of Health Service Regulation for failure to comply with the rules of this Subchapter.
- (b) Denial by the Division of Health Service Regulation shall be effected by mailing to the applicant, by registered mail, a notice setting forth the particular reasons for such action.
- (c) A license may be revoked by the Division of Health Service Regulation in accordance with G.S. 131D-2(b) and G.S. 131D-29.
- (d) When a facility receives a notice of revocation, the administrator shall inform each resident and his responsible person of the notice and the basis on which it was issued.

History Note: Authority G.S. 131D-2;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984; May 1, 1981;
Temporary Amendment Eff. January 1, 1998;
Amended Eff. April 1, 1999.

10A NCAC 13G .0213 APPEAL OF LICENSURE ACTION

- (a) In accordance with G.S. 150B-2(2), any person may request a determination of his legal rights, privileges, or duties as they relate to laws or rules administered by the Department of Human Resources. All requests must be in writing and contain a statement of facts prompting the request sufficient to allow for appropriate processing by the Department of Health and Human Services.
- (b) Any person seeking such a determination shall comply with G.S. 150B-22 concerning informal remedies.
- (c) All petitions for hearings regarding matters under the control of the Department of Health and Human Services shall be filed with the Office of Administrative Hearings in accordance with G.S. 150B-23 and 26 NCAC 03 .0103. In accordance with G.S. 1A-1, Rule 4(j)4, the petition shall be served on a registered agent for service of process for the Department of Health and Human Services. A list of registered agents may be obtained from the Office of Legislative and Legal Affairs at 2005 Mail Service Center, Raleigh, North Carolina 27699-2005.
- (d) An administrator of a facility which has its license revoked may not apply to operate another facility except according to the terms set forth by the Director of the Division of Health Service Regulation in his final closure notice.

History Note: Authority G.S. 131D-2; 143B-153; 150B-23;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1984.

10A NCAC 13G .0214 SUSPENSION OF ADMISSIONS

- (a) Either the Secretary or his designee shall notify the domiciliary home by certified mail of the decision to suspend admissions. Such notice will include:
 - (1) the period of the suspension,
 - (2) factual allegations,
 - (3) citation of statutes and rules alleged to be violated,
 - (4) notice of the facility's right to contested case hearing or the suspension.
- (b) The suspension will be effective when the notice is served or on the date specified in the notice of suspension, whichever is later. The suspension will remain effective for the period specified in the notice or until the facility demonstrates to the Secretary or his designee that conditions are no longer detrimental to the health and safety of the residents.
- (c) The home shall not admit new residents during the effective date of the suspension.
- (d) Any action taken by the Division of Health Service Regulation to revoke a home's license or to reduce the license to a provisional license shall be accompanied by a recommendation to the Secretary or his designee to suspend new admissions. A suspension may be ordered without the license being affected.

History Note: Authority G.S. 130-9.7(e);
Eff. January 1, 1982;
Amended Eff. July 1, 1990.

10A NCAC 13G .0215 APPEAL OF SUSPENSION OF ADMISSIONS

A home may appeal the decision of the Secretary or his designee to suspend new admissions by making such an appeal in accordance with 10A NCAC 01A .0200.

History Note: Authority G.S. 131D-2(h);
Eff. January 1, 1982;
Amended Eff. January 4, 1994.

10A NCAC 13G .0216 ADMINISTRATIVE PENALTY DETERMINATION PROCESS

- (a) The county department of social services or the Division of Health Service Regulation shall identify areas of non-compliance resulting from a complaint investigation or monitoring or survey visit which may be violations of residents' rights contained in G.S.

131D-21 or rules contained in this Subchapter. If the county department of social services or the Division of Health Service Regulation decides that the violation is a Type B violation as defined in G.S. 131D-34(a)(2), it shall require a plan of correction pursuant to G.S. 131D-34(a)(2). If the county department of social services or the Division of Health Service Regulation decides that the violation is a Type A violation as defined in G.S. 131D-34(a)(1), it shall follow the procedure required in G.S. 131D-34(a)(1)(a-c) and prepare an administrative penalty proposal for submission to the Department. The proposal shall include a copy of the written confirmation required in G.S. 131D-34(a)(1)(c) and documentation that the licensee was notified of the county department of social services' or the Division of Health Service Regulation's intent to prepare and forward an administrative penalty proposal to the Department; offered an opportunity to provide additional information prior to the preparation of the proposal; after the proposal is prepared, given a copy of the contents of the proposal; and then extended an opportunity to request a conference with the agency proposing the administrative penalty, allowing the licensee 10 days to respond prior to forwarding the proposal to the Department. The conference, if requested of the county department of social services, shall include the county department director or his designee. The licensee may request a conference and produce information to cause the agency recommending the administrative penalty to change its proposal. The agency recommending the administrative penalty may rescind its proposal; or change its proposal and submit it to the Department or submit it unchanged to the Department pursuant to G.S. 131D-34(c2).

(b) An assistant chief of the Adult Care Licensure Section shall receive the proposal, review it for completeness and evaluate it to determine the penalty amount.

- (1) If the proposal is complete, the assistant chief shall make a decision on the amount of penalty to be submitted for consideration and whether to recommend training in lieu of an administrative penalty pursuant to G.S. 131D-34(g1).
- (2) If the proposal is incomplete, the assistant chief shall contact the agency that submitted the proposal to request necessary changes or additional material.
- (3) When the proposal is complete and the amount of penalty determined, the assistant chief shall forward the proposal to the administrative penalty monitor for processing. If the assistant chief recommends training in lieu of an administrative penalty pursuant to G.S. 131D-34(g1), the recommendation shall be forwarded with the proposal.

(c) The Department shall notify the licensee by certified mail within 10 working days from the time the proposal is received by the administrative penalty monitor that an administrative penalty is being considered.

(d) The licensee shall have 10 working days from receipt of the notification to provide both the Department and the county department of social services any additional information relating to the proposed administrative penalty.

(e) If a facility fails to correct a Type A or a Type B violation within the time specified on the plan of correction, an assistant chief of the Adult Care Licensure Section shall make a decision on the amount of penalty pursuant to G.S. 131D-34(b)(1) and (2) and submit a penalty proposal for consideration by the Penalty Review Committee.

(f) The Penalty Review Committee shall consider Type A violations and Type A and Type B violations that have not been corrected within the time frame specified on the plan of correction. Providers, complainants, affected parties and any member of the public may attend Penalty Review Committee meetings. Upon written request of any affected party for reasons of illness or schedule conflict, the department may grant a delay until the following month for Penalty Review Committee review. The Penalty Review Committee chair may ask questions of any of these persons, as resources, during the meeting. Time shall be allowed during the meeting for individual presentations which provide pertinent additional information. The order in which presenters speak and the length of each presentation shall be at the discretion of the Penalty Review Committee chair.

(g) The Penalty Review Committee shall have for review the entire record relating to the penalty recommendation shall make recommendations after review of administrative penalty proposals, any supporting evidence, any additional information submitted by the licensee as described in Paragraph (d) and the factors specified in G.S. 131D-34(c).

(h) There shall be no taking of sworn testimony or cross-examination of anyone during the course of the Penalty Review Committee meetings.

(i) If the Penalty Review Committee determines that the licensee has violated applicable rules or statutes, the Penalty Review Committee shall recommend an administrative penalty for each violation pursuant to G.S. 131D-34. Recommendations for adult care home penalties shall be submitted to the Chief of the Adult Care Licensure Section who shall have five working days from the date of the Penalty Review Committee meeting to determine and impose administrative penalties for each violation or require staff training pursuant to G.S. 131D-34(g1) and notify the licensee by certified mail.

(j) The licensee shall have 60 days from receipt of the notification to pay the penalty or must file a petition for a contested case with the Office of Administrative Hearings within 30 days of the mailing of the notice of penalty imposition as provided by G.S. 131D-34.

*History Note: Authority G.S. 131D-2; 131D-34; 143B-153;
Eff. December 1, 1992;
Amended Eff. March 1, 1995; December 1, 1993;
Temporary Amendment Eff. December 8, 1997;
Amended Eff. April 1, 1999.*

SECTION .0300 - THE BUILDING

10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

The physical plant requirements for each family care home shall be applied as follows:

- (1) New construction and existing buildings proposed for use as a Family Care Home shall comply with the requirements of this Section;

- (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost;
- (3) New additions, alterations, modifications and repairs shall meet the requirements of this Section;
- (4) Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that exceed minimum requirements;
- (5) Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division when the home can effectively demonstrate to the Division's satisfaction, that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the home; and
- (6) Where rules, codes or standards have any conflict, the most stringent requirement shall apply.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. July 1, 2005.

10A NCAC 13G .0302 DESIGN AND CONSTRUCTION

- (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).
- (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.
- (c) Any existing building converted from another use to a family care home shall meet all the requirements of a new facility.
- (d) Any existing licensed home when the license is terminated for more than 60 days shall meet all requirements of a new home prior to being relicensed.
- (e) Any existing licensed home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work.
- (f) If the building is two stories in height, it shall meet the following requirements:
 - (1) Each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for R-4 occupancy in the North Carolina State Building Code;
 - (2) Aged or disabled persons are not to be housed on any floor above or below grade level;
 - (3) Required resident facilities are not to be located on any floor above or below grade level; and
 - (4) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection.
- (g) The basement and the attic shall not be used for storage or sleeping.
- (h) The ceiling shall be at least seven and one-half feet from the floor.
- (i) In homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps between levels are not permitted.
- (j) The door width shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms.
- (k) All windows shall be maintained operable.
- (l) The local code enforcement official shall be consulted before starting any construction or renovations for information on required permits and construction requirements.
- (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health.
- (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1984; January 1, 1983;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004.

10A NCAC 13G .0303 LOCATION

- (a) A family care home shall be in a location approved by local zoning boards.
- (b) The home shall be located so that hazards to the occupants are minimized.
- (c) The site of the home shall:
 - (1) be accessible by streets, roads and highways and be maintained for motor vehicles and emergency vehicle access;
 - (2) be accessible to fire fighting and other emergency services;
 - (3) have a water supply, sewage disposal system, garbage disposal system and trash disposal system approved by the local health department having jurisdiction;
 - (4) meet all local ordinances; and
 - (5) be free from exposure to pollutants known to the applicant or licensee.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0301 Eff. July 1, 2005.

10A NCAC 13G .0304 LIVING ARRANGEMENT

A family care home shall provide living arrangements to meet the individual needs of the residents, the live-in staff and other live-in persons.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Recodified from 10A NCAC 13G .0303 Eff. July 1, 2005.

10A NCAC 13G .0305 LIVING ROOM

- (a) Family care homes licensed on or after April 1, 1984 shall have a living room area of at least 200 square feet.
- (b) All living rooms shall have operable windows to meet the North Carolina State Building Code and be lighted to provide 30 foot candles of light at floor level.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0304 Eff. July 1, 2005.

10A NCAC 13G .0306 DINING ROOM

- (a) Family care homes licensed on or after April 1, 1984 shall have a dining room or area of at least 120 square feet. The dining room may be used for other activities during the day.
- (b) When the dining area is used in combination with a kitchen, an area five feet wide shall be allowed as work space in front of the kitchen work areas. The work space shall not be used as the dining area.
- (c) The dining room shall have operable windows and be lighted to provide 30 foot candles of light at floor level.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0305 Eff. July 1, 2005.

10A NCAC 13G .0307 KITCHEN

- (a) The kitchen in a family care home shall be large enough to provide for the preparation and preservation of food and the washing of dishes.
- (b) The cooking unit shall be mechanically ventilated to the outside or be an unvented, recirculating fan provided with any special filter per manufacturers' instructions for ventless use.
- (c) The kitchen floor shall have a non-slippery water-resistant covering.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Amended Eff. April 22, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;

Recodified from 10A NCAC 13G .0306 Eff. July 1, 2005.

10A NCAC 13G .0308 BEDROOMS

- (a) There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, the administrator or supervisor-in-charge, other live-in staff and any other persons living in a family care home. Residents are not to share bedrooms with staff or other live-in non-residents.
- (b) Only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for bedrooms.
- (c) A room where access is through a bathroom, kitchen or another bedroom shall not be approved for a resident's bedroom.
- (d) There shall be a minimum area of 100 square feet, excluding vestibule, closet or wardrobe space, in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two persons.
- (e) The total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Health Service Regulation for that particular bedroom.
- (f) A bedroom shall not be occupied by more than two residents.
- (g) Each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least eight percent of the floor space. The windows shall have a maximum of 44 inch sill height.
- (h) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar.

*History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0307 Eff. July 1, 2005.*

10A NCAC 13G .0309 BATHROOM

- (a) Adult care homes licensed on or after April 1, 1984, shall have one full bathroom for each five or fewer persons including live-in staff and family.
- (b) The bathrooms shall be designed to provide privacy. A bathroom with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains.
- (c) Entrance to the bathroom shall not be through a kitchen, another person's bedroom, or another bathroom.
- (d) The required residents' bathrooms shall be located so that there is no more than 40 feet from any residents' bedroom door to a resident use bathroom door.
- (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents.
- (f) Nonskid surfacing or strips must be installed in showers and bath areas.
- (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors.
- (h) The bathroom floor shall have a non-slippery water-resistant covering.

*History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0308 Eff. July 1, 2005.*

10A NCAC 13G .0310 STORAGE AREAS

- (a) Storage areas shall be adequate in size and number for separate storage of clean linens, soiled linens, food and food service supplies, and household supplies and equipment.
- (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Recodified from 10A NCAC 13G .0309 Eff. July 1, 2005.*

10A NCAC 13G .0311 CORRIDOR

- (a) Corridors shall be a minimum clear width of three feet in family care homes.

- (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor.
- (c) Corridors shall be free of all equipment and other obstructions.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Recodified from 10A NCAC 13G .0310 Eff. July 1, 2005.

10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS

- (a) In family care homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition.
- (b) At least one entrance/exit door shall be a minimum width of three feet and another shall be a minimum width of two feet and eight inches.
- (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.
- (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.
- (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.
- (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.
- (g) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door for resident use shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the bedroom of the person on call, the office area or in a location accessible only to staff authorized by the administrator to operate the control panel.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1987; July 1, 1984; April 1, 1984;
Recodified from 10A NCAC 13G .0311 Eff. July 1, 2005.

10A NCAC 13G .0313 LAUNDRY ROOM

The laundry equipment in a family care home shall be located out of the living, dining, and bedroom areas.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Recodified from 10A NCAC 13G .0312 Eff. July 1, 2005.

10A NCAC 13G .0314 FLOORS

- (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable.
- (b) Scatter or throw rugs shall not be used.
- (c) All floors shall be kept in good repair.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Recodified from 10A NCAC 13G .0313 Eff. July 1, 2005.

10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS

- (a) Each family care home shall:
 - (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
 - (2) have no chronic unpleasant odors;
 - (3) have furniture clean and in good repair;
 - (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times;
 - (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;

- (6) have supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times;
 - (7) make available the following items as needed through any means other than charge to the personal funds of recipients of State-County Special Assistance:
 - (A) protective sheets and clean, absorbent, soft and smooth pads;
 - (B) bedpans, urinals, hot water bottles, and ice caps; and
 - (C) bedside commodes, walkers, and wheelchairs;
 - (8) have television and radio, each in good working order;
 - (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy;
 - (10) have recreational equipment, supplies for games, books, magazines and a current newspaper available for residents;
 - (11) have a clock that has numbers at least 1½ inches tall in an area commonly used by the residents; and
 - (12) have at least one telephone that does not depend on electricity or cellular service to operate.
- (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:
- (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed is to have the following:
 - (A) at least one pillow with clean pillow case;
 - (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and
 - (C) clean bedspread and other clean coverings as needed;
 - (2) a bedside type table;
 - (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;
 - (4) a wall or dresser mirror that can be used by each resident;
 - (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising;
 - (6) additional chairs available, as needed, for use by visitors;
 - (7) individual clean towel, wash cloth, and towel bar within bedroom or adjoining bathroom; and
 - (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.
- (c) The living room shall have functional living room furnishings for the comfort of aged and disabled persons, with coverings that are easily cleanable.
- (d) The dining room shall have the following furnishings:
- (1) tables and chairs to seat all residents eating in the dining room; and
 - (2) chairs that are sturdy, non-folding, without rollers unless retractable or on front legs only, and designed to minimize tilting.
- (e) This Rule shall apply to new and existing homes.

*History Note: Authority G.S. 131D-2; 143B-165;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 2005; September 1, 1987; April 1, 1987; April 1, 1984;
 Recodified from 10A NCAC 13G .0314 Eff. July 1, 2005.*

10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN

- (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:
 - (1) one five pound or larger (net charge) "A-B-C" type centrally located;
 - (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and
 - (3) any other location as determined by the code enforcement official.
- (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup.
- (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met.
- (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.
- (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.
- (f) A written disaster plan which has the written approval of, or has been documented as submitted to, the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and

updated at least annually and shall be maintained in the home. This written disaster plan requirement shall apply to new and existing homes.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Amended Eff. April 22, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1987; April 1, 1984;
Recodified from 10A NCAC 13G .0315 Eff. July 1, 2005.

10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT

- (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.
- (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited.
- (c) Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).
- (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).
- (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is:
 - (1) 30 foot-candle power for reading;
 - (2) 10 foot-candle power for general lighting; and
 - (3) 1 foot-candle power at the floor for corridors at night.
- (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed.
- (g) Fireplaces, fireplace inserts and wood stoves shall be designed or installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves must be U.L. listed.
- (h) Gas logs may be installed if they are of the vented type, installed according to the manufacturers' installation instructions, approved through the local building department and protected by a guard or screen to prevent residents and furnishings from burns.
- (i) Alternate methods, procedures, design criteria and functional variations from the requirements of this Rule or other rules in this Section because of extraordinary circumstances, new programs or unusual conditions, shall be approved by the Division when the facility can effectively demonstrate to the Division's satisfaction that the intent of the requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility.
- (j) This Rule shall apply to new and existing family care homes.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 1999-0334;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984; July 1, 1982;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2005; July 1, 2000;
Recodified from 10A NCAC 13G .0316 Eff. July 1, 2005.

10A NCAC 13G .0318 OUTSIDE PREMISES

- (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.
- (b) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous.
- (c) Outdoor stairways and ramps shall be illuminated by no less than five foot candles of light at grade level.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. April 1, 1984;
Amended Eff. July 1, 2005; July 1, 1990;
Recodified from 10A NCAC 13G .0317 Eff. July 1, 2005.

SECTION .0400 – STAFF QUALIFICATIONS

10A NCAC 13G .0401 QUALIFICATIONS OF ADMINISTRATOR

The administrator must meet certain requirements before and after being approved to manage a licensed home. The administrator is responsible for the home, including the development and management of services and accommodations and the hiring and training of qualified staff so that the home meets the rules of this Subchapter even in his absence. All of the following requirements must be met:

- (1) The potential administrator must apply on the License Application (DSS-1860). The Recommendation for a License (DSS-1861) is to be completed by the county department of social services and forwarded along with references and other appropriate forms to the Division of Health Service Regulation for approval or disapproval;
- (2) The administrator must be 18 years of age or older;
- (3) The administrator must be willing to work with bona fide inspectors and the monitoring and licensing agencies toward meeting and maintaining the rules of this Subchapter and other legal requirements, including those of the Civil Rights Act of 1964 when the administrator has signed Form DSS-1464;
- (4) The administrator, or a person designated in writing by the administrator to act as his agent and make decisions on his behalf, must meet with the Adult Homes Specialist at the Specialist's request at an agreed time in the home as often as necessary to insure compliance with the standards;
- (5) The administrator must meet the general health requirements specified in Rule .0405 of this Subchapter;
- (6) The administrator must provide at least three current reference letters or the names of individuals with whom a reference interview can be conducted. The individuals providing reference information must be knowledgeable of the applicant administrator's background and qualifications and must include at least one former employer.
- (7) The administrator must provide written documentation about convictions of criminal offenses from the clerk of court in the county in which the conviction was made, and about any driving offenses other than minor traffic violations from the motor vehicles office;
- (8) The administrator must meet the requirements of either (a) or (b) of this Paragraph in accordance with procedures established by the Department of Health and Human Services:
 - (a) The administrator must verify that he has worked in a licensed domiciliary facility for at least 30 days in an on-the-job training program approved by the Department of Health and Human Services; or
 - (b) The administrator must verify that he has past education, training and experience related to the management and operation of adult residential care facilities;
- (9) The administrator must verify that he earns 15 hours a year of continuing education credits related to the management of domiciliary homes and care of aged and disabled persons in accordance with procedures established by the Department of Health and Human Services. The requirement for earning continuing education credits does not apply in those situations where the administrator is also a currently licensed nursing home administrator;
- (10) Persons applying for approval to be an administrator must demonstrate an adequate working knowledge of the rules of this Subchapter by passing a written examination in accordance with procedures established by the Department of Health and Human Services;
- (11) The administrator (approved on or after August 1, 1991) must be at least a high school graduate or certified under the GED Program.

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; September 1, 1987; April 1, 1987; April 1, 1984;
ARRC Objection Lodged January 18, 1991;
Amended Eff. August 1, 1991.

10A NCAC 13G .0402 QUALIFICATIONS OF SUPERVISOR-IN-CHARGE

The supervisor-in-charge is responsible to the administrator for carrying out the program in the home in the absence of the administrator. All of the following requirements must be met:

- (1) The applicant must complete the Application for Supervisor-in-Charge (DSS-1862);
- (2) The qualifications of the administrator and co-administrator referenced in Paragraphs (2), (5), (6), and (7) of Rule .0401 of this Subchapter shall apply to the supervisor-in-charge. The supervisor-in-charge (employed on or after August 1, 1991) must meet a minimum educational requirement by being at least a high school graduate or certified under the GED Program or by passing an alternative examination established by the Department of Health and Human Services. Documentation that these qualifications have been met must be on file in the home prior to employing the supervisor-in-charge;
- (3) The supervisor-in-charge must be willing to work with bonafide inspectors and the monitoring and licensing agencies toward meeting and maintaining the rules of this Subchapter and other legal requirements;
- (4) The supervisor-in-charge must verify that he earns 12 hours a year of continuing education credits related to the management of domiciliary homes and care of aged and disabled persons in accordance with procedures established by the Department of Health and Human Services;
- (5) When there is a break in employment as a supervisor-in-charge of one year or less, the educational qualification under which the person was last employed will apply.

History Note: Authority G.S. 131D-2; 143B-153;

Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
ARRC Objection June 16, 1988;
Amended Eff. July 1, 1990; December 1, 1988; April 1, 1987; January 1, 1985;
ARRC Objection Lodged January 18, 1991;
Amended Eff. August 1, 1991.

10A NCAC 13G .0403 QUALIFICATIONS OF MEDICATION STAFF

(a) Family care home staff who administer medications, hereafter referred to as medication aides, and staff who directly supervise the administration of medications shall have documentation of successfully completing the clinical skills validation portion of the competency evaluation according to Paragraphs (d) and (e) of Rule .0503 of this Subchapter prior to the administration or supervision of the administration of medications. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement.

(b) Medication aides and their direct supervisors, except persons authorized by state occupational licensure laws to administer medications, shall successfully pass the written examination within 90 days after successful completion of the clinical skills validation portion of a competency evaluation according to Rule .0503 of this Subchapter.

(c) Medication aides and staff who directly supervise the administration of medications, except persons authorized by state occupational licensure laws to administer medications, shall complete six hours of continuing education annually related to medication administration.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160; 2003-0284;
Temporary Adoption Eff. January 1, 2000; December 1, 1999;
Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13G .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR

There shall be a designated family care home activity director who meets the following qualifications: qualifications set forth in this Rule.

- (1) The activity director (employed on or after August 1, 1991) shall meet a minimum educational requirement by being at least a high school graduate or certified under the GED Program or by passing an alternative examination established by the Department of Health & Human Services.
- (2) The activity director hired on or after July 1, 2005 shall have completed or complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professional meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. April 1, 1984;
Amended Eff. July 1, 1990; April 1, 1987; January 1, 1985;
ARRC Objection Lodged March 18, 1991;
Amended Eff. August 1, 1991;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13G .0405 TEST FOR TUBERCULOSIS

(a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.

(b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Amended Eff. October 1, 1977; April 22, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. December 1, 1993; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;

Amended Eff. June 1, 2004.

10A NCAC 13G .0406 OTHER STAFF QUALIFICATIONS

(a) Each staff person of a family care home shall:

- (1) have a job description that reflects actual duties and responsibilities and is signed by the administrator and the employee;
- (2) be able to apply all of the home's accident, fire safety and emergency procedures for the protection of the residents;
- (3) be informed of the confidential nature of resident information and shall protect and preserve such information from unauthorized use and disclosure;
Note: G.S. 131D-2(b)(4), G.S. 131D-21(6), and G.S. 131D-21.1 govern the disclosure of such information;
- (4) not hinder or interfere with the exercise of the rights guaranteed under the Declaration of Residents' Rights in G.S. 131D-21;
- (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;
- (6) have documented annual immunization against influenza virus according to G.S. 131D-9, except as documented otherwise according to exceptions in this law.
- (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;
- (8) maintain a valid driver's license if responsible for transportation of residents; and
- (9) be willing to work with bona fide inspectors and the monitoring and licensing agencies toward meeting and maintaining the rules of this Subchapter.

(b) Any staff member left in charge of the care of residents shall be 18 years or older.

(c) If licensed practical nurses are employed by the facility and practicing in their licensed capacity as governed by their practice act and occupational licensing laws, there shall be continuous availability of a registered nurse consistent with Rules 21 NCAC 36 .0224(i) and 21 NCAC 36 .0225.

Note: The practice of licensed practical nurses is governed by their occupational licensing laws.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004.*

10A NCAC 13G .0407 FISCAL QUALIFICATIONS

The administrator or corporation must be able to obtain credit or have other verified resources to meet operating costs and provide required services when unexpected situations arise, such as extended resident vacancies and major home repairs. Verification of ability to obtain credit or the availability of other resources must be documented by the administrator or corporation.

*History Note: Authority G.S. 131D-2; 143B-153;
Eff. July 1, 1990.*

SECTION .0500 – STAFF ORIENTATION, TRAINING, COMPETENCY AND CONTINUING EDUCATION

10A NCAC 13G .0501 PERSONAL CARE TRAINING AND COMPETENCY

(a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties.

(b) The facility shall assure that staff who perform or directly supervise staff who perform personal care tasks listed in Paragraph (i) of this Rule in facilities with heavy care residents successfully complete an 80-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section and comparable to the State-approved Nurse Aide I training.

(c) The facility shall assure that training specified in Paragraphs (a) and (b) of this Rule is successfully completed six months after hiring for staff hired after July 1, 2000. Staff hired prior to July 1, 2000, shall have completed at least a 20-hour training program for the performance or supervision of tasks listed in Paragraph (i) of this Rule or a 75-hour training program for the performance or supervision of tasks listed in Paragraph (j) of this Rule. The 20 and 75-hour training shall meet all the requirements of this Rule except for the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule, within six months after hiring.

- (d) The Department shall have the authority to extend the six-month time frame specified in Paragraph (c) of this Rule up to six additional months for a maximum allowance of 12 months for completion of training upon submittal of documentation to the Department by the facility showing good cause for not meeting the six-month time frame.
- (e) Exemptions from the training requirements of this Rule are as follows:
- (1) The Department shall exempt staff from the 25-hour training requirement upon successful completion of a competency evaluation approved by the Department according to Rule .0502 of this Section if staff have been employed to perform or directly supervise personal care tasks listed in Paragraph (h) and the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule in a comparable long-term care setting for a total of at least 12 months during the three years prior to January 1, 1996, or the date they are hired, whichever is later.
 - (2) The Department shall exempt staff from the 80-hour training requirement upon successful completion of a 15-hour refresher training and competency evaluation program or a competency evaluation program approved by the Department according to Rule .0502 of this Section if staff have been employed to perform or directly supervise personal care tasks listed in Paragraph (i) and the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule in a comparable long-term care setting for a total of at least 12 months during the three years prior to January 1, 1996, or the date they are hired, whichever is later.
 - (3) The Department shall exempt staff from the 25 and 80-hour training and competency evaluation who are or have been licensed health professionals or Certified Nursing Assistants.
- (f) The facility shall maintain documentation of the training and competency evaluations of staff required by the rules of this Subchapter. The documentation shall be filed in an orderly manner and made available for review by representatives of the Department.
- (g) The facility shall assure that staff who perform or directly supervise staff who perform personal care tasks listed in Paragraphs (h) and (i), and the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule receive on-the-job training and supervision as necessary for the performance of individual job assignments prior to meeting the training and competency requirements of this Rule.
- (h) For the purposes of this Rule, personal care tasks which require a 25-hour training program include, but are not limited to the following:
- (1) assist residents with toileting and maintaining bowel and bladder continence;
 - (2) assist residents with mobility and transferring;
 - (3) provide care for normal, unbroken skin;
 - (4) assist with personal hygiene to include mouth care, hair and scalp grooming, care of fingernails, and bathing in shower, tub, bed basin;
 - (5) trim hair;
 - (6) shave resident;
 - (7) provide basic first aid;
 - (8) assist residents with dressing;
 - (9) assist with feeding residents with special conditions but no swallowing difficulties;
 - (10) assist and encourage physical activity;
 - (11) take and record temperature, pulse, respiration, routine height and weight;
 - (12) trim toenails for residents without diabetes or peripheral vascular disease;
 - (13) perineal care;
 - (14) apply condom catheters;
 - (15) turn and position;
 - (16) collect urine or fecal specimens;
 - (17) take and record blood pressure if a registered nurse has determined and documented staff to be competent to perform this task;
 - (18) apply and remove or assist with applying and removing prosthetic devices for stable residents if a registered nurse, licensed physical therapist or licensed occupational therapist has determined and documented staff to be competent to perform the task; and
 - (19) apply or assist with applying ace bandages, TED's and binders for stable residents if a registered nurse has determined and documented staff to be competent to perform the task.
- (i) For the purposes of this Rule, personal care tasks which require a 80-hour training program are as follows:
- (1) assist with feeding residents with swallowing difficulty;
 - (2) assist with gait training using assistive devices;
 - (3) assist with or perform range of motion exercises;
 - (4) empty and record drainage of catheter bag;
 - (5) administer enemas;
 - (6) bowel and bladder retraining to regain continence;
 - (7) test urine or fecal specimens;
 - (8) use of physical or mechanical devices attached to or adjacent to the resident which restrict movement or access to one's own body used to restrict movement or enable or enhance functional abilities;
 - (9) non-sterile dressing procedures;
 - (10) force and restrict fluids;

- (11) apply prescribed heat therapy;
 - (12) care for non-infected pressure ulcers; and
 - (13) vaginal douches.
- (j) For purposes of this Rule, the interpersonal skills and behavioral interventions include, but are not limited to the following:
- (1) recognition of residents' usual patterns of responding to other people;
 - (2) individualization of appropriate interpersonal interactions with residents;
 - (3) interpersonal distress and behavior problems;
 - (4) knowledge of and use of techniques, as alternatives to the use of restraints, to decrease residents' intrapersonal and interpersonal distress and behavior problems; and
 - (5) knowledge of procedures for obtaining consultation and assistance regarding safe, humane management of residents' behavioral problems.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. January 1, 1996; Eff. May 1, 1997; Temporary Amendment Eff. December 1, 1999; Amended Eff. July 1, 2000.

10A NCAC 13G .0502 PERSONAL CARE TRAINING AND COMPETENCY PROGRAM APPROVAL

- (a) The 25 hour training specified in Rule .0501 of this Section shall consist of at least 15 hours of classroom instruction, and the remaining hours shall be supervised practical experience. Competency evaluation shall be conducted in each of the following areas:
- (1) personal care skills;
 - (2) cognitive, behavioral and social care for all residents and including interventions to reduce behavioral problems for residents with mental disabilities, and;
 - (3) residents' rights as established by G.S. 131D-21.
- (b) The 80-hour training specified in Rule .0501 of this Section shall consist of at least 34 hours of classroom instruction and at least 34 hours of supervised practical experience. Competency evaluation shall be conducted in each of the following areas:
- (1) observation and documentation;
 - (2) basic nursing skills, including special health-related tasks;
 - (3) personal care skills;
 - (4) cognitive, behavioral and social care for all residents and including interventions to reduce behavioral problems for residents with mental disabilities;
 - (5) basic restorative services; and
 - (6) residents' rights as established by G.S. 131D-21.
- (c) The following requirements shall apply to the 25 and 80-hour training specified in Rule .0501 of this Section:
- (1) The training shall be conducted by an individual or a team of instructors with a coordinator. The supervisor of practical experience and instructor of content having to do with personal care tasks or basic nursing skills shall be a registered nurse with a current, unencumbered license in North Carolina and with two years of clinical or direct patient care experience working in a health care, home care or long term care setting. The program coordinator and any instructor of content that does not include instruction on personal care tasks or basic nursing skills shall be a registered nurse, licensed practical nurse, physician, gerontologist, social worker, psychologist, mental health professional or other health professional with two years of work experience in adult education or in a long term care setting; or a four-year college graduate with four years of experience working in the field of aging or long term care for adults.
 - (2) A trainee participating in the classroom instruction and supervised practical experience in the setting of the trainee's employment shall not be considered on duty and counted in the staff-to-resident ratio.
 - (3) Training shall not be offered without a qualified instructor on site.
 - (4) Classroom instruction shall include the opportunity for demonstration and practice of skills.
 - (5) Supervised practical experience shall be conducted in a licensed adult care home or in a facility or laboratory setting comparable to the work setting in which the trainee will be performing or supervising the personal care skills.
 - (6) All skills shall be performed on humans except for intimate care skills, such as perineal and catheter care, which may be conducted on a mannequin.
 - (7) There shall be no more than 10 trainees for each instructor for the supervised practical experience.
 - (8) A written examination prepared by the instructor shall be used to evaluate the trainee's knowledge of the content portion of the classroom training. The trainee shall score at least 70 on the written examination. Oral testing shall be provided in the place of a written examination for trainees lacking reading or writing ability.
 - (9) The trainee shall satisfactorily perform all of the personal care skills specified in Rule .0501(h) and the skills specified in 10A NCAC 13G .0401(j) of this Section for the 25-hour training and in Rule .0501(h), (i) and (j) of this Section for the 80-hour training. The instructor shall use a skills performance checklist for this competency evaluation that includes, at least, all those skills specified in Rules .0501(h) and .0501(j) of this Section for the 25-hour training and all those skills specified in Rules .0501(h), (i) and (j) of this Section for the 80-hour training. Satisfactory performance of the personal care skills and interpersonal and behavioral intervention skills means that

the trainee performed the skill unassisted; explained the procedure to the resident; explained to the instructor, prior to or after the procedure, what was being done and why it was being done in that way; and incorporated the principles of good body mechanics, medical asepsis and resident safety and privacy.

- (10) The training provider shall issue to all trainees who successfully complete the training a certificate, signed by the registered nurse who conducted the skills competency evaluation, stating that the trainee successfully completed the 25 or 80-hour training. The trainee's name shall be on the certificate. The training provider shall maintain copies of the certificates and the skills evaluation checklists for a minimum of five years.

(d) An individual, agency or organization seeking to provide the 25 or 80-hour training specified in Rule .0501 of this Section shall submit the following information to the Adult Care Licensure Section of the Division of Health Service Regulation:

- (1) an application which is available at no charge by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, North Carolina 27699-2708;
- (2) a statement of training program philosophy;
- (3) a statement of training program objectives for each content area;
- (4) a curriculum outline with specific hours for each content area;
- (5) teaching methodologies, a list of texts or other instructional materials and a copy of the written exam or testing instrument with an established passing grade;
- (6) a list of equipment and supplies to be used in the training;
- (7) procedures or steps to be completed in the performance of the personal care and basic nursing skills;
- (8) sites for classroom and supervised practical experience, including the specific settings or rooms within each site;
- (9) resumes of all instructors and the program coordinator, including current RN certificate numbers as applicable;
- (10) policy statements that address the role of the registered nurse, instructor to trainee ratio for the supervised practical experience, retention of trainee records and attendance requirements;
- (11) a skills performance checklist as specified in Subparagraph (c)(9) of this Rule; and
- (12) a certificate of successful completion of the training program.

(e) The following requirements shall apply to the competency evaluation for purposes of exempting adult care home staff from the 25 or 80-hour training as required in Rule .0501 of this Section:

- (1) The competency evaluation for purposes of exempting adult care home staff from the 25 and 80-hour training shall consist of the satisfactory performance of personal care skills and interpersonal and behavioral intervention skills according to the requirement in Subparagraph (c)(9) of this Rule.
- (2) Any person who conducts the competency evaluation for exemption from the 25 or 80-hour training shall be a registered nurse with the same qualifications specified in Subparagraph (c)(1) of this Rule.
- (3) The competency evaluation shall be conducted in a licensed adult care home or in a facility or laboratory setting comparable to the work setting in which the participant will be performing or supervising the personal care skills.
- (4) All skills being evaluated shall be performed on humans except for intimate care skills such as perineal and catheter a care, which may be performed on a mannequin.
- (5) The person being competency evaluated in the setting of the person's employment shall not be considered on duty and counted in the staff-to-resident ratio.
- (6) An individual, agency or organization seeking to provide the competency evaluation for training exemption purposes shall complete an application available at no charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, North Carolina 27699-2708 and submit it to the Adult Care Licensure Section along with the following information:
 - (A) resume of the person performing the competency evaluation, including the current RN certificate number;
 - (B) a certificate, with the signature of the evaluating registered nurse and the participant's name, to be issued to the person successfully completing the competency evaluation;
 - (C) procedures or steps to be completed in the performance of the personal care and basic nursing skills;
 - (D) a skills performance checklist as specified in Subparagraph (c)(9) of this Rule; a site for the competency evaluation; and a list of equipment, materials and supplies;
 - (E) a site for the competency evaluation; and
 - (F) a list of equipment, materials and supplies.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000.

10A NCAC 13G .0503 MEDICATION ADMINISTRATION COMPETENCY EVALUATION

(a) The competency evaluation for medication administration shall consist of a written examination and a clinical skills evaluation to determine competency in the following areas: medical abbreviations and terminology; transcription of medication orders; obtaining and documenting vital signs; procedures and tasks involved with the preparation and administration of oral (including liquid, sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications; infection control procedures; documentation of medication administration; monitoring for reactions to medications and procedures to follow when there appears to

be a change in the resident's condition or health status based on those reactions; medication storage and disposition; regulations pertaining to medication administration in adult care facilities; and the facility's medication administration policy and procedures.

(b) An individual shall score at least 90% on the written examination which shall be a standardized examination established by the Department.

(c) A certificate of successful completion of the written examination shall be issued to each participant successfully completing the examination. A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable from one facility to another as proof of successful completion of the written examination. A medication study guide for the written examination is available at no charge by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

(d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a registered pharmacist consistent with their occupational licensing laws and who has a current unencumbered license in North Carolina. This validation shall be completed for those medication administration tasks to be performed in the facility. Competency validation by a registered nurse is required for unlicensed staff who perform any of the personal care tasks related to medication administration specified in Rule .0903 of this Subchapter.

(e) The Medication Administration Skills Validation Form shall be used to document successful completion of the clinical skills validation portion of the competency evaluation for those medication administration tasks to be performed in the facility employing the medication aide. Copies of this form and instructions for its use may be obtained at no cost by contacting the Adult Care Licensure Section, Division of Health Service Regulation, 2708 Mail Service Center, Raleigh, NC 27699-2708. The completed form shall be maintained and available for review in the facility and is not transferable from one facility to another.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. January 1, 2000; December 1, 1999;
Eff. July 1, 2000.

10A NCAC 13G .0504 COMPETENCY VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT TASKS

(a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.

(b) Competency validation shall be performed by the following licensed health professionals:

- (1) A registered nurse shall validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(1) through (28) of Rule .0903 of this Subchapter.
- (2) In lieu of a registered nurse, a respiratory care practitioner licensed under G.S. 90, Article 38, may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (11), (16), (18), (19) and (21) of Rule .0903 of this Subchapter.
- (3) In lieu of a registered nurse, a registered pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(8) of Rule .0903 of this Subchapter
- (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (27) of Rule .0903 of this Subchapter.

(c) Competency validation of staff, according to Paragraph (a) of this Rule, for the licensed health professional support tasks specified in Paragraph (a) of Rule .0903 of this Subchapter and the performance of these tasks is limited exclusively to these tasks except in those cases in which a physician acting under the authority of G.S. 131D-2(a1) certifies that non-licensed personnel can be competency validated to perform other tasks on a temporary basis to meet the resident's needs and prevent unnecessary relocation.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160;
Temporary Adoption Eff. September 1, 2003;
Eff. July 1, 2004.

10A NCAC 13G .0505 TRAINING ON CARE OF DIABETIC RESIDENTS

A family care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows:

- (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner.
- (2) Training shall include at least the following:
 - (a) basic facts about diabetes and care involved in the management of diabetes;
 - (b) insulin action;
 - (c) insulin storage;
 - (d) mixing, measuring and injection techniques for insulin administration;
 - (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms;
 - (f) blood glucose monitoring; universal precautions; appropriate administration times; and
 - (g) sliding scale insulin administration.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160;
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, 2004.

10A NCAC 13G .0506 TRAINING ON PHYSICAL RESTRAINTS

(a) A family care home shall assure that all staff responsible for caring for residents with medical symptoms that warrant restraints are trained on the use of alternatives to physical restraint use and on the care of residents who are physically restrained.

(b) Training shall be provided by a registered nurse and shall include the following:

- (1) alternatives to physical restraints;
- (2) types of physical restraints;
- (3) medical symptoms that warrant physical restraint;
- (4) negative outcomes from using physical restraints;
- (5) correct application of physical restraints;
- (6) monitoring and caring for residents who are restrained; and
- (7) the process of reducing restraint time by using alternatives.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160;
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, 2004.

10A NCAC 13G .0507 TRAINING ON CARDIO-PULMONARY RESUSCITATION

Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160;
Temporary Adoption Eff. September 1, 2003;
Eff. July 1, 2004.

10A NCAC 13G .0508 ASSESSMENT TRAINING

The person or persons designated by the administrator to perform resident assessments as required by Rule .0801 of this Subchapter shall successfully complete training on resident assessment established by the Department before performing the required assessments. Registered nurses are exempt from the assessment training. The instruction manual on resident assessment is available on the internet website, <http://facility-services.state.nc.us/gcpage.htm>, or it is available at the cost of printing and mailing from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 2002-0160;
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, 2004.

10A NCAC 13G .0509 FOOD SERVICE ORIENTATION

The family care home staff person in charge of the preparation and serving of food shall complete a food service orientation program established by the Department or an equivalent within 30 days of hire for those staff hired on or after July 1, 2004. The orientation program is available on the internet website, <http://facility-services.state.nc.us/gcpage.htm>, or it is available at the cost of printing and mailing from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Temporary Adoption Eff. July 1, 2004;
Temporary Adoption Expired March 12, 2005;
Eff. June 1, 2005.

10A NCAC 13G .0510 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13G .0511 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13G .0512 DOCUMENTATION OF TRAINING AND COMPETENCY VALIDATION

A family care home shall maintain documentation of the training and competency validation of staff required by the rules of this Section in the facility and available for review.

History Note: Authority 131D-2; 143B-165; S.L. 2002-0160; Temporary Amendment Eff. September 1, 2003; Eff. June 1, 2004.

SECTION .0600 – STAFFING OF THE HOME

10A NCAC 13G .0601 MANAGEMENT AND OTHER STAFF

(a) A family care home administrator shall be responsible for the total operation of a family care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter.

(b) At all times there shall be one administrator or supervisor-in-charge who is directly responsible for assuring that all required duties are carried out in the home and for assuring that at no time is a resident left alone in the home without a staff member. Except for the provisions cited in Paragraph (c) of this Rule regarding the occasional absence of the administrator or supervisor-in-charge, one of the following arrangements shall be used:

- (1) The administrator shall be in the home or reside within 500 feet of the home with a means of two-way telecommunication with the home at all times. When the administrator does not live in the licensed home, there shall be at least one staff member who lives in the home or one on each shift and the administrator shall be directly responsible for assuring that all required duties are carried out in the home;
- (2) The administrator shall employ a supervisor-in-charge to live in the home or reside within 500 feet of the home with a means of two-way telecommunication with the home at all times. When the supervisor-in-charge does not live in the licensed home, there shall be at least one staff member who lives in the home or one on each shift and the supervisor-in-charge shall be directly responsible for assuring that all required duties are carried out in the home; or
- (3) When there is a cluster of licensed homes located adjacently on the same site, there shall be at least one staff member in each home, either live-in or on a shift basis, and at least one administrator or supervisor-in-charge who lives within 500 feet of each home with a means of two-way telecommunication with each home at all times and who is directly responsible for assuring that all required duties are carried out in each home.

(c) When the administrator or supervisor-in-charge is absent from the home or not within 500 feet of the home, the following shall apply:

- (1) For absences of a non-routine nature that do not exceed 24 hours per week, a relief-person-in-charge designated by the administrator shall be in charge of the home during the absence and in the home or within 500 feet of the home according to the requirements in Paragraph (b) of this Rule. The administrator shall assure that the relief-person-in-charge is prepared to respond appropriately in case of an emergency in the home. The relief-person-in-charge shall be 18 years or older.
- (2) For recurring or planned absences, a relief-supervisor-in-charge designated by the administrator shall be in charge of the home during the absence and in the home or within 500 feet of the home according to the requirements in Paragraph (b) of this Rule. The relief-supervisor-in-charge shall meet all of the qualifications required for the supervisor-in-charge as specified in Rule .0402 of this Subchapter with the exception of Item (4) pertaining to the continuing education requirement.

(d) Additional staff shall be employed as needed for housekeeping and the supervision and care of the residents.

(e) Information on required staffing shall be posted in the facility according to G.S. 131D-4.3(a)(5).

History Note: Authority G.S. 131D-2; 143B-153; Eff. January 1, 1977; Readopted Eff. October 31, 1977; Amended Eff. July 1, 2005; July 1, 1990; April 1, 1987; April 1, 1984; June 26, 1980.

10A NCAC 13G .0602 THE CO-ADMINISTRATOR

(a) The co-administrator shares the responsibilities with the administrator for the total operation of the home and for complying with the rules of this Subchapter.

(b) It shall be the shared responsibility of the co-administrators to notify the county department of social services in writing whenever any one of the co-administrators is unable or unwilling to continue managing the total operation of the home and must therefore be removed from the license. The county department will submit the written notice to the Division of Health Service Regulation.

History Note: Authority G.S. 131D-2; 143B-153; Eff. January 1, 1977; Readopted Eff. October 31, 1977; Amended Eff. April 1, 1984.

SECTION .0700 - ADMISSION AND DISCHARGE

10A NCAC 13G .0701 ADMISSION OF RESIDENTS

(a) Any adult (18 years of age or over) who, because of a temporary or chronic physical condition or mental disability, needs a substitute home may be admitted when, in the opinion of the resident, physician, family or social worker, and the administrator the services and accommodations of the home will meet his particular needs.

(b) Exceptions. People are not to be admitted:

- (1) for treatment of mental illness, or alcohol or drug abuse;
- (2) for maternity care;
- (3) for professional nursing care under continuous medical supervision;
- (4) for lodging, when the personal assistance and supervision offered for the aged and disabled are not needed; or
- (5) who pose a direct threat to the health or safety of others.

History Note: *Filed as a temporary amendment Eff. October 14, 1992 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;*
Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. February 1, 1993; April 1, 1992; July 1, 1990; January 1, 1989.

10A NCAC 13G .0702 TUBERCULOSIS TEST AND MEDICAL EXAMINATION

(a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.

(b) Each resident shall have a medical examination prior to admission to the home and annually thereafter.

(c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following:

- (1) The examining date recorded on the FL-2 or MR-2 shall be no more than 90 days prior to the person's admission to the home.
- (2) The FL-2 or MR-2 shall be in the facility before admission or accompany the resident upon admission and be reviewed by the administrator or supervisor-in-charge before admission except for emergency admissions.
- (3) In the case of an emergency admission, the medical examination and completion of the FL-2 or MR-2 shall be within 72 hours of admission as long as current medication and treatment orders are available upon admission or there has been an emergency medical evaluation, including any orders for medications and treatments, upon admission.
- (4) If the information on the FL-2 or MR-2 is not clear or is insufficient, the administrator or supervisor-in-charge shall contact the physician for clarification in order to determine if the services of the facility can meet the individual's needs.
- (5) The completed FL-2 or MR-2 shall be filed in the resident's record in the home.
- (6) If a resident has been hospitalized, the facility shall have a completed FL-2 or MR-2 or a transfer form or discharge summary with signed prescribing practitioner orders upon the resident's return to the facility from the hospital.

(d) Each resident shall be immunized against pneumococcal disease and annually against influenza virus according to G.S. 131D-9, except as otherwise indicated in this law.

(e) The home shall make arrangements for any resident, who has been an inpatient of a psychiatric facility within 12 months before entering the home and who does not have a current plan for psychiatric care, to be examined by a local physician or a physician in a mental health center within 30 days after admission and to have a plan for psychiatric follow-up care when indicated.

History Note: *Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. December 1, 1993; July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004.

10A NCAC 13G .0703 RESIDENT REGISTER

(a) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register within 72 hours of the resident's admission to the home. The Resident Register is available on the internet website, <http://facility-services.state.nc.us/gcpage.htm>, or at no charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. The facility may use a resident information form other than the Resident Register as long as it contains at least the same information as the Resident Register.

(b) The administrator or supervisor-in-charge shall revise the completed Resident Register with the resident or his responsible person as needed.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.*

10A NCAC 13G .0704 RESIDENT CONTRACT AND INFORMATION ON HOME

The administrator or supervisor-in-charge shall furnish and review with the resident or his responsible person information on the family care home upon admission and when changes are made to that information. A statement indicating that this information has been received upon admission or amendment as required by this Rule shall be signed and dated by each person to whom it is given. This statement shall be retained in the resident's record in the home. The information shall include:

- (1) a copy of the home's resident contract specifying rates for resident services and accommodations, including the cost of different levels of service, if applicable, any other charges or fees, and any health needs or conditions the home has determined it cannot meet pursuant to G.S. 131D-2(a1)(4). In addition, the following applies:
 - (a) The contract shall be signed and dated by the administrator or supervisor-in-charge and the resident or his responsible person and a copy given to the resident or his responsible person;
 - (b) The resident or his responsible person shall be notified as soon as any change is known, but not less than 30 days for rate changes initiated by the home, of any rate changes or other changes in the contract affecting the resident services and accommodations and be provided an amended copy of the contract for review and signature;
 - (c) A copy of each signed contract shall be kept in the resident's record in the home;
 - (d) Gratuities in addition to the established rates shall not be accepted; and
 - (e) The maximum monthly rate that may be charged to Special Assistance recipients is established by the North Carolina Social Services Commission and the North Carolina General Assembly;
Note: Facilities may accept payments for room and board from a third party, such as family member, charity or faith community, if the payment is made voluntarily to supplement the cost of room and board for the added benefit of a private room.
- (2) a written copy of any house rules, including the conditions for the discharge and transfer of residents, the refund policies, and the home's policies on smoking, alcohol consumption and visitation consistent with the rules in this Subchapter and amendments disclosing any changes in the house rules;
- (3) a copy of the Declaration of Residents' Rights as found in G.S. 131D-21;
- (4) a copy of the home's grievance procedures which shall indicate how the resident is to present complaints and make suggestions as to the home's policies and services on behalf of self or others; and
- (5) a statement as to whether the home has signed Form DSS-1464, Statement of Assurance of Compliance with Title VI of the Civil Rights Act of 1964 for Other Agencies, Institutions, Organizations or Facilities, and which shall also indicate that if the home does not choose to comply or is found to be in non-compliance the residents of the home would not be able to receive State-County Special Assistance for Adults and the home would not receive supportive services from the county department of social services.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. April 1, 1984;
Amended Eff. July 1, 1990; April 1, 1987;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.*

10A NCAC 13G .0705 DISCHARGE OF RESIDENTS

(a) The discharge of a resident initiated by the facility shall be according to conditions and procedures specified in Paragraphs (a) through (g) of this Rule. The discharge of a resident initiated by the facility involves the termination of residency by the facility resulting in the resident's move to another location and the facility not holding the bed for the resident based on the facility's bed hold policy.

(b) The discharge of a resident shall be based on one of the following reasons:

- (1) the discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility as documented by the resident's physician, physician assistant or nurse practitioner;
- (2) the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility as documented by the resident's physician, physician assistant or nurse practitioner;
- (3) the safety of other individuals in the facility is endangered;
- (4) the health of other individuals in the facility is endangered as documented by a physician, physician assistant or nurse practitioner;
- (5) failure to pay the costs of services and accommodations by the payment due date according to the resident contract after receiving written notice of warning of discharge for failure to pay; or
- (6) the discharge is mandated under G.S. 131D-2(a1).

(c) The notices of discharge and appeal rights as required in Paragraph (e) of this Rule shall be made by the facility at least 30 days before the resident is discharged except that notices may be made as soon as practicable when:

- (1) the resident's health or safety is endangered and the resident's urgent medical needs cannot be met in the facility under Subparagraph (b)(1) of this Rule; or
- (2) reasons under Subparagraphs (b)(2), (b)(3), and (b)(4) of this Rule exist.

(d) The reason for discharge shall be documented in the resident's record. Documentation shall include one or more of the following as applicable to the reasons under Paragraph (b) of this Rule:

- (1) documentation by physician, physician assistant or nurse practitioner as required in Paragraph (b) of this Rule;
- (2) the condition or circumstance that endangers the health or safety of the resident being discharged or endangers the health or safety of individuals in the facility, and the facility's action taken to address the problem prior to pursuing discharge of the resident;
- (3) written notices of warning of discharge for failure to pay the costs of services and accommodations; or
- (4) the specific health need or condition of the resident that the facility determined could not be met in the facility pursuant to G.S. 131D-2(a1)(4) and as disclosed in the resident contract signed upon the resident's admission to the facility.

(e) The facility shall assure the following requirements for written notice are met before discharging a resident:

- (1) The Adult Care Home Notice of Discharge with the Adult Care Home Hearing Request Form shall be hand delivered, with receipt requested, to the resident on the same day the Adult Care Home Notice of Discharge is dated. These forms may be obtained at no cost from the Division of Medical Assistance, 2505 Mail Service Center, Raleigh, NC 27699-2505.
- (2) A copy of the Adult Care Home Notice of Discharge with a copy of the Adult Care Home Hearing Request Form shall be hand delivered, with receipt requested, or sent by certified mail to the resident's responsible person or legal representative on the same day the Adult Care Home Notice of Discharge is dated.
- (3) Failure to use and simultaneously provide the specific forms according to Subparagraphs (e)(1) and (e)(2) of this Rule shall invalidate the discharge. Failure to use the latest version of these forms shall not invalidate the discharge unless the facility has been previously notified of a change in the forms and been provided a copy of the latest forms by the Department of Health and Human Services.
- (4) A copy of the completed Adult Care Home Notice of Discharge, the Adult Care Home Hearing Request Form as completed by the facility prior to giving to the resident and a copy of the receipt of hand delivery or the notification of certified mail delivery shall be maintained in the resident's record.

(f) The facility shall provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge from the facility as evidenced by:

- (1) notifying staff in the county department of social services responsible for placement services;
- (2) explaining to the resident and responsible person or legal representative why the discharge is necessary;
- (3) informing the resident and responsible person or legal representative about an appropriate discharge destination; and
- (4) offering the following material to the caregiver with whom the resident is to be placed and providing this material as requested prior to or upon discharge of the resident:
 - (A) a copy of the resident's most current FL-2;
 - (B) a copy of the resident's most current assessment and care plan;
 - (C) a copy of the resident's current physician orders;
 - (D) a list of the resident's current medications;
 - (E) the resident's current medications; and
 - (F) a record of the resident's vaccinations and TB screening.
- (5) providing written notice of the name, address and telephone number of the following, if not provided on the discharge notice required in Paragraph (e) of this Rule:
 - (A) the regional long term care ombudsman; and
 - (B) the protection and advocacy agency established under federal law for persons with disabilities.

(g) If an appeal hearing is requested:

- (1) the facility shall provide to the resident or legal representative or the resident and the responsible person, and the Hearing Unit copies of all documents and records that the facility intends to use at the hearing at least five working days prior to the scheduled hearing; and
- (2) the facility shall not discharge the resident before the final decision resulting from the appeal has been rendered, except in those cases of discharge specified in Paragraph (c) of this Rule.

(h) If a discharge is initiated by the resident or responsible person, the administrator may require up to a 14-day written notice from the resident or responsible person which means the resident or responsible person may be charged for the days of the required notice if notice is not given or if notice is given and the resident leaves before the end of the required notice period. Exceptions to the required notice are cases in which a delay in discharge or transfer would jeopardize the health or safety of the resident or others in the facility. The facility's requirement for a notice from the resident or responsible person shall be established in the resident contract or the house rules provided to the resident or responsible person upon admission.

(i) The discharge requirements in this Rule do not apply when a resident is transferred to an acute inpatient facility for mental or physical health evaluation or treatment and the adult care facility's bed hold policy applies based on the expected return of the

resident. If the facility decides to discharge a resident who has been transferred to an acute inpatient facility and there has been no physician-documented level of care change for the resident, the discharge requirements in this Rule apply.

History Note: Authority G.S. 131D-2; 131D-4.5; 131D-21; 143B-165; S.L. 99-0334; 2002-0160;
Temporary Adoption Eff. January 1, 2000; December 1, 1999;
Eff. April 1, 2001;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. July 1, 2004.

SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN

10A NCAC 13G .0801 RESIDENT ASSESSMENT

(a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.

(b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.

(c) The facility shall assure an assessment of a resident is completed within 10 days following a significant change in the resident's condition using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:

- (1) Significant change is one or more of the following:
 - (A) deterioration in two or more activities of daily living;
 - (B) change in ability to walk or transfer;
 - (C) change in the ability to use one's hands to grasp small objects;
 - (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic;
 - (E) no response by the resident to the treatment for an identified problem;
 - (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;
 - (G) threat to life such as stroke, heart condition, or metastatic cancer;
 - (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or higher;
 - (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being over a period of time such as initial diagnosis of Alzheimer's disease or diabetes;
 - (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer matches what is needed;
 - (K) new onset of impaired decision-making;
 - (L) continence to incontinence or indwelling catheter; or
 - (M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident.
- (2) Significant change is not any of the following:
 - (A) changes that suggest slight upward or downward movement in the resident's status;
 - (B) changes that resolve with or without intervention;
 - (C) changes that arise from easily reversible causes;
 - (D) an acute illness or episodic event;
 - (E) an established, predictive, cyclical pattern; or
 - (F) steady improvement under the current course of care.

(d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other appropriate licensed health professional such as a mental health professional, nurse practitioner, physician assistant or registered nurse in a timely manner consistent with the resident's condition but no longer than 10 days from the significant change, and document the referral in the resident's record. Referral shall be made immediately when significant changes are identified that pose an immediate risk to the health and safety of the resident, other residents or staff of the facility.

(e) The assessments required in Paragraphs (b) and (c) of this Rule shall be completed and signed by the person designated by the administrator to perform resident assessments.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. January 1, 1996;

Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004.

10A NCAC 13G .0802 RESIDENT CARE PLAN

- (a) A family care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident.
- (b) The care plan shall be revised as needed based on further assessments of the resident according to Rule .0801 of this Subchapter.
- (c) The care plan shall include the following:
 - (1) a statement of the care or service to be provided based on the assessment or reassessment; and
 - (2) frequency of the service provision.
- (d) The assessor shall sign the care plan upon its completion.
- (e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:
 - (1) the resident is under the physician's care; and
 - (2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.
- (f) The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance abuse services includes resident specific instructions regarding how to contact that provider, including emergency contact. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance abuse services in accordance with Rule .0801(d) of this Subchapter.

History Note: Authority G.S. 131D-2; 131D-4.3; 131D-4.5; 143B-165; S.L. 99-0334; 2002-0160;
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. January 1, 2001;
Temporary Amendment Expired October 13, 2001;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004.

SECTION .0900 – RESIDENT CARE AND SERVICES

10A NCAC 13G .0901 PERSONAL CARE AND SUPERVISION

- (a) Family care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.
- (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.
- (c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures.

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; May 1, 1999; July 1, 1990; April 1, 1987; April 1, 1984.

10A NCAC 13G .0902 HEALTH CARE

- (a) A family care home shall provide care and services in accordance with the resident's care plan.
- (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.
- (c) The facility shall assure documentation of the following in the resident's record:
 - (1) facility contacts with the resident's physician, physician service, other licensed health professional, including mental health professional, when illnesses or accidents occur and any other facility contacts with a physician or licensed health professional regarding resident care;
 - (2) all visits of the resident to or from the resident's physician, physician service or other licensed health professional, including mental health professional, of which the facility is aware.
 - (3) written procedures, treatments or orders from a physician or other licensed health professional; and
 - (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.
- (d) The following shall apply to the resident's physician or physician service:
 - (1) The resident or the resident's responsible person shall be allowed to choose a physician or physician service to attend the resident.

- (2) When the resident cannot remain under the care of the chosen physician or physician service, the facility shall assure that arrangements are made with the resident or responsible person for choosing and securing another physician or physician service within 45 days or prior to the signing of the care plan as required in Rule .0802 of this Subchapter.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 99-0334; 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. December 1, 1993; May 1, 1992, July 1, 1990; September 1, 1987;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004.*

10A NCAC 13G .0903 LICENSED HEALTH PROFESSIONAL SUPPORT

(a) A family care home shall assure that an appropriate licensed health professional, participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks:

- (1) applying and removing ace bandages, ted hose, binders, and braces and splints;
- (2) feeding techniques for residents with swallowing problems;
- (3) bowel or bladder training programs to regain continence;
- (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;
- (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;
- (6) chest physiotherapy or postural drainage;
- (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents;
- (8) collecting and testing of fingerstick blood samples;
- (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage);
- (10) care for pressure ulcers, up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater;
- (11) inhalation medication by machine;
- (12) forcing and restricting fluids;
- (13) maintaining accurate intake and output data;
- (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established);
- (15) medication administration through injection;
Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter;
- (16) oxygen administration and monitoring;
- (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;
- (18) oral suctioning;
- (19) care of well-established tracheostomy, not to include indo-tracheal suctioning;
- (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph (14) of this Paragraph);
- (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);
- (22) application of prescribed heat therapy;
- (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;
- (24) ambulation using assistive devices that requires physical assistance;
- (25) range of motion exercises;
- (26) any other prescribed physical or occupational therapy;
- (27) transferring semi-ambulatory or non-ambulatory residents; or
- (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36.

(b) The appropriate licensed health professional, as required in Paragraph (a) of this Rule, is:

- (1) a registered nurse licensed under G.S. 90, Article 9A, for tasks listed in Subparagraphs (a)(1) through (28) of this Rule;
- (2) an occupational therapist licensed under G.S. 90, Article 18D or physical therapist licensed under G.S. 90-270.24, Article 18B for tasks listed in Subparagraphs (a)(17) and (a)(22) through (27) of this Rule;
- (3) a respiratory care practitioner licensed under G.S. 90, Article 38, for tasks listed in Subparagraphs (a)(6), (11), (16), (18), (19) and (21) of this Rule; or
- (4) a registered nurse licensed under G.S. 90, Article 9A, for tasks that can be performed by a nurse aide II according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36.

(c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:

- (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;
- (2) evaluating the resident's progress to care being provided;
- (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and
- (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.

(d) The facility shall assure action is taken in response to the licensed health professional review and documented, and that the physician or appropriate health professional is informed of the recommendations when necessary.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. January 1, 1996; Eff. May 1, 1997; Temporary Amendment Eff. December 1, 1999; Amended Eff. July 1, 2000; Temporary Amendment Eff. September 1, 2003; Amended Eff. June 1, 2004.

10A NCAC 13G .0904 NUTRITION AND FOOD SERVICE

(a) Food Procurement and Safety in Family Care Homes:

- (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.
- (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination.
- (3) All meat processing shall occur at a USDA-approved processing plant.
- (4) There shall be at least a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus, for both regular and therapeutic diets.

(b) Food Preparation and Service in Family Care Homes:

- (1) Sufficient staff, space and equipment shall be provided for safe and sanitary food storage, preparation and service.
- (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident.
- (3) Hot foods shall be served hot and cold foods shall be served cold.
- (4) If residents require feeding assistance, food shall be maintained at serving temperature until assistance is provided.

(c) Menus in Family Care Homes:

- (1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the Daily Food Requirements in Paragraph (d) of this Rule.
- (2) Menus shall be maintained in the kitchen and identified as to the current menu day and cycle for any given day for guidance of food service staff.
- (3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents.
- (4) Menus shall be planned to take into account the food preferences and customs of the residents.
- (5) Menus as served and invoices or other receipts of purchases shall be maintained in the facility for 30 days.
- (6) Menus for all therapeutic diets shall be planned or reviewed by a registered dietitian. The facility shall maintain verification of the registered dietitian's approval of the therapeutic diets which shall include an original signature by the registered dietitian and the registration number of the dietitian.
- (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.

(d) Food Requirements in Family Care Homes:

- (1) Each resident shall be served a minimum of three nutritionally adequate, palatable meals a day at regular hours with at least 10 hours between the breakfast and evening meals.
- (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.
- (3) Daily menus for regular diets shall include the following:
 - (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used.
 - (B) Fruit: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice

in which there is 100% of the recommended dietary allowance of vitamin C in each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried or canned fruit.

- (C) Vegetables: Three servings of vegetables (one serving equals ½ cup of cooked or canned vegetable; 6 ounces of vegetable juice; or 1 cup of raw vegetable). One of these shall be a dark green, leafy or deep yellow three times a week.
- (D) Eggs: One whole egg or substitute (e.g., 2 egg whites or ¼ cup of pasteurized egg product) at least three times a week at breakfast.
- (E) Protein: Two to three ounces of pure cooked meat at least two times a day for a minimum of 4 ounces. A substitute (e.g., 4 tablespoons of peanut butter, 1 cup of cooked dried peas or beans or 2 ounces of pure cheese) may be served three times a week but not more than once a day, unless requested by the resident.
Note: Bacon is considered to be fat and not meat for the purposes of this Rule.
- (F) Cereals and Breads: At least six servings of whole grain or enriched cereal and bread or grain products a day. Examples of one serving are as follows: 1 slice of bread; ½ of a bagel, English muffin or hamburger bun; one 1 ½ -ounce muffin, 1- ounce roll, 2-ounce biscuit or 2-ounce piece of cornbread; ½ cup cooked rice or cereal (e.g., oatmeal or grits); ¾ cup ready-to-eat cereal; or one waffle, pancake or tortilla that is six inches in diameter. Cereals and breads offered as snacks may be included in meeting this requirement.
- (G) Fats: Include butter, oil, margarine or items consisting primarily of one of these (e.g., icing or gravy).
- (H) Water and Other Beverages: Water shall be served to each resident at each meal, in addition to other beverages.

(e) Therapeutic Diets in Family Care Homes:

- (1) All therapeutic diet orders including thickened liquids shall be in writing from the resident's physician. Where applicable, the therapeutic diet order shall be specific to calorie, gram or consistency, such as for calorie controlled ADA diets, low sodium diets or thickened liquids, unless there are written orders which include the definition of any therapeutic diet identified in the facility's therapeutic menu approved by a registered dietitian.
- (2) Physician orders for nutritional supplements shall be in writing from the resident's physician and be brand specific, unless the facility has defined a house supplement in its communication to the physician, and shall specify quantity and frequency.
- (3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.
- (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.

(f) Individual Feeding Assistance in Family Care Homes:

- (1) Sufficient staff shall be available for individual feeding assistance as needed.
- (2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect.

(g) Variations from the required three meals or time intervals between meals to meet individualized needs or preferences of residents shall be documented in the resident's record.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Amended Eff. October 1, 1977; April 22, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. August 3, 1992; July 1, 1990; September 1, 1987; April 1, 1987;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004.*

10A NCAC 13G .0905 ACTIVITIES PROGRAM

(a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community.

(b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities.

(c) The activity director, as required in Rule .0404 of this Subchapter, shall:

- (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities and possible cultural differences of the residents;
- (2) prepare a monthly calendar of planned group activities which shall be easily readable with large print, posted in a prominent location by the first day of each month, and updated when there are any changes;
- (3) involve community resources, such as recreational, volunteer, religious, aging and developmentally disabled-associated agencies, to enhance the activities available to residents;

- (4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program;
 - (5) encourage residents to participate in activities; and
 - (6) assure there are adequate supplies, supervision and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities.
- (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees.
- (e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression. Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and nature walks.
- (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so.
- (g) Each resident shall have the opportunity to participate in meaningful work-type and volunteer service activities in the home or in the community, but participation shall be on an entirely voluntary basis, never forced upon residents and not assigned in place of staff.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. August 3, 1992; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.*

10A NCAC 13G .0906 OTHER RESIDENT SERVICES

- (a) Transportation. The administrator must assure the provision of transportation for the residents to necessary resources and activities, including transportation to the nearest appropriate health facilities, social services agencies, shopping and recreational facilities, and religious activities of the resident's choice. The resident is not to be charged any additional fee for this service. Sources of transportation may include community resources, public systems, volunteer programs, family members as well as facility vehicles.
- (b) Mail.
- (1) Residents shall receive their mail promptly and it must be unopened unless there is a written, witnessed request authorizing management staff to open and read mail to the resident. This request must be recorded on Form DSS-1865, the Resident Register or the equivalent;
 - (2) Outgoing mail written by a resident shall not be censored; and
 - (3) Residents shall be encouraged and assisted, if necessary, to correspond by mail with close relatives and friends. Residents shall have access to writing materials, stationery and postage and, upon request, the home is to provide such items at cost. It is not the home's obligation to pay for these items.
- (c) Laundry.
- (1) Laundry services must be provided to residents without any additional fee; and
 - (2) It is not the home's obligation to pay for a resident's personal dry cleaning. The resident's plans for personal care of clothing are to be indicated on Form DSS-1865, the Resident Register.
- (d) Telephone.
- (1) A telephone must be available in a location providing privacy for residents to make and receive a reasonable number of calls of a reasonable length;
 - (2) A pay station telephone is not acceptable for local calls; and
 - (3) It is not the home's obligation to pay for a resident's toll calls.
- (e) Personal Lockable Space.
- (1) Personal lockable space must be provided for each resident to secure his personal valuables. One key shall be provided free of charge to the resident. Additional keys are to be provided to residents at cost upon request. It is not the home's obligation to pay for additional keys; and
 - (2) While a resident may elect not to use lockable space, it must still be available in the home since the resident may change his mind. This space shall be accessible only to the resident and the administrator or supervisor-in-charge. The administrator or supervisor-in-charge must determine at admission whether the resident desires lockable space, but the resident may change his mind at any time.
- (f) Visiting.
- (1) Visiting in the home and community at reasonable hours shall be encouraged and arranged through the mutual prior understanding of the residents and administrator;

- (2) There must be at least 10 hours each day for visitation in the home by persons from the community. If a home has established visiting hours or any restrictions on visitation, information about the hours and any restrictions must be included in the house rules given to each resident at the time of admission and posted conspicuously in the home;
- (3) A signout register must be maintained for planned visiting and other scheduled absences which indicates the resident's departure time, expected time of return and the name and telephone number of the responsible party;
- (4) If the whereabouts of a resident are unknown and there is reason to be concerned about his safety, the person in charge in the home must immediately notify the resident's responsible person, the appropriate law enforcement agency and the county department of social services.

History Note: Authority G.S. 131D-2; 143B-153;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. December 1, 1991; April 1, 1987; April 1, 1984.

10A NCAC 13G .0907 RESPITE CARE

- (a) For the purposes of this Subchapter, respite care is defined as supervision, personal care and services provided for persons admitted to a family care home on a temporary basis for temporary caregiver relief, not to exceed 30 days.
- (b) Respite care is not required as a condition of licensure. However, respite care is subject to the requirements of this Subchapter except for Rules .0703, .0705, .0801, .0802 and .1201.
- (c) The number of respite care residents and family care home residents shall not exceed the facility's licensed bed capacity.
- (d) The respite care resident contract shall specify the rates for respite care services and accommodations, the date of admission to the facility and the proposed date of discharge from the facility. The contract shall be signed by the administrator or designee and the respite care resident or his responsible person and a copy given to the resident and responsible person.
- (e) Upon admission of a respite care resident into the facility, the facility shall assure that the resident has a current FL-2 and been tested for tuberculosis disease according to Rule .0702 of this Subchapter and that there are current physician orders for any medications, treatments and special diets for inclusion in the respite care resident's record. The facility shall assure that the respite care resident's physician or prescribing practitioner is contacted for verification of orders if the orders are not signed and dated within seven calendar days prior to admission to the facility as a respite care resident or for clarification of orders if orders are not clear or complete.
- (f) The facility shall complete an assessment which allows for the development of a short-term care plan prior to or upon admission to the facility with input from the resident or responsible person. The assessment shall address respite resident needs, including identifying information, hearing, vision, cognitive ability, functional limitations, continence, special procedures and treatments as ordered by physician, skin conditions, behavior and mood, oral and nutritional status and medication regimen. The facility may use the Resident Register or an equivalent as the assessment instrument. The care plan shall be signed and dated by the facility's administrator or designated representative and the respite care resident or responsible person.
- (g) The respite care resident's record shall include a copy of the signed respite care contract; the FL-2; the assessment and care plan; documentation of a tuberculosis test according to Paragraph (e) of this Rule; documentation of any contacts (office, home or telephone) with the resident's physician or other licensed health professionals from outside the facility; physician orders; medication administration records; a statement, signed and dated by the resident or responsible person, indicating that information on the home as required in Rule .0704 of this Subchapter has been received; a written description of any acute changes in the resident's condition or any incidents or accidents resulting in injury to the respite care resident, and any action taken by the facility in response to the changes, incidents or accidents; and how the responsible person or his designated representative can be contacted in case of an emergency.
- (h) The respite care resident's responsible person or his designated representative shall be contacted and informed of the need to remove the resident from the facility if one or more of the following conditions exists:
 - (1) the resident's condition is such that he is a danger to himself or poses a direct threat to the health of others as documented by a physician; or
 - (2) the safety of individuals in the home is threatened by the behavior of the resident as documented by the facility.
 Documentation of the emergency discharge shall be on file in the facility.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2000-50; 2002-0160; 2003-0284;
 Temporary Adoption Eff. November 1, 2000;
 Eff. July 18, 2002;
 Temporary Amendment Eff. July 1, 2004;
 Amended Eff. July 1, 2005.

10A NCAC 13G .0908 COOPERATION WITH CASE MANAGERS

The administrator shall cooperate with and assure the cooperation of facility staff with case managers in their provision of case management services to the appropriate residents.

History Note: Authority G.S. 131D-2; 131D-4.3; 143B-153;
 Temporary Adoption Eff. January 1, 1996;

Eff. May 1, 1997.

10A NCAC 13G .0909 RESIDENT RIGHTS

A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, 2005.*

SECTION .1000 – MEDICATIONS

10A NCAC 13G .1001 MEDICATION ADMINISTRATION POLICIES AND PROCEDURES

In addition to the requirements in Rule .1211(a)(1) of this Subchapter, a family care home shall ensure the following:

- (1) orientation to medication policies and procedures for staff responsible for medication administration prior to their administering or supervising the administration of medications; and
- (2) compliance of medication policies and procedures with requirements of this Section and all applicable state and federal regulations, including definitions in the North Carolina Pharmacy Practice Act, G.S. 90-85.3.

For the purposes of this Subchapter, medications include herbal and non-herbal supplements.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Amended Eff. July 1, 2005.*

10A NCAC 13G .1002 MEDICATION ORDERS

(a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:

- (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility;
- (2) if orders are not clear or complete; or
- (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.

The facility shall ensure that this verification or clarification is documented in the resident's record.

(b) All orders for medications, prescription and non-prescription, and treatments shall be maintained in the resident's record in the facility.

(c) The medication orders shall be complete and include the following:

- (1) medication name;
- (2) strength of medication;
- (3) dosage of medication to be administered;
- (4) route of administration;
- (5) specific directions of use, including frequency of administration; and
- (6) if ordered on an as needed basis, a stated indication for use.

(d) Verbal orders for medications and treatments shall be:

- (1) countersigned by the prescribing practitioner within 15 days from the date the order is given;
- (2) signed or initialed and dated by the person receiving the order; and
- (3) accepted only by a licensed professional authorized by state occupational licensure laws to accept orders or staff responsible for medication administration.

(e) Any standing orders shall be for individual residents and signed and dated by the resident's physician or prescribing practitioner.

(f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months.

(g) In addition to the requirements as stated in Paragraph (c) of this Rule, psychotropic medications ordered "as needed" by a prescribing practitioner, shall not be administered unless the following have been provided by the practitioner or included in an individualized care plan developed with input by a registered nurse or licensed pharmacist:

- (1) detailed behavior-specific written instructions, including symptoms that might require use of the medication;
- (2) exact dosage;
- (3) exact time frames between dosages; and
- (4) the maximum dosage to be administered in a twenty-four hour period.

(h) The facility shall assure that personal care aides and their direct supervisors receive training annually about the desired and undesired effects of psychotropic medications, including alternative behavior interventions. Documentation of training attended by staff shall be maintained in the facility.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;

*Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Amended Eff. July 1, 2005.*

10A NCAC 13G .1003 MEDICATION LABELS

(a) Prescription legend medications shall have a legible label with the following information:

- (1) the name of the resident for whom the medication is prescribed;
- (2) the most recent date of issuance;
- (3) the name of the prescriber;
- (4) the name and concentration of the medication, quantity dispensed, and prescription serial number;
- (5) directions for use clearly stated and not abbreviated;
- (6) a statement of generic equivalency shall be indicated if a brand other than the brand prescribed is dispensed;
- (7) the expiration date, unless dispensed in a single unit or unit dose package that already has an expiration date;
- (8) auxiliary statements as required of the medication;
- (9) the name, address, telephone number of the dispensing pharmacy; and
- (10) the name or initials of the dispensing pharmacist.

(b) For medication systems such as med paks and multi-paks when two or more solid oral dosage forms are packaged and dispensed together, labeling shall be in accordance with Paragraph (a) of this Rule and the label or package shall also have a physical description or identification of each medication contained in the package.

(c) The facility shall assure the container is relabeled by a pharmacist or a dispensing practitioner at the refilling of the medication when there is a change in the directions by the prescriber. The facility shall have a procedure for identifying direction changes until the container is correctly labeled. No person other than a pharmacist or dispensing practitioner shall alter a prescription label.

(d) Non-prescription medications shall have the manufacturer's label with the expiration date clearly visible, unless the container has been labeled by a pharmacist or a dispensing practitioner. Non-prescription medications in the original manufacturer's container shall be labeled with at least the resident's name and the name shall not obstruct any of the information on the container. Facility staff may label or write the resident's name on the container.

(e) Medications, prescription and non-prescription, shall not be transferred from one container to another except when prepared for administration to a resident.

(f) Prescription medications leaving the facility shall be in a form packaged and labeled by a pharmacist or a dispensing practitioner. Non-prescription medications that are not packaged or labeled by a pharmacist or dispensing practitioner must be released in the original container and directions for administration must be provided to the resident or responsible party. The facility shall assure documentation of medications, including quantity released and returned to the facility.

Note: Dispensing of medications is restricted to pharmacists or other health care practitioners that are approved by the North Carolina Board of Pharmacy. Repackaging or providing more than one dose of a prescription medication, including unit dose prescription medications, for subsequent administration is an act of dispensing.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.*

10A NCAC 13G .1004 MEDICATION ADMINISTRATION

(a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with:

- (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and
- (2) rules in this Section and the facility's policies and procedures.

(b) The facility shall assure that only staff meeting the requirements in Rule .0403 of this Subchapter shall administer medications, including the preparation of medications for administration.

(c) Only oral solid medications that are ordered for routine administration may be prepared in advance and must be prepared within 24 hours of the prescribed time for administration. Medications prescribed for prn (as needed) administration shall not be prepared in advance.

(d) Liquid medications, including powders or granules that require to be mixed with liquids for administration, and medications for injection shall be prepared immediately before administration to a resident.

(e) Medications shall not be crushed for administration until immediately before the medications are administered to the resident.

(f) If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage:

- (1) Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed in a capped or sealed container;

- (2) Medications not dispensed in a sealed and labeled package as specified in Subparagraph (1) of this Paragraph are kept enclosed in a sealed container that identifies the name and strength of each medication prepared and the resident's name;
- (3) A separate container is used for each resident and each planned administration of the medications and labeled according to Subparagraph (1) or (2) of this Paragraph; and
- (4) All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff as specified in Rule .1006(d) of this Section.

(g) The facility shall ensure that medications are administered within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations.

(h) If medications are not prepared and administered by the same staff person, there shall be documentation for each dose of medication prepared for administration by the staff person who prepared the medications when or at the time the resident's medication is prepared. Procedures shall be established and implemented to identify the staff person who prepared the medication and the staff person who administered the medication.

(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.

(j) The resident's medication administration record (MAR) shall be accurate and include the following:

- (1) resident's name;
- (2) name of the medication or treatment order;
- (3) strength and dosage or quantity of medication administered;
- (4) instructions for administering the medication or treatment;
- (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;
- (6) date and time of administration;
- (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and
- (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).

(k) The facility shall have a system in place to ensure the resident is identified prior to the administration of any medication or treatment.

(l) The facility shall assure the development and implementation of policies and procedures governing medication errors and adverse medication reactions that include documentation of the following:

- (1) notification of a physician or appropriate health professional and supervisor;
- (2) action taken by the facility according to orders by the physician or appropriate health professional; and
- (3) charting or documentation errors, unavailability of a medication, resident refusal of medication, any adverse medication reactions and notification of the resident's physician when necessary.

(m) Medication administration supplies, such as graduated measuring devices, shall be available and used by facility staff in order for medications to be accurately and safely administered.

(n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents.

(o) A resident's medication shall not be administered to another resident except in an emergency. In the event of an emergency, the borrowed medications shall be replaced promptly and that the borrowing and replacement of the medication shall be documented.

(p) Only oral, topical (including ophthalmic and otic medications), inhalants, rectal and vaginal medications, subcutaneous injections and medications administered by gastrostomy tube and nebulizers may be administered by persons who are not authorized by state occupational licensure laws to administer medication.

(q) Unlicensed staff may not administer insulin or other subcutaneous injections prior to meeting the requirements for training and competency validation as stated in Rules .0504 and .0505 of this Subchapter.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000; Amended Eff. July 1, 2005.

10A NCAC 13G .1005 SELF-ADMINISTRATION OF MEDICATIONS

(a) The facility shall permit residents who are competent and physically able to self-administer to self-administer their medications if the following requirements are met:

- (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and
- (2) specific instructions for administration of prescription medications are printed on the medication label.

(b) When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance with the physician's orders or the facility's medication policies and procedures, the facility shall notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.*

10A NCAC 13G .1006 MEDICATION STORAGE

(a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the facility's medication storage policy and procedures.

(b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration.

(c) The medication storage area shall be clean, well-lighted, well-ventilated, large enough to store medications in an orderly manner, and located in areas other than the bathroom, kitchen or utility room. Medication carts shall be clean and medications shall be stored in an orderly manner.

(d) Accessibility to locked storage areas for medications shall only be by staff responsible for medication administration and administrator or person in charge.

(e) Medications intended for topical or external use, except for ophthalmic, otic and transdermal medications, shall be stored in a designated area separate from the medications intended for oral and injectable use. Ophthalmic, otic and transdermal medications may be stored with medications intended for oral and injectable use. Medications shall be stored apart from cleaning agents and hazardous chemicals.

(f) Medications requiring refrigeration shall be stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C).

(g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area.

(h) The facility shall only possess a stock of non-prescription medications or the following prescription legend medications for general or common use:

- (1) irrigation solutions in single unit quantities exceeding 49 ml. and related diagnostic agents;
- (2) diagnostic agents;
- (3) vaccines; and
- (4) water for injection and normal saline for injection.

Note: A prescribing practitioner's order is required for the administration of any medication as stated in Rule .1004 (a) of this Section.

(i) First aid supplies shall be immediately available, stored out of sight of residents and visitors and stored separately in a secure and orderly manner.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.*

10A NCAC 13G .1007 MEDICATION DISPOSITION

(a) Medications shall be released to or with a resident upon discharge if the resident has a physician's order to continue the medication. Prescribed medications are the property of the resident and shall not be given to, or taken by, other staff or residents according to Rule .1004(o) of this Subchapter.

(b) Medications, excluding controlled medications, that are expired, discontinued, prescribed for a deceased resident or deteriorated shall be stored separately from actively used medications until disposed of.

(c) Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident.

(d) All medications destroyed at the facility shall be destroyed by the administrator or the administrator's designee and witnessed by a pharmacist, a dispensing practitioner, or their designee. The destruction shall be conducted so that no person can use, administer, sell or give away the medication.

(e) Records of medications destroyed or returned to the pharmacy shall include the resident's name, the name and strength of the medication, the amount destroyed or returned, the method of destruction if destroyed in the facility and the signature of the administrator or the administrator's designee and the signature of the pharmacist, dispensing practitioner or their designee. These records shall be maintained by the facility for a minimum of one year.

(f) A dose of any medication prepared for administration and accidentally contaminated or not administered shall be destroyed at the facility according to the facility's policies and procedures.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.*

10A NCAC 13G .1008 CONTROLLED SUBSTANCES

- (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.
- (b) Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock.
- (c) Controlled substances that are expired, discontinued or no longer required for a resident shall be returned to the pharmacy within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The facility shall document the resident's name; the name, strength and dosage form of the controlled substance; and the amount returned. There shall also be documentation by the pharmacy of the receipt or return of the controlled substances.
- (d) If the pharmacy will not accept the return of a controlled substance, the administrator or the administrator's designee shall destroy the controlled substance within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The destruction shall be witnessed by a licensed pharmacist, dispensing practitioner, or designee of a licensed pharmacist or dispensing practitioner. The destruction shall be conducted so that no person can use, administer, sell or give away the controlled substance. Records of controlled substances destroyed shall include the resident's name; the name, strength and dosage form of the controlled substance; the amount destroyed; the method of destruction; and, the signature of the administrator or the administrator's designee and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or dispensing practitioner.
- (e) Records of controlled substances returned to the pharmacy or destroyed by the facility shall be maintained by the facility for a minimum of three years.
- (f) Controlled substances that are expired, discontinued, prescribed for a deceased resident or deteriorated shall be stored securely in a locked area separately from actively used medications until disposed of.
- (g) A dose of a controlled substance accidentally contaminated or not administered shall be destroyed at the facility. The destruction shall be documented on the medication administration record (MAR) or the controlled substance record showing the time, date, quantity, manner of destruction and the initials or signature of the person destroying the substance.
- (h) The facility shall ensure that all known drug diversions are reported to the pharmacy, the local law enforcement agency and Health Care Personnel Registry as required by state law and that all suspected drug diversions are reported to the pharmacy. There shall be documentation of the contact and action taken.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Amended Eff. July 1, 2005.*

10A NCAC 13G .1009 PHARMACEUTICAL CARE

- (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following:
- (1) an on-site medication review for each resident which includes at least the following:
 - (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and,
 - (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and,
 - (C) documenting the results of the medication review in the resident's record;
 - (2) review of all aspects of medication administration including the observation or review of procedures for the administration of medications and inspection of medication storage areas;
 - (3) review of the medication system utilized by the facility, including packaging, labeling and availability of medications;
 - (4) review the facility's procedures and records for the disposition of medications and provide assistance, if necessary;
 - (5) provision of a written report of findings and any recommendations for change for Items (1) through (4) of Paragraph (a) of this Rule to the facility and the physician or appropriate health professional, when necessary;
 - (6) conducting in-service programs as needed for facility staff on medication usage that includes, but not limited to the following:
 - (A) potential or current medication related problems identified;
 - (B) new medications;

- (C) side effects and medication interactions; and
- (D) policies and procedures.

(b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary.

(c) The facility shall maintain the findings and reports resulting from the activities in Subparagraphs (1) through (6) of Paragraph (a) of this Rule in the facility, including action taken by the facility.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.*

10A NCAC 13G .1010 PHARMACEUTICAL SERVICES

(a) A family care home shall allow the residents the right to choose a pharmacy provider as long as the pharmacy will provide services that are in compliance with the facility's medication management policies and procedures.

(b) There shall be a current, written agreement with a licensed pharmacist, prescribing practitioner or registered nurse for pharmaceutical care services according to Rule .1009 of this Section. The written agreement shall include a statement of the responsibility of each party.

(c) The facility shall assure the provision of pharmaceutical services to meet the needs of the residents, including procedures that assure the accurate ordering, receiving and administering of all medications prescribed on a routine, emergency, or as needed basis.

(d) The facility shall assure the provision of medication for residents on temporary leave from the facility or involved in day activities out of the facility.

(e) The facility shall assure that accurate records of the receipt, use and disposition of medications are maintained in the facility and readily available for review.

*History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Amended Eff. July 1, 2005.*

SECTION .1100 – MANAGEMENT OF RESIDENT'S FUNDS AND REFUNDS

10A NCAC 13G .1101 MANAGEMENT OF RESIDENT'S FUNDS

(a) Residents shall manage their own funds if possible.

(b) In situations where a resident is unable to manage his funds, a legal representative or payee shall be designated in accordance with Rule .1102 of this Section.

(c) Residents shall endorse checks made out to them unless a legal representative or payee has been authorized to endorse checks.

*History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984.*

10A NCAC 13G .1102 LEGAL REPRESENTATIVE OR PAYEE

(a) In situations where a resident of a family care home is unable to manage his funds, the administrator shall contact a family member or the county department of social services regarding the need for a legal representative or payee. The administrator and other staff of the home shall not serve as a resident's legal representative, payee, or executor of a will, except as indicated in Paragraph (b) of this Rule.

(b) In the case of funds administered by the Social Security Administration, the Veteran's Administration or other federal government agencies, the administrator of the home may serve as a payee when so authorized as a legally constituted authority by the respective federal agencies.

(c) The administrator shall give the resident's legal representative or payee receipts for any monies received on behalf of the resident.

*History Note: Authority G.S. 35A-1203; 108A-37; 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984.*

10A NCAC 13G .1103 ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS

(a) To document a resident's receipt of the State-County Special Assistance personal needs allowance after payment of the cost of care, a statement shall be signed by the resident or marked by the resident with two witnesses' signatures. The statement shall be maintained in the home.

- (b) Upon the written authorization of the resident or his legal representative or payee, an administrator or the administrator's designee may handle the personal money for a resident, provided an accurate accounting of monies received and disbursed and the balance on hand is available upon request of the resident or his legal representative or payee.
- (c) A record of each transaction involving the use of the resident's personal funds according to Paragraph (b) of this Rule shall be signed by the resident, legal representative or payee or marked by the resident, if not adjudicated incompetent, with two witnesses' signatures at least monthly verifying the accuracy of the disbursement of personal funds. The record shall be maintained in the home.
- (d) A resident's personal funds shall not be commingled with facility funds. The facility shall not commingle the personal funds of residents in an interest-bearing account.
- (e) All or any portion of a resident's personal funds shall be available to the resident or his legal representative or payee upon request during regular office hours, except as provided in Rule .1105 of this Subchapter.
- (f) The resident's personal needs allowance shall be credited to the resident's account within 24 hours of the check being deposited following endorsement.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. April 1, 1984;
Amended Eff. July 1, 2005; April 1, 1987.

10A NCAC 13G .1104 REFUND POLICY

A family care home's refund policy shall be in writing and signed by the administrator. A copy shall be given to the resident or the resident's responsible person at time of admission. A copy shall also be filed in the resident's record.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990.

10A NCAC 13G .1105 REFUND OF PERSONAL FUNDS

- (a) When the administrator or the administrator's designee handles a resident's personal money at the resident's or his payee's request, the balance shall be given to the resident or the resident's responsible person within 14 days of the resident's leaving a family care home.
- (b) If a resident dies, the administrator of his estate or the Clerk of Superior Court, when no administrator for his estate has been appointed, shall be given all of his personal funds within 30 days after death.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984.

10A NCAC 13G .1106 SETTLEMENT OF COST OF CARE

- (a) If a resident of a family care home, after being notified by the home of its intent to discharge the resident in accordance with Rule .0705 of this Subchapter, moves out of the home before the period of time specified in the notice has elapsed, the home shall refund the resident an amount equal to the cost of care for the remainder of the month minus any nights spent in the home during the notice period. The refund shall be made within 14 days after the resident leaves the home.
- (b) If a resident moves out of the home without giving notice, as may be required by the home according to Rule .0705(h) of this Subchapter, or before the home's required notice period has elapsed, the resident owes the home an amount equal to the cost of care for the required notice period. If a resident receiving State-County Special Assistance moves without giving notice or before the notice period has elapsed, the former home is entitled to the required payment for the notice period before the new home receives any payment. The home shall refund the resident the remainder of any advance payment following settlement of the cost of care. The refund shall be made within 14 days from the date of notice or, if no notice is given, within 14 days of the resident leaving the home.
- (c) When there is an exception to the notice as provided in Rule .0705(h) of this Subchapter to protect the health or safety of the resident or others in the home, the resident is only required to pay for any nights spent in the home. A refund shall be made to the resident by the home within 14 days from the date of notice.
- (d) When a resident gives notice of leaving the home, as may be required by the home according to Rule .0705(h) of this Subchapter, and leaves at the end of the notice period, the home shall refund the resident the remainder of any advance payment within 14 days from the date of notice. If notice is not required by the home, the refund shall be made within 14 days after the resident leaves the home.
- (e) When a resident leaves the home with the intent of returning to it, the following apply:
- (1) The home may reserve the resident's bed for a set number of days with the written agreement of the home and the resident or his responsible person and thereby require payment for the days the bed is held.
 - (2) If, after leaving the home, the resident decides not to return to it, the resident or someone acting on his behalf may be required by the home to provide up to a 14-day written notice that he is not returning.

- (3) Requirement of a notice, if it is to be applied by the home, shall be a part of the written agreement and explained by the home to the resident and his family or responsible person before signing.
 - (4) On notice by the resident or someone acting on his behalf that he will not be returning to the home, the home shall refund the remainder of any advance payment to the resident or his responsible person, minus an amount equal to the cost of care for the period covered by the agreement. The refund shall be made within 14 days after notification that the resident will not be returning to the home.
 - (5) In no situation involving a recipient of State-County Special Assistance may a home require payment for more than 30 days since State-County Special Assistance is not authorized unless the resident is actually residing in the home or it is anticipated that he will return to the home within 30 days.
 - (6) Exceptions to the two weeks' notice, if required by the home, are cases where returning to the home would jeopardize the health or safety of the resident or others in the home as certified by the resident's physician or approved by the county department of social services, and in the case of the resident's death. In these cases, the home shall refund the rest of any advance payment calculated beginning with the day the home is notified.
- (f) If a resident dies, the administrator of his estate or the Clerk of Superior Court, when no administrator for his estate has been appointed, shall be given a refund equal to the cost of care for the month minus any nights spent in the home during the month. This is to be done within 30 days after the resident's death.

History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 99-0334; Eff. January 1, 1977; Readopted Eff. October 31, 1977; Amended Eff. July 1, 1990; June 1, 1987; April 1, 1984; Temporary Amendment Eff. January 1, 2001; Temporary Amendment Expired October 13, 2001; Amended Eff. July 1, 2005.

SECTION .1200 – POLICIES, RECORDS AND REPORTS

10A NCAC 13G .1201 RESIDENT RECORDS

(a) The following shall be maintained on each resident in an orderly manner in the resident's record in the family care home and made available for review by representatives of the Division of Health Service Regulation and county departments of social services.

- (1) FL-2 or MR-2 Forms and patient transfer form or hospital discharge summary, when applicable;
- (2) Resident Register;
- (3) receipt for the following as required in Rule .0704 of this Subchapter:
 - (A) contract for services, accommodations and rates;
 - (B) house rules as specified in Rule .0704(2) of this Subchapter;
 - (C) Declaration of Residents' Rights (G.S. 131D-21);
 - (D) home's grievance procedures; and
 - (E) civil rights statement;
- (4) resident assessment and care plan;
- (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter;
- (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation;
- (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and
- (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged.

When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Items (1), (4), (5), (6) and (7) above may be sent with the resident.

(b) A resident financial record providing an accurate accounting of the receipt and disbursement of the resident's personal funds, if handled by the facility according to Rule .1103 of this Subchapter, shall be maintained on each resident in an orderly manner in the facility and be readily available for review by representatives of the Division of Health Service Regulation and county departments of social services. When there is an approved cluster of licensed facilities, financial records may be kept in one location among the clustered facilities

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284; Eff. January 1, 1977; Readopted Eff. October 31, 1977; Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984; Temporary Amendment Eff. July 1, 2004; Amended Eff. July 1, 2005.

10A NCAC 13G .1202 TRANSFER OF RESIDENT'S RECORDS

At the request of the resident or his responsible person, copies of all pertinent information shall be given to the administrator of the licensed home to which the resident moves. The FL-2 or MR-2 shall be provided unless:

- (1) It was completed more than 90 days before the move; or
- (2) There has been an apparent change in the mental or physical condition of the resident.

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1984.

10A NCAC 13G .1203 DISPOSAL OF RESIDENT'S RECORDS

After a resident has left a family care home or died, the resident's records shall be filed in the home for at least one year and then stored for at least two more years.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1987; April 1, 1984.

10A NCAC 13G .1204 REPORT OF ADMISSIONS AND DISCHARGES

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. May 1, 1992;
Repealed Eff. July 1, 2005.

10A NCAC 13G .1205 POPULATION REPORT

History Note: Authority G.S. 131D-2; 143B-153; 143B-165; S.L. 2002-160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. May 1, 1992; April 1, 1984;
Temporary Repeal Eff. September 1, 2003;
Repealed Eff. June 1, 2004.

10A NCAC 13G .1206 HEALTH CARE PERSONNEL REGISTRY

The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .1001 and .1002.

History Note: Authority G.S. 131D-2; 131D-4.5; 131E-256; 143B-165; S.L. 1999-0334;
Temporary Adoption Eff. January 1, 2000;
Eff. July 1, 2000.

10A NCAC 13G .1207 ADVERTISING

The administrator may use acceptable methods of advertising provided:

- (1) The name used is as it appears on the license.
- (2) Only the services and accommodations for which the home is licensed are used.
- (3) The home is listed under proper classification in telephone books, newspapers or magazines.

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984.

10A NCAC 13G .1208 FACILITIES TO REPORT RESIDENT DEATHS

For purposes of this Section, facilities licensed in accordance with G.S. 131D-2 shall report resident deaths to the Division of Health Service Regulation.

History Note: Authority G.S. 131D-2; 131D-34.1;
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, 2002.

10A NCAC 13G .1209 DEATH REPORTING PROCEDURES

(a) Upon learning of a resident death as described in Paragraphs (b) and (c) of this Rule, a facility shall file a report in accordance with this Rule. A facility shall be deemed to have learned of a resident death when any facility staff obtains information that the death occurred.

(b) A written notice containing the information listed under Paragraph (d) of this Rule shall be made immediately for the following:

- (1) a resident death occurring in an adult care home within seven days of the use of a physical restraint or physical hold on the resident; or
- (2) a resident death occurring within 24 hours of the resident's transfer from the adult care home to a hospital, if the death occurred within seven days of physical restraint or physical hold of the resident.

(c) A written notice containing the information under Paragraph (d) of this Rule shall be made within three days of any death resulting from violence, accident, suicide or homicide.

(d) Written notice may be submitted in person or by telefacsimile or electronic mail. If the reporting facility does not have the capacity or capability to submit a written notice immediately, the information contained in the notice may be reported by telephone following the same time requirements under Subparagraphs (b) and (c) of this Rule until such time the written notice may be submitted. The notice shall include at least the following information:

- (1) Reporting facility: Name, address, county, license number (if applicable), Medicare/Medicaid provider number (if applicable), facility administrator and telephone number, name and title of person preparing report, first person to learn of death and first staff to receive report of death, and date and time report prepared;
- (2) Resident information: Name, Medicaid number (if applicable), date of birth, age, sex, race, primary admitting diagnoses, and date of most recent admission to an acute care hospital.
- (3) Circumstances of death: place and address where resident died, date and time death was discovered, physical location decedent was found, cause of death (if known), whether or not decedent was restrained at the time of death or within 7 days of death and if so, a description of the type of restraint and its usage, and a description of events surrounding the death; and
- (4) Other information: list of other authorities such as law enforcement or the County Department of Social Services that have been notified, have investigated or are in the process of investigating the death or events related to the death.

(e) The facility shall submit a written report, using a form pursuant to G.S. 131D-34.1(e). The facility shall provide, fully and accurately, all information sought on the form. If the facility is unable to obtain any information sought on the form, or if any such information is not yet available, the facility shall so explain on the form.

(f) In addition, the facility shall:

- (1) Notify the Division of Health Service Regulation immediately whenever it has reason to believe that information provided may be erroneous, misleading, or otherwise unreliable;
- (2) Submit to the Division of Health Service Regulation, immediately after it becomes available, any information required by this rule that was previously unavailable; and
- (3) Provide, upon request by the Division of Health Service Regulation, other information the facility obtains regarding the death, including, but not limited to, death certificates, autopsy reports, and reports by other authorities.

(g) With regard to any resident death under circumstances described in G.S. 130A-383, a facility shall notify the appropriate law enforcement authorities so the medical examiner of the county in which the body is found may be notified. Documentation of such notification shall be maintained by the facility and be made available for review by the Division upon request.

(h) In deaths not under the jurisdiction of the medical examiner, the facility shall notify the decedent's next-of-kin, or other individual authorized according to G.S. 130A-398, that an autopsy may be requested as designated in G.S. 130A-389.

*History Note: Authority G.S. 131D-2; 131D-34.1;
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, 2002.*

10A NCAC 13G .1210 DEFINITIONS APPLICABLE TO DEATH REPORTING

The following definitions shall apply throughout this Section:

- (1) "Accident" means an unexpected, unnatural or irregular event contributing to a resident's death and includes, but is not limited to, medication errors, falls, fractures, choking, elopement, exposure, poisoning, drowning, fire, burns, or thermal injury, electrocution, misuse of equipment, motor vehicle accidents, and natural disasters.
- (2) "Immediately" means at once, at or near the present time, without delay.
- (3) "Violence" means physical force exerted for the purpose of violating, damaging, abusing or injuring. or abusing another person .

*History Note: Authority G.S. 131D-2; 131D-34.1;
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, 2002.*

10A NCAC 13G .1211 WRITTEN POLICIES AND PROCEDURES

(a) A family care home shall develop written policies and procedures that comply with applicable rules of this Subchapter, on the following:

- (1) ordering, receiving, storage, discontinuation, disposition, administration, including self-administration, and monitoring the resident's reaction to medications, as developed in consultation with a licensed health professional who is authorized to dispense or administer medications;
- (2) use of alternatives to physical restraints and the care of residents who are physically restrained, as developed in consultation with a registered nurse;
- (3) accident, fire safety and emergency procedures;
- (4) infection control;
- (5) refunds;
- (6) missing resident;
- (7) identification and supervision of wandering residents;
- (8) management of physical aggression or assault by a resident;
- (9) handling of resident grievances;
- (10) visitation in the facility by guests; and
- (11) smoking and alcohol use.

(b) In addition to other training and orientation requirements in this Subchapter, all staff shall be trained within 30 days of hire on the policies and procedures listed as Subparagraphs (3), (4), (6), (7), (8), (9), (10) and (11) in Paragraph (a) of this Rule.

(c) Policies and procedures on which staff have been trained shall be available within the facility to staff for their reference.

*History Note: Authority 131D -2; 143B-165; S.L. 2002-0160; 2003-0284;
Temporary Adoption Eff. July 1, 2004;
Temporary Adoption Expired March 12, 2005;
Eff. June 1, 2005.*

10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS

A family care home shall maintain records of staff qualifications required by the rules in Section .0400 of this Subchapter in the facility. When there is an approved cluster of licensed facilities, these records may be kept in one location among the clustered facilities.

*History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, 2005.*

10A NCAC 13G .1213 REPORTING OF ACCIDENTS AND INCIDENTS

(a) A family care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency evaluation, hospitalization, or medical treatment other than first aid.

(b) Notification as required in Paragraph (a) of this Rule shall be by a copy of the death report completed according to Rule .1208 of this Subchapter or a written report that shall provide the following information:

- (1) resident's name;
- (2) name of staff who discovered the accident or incident;
- (3) name of the person preparing the report;
- (4) how, when and where the accident or incident occurred;
- (5) nature of the injury;
- (6) what was done for the resident, including any follow-up care;
- (7) time of notification or attempts at notification of the resident's responsible person or contact person as required in Paragraph (e) of this Rule; and
- (8) signature of the administrator or administrator-in-charge.

(c) The report as required in Paragraph (b) of this Rule shall be submitted to the county department of social services by mail, telefacsimile, electronic mail, or in person within 48 hours of the initial discovery or knowledge by staff of the accident or incident.

(d) The facility shall immediately notify the county department of social services in accordance with G.S. 108A-102 and the local law enforcement authority as required by law of any mental or physical abuse, neglect or exploitation of a resident.

(e) The facility shall assure the notification of a resident's responsible person or contact person, as indicated on the Resident Register, of the following, unless the resident or his responsible person or contact person objects to such notification:

- (1) any injury to or illness of the resident requiring medical treatment or referral for emergency medical evaluation, with notification to be as soon as possible but no later than 24 hours from the time of the initial discovery or knowledge of the injury or illness by staff and documented in the resident's file; and
- (2) any incident of the resident falling or elopement which does not result in injury requiring medical treatment or referral for emergency medical evaluation, with notification to be as soon as possible but not later than 48 hours from the time of initial discovery or knowledge of the incident by staff and documented in the resident's file, except for elopement requiring immediate notification according to Rule .0906(f)(4) of this Subchapter.

(f) When a resident is at risk that death or physical harm will occur as a result of physical violence by another person, the facility shall immediately report the situation to the local law enforcement authority.

(g) In the case of physical assault by a resident or whenever there is a risk that death or physical harm will occur due to the actions or behavior of a resident, the facility shall immediately:

- (1) seek the assistance of the local law enforcement authority;
- (2) provide additional supervision of the threatening resident to protect others from harm;
- (3) seek any needed emergency medical treatment;
- (4) make a referral to the Local Management Entity for Mental Health Services or mental health provider for emergency treatment of the threatening resident; and
- (5) cooperate with assessment personnel assigned to the case by the Local Management Entity for Mental Health Services or mental health provider to enable them to provide their earliest possible assessment.

(h) The facility shall immediately report any assault resulting in harm to a resident or other person in the facility to the local law enforcement authority.

History Note: Authority G.S. 131D-2; 143B-165;
Eff. July 1, 2005.

10A NCAC 13G .1214 AVAILABILITY OF CORRECTIVE ACTION AND SURVEY REPORTS

A family care home shall make available within the facility, upon request, corrective action reports by the county departments of social services and facility survey reports by state licensure consultants that have been approved by the Adult Care Licensure Section of the Division of Health Service Regulation within the past 12 months to residents and their families or responsible persons and to prospective residents and their families or responsible persons.

History Note: Authority 131D-2; 143B-165;
Eff. July 1, 2005.

SECTION .1300 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

10A NCAC 13G .1301 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

(a) A family care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and which restricts freedom of movement or normal access to one's body, shall be:

- (1) used only in those circumstances in which the resident has medical symptoms that warrant the use of restraints and not for discipline or convenience purposes;
- (2) used only with a written order from a physician except in emergencies, according to Paragraph (e) of this Rule;
- (3) the least restrictive restraint that would provide safety;
- (4) used only after alternatives that would provide safety to the resident and prevent a potential decline in the resident's functioning have been tried and documented in the resident's record.
- (5) used only after an assessment and care planning process has been completed, except in emergencies, according to Paragraph (d) of this Rule;
- (6) applied correctly according to the manufacturer's instructions and the physician's order; and
- (7) used in conjunction with alternatives in an effort to reduce restraint use.

Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and providing supportive devices such as wedge cushions.

(b) The facility shall ask the resident or resident's legal representative if the resident may be restrained based on an order from the resident's physician. The facility shall inform the resident or legal representative of the reason for the request and the benefits of restraint use and the negative outcomes and alternatives to restraint use. The resident or the resident's legal representative may accept or refuse restraints based on the information provided. Documentation shall consist of a statement signed by the resident or the resident's legal representative indicating the signer has been informed, the signer's acceptance or refusal of restraint use and, if accepted, the type of restraint to be used and the medical indicators for restraint use.

Note: Potential negative outcomes of restraint use include incontinence, decreased range of motion, decreased ability to ambulate, increased risk of pressure ulcers, symptoms of withdrawal or depression and reduced social contact.

(c) In addition to the requirements in Rule 13F .0801, .0802 and .0903 of this Subchapter regarding assessments and care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph (a)(5) of this Rule shall meet the following requirements:

- (1) The assessment and care planning shall be implemented through a team process with the team consisting of at least a staff supervisor or personal care aide, a registered nurse, the resident and the resident's responsible person or legal representative. If the resident or resident's responsible person or legal representative is unable to participate, there

shall be documentation in the resident's record that they were notified and declined the invitation or were unable to attend.

- (2) The assessment shall include consideration of the following:
 - (A) medical symptoms that warrant the use of a restraint;
 - (B) how the medical symptoms affect the resident;
 - (C) when the medical symptoms were first observed;
 - (D) how often the symptoms occur;
 - (E) alternatives that have been provided and the resident's response; and
 - (F) the least restrictive type of physical restraint that would provide safety.
 - (3) The care plan shall include the following:
 - (A) alternatives and how the alternatives will be used prior to restraint use and in an effort to reduce restraint time once the resident is restrained;
 - (B) the type of restraint to be used; and
 - (C) care to be provided to the resident during the time the resident is restrained.
- (d) The following applies to the restraint order as required in Subparagraph (a)(2) of this Rule:
- (1) The order shall indicate:
 - (A) the medical need for the restraint;
 - (B) the type of restraint to be used;
 - (C) the period of time the restraint is to be used; and
 - (D) the time intervals the restraint is to be checked and released, but no longer than every 30 minutes for checks and two hours for releases.
 - (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify the resident's physician of the order within seven days.
 - (3) The restraint order shall be updated by the resident's physician at least every three months following the initial order.
 - (4) If the resident's physician changes, the physician who is to attend the resident shall update and sign the existing order.
 - (5) In emergency situations, the administrator or administrator-in-charge shall make the determination relative to the need for a restraint and its type and duration of use until a physician is contacted. Contact with a physician shall be made within 24 hours and documented in the resident's record.
 - (6) The restraint order shall be kept in the resident's record.
- (e) All instances of the use of physical restraints and alternatives shall be documented by the facility in the resident's record and include the following:
- (1) restraint alternatives that were provided and the resident's response;
 - (2) type of restraint that was used;
 - (3) medical symptoms warranting restraint use;
 - (4) the time the restraint was applied and the duration of restraint use;
 - (5) care that was provided to the resident during restraint use; and
 - (6) behavior of the resident during restraint use.
- (f) Physical restraints shall be applied only by staff who have received training according to Rule .0506 of this Subchapter and been validated on restraint use according to Rule .0504 of this Subchapter.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160; 2003-0284;
Temporary Adoption Eff. July 1, 2004;
Temporary Adoption Expired March 12, 2005;
Eff. June 1, 2005.

SECTION .1600 – RATED CERTIFICATES

10A NCAC 13G .1601 SCOPE

- (a) This Section applies to all licensed family care homes for two to six residents that have been in operation for more than one year.
- (b) As used in this Section a "rated certificate" means a certificate issued to a family care home on or after January 1, 2009 and based on the factors contained in G.S. 131D-10.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008.

10A NCAC 13G .1602 ISSUANCE OF RATED CERTIFICATES

- (a) A rated certificate shall be issued to a facility by the Division of Health Service Regulation within 45 days completion of a new rating calculation pursuant to Rule .1604 of this Subchapter.
- (b) If the ownership of the facility changes, the rated certificate in effect at the time of the change of ownership shall remain in effect until the next annual survey or until a new certificate is issued pursuant to Rule .1604(b) of this Subchapter.

(c) The certificate and any worksheet the Division used to calculate the rated certificate shall be displayed in a location visible to the public.

(d) The facility may contest the rated certificate by requesting a contested case hearing pursuant to G.S. 150B. The rated certificate and any subsequent certificates remain in effect during any contested case hearing process.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008.

10A NCAC 13G .1603 STATUTORY AND RULE REQUIREMENTS AFFECTING RATED CERTIFICATES

The following Statutes and Rules comprise the standards that contribute to rated certificates:

- (1) G.S. 131D-21 Resident's Rights;
- (2) 10A NCAC 13G .0300 The Building;
- (3) 10A NCAC 13G .0700 Admission and Discharge Requirements;
- (4) 10A NCAC 13G .0800 Resident Assessment and Care Plan;
- (5) 10A NCAC 13G .0900 Resident Care and Services;
- (6) 10A NCAC 13G .1000 Medications; and
- (7) 10A NCAC 13G .1300 Use of Physical Restraints and Alternatives.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008.

10A NCAC 13G .1604 RATING CALCULATION

(a) Ratings shall be based on:

- (1) Inspections completed pursuant to G.S. 131D-2(b)(1a)a;
- (2) Statutory and Rule requirements listed in Rule .1603 of this Section;
- (3) Type A or uncorrected Type B penalty violations identified pursuant to G.S. 131D-34; and
- (4) Other items listed in Subparagraphs (c)(1) and (c)(2) of this Rule.

(b) The initial rating a facility receives shall remain in effect until the next inspection. If an activity occurs which results in the assignment of additional merit or demerit points, a new certificate shall be issued pursuant to Rule .1602(a) of this Section.

(c) The rating shall be based on a 100 point scale. Beginning with the initial rating and repeating with each annual inspection, the facility shall be assigned 100 points and shall receive merits or demerits, which shall be added or subtracted from the 100 points, respectively. The merits and demerits shall be assigned as follows:

(1) Merit Points

- (A) If the facility corrects citations of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, which are not related to the identification of a Type A violation or an uncorrected Type B violation, the facility shall receive 1.25 merit points for each corrected deficiency;
- (B) If the facility receives citations on its annual inspection with no Type A or Type B violations and the rating from the annual inspection is one or zero stars, the facility may request Division of Health Service Regulation to conduct a follow-up inspection not less than 60 days after the date of the annual inspection. A follow-up inspection shall be completed depending upon the availability of Division of Health Service Regulation staff. As determined by the follow-up review, the facility shall receive 1.25 merit points for each corrected deficiency;
- (C) If the facility corrects the citation for which a Type A violation was identified, the facility shall receive 2.5 merit points and shall receive an additional 2.5 merit points following the next annual inspection if no further Type A violations are identified;
- (D) If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.25 merit points;
- (E) If the facility's admissions have been suspended, the facility shall receive 5 merit points if the suspension is removed;
- (F) If the facility participates in any quality improvement program pursuant to G.S. 131D-10, the facility shall receive 2.5 merit points;
- (G) If the facility receives NC NOVA special licensure designation, the facility shall receive 2.5 merit points;
- (H) On or after the effective date of this Rule, if the facility permanently installs a generator or has a contract with a generator provider to provide emergency power for essential functions of the facility, the facility shall receive 2 merit points. For purposes of this Section, essential functions mean those functions necessary to maintain the health or safety of residents during power outages greater than 6 hours. If the facility has an existing permanently installed generator or an existing contract with a generator provider, the facility shall receive 1 merit point for maintaining the generator in working order or continuing the contract with a generator provider; and
- (I) On or after the effective date of this Rule, if the facility installs automatic sprinklers in compliance with the North Carolina Building Code, the facility shall receive 3 merit points. If the facility has an existing

automatic sprinkler, the facility shall receive 2 merit points for subsequent ratings for maintaining the automatic sprinklers in good working order.

(2) Demerit Points

- (A) For each citation of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, the facility shall receive a demerit of 2 points. The facility shall receive demerit points only once for citations in which the findings are identical to those findings used for another citation;
- (B) For each citation of a Type A violation, the facility shall receive a demerit of 10 points;
- (C) For each citation of a Type B violation, the facility shall receive a demerit of 3.5 points and if the Type B violation remains uncorrected as the result of a follow-up inspection, the facility shall receive an additional demerit of 3.5 points;
- (D) If the facility's admissions are suspended, the facility shall receive a demerit of 10 points; however, if the facility's admissions are suspended pursuant to G.S. 131D-4.2, the facility shall not receive any demerit points; and
- (E) If the facility receives a notice of revocation against its license, the facility shall receive demerit of 31 points.

(d) Facilities shall be given a rating of zero to four stars depending on the score assigned pursuant to Paragraph (a), (b) or (c) of this Rule. Ratings shall be assigned as follows:

- (1) Four stars shall be assigned to any facility whose score is 100 points or greater on two consecutive annual inspections;
- (2) Three stars shall be assigned for scores of 90 to 99.9 points, or for any facility whose score is 100 points or greater on one annual inspection;
- (3) Two stars shall be assigned for scores of 80 to 89.9 points;
- (4) One star shall be assigned for scores of 70 to 79.9 points; and
- (5) Zero stars shall be assigned for scores of 69.9 points or lower.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008.

10A NCAC 13G .1605 CONTENTS OF RATED CERTIFICATE

- (a) The certificate shall contain a rating determined pursuant to Rule .1604 of this Subchapter.
- (b) The certificate or accompanying worksheet from which the score is derived shall contain a breakdown of the point merits and demerits by the factors listed in Rules .1603 and .1604(c) of this Subchapter in a manner that the public can determine how the rating was assigned and the factors that contributed to the rating.
- (c) The certificate shall be printed on the same type of paper that is used to print the facility's license.
- (d) The Division of Health Service Regulation shall issue the certificate pursuant to Rule .1602 of this Subchapter.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008.