

SECTION .3000 - SPECIALLY DESIGNATED UNITS

10A NCAC 13D .3001 SPECIALIZED REHABILITATIVE AND HABILITATIVE SERVICES

Specialized rehabilitative and habilitative services, such as physical therapy, occupational therapy and speech therapy, are not required as a condition of licensure. Patients requiring such services, however, shall not be admitted or retained in a facility unless the facility is capable of furnishing the needed services. If specialized rehabilitative services are provided:

- (1) The facility shall provide or obtain from an outside resource specialized rehabilitative services as required by the patient's comprehensive plan of care.
- (2) Specialized rehabilitative services shall be ordered by the physician and provided by a licensed or certified, professional therapist in the area of assignment.

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

10A NCAC 13D .3002 QUALITY OF SPECIALIZED REHABILITATION SERVICES

- (a) While the person supervising specialized rehabilitative and habilitative services shall be a licensed or certified professional therapist, all other support personnel shall be trained in the area of assignment and directly supervised by the therapist in the area of assignment.
- (b) Services provided through outside resources shall be carried out through, and in accordance with, written agreements.
- (c) Services shall be designed to maintain and improve the patient's ability to function independently, prevent as much as possible the advancement of progressive disabilities, and restore maximum function.
- (d) If nursing staff carry out selected therapy procedures, they shall do so under the supervision of the physical or occupational therapist and only after documented training and approval by the therapist. This is not to prohibit simple restorative measures by the nursing staff.

*History Note: Authority G.S. 131E-104;
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10A NCAC 13D .3003 VENTILATOR DEPENDENCE

The general requirements in this Subchapter shall apply when applicable. In addition, facilities having patients requiring the use of ventilators for more than eight hours a day shall meet the following requirements:

- (1) The facility shall be located within 30 minutes of an acute care facility.
- (2) Respiratory therapy shall be provided and supervised by a respiratory therapist currently registered by the National Board for Respiratory Care. The respiratory therapist shall:
 - (a) make, as a minimum, weekly on-site assessments of each patient receiving ventilator support with corresponding progress notes;
 - (b) be on-call 24 hours daily; and
 - (c) assist the pulmonologist and nursing staff in establishing ventilator policies and procedures, including emergency policies and procedures.
- (3) Direct nursing care staffing shall be in accordance with Rule .3005 of this Section.

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10A NCAC 13D .3004 BRAIN INJURY LONG-TERM CARE

(a) The general requirements in this Subchapter shall apply when applicable, but brain injury long term care units shall meet the supplement requirements in Rules .3004 and .3005 of this Section. The facility shall provide services through a medically supervised interdisciplinary process as provided in Rule .2505 of this Subchapter and that are directed toward maintaining the individual at the optimal level of physical, cognitive and behavioral functioning. Following are the minimum requirements for specific services that may be necessary to maintain the individual at optimum level:

- (1) Overall supervisory responsibility for brain injury long term care services shall be assigned to a registered nurse with one year experience in caring for brain injured patients.
- (2) Physical therapy shall be provided by a physical therapist with a current valid North Carolina license. Occupational therapy shall be provided by an occupational therapist with a current valid North Carolina License. The services of a physical therapist and occupational therapist shall be combined to provide one full-time equivalent position for each 20

patients. The assistance of a physical therapy aide and occupational therapy aide, with appropriate supervision, shall be combined to provide one full-time equivalent position for each 20 patients. A proportionate number of hours shall be provided for a census less than 20 patients.

- (3) Clinical nutrition services shall be provided by a dietitian with two years clinical training and experience in nutrition. The number of hours of clinical nutrition services on either a full-time or part-time employment or contract basis shall be adequate to meet the needs of the patients. Each patient's nutrition needs shall be reviewed at least monthly. Clinical nutrition services shall include:
 - (A) Assessing the appropriateness of the ordered diet for conformance with each patient's physiological and pharmacological condition.
 - (B) Evaluating each patient's laboratory data in relation to nutritional status and hydration.
 - (C) Applying technical knowledge of feeding tubes, pumps and equipment to each patient's specialized needs.
- (4) Clinical social work shall be provided by a social worker meeting the requirements of Rule .2802 of this Subchapter.
- (5) Recreation therapy, when required, shall be provided on either a full-time or part-time employment or contract basis by a clinician eligible for certification as a therapeutic recreation specialist by the State of North Carolina Therapeutic Recreational Certification Board. The number of hours of therapeutic recreation services shall be adequate to meet the needs of the patients. In event that a qualified specialist is not locally available, alternate treatment modalities shall be developed by the occupational therapist and reviewed by the attending physician. The program designed shall be adequate to meet the needs of this specialized population and shall be administered in accordance with Section .3000 of this Subchapter.
- (6) Speech therapy, when required, shall be provided by a clinician with a current valid license in speech pathology issued by the State Board of Speech and Language Pathologists and Audiologists.
- (7) Respiratory therapy, when required, shall be provided by an individual meeting the same qualifications for providing respiratory therapy under Rule .3003 of this Section.

(b) Each patient's program shall be governed by an interdisciplinary treatment plan incorporating and expanding upon the health plan required under Section .2300 of this Subchapter. The plan is to be initiated on the first day of admission. Upon completion of baseline data development and an integrated interdisciplinary assessment, the initial treatment plan is to be expanded and finalized within 14 days of admission. Through an interdisciplinary process the treatment plan shall be reviewed at least monthly and revised as appropriate. In executing the treatment plan, the interdisciplinary team shall be the major decision making body and shall determine the goals, process, and time frames for accomplishment of each patient's program. Disciplines to be represented on the team shall be medicine, nursing, clinical pharmacy and all other disciplines directly involved in the patient's treatment or treatment plan.

(c) Each patient's overall program shall be assigned to an individually designated case manager. The case manager acts as the coordinator for assigned patients. Any professional staff member involved in a patient's care may be assigned this responsibility for one or more patients. Professional staff may divide this responsibility for all patients on the unit in the best manner to meet all patients' needs for a coordinated, interdisciplinary approach to care. This case manager shall be responsible for:

- (1) coordinating the development, implementation and periodic review of the patient's treatment plan;
- (2) preparing a monthly summary of the patient's progress;
- (3) cultivating the patient's participation in the program;
- (4) general supervision of the patient during the course of treatment;
- (5) evaluating appropriateness of the treatment plan in relation to the attainment of stated goals; and
- (6) assuring that discharge decisions and arrangements for post discharge follow-up are properly made.

(d) For each 20 patients or fraction thereof, dedicated treatment facilities and equipment shall be provided as follows:

- (1) a combined therapy space equal to or exceeding 600 square feet, adequately equipped and arranged to support each of the therapies;
- (2) access to one full reclining wheel chair per patient;
- (3) special physical therapy and occupational therapy equipment for use in fabricating positioning devices for beds and wheelchairs including splints, casts, cushions, wedges, and bolsters; and

- (4) roll-in bath facilities with a dressing area available to all patients, providing maximum privacy to the patient.

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10A NCAC 13D .3005 SPECIAL NURSING REQUIREMENTS FOR BRAIN INJURY LONG-TERM CARE

Direct care nursing personnel staffing ratios established in Rule .2303 of this Subchapter shall not be applied to nursing services for patients who require brain injury long-term care. The minimum direct care nursing staff shall be 5.5 hours per patient day, allocated on a per shift basis as the facility chooses, to appropriately meet the patients' needs. It is also required that regardless of how low the patient census, the direct care nursing staff shall not fall below a registered nurse and a nurse aide I at any time during a 24-hour period.

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10A NCAC 13D .3006 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13D .3007 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13D .3008 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13D .3009 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13D .3010 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13D .3011 HIV DESIGNATED UNIT POLICIES AND PROCEDURES

(a) In units dedicated to the treatment of patients with Human Immunodeficiency Virus disease, policies and procedures specific to the specialized needs of the patients served shall be developed. At a minimum they shall include staff training and education, and the availability of consultation by a physician with specialized education or knowledge in the management of Human Immunodeficiency Virus disease.

(b) Policies and procedures for infection control shall be in conformance with 29 CFR 1910 (Occupational Safety and Health Standards) which is incorporated by reference including subsequent amendments. Emphasis shall be placed on compliance with 29 CFR 1910-1030 (Bloodborne Pathogens). Copies of Title 29 Part 1910 may be purchased from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15202-7954 for thirty eight dollars (\$38.00) or may be

purchased with a credit card by telephoning the Government Printing Office at (202) 512-1800. Infection control shall also be in compliance with the Center of Disease Control Guidelines 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 ninety five cents (\$15.95).

*History Note: Authority G.S. 131E-104;
RRC objection due to ambiguity Eff. July 13, 1995;
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10A NCAC 13D .3012 PHYSICIAN SERVICES IN AN HIV DESIGNATED UNIT

In a facility with a Human Immunodeficiency Virus designated unit, the facility shall ensure that attending physicians have documented, prearranged access in person or by telephone to a physician with specialized education or knowledge in the management of Human Immunodeficiency Virus disease.

*History Note: Authority G.S. 131E-104;
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10A NCAC 13D .3013 SPECIAL NURSING REQUIREMENTS FOR AN HIV DESIGNATED UNIT

(a) A facility with a Human Immunodeficiency Virus designated unit shall have a registered nurse with specialized education or knowledge in the care of Human Immunodeficiency Virus disease.

(b) Nursing personnel assigned to the Human Immunodeficiency Virus unit shall be regularly assigned to the unit. Periodic rotations are acceptable.

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10A NCAC 13D .3014 SPECIALIZED STAFF EDUCATION FOR HIV DESIGNATED UNITS

A facility with a Human Immunodeficiency Virus designated unit shall provide an organized, documented program of education specific to the care of patients infected with the Human Immunodeficiency Virus, including at a minimum:

- (1) Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome disease processes;

- (2) transmission modes, causes, and prevention of Human Immunodeficiency Virus;
- (3) treatment of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome;
- (4) psycho-socio-economic needs of the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome patients;
- (5) universal precautions and infection control; and
- (6) policies and procedures specific to the Human Immunodeficiency Virus designated unit.

*History Note: Authority G.S. 131E-104;
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10A NCAC 13D .3015 USE OF INVESTIGATIONAL DRUGS FOR HIV DESIGNATED UNITS

(a) The supervision and monitoring for the administration of investigational drugs is the responsibility of the pharmacist and a registered nurse, acting pursuant to the orders of a physician authorized to prescribe or dispense such drugs. Responsibilities shall include, but not be limited to, the following:

- (1) insuring the provision of written guidelines for any investigational drug or study; and
- (2) training and determination of staff's abilities regarding administration of drugs, policies, procedures and regulations.

(b) The pharmacist or physician dispensing the investigational drug is to provide the facility with information regarding at least the following:

- (1) a copy of the protocol, including drug information;
- (2) a copy of the patient's informed consent;
- (3) drug storage;
- (4) handling;
- (5) any specific preparation and administration instructions;
- (6) specific details for drug accountability, resupply and return of unused drug; and

(7) a copy of the signed consent to participate in the study.

(c) Labeling of investigational drugs shall be in accordance with written guidelines of protocol and State and federal requirements regarding such drugs. Prescription labels for investigational drugs are to be distinguishable from other labels by an appropriate legend, "Investigational Drug" or "For Investigational Use Only."

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**10A NCAC 13D .3016 ADDITIONAL SOCIAL WORK REQUIREMENTS
FOR HIV DESIGNATED UNITS**

In addition to the social work services specified in Rule .2802 of this Subchapter, in a facility with a Human Immunodeficiency Virus disease designated unit, the social worker shall provide or arrange for the provision of spiritual, pastoral and grief counseling and bereavement services for patients and staff where appropriate. Support services shall be provided to the patients' families and significant others. Where necessary, coordination with treatment services for substance abuse, legal services and other community resources shall be identified.

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10A NCAC 13D .3017 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13D .3018 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13D .3019 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13D .3020 RESERVED FOR FUTURE CODIFICATION

**10A NCAC 13D .3021 PHYSICIAN REQUIREMENTS FOR INPATIENT
REHABILITATION FACILITIES OR UNITS**

(a) In a rehabilitation facility or unit a physician shall participate in the provision and management of rehabilitation services and in the provision of medical services.

(b) In a rehabilitation facility or unit a rehabilitation physician shall be responsible for a patient's interdisciplinary treatment plan. Each patient's interdisciplinary treatment plan shall be developed and implemented under the supervision of a rehabilitation physician.

(c) The rehabilitation physician shall participate in the preliminary assessment within 48 hours of admission, prepare a plan of care and direct the necessary frequency of contact

based on the medical and rehabilitation needs of the patient. The frequency shall be appropriate to justify the need for comprehensive inpatient rehabilitation care.

(d) An inpatient rehabilitation facility or unit's contract or agreements with a rehabilitation physician shall require that the rehabilitation physician shall participate in individual case conferences or care planning sessions and shall review and sign discharge summaries and records. When patients are to be discharged to another health care facility, the discharging facility shall ensure that the patient has been provided with a discharge plan which incorporates post discharge continuity of care and services. When patients are to be discharged to a residential setting, the facility shall ensure that the patient has been provided with a discharge plan that incorporates the utilization of community resources when available and when included in the patient's plan of care.

(e) The intensity of physician medical services and the frequency of regular contacts for medical care for the patient shall be determined by the patient's pathophysiologic needs.

(f) Where the attending physician of a patient in an inpatient rehabilitation facility or unit orders medical consultations for the patient, such consultations shall be provided by qualified physicians within 48 hours of the physician's order. In order to achieve this result, the contracts or agreements between inpatient rehabilitation facilities or units and medical consultants shall require that such consultants render the requested medical consultation within 48 hours.

(g) An inpatient rehabilitation facility or unit shall have a written procedure for setting the qualifications of the physicians rendering physical rehabilitation services in the facility or unit.

*History Note: Authority G.S. 131E-104;
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10A NCAC 13D .3022 ADMISSION CRITERIA FOR INPATIENT REHABILITATION FACILITIES OR UNITS

(a) The facility shall have written criteria for admission to the inpatient rehabilitation facility or unit. A description of programs or services for screening the suitability of a given patient for placement shall be available to staff and referral sources.

(b) For patients found unsuitable for admission to the inpatient rehabilitation facility or unit, there shall be documentation of the reasons.

(c) Within 48 hours of admission a preliminary assessment shall be completed by members of the interdisciplinary team to ensure the appropriateness of placement and to identify the immediate needs of the patient.

(d) Patients admitted to an inpatient rehabilitation facility or unit must be able to tolerate a minimum of three hours of rehabilitation therapy, five days a week, including at least two of the following rehabilitation services: physical therapy, occupational therapy or speech therapy.

(e) Patients admitted to an inpatient rehabilitation facility or unit must be medically stable, have a prognosis indicating a progressively improved medical condition and have the potential for increased independence.

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

10A NCAC 13D .3023 COMPREHENSIVE INPATIENT REHABILITATION EVALUATION

(a) A comprehensive, inpatient rehabilitation evaluation is required for each patient admitted to an inpatient rehabilitation facility or unit. At a minimum this evaluation shall include the reason for referral, a summary of the patient's clinical condition, functional strengths and limitations, and indications for specific services. This evaluation shall be completed within three days.

(b) Each patient shall be evaluated by the interdisciplinary team to determine the need for any of the following services: medical, dietary, occupational therapy, physical therapy, prosthetics and orthotics, psychological assessment and therapy, therapeutic recreation, rehabilitation medicine, rehabilitation nursing, therapeutic counseling or social work, vocational rehabilitation evaluation and speech-language pathology.

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

10A NCAC 13D .3024 COMPREHENSIVE INPATIENT REHABILITATION INTERDISCIPLINARY TREAT/PLAN

(a) The interdisciplinary treatment team shall develop an individual treatment plan for each patient within seven days after admission. The plan shall include evaluation findings and information about the following:

- (1) prior level of function;
- (2) current functional limitations;
- (3) specific service needs;
- (4) treatment, supports and adaptations to be provided;
- (5) specified treatment goals;

- (6) disciplines responsible for implementation of separate parts of the plan;
and
- (7) anticipated time frames for the accomplishment of specified long-term and short-term goals.

(b) The treatment plan shall be reviewed by the interdisciplinary team at least every other week. All members of the interdisciplinary team, or a representative of their discipline, shall attend each meeting. Documentation of each review shall include progress toward defined goals and identification of any changes in the treatment plan.

(c) The treatment plan shall include provisions for all of the services identified as needed for the patient in the comprehensive inpatient rehabilitation evaluation completed in accordance with Rule .3023 of this Section.

(d) Each patient shall have a designated case manager who is responsible for the coordination of the patient's individualized treatment plan. The case manager is responsible for promoting the program's responsiveness to the needs of the patient and shall participate in all team conferences concerning the patient's progress toward the accomplishment of specified goals. Any of the professional staff involved in the patient's care may be the designated case manager for one or more cases, or the director of nursing or social worker may accept the coordination responsibility for the patients.

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

10A NCAC 13D .3025 DISCHARGE CRITERIA FOR INPATIENT REHABILITATION FACILITIES OR UNITS

(a) Discharge planning shall be an integral part of the patient's treatment plan and shall begin upon admission to the facility. After established goals have been reached, or a determination has been made that care in a less intensive setting would be appropriate, or that further progress is unlikely, the patient shall be discharged to an appropriate setting. Other reasons for discharge may include an inability or unwillingness of patient or family to cooperate with the planned therapeutic program or medical complications that preclude a further intensive rehabilitative effort. The facility shall involve the patient, family, staff members and referral sources in discharge planning.

(b) The case manager shall facilitate the discharge or transfer process in coordination with the facility social worker.

(c) If a patient is being referred to another facility for further care, appropriate documentation of the patient's current status shall be forwarded with the patient. A formal discharge summary shall be forwarded within 48 hours following discharge and shall include the reasons for referral, the diagnosis, functional limitations, services

provided, the results of services, referral action recommendations and activities and procedures used by the patient to maintain and improve functioning.

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

**10A NCAC 13D .3026 COMPREHENSIVE REHABILITATION PERSONNEL
ADMINISTRATION**

- (a) The facility shall have qualified staff members, consultants and contract personnel to provide services to the patients admitted to the inpatient rehabilitation facility or unit.
- (b) Personnel shall be employed or provided by contractual agreement in sufficient types and numbers to meet the needs of all patients admitted for comprehensive rehabilitation.
- (c) Written agreement shall be maintained by the facility when services are provided by contract on an ongoing basis.

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

**10A NCAC 13D .3027 COMPREHENSIVE INPATIENT REHABILITATION
PROGRAM STAFFING REQUIREMENTS**

- (a) The staff of the inpatient rehabilitation facility or unit shall include at a minimum:
 - (1) The inpatient rehabilitation facility or unit shall be supervised by a rehabilitation nurse. The facility shall identify the nursing skills necessary to meet the needs of the rehabilitation patients in the unit and assign staff qualified to meet those needs.
 - (2) The minimum nursing hours per patient in the rehabilitation unit shall be 5.5 nursing hours per patient day. At no time shall direct care nursing staff be less than two full-time equivalents, one of which shall be a registered nurse.
 - (3) The inpatient rehabilitation unit shall employ or provide by contractual agreements sufficient therapists to provide a minimum of three hours of specific (physical, occupational or speech) or combined rehabilitation therapy services per patient day.
 - (4) Physical therapy assistants and occupational therapy assistants shall be supervised on-site by physical therapists or occupational therapists.
 - (5) Rehabilitation aides shall have documented training appropriate to the activities to be performed and the occupational licensure laws of his or her

supervisor. The overall responsibility for the ongoing supervision and evaluation of the rehabilitation aide remains with the registered nurse as identified in Subparagraph (a)(1) of this Rule. Supervision by the physical therapist or by the occupational therapist is limited to that time when the therapist is on-site and directing the rehabilitation activities of the aide.

- (6) Hours of service by the rehabilitation aide are counted toward the required nursing hours when the aide is working under the supervision of the nurse. Hours of service by the rehabilitation aide are counted toward therapy hours during that time the aide works under the immediate, on-site supervision of the physical therapist or occupational therapist. Hours of service shall not be dually counted for both services. Hours of service by rehabilitation aides in performing nurse-aide duties in areas of the facility other than the rehabilitation unit shall not be counted toward the 5.5 hour minimum nursing requirement described for the rehabilitation unit.

(b) Additional personnel shall be provided as required to meet the needs of the patient, as defined in the comprehensive inpatient rehabilitation evaluation.

*History Note: Authority G.S. 131E-104;
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**10A NCAC 13D .3028 STAFF TRAINING FOR INPATIENT
REHABILITATION FACILITIES OR UNIT**

Prior to the provision of care, all rehabilitation personnel, excluding physicians, assigned to the rehabilitation unit shall be provided training or shall provide documentation of training that includes at a minimum the following:

- (1) active and passive range of motion;
- (2) assistance with ambulation;
- (3) transfers;
- (4) maximizing functional independence;
- (5) the psycho-social needs of the rehabilitation patient;
- (6) the increased safety risks of rehabilitation training including falls and the use of restraints;
- (7) proper body mechanics;
- (8) nutrition, including dysphagia and restorative eating;

- (9) communication with the aphasic and hearing impaired patient;
- (10) behavior modification;
- (11) bowel and bladder training; and
- (12) skin care.

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

**10A NCAC 13D .3029 EQUIPMENT REQS/COMPREHENSIVE INPATIENT
REHABILITATION PROGRAMS**

- (a) The facility shall provide each discipline with the necessary equipment and treatment methods to achieve the short and long-term goals specified in the comprehensive inpatient rehabilitation interdisciplinary treatment plans for patients admitted to these facilities or units.
- (b) Each patient's needs for a standard wheelchair or a specially designed wheelchair or additional devices to allow safe and independent mobility within the facility shall be met.
- (c) Special physical therapy and occupational therapy equipment for use in fabricating positioning devices for beds and wheelchairs shall be provided, including splints, casts, cushions, wedges and bolsters.
- (d) Physical therapy devices shall be provided, including a mat table, parallel bars, sliding boards and special adaptive bathroom equipment.

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

**10A NCAC 13D .3030 PHYSICAL FACILITY REQS/INPATIENT
REHABILITATION FACILITIES OR UNIT**

- (a) The inpatient rehabilitation facility or unit shall be in a designated area and shall be used for the specific purpose of providing a comprehensive inpatient rehabilitation program.
- (b) The floor area of a single bedroom shall be sufficient for the patient or the staff to easily transfer the patient from the bed to a wheelchair and to maneuver a 180 degree turn with a wheelchair on at least one side of the bed.
- (c) The floor area of a multi-bed bedroom shall be sufficient for the patient or the staff to easily transfer the patient from the bed to a wheelchair and to maneuver a 180 degree turn with a wheelchair between beds.

(d) Each patient room shall meet the following requirements:

- (1) Maximum room capacity of no more than four patients;
- (2) Operable windows;
- (3) A nurse call system designed to meet the special needs of rehabilitation patients;
- (4) In single and two-bed rooms with private toilet room, the lavatory may be located in the toilet room;
- (5) A wardrobe or closet for each patient which is wheelchair accessible and arranged to allow the patient to access the contents;
- (6) A chest of drawers or built-in drawer storage with mirror above, which is wheelchair accessible; and
- (7) A bedside table for toilet articles and personal belongings.

(e) Space for emergency equipment such as resuscitation carts shall be provided and shall be under direct control of the nursing staff, in proximity to the nurse's station and out of traffic.

(f) Patients' bathing facilities shall meet the following specifications:

- (1) There shall be at least one shower stall or one bathtub for each 15 beds not individually served. Each tub or shower shall be in an individual room or privacy enclosure which provides space for the private use of the bathing fixture, for drying and dressing and for a wheelchair and an assisting attendant.
- (2) Showers in central bathing facilities shall be at least five feet square without curbs and designed to permit use by a wheelchair patient.
- (3) At least one five-foot-by-seven-foot shower shall be provided which can accommodate a stretcher and an assisting attendant.

(g) Patients' toilet rooms and lavatories shall meet the following specifications:

- (1) The size of toilet rooms shall permit a wheelchair, a staff person and appropriate wheel-to-water closet transfers.
- (2) A lavatory in the room shall permit wheelchair access.
- (3) Lavatories serving patients shall:

- (A) allow wheelchairs to extend under the lavatory; and
- (B) have water supply spout mounted so that its discharge point is a minimum of five inches above the rim of the fixture.

(4) Lavatories used by patients and by staff shall be equipped with blade-operated supply valves.

(h) The space provided for physical therapy, occupational therapy and speech therapy by all inpatient rehabilitation facilities or units may be shared but shall, at a minimum, include:

- (1) office space for staff;
- (2) office space for speech therapy evaluation and treatment;
- (3) waiting space;
- (4) training bathroom which includes toilet, lavatory and bathtub;
- (5) gymnasium or exercise area;
- (6) work area such as tables or counters suitable for wheelchair access;
- (7) treatment areas with available privacy curtains or screens;
- (8) an activities of daily living training kitchen with sink, cooking top (secured when not supervised by staff), refrigerator and counter surface for meal preparation;
- (9) storage for clean linens, supplies and equipment;
- (10) janitor's closet accessible to the therapy area with floor receptor or service sink and storage space for housekeeping supplies and equipment, with one closet or space serving more than one area of the inpatient rehabilitation facility or unit as needed; and
- (11) hand washing facilities.

(i) For social work and psychological services the following shall be provided:

- (1) office space for staff;
- (2) office space for private interviewing and counseling for all family members; and

(3) work space for testing, evaluation and counseling.

(j) If prosthetics and orthotics services are provided, the following space shall be made available as necessary:

(1) work space for technician; and

(2) space for evaluation and fittings (with provisions for privacy).

(k) If vocational therapy services are provided, the following space shall be made available as necessary:

(1) office space for staff;

(2) work space for vocational services activities such as prevocational and vocational evaluation;

(3) training space;

(4) storage for equipment; and

(5) counseling and placement space.

(l) Recreational therapy space requirements include the following:

(1) activities space;

(2) storage for equipment and supplies;

(3) office space for staff; and

(4) access to male and female toilets.

(m) The following space shall be provided for patient dining, recreation and day areas:

(1) sufficient room for wheelchair movement and wheelchair dining seating;

(2) if food service is cafeteria type, adequate width for wheelchair maneuvers, queue space within the dining area (and not in a corridor) and a serving counter low enough to view food;

(3) total space for inpatients, a minimum of 25 square feet per bed;

(4) for outpatients participating in a day program or partial day program, 20 square feet when dining is a part of the program and 10 square feet when dining is not a part of the program; and

(5) storage for recreational equipment and supplies, tables and chairs.

(n) The patient dining, recreation and day area spaces shall be provided with windows that have glazing of an area not less than eight percent of the floor area of the space, and at least one-half of the required window area must be operable.

(o) A laundry shall be available and accessible for patients.

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

10A NCAC 13D .3031 ADDITIONAL REQUIREMENTS FOR SPINAL CORD INJURY PATIENTS

Inpatient rehabilitation facilities providing services to persons with spinal cord injuries shall meet the requirements in this Rule in addition to those identified in this Section.

(1) Direct-care nursing personnel staffing ratios established in Rule .3027 of this Section shall not be applied to nursing services for spinal cord injury patients in the inpatient rehabilitation facility or unit. The minimum nursing hours per spinal cord injury patient in the unit shall be 6.0 nursing hours per patient day. At no time shall direct care nursing staff be less than two full-time equivalents, one of which shall be a registered nurse.

(2) The inpatient rehabilitation facility or unit shall employ or provide by contractual agreements physical, occupational or speech therapists in order to provide a minimum of 4.0 hours of specific or combined rehabilitation therapy services per spinal cord injury patient day.

(3) The facility shall provide special facility or special equipment needs of patients with spinal cord injury, including specially designed wheelchairs, tilt tables and standing tables.

(4) The medical director of an inpatient spinal cord injury program shall have either two years experience in the medical care of persons with spinal cord injuries or six months minimum in a spinal cord injury fellowship.

(5) The facility shall provide continuing education in the care and treatment of spinal cord injury patients for all staff.

(6) The facility shall provide specific staff training and education in the care and treatment of spinal cord injury.

- (7) The size of the spinal cord injury program shall be adequate to support a comprehensive, dedicated ongoing spinal cord injury program.

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 .3032 RESERVED FOR FUTURE CODIFICATION

**10A NCAC 13D .3033 DEEMED STATUS FOR INPATIENT
REHABILITATION FACILITIES OR UNITS**

(a) If an inpatient rehabilitation facility or unit with a comprehensive inpatient rehabilitation program is surveyed and accredited by the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF), and has been approved by the Department in accordance with G.S. 131E, Article 9, the Department deems the facility to be in compliance with Rules .3021 through .3031 of this Section.

(b) Deemed status shall be provided only if the inpatient rehabilitation facility or unit provides copies of survey reports to the Department. The JCAHO report shall show that the facility or unit was surveyed for rehabilitation services. The CARF report shall show that the facility or unit was surveyed for comprehensive rehabilitation services. The facility or unit shall sign an agreement (Memorandum of Understanding) with the Department specifying these terms.

(c) The inpatient rehabilitation facility or unit shall be subject to inspections or complaint investigations by representatives of the Department at any time. If the facility or unit is found not to be in compliance with the rules listed in Paragraph (a) of this Rule, the facility shall submit a plan of correction and be subject to a follow-up visit to ensure compliance.

(d) If the inpatient rehabilitation facility or unit loses or does not renew its accreditation, the facility or unit shall notify the Department in writing within 30 days.

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