SECTION .2200 - GENERAL STANDARDS OF ADMINISTRATION

10A NCAC 13D .2201 ADMINISTRATOR

(a) The facility shall be under the direct management control of an administrator. The administrator shall not serve simultaneously as the director of nursing.

(b) If an administrator is not the sole owner of a facility, his or her authority and responsibility shall be clearly defined in a written agreement or in the facility's governing bylaws.

(c) The administrator shall be responsible for the operation of a facility on a full-time basis.

(d) The administrator shall ensure patient services are provided in accordance with all applicable local, state and federal regulations and codes, and with acceptable standards of practice that apply to professionals providing such services in the facility.

(e) The administrator shall be responsible for developing and implementing policies for the management and operation of the facility.

(f) In the temporary absence of the administrator, a person shall be on-site who is designated to be in charge of the overall facility operation.

History Note: *Authority G.S. 90-284; 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.

10A NCAC 13D .2202 ADMISSIONS

(a) No patient shall be admitted except by a physician or other persons legally authorized to admit patients. Admission shall be in accordance with facility policies and procedures.

(b) The administrator shall ensure patients receive communicable disease screening, including tuberculosis, in accordance with Rule .2209 of this Section.

(c) The facility shall acquire, prior to or at the time of admission, orders for the immediate care of the patient from the admitting physician or other person legally authorized to admit.

(d) Within 48 hours of admission, the facility shall acquire medical information which shall include current medical findings, diagnosis, and a summary of the hospital stay if the patient is being transferred from a hospital.

(e) If a patient is admitted from somewhere other than a hospital, the facility shall acquire a copy of the patient's most recent medical history and physical, which shall have been updated within the preceding six months.

(f) Only persons who are 18 years of age or older shall be admitted to the adult care home portion of a combination facility.

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.

10A NCAC 13D .2203 PATIENTS NOT TO BE ADMITTED

(a) Patients who require health, habilitative or rehabilitative care or training beyond those for which the facility is licensed and is capable of providing shall not be admitted.

(b) No person requiring continuous nursing care shall be admitted to an adult care home bed in a combination facility, except under emergency situations as described in Rule .2105 of this Subchapter. Should an existing resident of an adult care home bed require continuous nursing care, the administrator shall either discharge the resident or provide the next available nursing facility bed (that is not needed to comply with G.S. 131E-130) to the resident to ensure continuity of care and to prevent unnecessary discharge from the facility. During the resident's stay in the adult care section of the combination facility, the administrator shall ensure that necessary nursing services are provided. Should the facility be unable to provide necessary services the resident requires, whether in the adult care or nursing section, the facility shall follow discharge procedures according to Rule .2205 of this Subchapter.

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.

10A NCAC 13D .2204 RESPITE CARE

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

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

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

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

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

History Note: *Authority G.S. 131E-104;*
Eff. January 1, 1996.

10A NCAC 13D .2205 DISCHARGE OF PATIENTS

(a) The facility shall ensure a medical order for discharge is obtained for all patients except when a patient leaves against medical advice or is discharged for non-payment.

(b) The facility shall ensure discharge planning is accomplished according to each patient's needs when a discharge is anticipated.

(c) The facility shall ensure the patient or the legal representative is informed and included in the discharge planning process.

History Note: *Authority G.S. 131E-104;*
Eff. January 1, 1996.

10A NCAC 13D .2206 MEDICAL DIRECTOR

(a) The facility shall designate a physician to serve as medical director.

(b) The medical director shall be responsible for implementation of patient care policies and coordination of medical care in the facility.

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.

10A NCAC 13D .2207 PATIENT RIGHTS

(a) The facility shall enforce the Nursing Facility Patient's Bill of Rights as described in G.S. 131E-115 through G.S. 131E-127.

(b) In matters of patient abuse, neglect or misappropriation the definitions shall have the meaning defined in Rule .2001 of this Subchapter.

History Note: *Authority G.S. 131E-104; 131E-131;*
Eff. January 1, 1996.

10A NCAC 13D .2208 SAFETY

(a) The facility shall have detailed written plans and procedures to meet potential emergencies and disasters, including but not limited to fire, severe weather and missing patients or residents.

(b) The plans and procedures shall be made available upon request to local or regional emergency management offices.

(c) The facility shall provide training for all employees in emergency procedures upon employment and annually.

(d) The facility shall conduct unannounced drills using the emergency procedures.

(e) The facility shall ensure that:

(1) the patients' environment remains as free of accident hazards as possible; and

(2) each patient receives adequate supervision and assistance to prevent accidents.

History Note: *Authority G.S. 131E-104;*
Eff. January 1, 1996.

10A NCAC 13D .2209 INFECTION CONTROL

(a) The facility shall establish and maintain an infection control program for the purpose of providing a safe, clean and comfortable environment and preventing the transmission of diseases and infection.

(b) Under the infection control program, the facility shall decide what procedures, such as isolation techniques, are needed for individual patients, investigate episodes of infection and attempt to control and prevent infections in the facility.

(c) The facility shall maintain records of infections and of the corrective actions taken.

(d) The facility shall ensure communicable disease screening, including tuberculosis, prior to admission of all patients being admitted from settings other than hospitals, nursing facilities or combination facilities; prior to or upon admission for all patients

admitted from hospitals, nursing facilities and combination facilities; and within seven days upon the hiring of all staff. The facility shall ensure tuberculosis screening annually thereafter for patients and staff as required by 10A NCAC 41A, "Communicable Disease Control" which is incorporated by reference, including subsequent amendments. Copies of these Rules may be obtained at no charge by contacting the N.C. Department of Health and Human Services, Division of Public Health, Tuberculosis Control Branch, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. Identification of a communicable disease does not, in all cases, in and of itself, preclude admission to the facility.

(e) All cases of reportable disease as defined by 10A NCAC 41A "Communicable Disease Control" and epidemic outbreaks, and poisonings shall be reported immediately to the local health department.

(f) The facility shall isolate any patient deemed appropriate by the infection control program.

(g) The facility shall prohibit any employee with a communicable disease or infected skin lesion from direct contact with patients or their food, if direct contact is the mode of transmission of the disease.

(h) The facility shall require all staff to use good hand washing technique as indicated in the Centers for Disease Control and Prevention "Guidelines for Hand Washing in Hospital Environmental Control," as published by the U.S. Department of Health and Human Services, Public Health Service which is incorporated by reference, including subsequent amendments. Copies may be purchased from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield , Virginia, 22161 for fifteen dollars and 95 cents ($15.95).

(i) All linen shall be handled, store, processed and transported so as to prevent the spread of infection.

History Note: *Authority G.S. 131E-104;*
Eff. January 1, 1996.

10A NCAC 13D .2210 REPORTING AND INVESTIGATING ABUSE, NEGLECT OR MISAPPROPRIATION

(a) A facility shall take measures to prevent patient abuse, patient neglect, or misappropriation of patient property, including orientation and instruction of facility staff on patients' rights, and the screening of and requesting of references for all prospective employees.

(b) The administrator shall ensure that the Health Care Personnel Registry Section of the Division of Health Service Regulation is notified within 24 hours of the health care facility becoming aware of all allegations against health care personnel as defined in G.S. 131E-256(a)(1), which includes abuse, neglect, misappropriation of resident property,

misappropriation of the property of the facility, diversion of drugs belonging to a health care facility or a resident, fraud against a health care facility or a resident, and injuries of unknown source in accordance with 42 CFR subsection 483.13 which is incorporated by reference.

(c) The facility shall investigate allegations of patient abuse, patient neglect, or misappropriation of patient property in accordance with 42 CFR subsection 483.13 which is incorporated by reference, including subsequent amendments, and shall document all relevant information pertaining to such investigation and shall take the necessary steps to prevent further incidents of abuse, neglect or misappropriation of patient property while the investigation is in progress. The Code of Federal Regulations, Title 42, Public Health, Part 430 to the end, revised as of October 1, 2005, Description Item 572-B, may be purchased from the U.S. Government Printing Office, P.O. Box 979050, St. Louis, MO 63197-9000, by a direct telephone call to the G.P.O. at (866) 512-1800 or online at http://bookstore.gpo.gov/ or accessed electronically at http://ecfr.gpoaccess.gov/.

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

History Note: *Authority G.S. 131E-104; 131E-131; 131E-255; 131E-256;*
Eff. January 1, 1996;
Amended Eff. August 1, 2008; October 1, 1998.

10A NCAC 13D .2211 PERSONNEL STANDARDS

(a) The facility shall employ the types and numbers of qualified staff, professional and non-professional, necessary to provide for the health, safety and proper care of patients.

(b) Each employee shall be assigned duties consistent with his or her job description and with his or her level of education and training.

(c) Professional staff shall be licensed, certified or registered in accordance with applicable state laws.

(d) The facility shall provide orientation regarding facility policies and procedures for all staff upon employment.

(e) The facility shall train all staff periodically in accordance with their job duties.

(f) The facility shall maintain an individual personnel record for each employee, including verification of credentials.

(g) The facility shall have a written agreement with any nursing personnel agency providing staff to the facility and shall orient agency staff as to facility policies and procedures.

History Note: *Authority G.S.131E-104;*
Eff. January 1, 1996.

10A NCAC 13D .2212 QUALITY ASSURANCE COMMITTEE

(a) The administrator shall establish a quality assessment and assurance committee that consists of the director of nursing, a physician designated by the facility, a pharmacist and at least three other staff members.

(b) The committee shall meet at least quarterly.

(c) The committee shall develop and implement appropriate plans of action which will correct identified quality care problems.

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.