

SUBCHAPTER 13D –
SUBCHAPTER 13D – RULES FOR THE LICENSING OF NURSING HOMES

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The following definitions will apply throughout this Subchapter:

- (1) "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
- (2) "Accident" means an unplanned or unwanted event resulting in the injury or wounding, no matter how slight, of a patient or other individual.
- (3) "Accredited medical record technician" means a person trained in record maintenance and preservation, and accredited by the American Health Information Management Association.
- (4) "Adequate" means, when applied to various services, that the services are at least satisfactory in meeting a referred to need when measured against contemporary professional standards of practice.
- (5) "Administrator" means a person licensed by the North Carolina State Board of Examiners for Nursing Home Administrators in accordance with G.S. 90-276, Article 20, and who has authority for and is responsible for the overall operation of a facility.
- (6) "Appropriate" means right, suitable or proper for the specified use or purpose, suitable or proper, when used as an adjective. When used as a transitive verb it means to set aside for some specified exclusive use.
- (7) "Brain injury long term care" means an interdisciplinary, intensive maintenance program for patients who have incurred brain damage caused by external physical trauma and who have completed a primary course of rehabilitative treatment and have reached a point of no gain or progress for more than three consecutive months. Services are provided through a medically supervised interdisciplinary process and are directed toward maintaining the individual at the optimal level of physical, cognitive and behavioral functions.
- (8) "Capacity" means the maximum number of patient or resident beds for which the facility is licensed to maintain at any given time.
- (9) "Case manager" means the individual responsible for the coordination of services, for a given patient, between disciplines so that the patient may reach optimal rehabilitation through the judicious use of resources.
- (10) "Combination facility" means a combination home as defined in G.S. 131E-101.
- (11) "Comprehensive, inpatient rehabilitation program" means a program for the treatment of persons with functional limitations or chronic disabling conditions who have the potential to achieve a significant improvement in activities of daily living. A comprehensive, rehabilitation program utilizes a coordinated and integrated, interdisciplinary approach, directed by a physician, to assess patient needs and to provide treatment and evaluation of physical, psychosocial and cognitive deficits.
- (12) "Convalescent care" means care given for the purpose of assisting the patient or resident to regain health or strength.
- (13) "Department" means the North Carolina Department of Health and Human Services.
- (14) "Dietitian" means a person who is licensed according to G.S. 90, Article 25, or is registered by the

Commission on Dietetic Registration (CDR) of the American Dietetic Association (ADA) according to the standards and qualifications as referenced in the second edition of the "Accreditation/Approval Manual for Dietetic Education Program," "The Registration Eligibility Application for Dietitians" and the "Continuing Professional Education" which are hereby incorporated by reference, including subsequent amendments and editions. Copies of the manual may be purchased from ADA Sales Order Department, 216 W. Jackson Blvd., Chicago, IL 60606-6995 for twenty-one dollars and ninety-five cents (\$21.95), plus three dollars (\$3.00) shipping and handling.

- (15) "Director of nursing" means a registered nurse who has authority and direct responsibility for all nursing services and nursing care.
- (16) "Discharge" means a patient who physically relocates to another health care setting or is discharged home or relocated from a nursing bed to an adult care home bed or from an adult care home bed to a nursing bed.
- (17) "Drug" means substances:
- (a) recognized in the official United States Pharmacopoeia, official National Formulary, or any supplement to any of them;
 - (b) intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;
 - (c) intended to affect the structure or any function of the body of man or other animals, i.e., substances other than food; and
 - (d) intended for use as a component of any article specified in Subitems (a), (b), or (c) of this Subparagraph.
- (18) "Existing facility" means a facility currently licensed or a proposed facility, proposed addition to a licensed facility or proposed remodeled licensed facility that will be built according to plans and specifications which have been approved by the Department through the design development drawings stage prior to the effective date of this Rule.
- (19) "Exit conference" means the conference held at the end of a survey or investigation between the Department's representatives and the facility administration representative.
- (20) "Facility" means a nursing facility or combination facility as defined in this Rule.
- (21) "Finding" (when used in conjunction with the Nurse Aide program) means a determination by the Department that an allegation of patient abuse or neglect, or misappropriation of patient property has been substantiated.
- (22) "HIV Unit" means designated areas dedicated to patients or residents known to have Human Immunodeficiency Virus disease.
- (23) "Incident" means any happening, event or occurrence which is unplanned, unusual or unwanted and has actually caused harm to a patient or has the potential for harm.
- (24) "Inpatient rehabilitation facility or unit" means a free-standing facility or a unit (unit pertains to contiguous dedicated beds and spaces) within an existing licensed health service facility approved in accordance with G.S. 131E, Article 9 to establish inpatient, rehabilitation beds and to provide a comprehensive, inpatient rehabilitation program.
- (25) "Interdisciplinary" means an integrated process involving a representative from appropriate disciplines of the health care team.
- (26) "Licensed" means holding a current and valid license as required under the General Statutes of North Carolina.
- (27) "Licensed practical nurse" means a nurse who is licensed as a practical nurse under G.S. 90, Article 9A.
- (28) "Licensee" means the person, firm, partnership, association, corporation or organization to whom a license to operate the facility has been issued. The licensee is the legal entity which is responsible for the operation of the business.
- (29) "Medical consultations" means consultations which the rehabilitation physician, the attending physician or other authorized persons determine are necessary to meet the acute medical needs of the patient and do not include routine medical needs.
- (30) "Medication" means drug as defined in Item (17) of this Rule.
- (31) "Medication error rate" means a discrepancy between what was ordered and what is actually administered. It is the number of errors observed divided by the opportunities for error times 100.
- (32) "Misappropriation of property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent.
- (33) "Neglect" means a failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.
- (34) "New facility" means a proposed facility, a proposed addition to an existing facility or a proposed remodeled portion of an existing facility that is constructed according to plans and specifications approved by the

- Department subsequent to the effective date of this Rule. If determined by the Department that more than half of an existing facility is remodeled, the entire existing facility shall be considered a new facility.
- (35) "Nurse Aide" means a person who is listed on the N.C. Nurse Aide Registry and is in compliance with 42 CFR Part 483 which is incorporated by reference, including subsequent amendments. Copies of the Code of Federal Regulations 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) and may be purchased with a credit card by a direct telephone call to the G.P.O. at (202) 512-1800.
- (36) "Nurse aide trainee" means a person who has not completed an approved nurse aide training course and competency evaluation and is demonstrating knowledge, while performing tasks for which they have been found proficient by an instructor. These tasks shall be performed under the direct supervision of a registered nurse. The term does not apply to volunteers.
- (37) "Nursing facility" means a nursing home as defined in G.S. 131E-101.
- (38) "Nurse-in-charge" means the licensed nurse to whom duties for a specified number of patients and staff for a specified period of time have been delegated, such as for Unit A on the 7-3 or 3-11 shift.
- (39) "Occupational therapist" means a person licensed in the State of North Carolina as an occupational therapist in accordance with the provisions of G.S. 90, Article 18D.
- (40) "Occupational therapist assistant" means a person licensed in the State of North Carolina as an occupational therapist assistant in accordance with the provisions of G.S. 90, Article 18D.
- (41) "On-duty personnel" means personnel who are responsive to patient needs and physically present in the facility performing assigned duties.
- (42) "Patient" means any person admitted for nursing care.
- (43) "Pharmaceutical care" means the provision of drug therapy and other pharmaceutical care services to achieve intended medication outcomes and minimize negative effects of drug therapy.
- (44) "Pharmacist" means a person who is licensed to practice pharmacy in North Carolina.
- (45) "Physician" means a person licensed under G.S. 90, Article 1 to practice medicine in North Carolina.
- (46) "Proposal" means a Negative Action Proposal containing information that may ultimately be classified as violations.
- (47) "Provisional License" means an amended license recognizing significantly less than full compliance with the licensure rules.
- (48) "Psychologist" means a person licensed as a practicing psychologist in accordance with G.S. 90, Article 18A.
- (49) "Physiatrist" means a licensed physician who has completed a physical medicine and rehabilitation residency training program approved by the Accreditation Council of Graduate Medical Education or the American Osteopathic Association.
- (50) "Physical therapist" means a person licensed in the State of North Carolina as a physical therapist in accordance with the provisions of G.S. 90, Article 18B.
- (51) "Physical therapist assistant" means a person licensed in the State of North Carolina as a physical therapist assistant in accordance with the provisions of G.S. 90-270.24, Article 18B.
- (52) "Recreational therapist" means a person certified by the State of North Carolina Therapeutic Recreational Certification Board.
- (53) "Registered Nurse" means a nurse who is licensed as a registered nurse under G.S. 90, Article 9A.
- (54) "Registered Records Administrator" means a person who is registered by the American Health Information Management Association.
- (55) "Rehabilitation nurse" means a registered nurse licensed in North Carolina, with training, either academic or on- the-job, in physical rehabilitation nursing and at least one year experience in physical rehabilitation nursing.
- (56) "Rehabilitation aide" means an unlicensed assistant who works under the supervision of a registered nurse, licensed physical therapist or occupational therapist in accordance with the appropriate occupational licensure laws governing his or her supervisor and consistent with staffing requirements as set forth in Rule .3027 of this Subchapter. Any rehabilitation aide, who works in a nursing department and is under the supervision of a registered nurse, shall be listed on the North Carolina Nurse Aide Registry and have received additional staff training as listed in Rule .3028 of this Subchapter.
- (57) "Rehabilitation physician" means a physiatrist or a physician who is qualified, based on education, training and experience, regardless of specialty, to provide medical care to rehabilitation patients.
- (58) "Remodeling" means alterations, renovations, rehabilitation work, repairs to structural systems, and replacement of building systems at a nursing facility.
- (59) "Resident" means any person admitted for care to an adult care home part of a combination facility as defined in G.S. 131E-101.

- (60) "Respite care" means services provided for persons admitted to a nursing facility on a temporary basis, not to exceed 30 days.
- (61) "Significant medication error" means an error which causes the patient discomfort or jeopardizes the health and safety of the patient. Factors to consider when determining significance of error include the patient's condition, the drug category (need titration of blood levels, etc.) and frequency of the error.
- (62) "Single unit or unit dose package" means each dose of medication is individually packaged in a properly sealed and properly labeled container in accordance with the U.S. Pharmacopeia and professional standards.
- (63) "Sitter" means an employee or volunteer who provides companionship and social interaction to a particular patient, usually on a private duty basis.
- (64) "Social worker" means a person who meets the qualifications set forth in Rule .2802 of this Subchapter.
- (65) "Speech and language pathologist" means a person licensed in the State of North Carolina as a speech and language pathologist in accordance with the provisions of G.S. 90, Article 22.
- (66) "Supervisor-in-charge" (adult care home) means any employee to whom supervisory duties for the adult care home portion of a combination home have been delegated by either the administrator or director of nursing.
- (67) "Surveyor" means an authorized representative of the Department who inspects nursing facilities and combination facilities to determine compliance with rules as set forth in G.S. 131E-117 and applicable state and federal laws, rules and regulations.
- (68) "Unit dose system" means a drug distribution system in which each dose of medication is contained in, and administered from, single unit or unit dose packages.
- (69) "Ventilator dependence" is defined as physiological dependency by a patient on the use of a ventilator for more than eight hours a day.
- (70) "Violation" means a finding which directly relates to a patient's or resident's health, safety or welfare, or which creates a substantial risk that death or serious physical harm will occur. It is determined to be an infraction of the regulations, standards and requirements set forth in G.S. 131E-117 and 131D-21 or applicable state and federal laws, rules and regulations.

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

SECTION .2100 - LICENSURE

10A NCAC 13D .2101 APPLICATION REQUIREMENTS

- (a) An application for licensure for a new facility shall be submitted to the Licensure and Certification Section of the Division of Health Service Regulation at least 30 days prior to a license being issued or patients admitted.
- (b) The application shall contain the following:
- (1) legal identity of applicant (licensee) and mailing address;
 - (2) name or names under which the facility is presented to the public;
 - (3) location and mailing address of facility;
 - (4) ownership disclosure;
 - (5) accreditation data;
 - (6) bed complement;
 - (7) magnitude and scope of services offered;
 - (8) name and current license number of the administrator; and
 - (9) name and current license number of the director of nursing.

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

10A NCAC 13D .2102 ISSUANCE OF LICENSE

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

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

10A NCAC 13D .2103 LENGTH OF LICENSURE

Licenses shall remain in effect up to 12 months, unless any of the following occurs:

- (1) Department imposes an administrative sanction which specifies license expiration;
- (2) closure;
- (3) change of ownership;
- (4) change of site;
- (5) change in bed complement; or
- (6) failure to comply with Rule .2104 of this Section.

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

10A NCAC 13D .2104 REQUIREMENTS FOR LICENSURE RENEWAL OR CHANGES

(a) The Department shall renew the facility's license at the end of each calendar year, if the following occur:

- (1) The licensee maintains and submits to the Department, at least 30 days prior to the licensure expiration date, statistical data for the State's medical facilities plan and review for certificate of need determination. The Department shall provide forms annually to the facility for this purpose.
- (2) The facility is in conformance with G.S. 131E-102(c).
- (3) The combination facility shall specify on the annual license renewal application with which rules for the adult care home beds it plans to comply for the upcoming calendar year. The rule selection shall be effective for the duration of the renewed licensed year. The facility may choose one of the following:
 - (A) nursing home licensure rules under this Subchapter;
 - (B) adult care home licensure rules under 10A NCAC 13F; or
 - (C) a combination of nursing home and adult care home licensure rules. The facility shall identify in writing the specific rule governing compliance with the adult care home rules and shall identify in writing the specific requirements governing compliance with the nursing home rules.

(b) The facility shall notify the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation in writing and make changes in the licensure application at least 30 days prior to the occurrence of the following:

- (1) a change in the name or names under which the facility is presented to the public;
- (2) a change in the legal identity (licensee) which has ownership responsibility and liability (such information shall be submitted by the proposed new owner);
- (3) a change in the licensed bed capacity; or
- (4) a change in the location of the facility.

The Department shall issue a new license following notification and verification of data submitted.

(c) The facility shall notify the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation within one working day following the occurrence of:

- (1) change in administration;
- (2) change in the director of nursing;
- (3) change in facility mailing address or telephone number;
- (4) changes in magnitude or scope of services; or
- (5) emergencies or situations requiring relocation of patients to a temporary location away from the facility.

History Note: Authority G.S. 131E-104;
Eff. January 1, 1996;
Amended Eff. September 1, 2006.

10A NCAC 13D .2105 TEMPORARY CHANGE IN BED CAPACITY

(a) A life care center, having an agreement to care for all residents regardless of level of care needs, may temporarily increase bed capacity by 10 percent or 10 beds, whichever is less, over the licensed bed capacity for a period up to 30 days following notification of and approval by the Department.

(b) A facility other than a life care center shall accept no more patients or residents than the total number for which it is licensed except in an emergency situation approved and confirmed in writing by the Licensure and Certification Section of the Division of Health Service Regulation. Emergency authorizations shall not exceed 30 calendar days and shall not exceed the total licensed bed capacity for the facility.

(c) The Department shall authorize, in writing, a temporary increase in licensed beds in accordance with Paragraphs (a) and (b) of this Rule, if it is determined that:

- (1) the increase is not associated with a capital expenditure; and
- (2) the increase would not jeopardize the health, safety and welfare of the patients.

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

10A NCAC 13D .2106 DENIAL, AMENDMENT, OR REVOCATION OF LICENSE

(a) The Department shall deny any licensure application upon becoming aware that the applicant is not in compliance with G.S. 131E, Article 9 and the rules adopted under that law.

(b) The Department may amend a license by reducing it from a full license to a provisional license whenever the Department finds that:

- (1) the licensee has substantially failed to comply with the provisions of G.S. 131E, Article 6 and the rules promulgated under that article;
- (2) there is a reasonable probability that the licensee can remedy the licensure deficiencies within a reasonable length of time; and
- (3) there is a reasonable probability that the licensee will be able thereafter to remain in compliance with the licensure rules for the foreseeable future.

(c) The Department shall give the licensee written notice of the amendment to the license. This notice shall be given personally or by certified mail and shall set forth:

- (1) the length of the provisional license;
- (2) the factual allegations;
- (3) the statutes or rules alleged to be violated; and
- (4) notice of the facility's right to a contested case hearing on the amendment of the license.

(d) The provisional license shall be effective immediately upon its receipt by the licensee and shall be posted in a prominent location within the facility, accessible to public view, in lieu of the full license. The provisional license shall remain in effect until:

- (1) the Department restores the licensee to full licensure status; or
- (2) the Department revokes the licensee's license.

(e) If a licensee has a provisional license at the time the licensee submits the annual utilization data, the provisional license shall remain in effect unless the Department determines that the licensee can be returned to full licensure status.

(f) The Department may revoke a license whenever:

- (1) The Department finds that:
 - (A) the licensee has substantially failed to comply with the provisions of G.S. 131E, Article 6 and the rules promulgated under that article; and
 - (B) it is not reasonably probable that the licensee can remedy the licensure deficiencies within a reasonable length of time; or
- (2) The Department finds that:
 - (A) the licensee has substantially failed to comply with the provisions of G.S. 131E, Article 6; and
 - (B) although the licensee may be able to remedy the deficiencies within a reasonable time, it is not reasonably probable that the licensee will be able to remain in compliance with licensure rules for the foreseeable future; or
- (3) The Department finds that there has been any failure to comply with the provisions of G.S. 131E, Article 6 and the rules promulgated under that article that endanger the health, safety or welfare of the patients in the facility.

(g) The issuance of a provisional license is not a procedural prerequisite to the revocation of a license pursuant to Paragraph (f) of this Rule.

(h) The Department can, in accordance with G.S. 131E-232, petition to have a temporary manager appointed to operate a facility.

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

10A NCAC 13D .2107 SUSPENSION OF ADMISSIONS

(a) The Department may suspend the admission of any new patient to any facility when warranted under the provisions of G.S. 131E-109(c).

(b) The Department shall notify the facility personally or by certified mail of the decision to suspend admissions. Such notice

shall include:

- (1) factual allegations;
- (2) citation of statutes and rules alleged to be violated; and
- (3) notice of the facility's right to a contested case hearing on the suspension.

(c) The suspension shall be effective when the notice is served or on the date specified in the notice of suspension, whichever is later. The suspension shall remain effective until the facility demonstrates to the Department that conditions are no longer detrimental to the health and safety of the patients.

(d) The facility shall not admit new patients during the effective period of the suspension.

(e) Patients requiring hospitalization during the period of suspension of admissions shall be readmitted after hospitalization or on return from temporary care to the facility based on the availability of a bed and the ability of the facility to provide necessary care. Upon return from the hospital, the requirements of G.S. 131E-130 shall apply.

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

10A NCAC 13D .2108 PROCEDURE FOR APPEAL

(a) The facility may appeal any decision of the Department to deny, revoke or alter a license or any decision to suspend admissions by making such an appeal in accordance with G.S. 150B and 10A NCAC 01.

(b) A decision to issue a provisional license is stayed during the pendency of an administrative appeal and the licensee may continue to display full license during the appeal.

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

10A NCAC 13D .2109 INSPECTIONS

(a) The facility shall allow inspection by an authorized representative of the Department at any time.

(b) At the time of inspection, any authorized representative of the Department shall make his or her presence known to the administrator or other person in charge who shall cooperate with the representative and facilitate the inspection.

(c) Inspections of medical records will be carried out in accordance with G.S. 131E-105.

(d) The administrator shall provide and make available to representatives of the Department financial and statistical records required to verify compliance with all rules contained in this Subchapter.

(e) The Department shall mail a written report to the facility within 10 working days from the date of the licensure survey or complaint investigation exit conference. The report shall include statements of any deficiencies or violations cited during the survey or investigation.

(f) The administrator shall prepare a written plan of correction and mail it to the Department within 10 working days following receipt of any statement of deficiencies or violations. The Department shall review and accept or reject the plan of correction, with written notice given to the administrator within 10 working days following receipt of the plan.

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

10A NCAC 13D .2110 PUBLIC ACCESS TO DEPARTMENT LICENSURE RECORDS

(a) All Department files pertaining to the licensure of any facility under this Subchapter shall be open for inspection by any member of the public during normal business hours. The Department shall have an opportunity to ensure that none of the information identified in Paragraph (b) of this Rule will be disclosed during the inspection. Except for information identified in Paragraph (b) of this Rule, any member of the public may obtain copies of any information contained in the Department licensure files in accordance with Division of Health Service Regulation Directive 30, Publication Guidelines, which is incorporated by reference, including subsequent amendments. A copy of the directive may be obtained, without charge, from the Licensure and Certification Section, Division of Health Service Regulation, 2711 Mail Service Center, Raleigh, NC 27699-2711.

(b) Unless disclosure is ordered by a court of competent jurisdiction, the following classes of information shall not be disclosed to members of the public:

- (1) information about the diagnosis, prognosis, treatment, or any other confidential medical information under G.S. 8-53, regarding a named person, unless that person consents in writing to the disclosure;
- (2) the name of any person who provided information concerning a facility licensed under this Subchapter, or registered a complaint about the treatment of a patient unless that person consents to the disclosure;
- (3) information identifying any person as a recipient of public assistance or social services, unless that person

consents to the disclosure; and

- (4) any confidential communication between the attorney for the Department and the Department.

(c) When documents in the file contain only confidential information of the types identified in Paragraph (b) of this Rule, then they shall be removed from the file before inspection. If a document contains both information of those types identified in Paragraph (b) of this Rule and non-confidential information, then the Department will provide for inspection a copy of the document from which the confidential information is deleted, in lieu of the original document.

History Note: Authority G.S. 8-53; 108A-80; 131E-104; 131E-124(c); 132-1.1;
Eff. January 1, 1996.

10A NCAC 13D .2111 ADMINISTRATIVE PENALTY DETERMINATION PROCESS

(a) The surveyor or complaints investigator shall identify and notify the facility of areas of noncompliance resulting from a survey or investigation which may be violations of patients' rights contained in G.S. 131E-117 or rules contained in this Subchapter. The facility may submit additional written information which was not available at the time of the visit for evaluation by the surveyor, investigator, or branch head. The surveyor, investigator or branch head shall notify the facility if a decision is made, based on information received, not to recommend a penalty. If the decision is to recommend a penalty, the surveyor or investigator shall complete a negative action proposal and recommend a penalty, by Type (A or B), to the branch head who shall make a decision on type and amount of penalty to be submitted for consideration. The negative action proposal shall then be submitted to the administrative penalty monitor for processing.

(b) 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.

(c) The licensee shall have 10 working days from receipt of the notification to provide the Department any additional written information relating to the proposed administrative penalty. Upon request by the licensee, the Department shall grant the licensee an extension of up to 30 days to submit additional written information relating to the proposed administrative penalty.

(d) If the penalty recommendation is classified as a Type B violation and is not a repeat violation as defined by G.S. 131E-129, the licensee shall be notified of the type and amount of penalty and may accept the recommendation instead of review by the Penalty Review Committee. If the penalty recommendation is accepted, the licensee must notify the administrative penalty monitor by certified mail within five working days following receipt of the recommendation. The licensee must include payment of the penalty with the notification. If payment is not received, the recommendation shall be forwarded to the Penalty Review Committee.

(e) The Penalty Review Committee must review a recommended penalty when: it is a Type A violation; is a Type B violation that has been previously cited during the previous 12 months or within the time period of the previous licensure inspection, whichever time period is longer; or is a Type B violation as provided in Paragraph (d) of this Rule which is not accepted by the licensee.

(f) A subcommittee of the Penalty Review Committee consisting of four committee members assigned by the Penalty Review Committee chair shall meet to initially review non-repeat Type B violations. The Penalty Review Committee chair shall appoint the subcommittee chair and shall be an ex-officio member of the Penalty Review Committee subcommittee. The surveyor or investigator recommending the penalty or a branch representative shall attend the meeting when work schedules permit. Providers, complainants, affected parties and any member of the public may also attend the meeting. The administrative penalty monitor shall be responsible for informing parties of these public meetings.

(g) Time shall be allowed during the Penalty Review Committee subcommittee meetings for individual presentations regarding proposed penalties. The total time allowed for presentations regarding each facility, the order in which presenters shall speak and length of presentations shall be determined by the Penalty Review Committee subcommittee chair.

(h) The administrative penalty monitor shall have five working days from the meeting date to notify the facility and involved parties of penalty recommendations made by the Penalty Review Committee subcommittee. These recommendations including the vote of the Penalty Review Committee subcommittee shall be submitted for review by the full Penalty Review Committee at a meeting scheduled for the following month.

(i) The full Penalty Review Committee shall consider Type A violations, repeat Type B violations and non-repeat Type B violations referred by the Penalty Review Committee subcommittee. Providers, complainants, affected parties and any member of the public may attend full 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.

(j) The Penalty Review Committee and Penalty Review Committee subcommittee shall have for review the entire record relating to the penalty recommendation. The Penalty Review Committee and Penalty Review Committee subcommittee shall make recommendations after review of negative action proposals, any supporting evidence, and any additional information submitted

by the licensee as described in Paragraph (c) of this Rule that may have a bearing on the proposal such as documentation not available during the investigation or survey, action taken to correct the violation and plans to prevent the violation from recurring.

(k) There shall be no taking of sworn testimony nor cross-examination of anyone during the course of the Penalty Review Committee subcommittee or full Penalty Review Committee meetings.

(l) If the Penalty Review Committee determines that the licensee has violated applicable rules or statutes, the Penalty Review Committee shall recommend an administrative penalty type and amount for each violation pursuant to G.S. 131E-129. Recommendations for nursing home penalties shall be submitted to the Chief of the Medical Facilities 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 and notify the licensee by certified mail.

(m) The licensee shall have 60 days from receipt of the notification to pay the penalty as provided by G.S. 131E-129 or must file a petition for 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. 131E-2.

*History Note: Authority G.S. 131D-34; 131E-104; 143B-165;
Eff. August 3, 1992;
Amended Eff. March 1, 1995;
Transferred and recodified from 10 NCAC 03H .0221 Eff. January 10, 1996.*

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.

SECTION .2300 - PATIENT AND RESIDENT CARE AND SERVICES

10A NCAC 13D .2301 PATIENT ASSESSMENT AND CARE PLANNING

- (a) At the time each patient is admitted, the facility shall ensure medical orders are available for the patient's immediate care and that, within 24 hours, a nursing assessment of immediate needs is completed by a registered nurse and measures implemented as appropriate.
- (b) The facility shall perform, within 14 days of admission and at least annually, a comprehensive, accurate, documented assessment of each patient's capability to perform daily life functions. This comprehensive assessment shall be coordinated by a registered nurse and shall include at least the following:
 - (1) current medical diagnoses;
 - (2) medical status measurements, including current cognitive status, stability of current conditions and diseases, vital signs, and abnormal lab values and diagnostic tests that are a part of the medical history;
 - (3) the patient's ability to perform activities of daily living, including the need for staff assistance and assistive devices, and the patient's ability to make decisions;
 - (4) presence of neurological or muscular deficits;
 - (5) nutritional status measurements and requirements, including but not limited to height, weight, lab work,

eating habits and preferences, and any dietary restrictions;

- (6) special care needs, including but not limited to pressure sores, enteral feedings, specialized rehabilitation services or respiratory care;
- (7) indicators of special needs related to patient behavior or mood, interpersonal relationships and other psychosocial needs;
- (8) facility's expectation of discharging the patient within the three months following admission;
- (9) condition of teeth and gums, and need and use of dentures or other dental appliances;
- (10) patient's ability and desire to take part in activities, including an assessment of the patient's normal routine and lifetime preferences;
- (11) patient's ability to improve in functional abilities through restorative care;
- (12) presence of visual, hearing or other sensory deficits; and
- (13) drug therapy.

(c) The facility shall develop a comprehensive care plan for each patient and shall include measurable objectives and timetables to meet needs identified in the comprehensive assessment. The facility shall ensure the comprehensive care plan is developed within seven days of completion of the comprehensive assessment by an interdisciplinary team that includes a registered nurse with responsibility for the patient and representatives of other appropriate disciplines as dictated by the needs of the patient. To the extent practicable, preparation of the comprehensive care plan shall include the participation of the patient and the patient's family or legal representative. The physician may participate by alternative methods, including, but not limited to, telephone or face-to-face discussion, or written notice.

(d) The facility shall review comprehensive assessments and care plans no less frequently than once every 90 days and make necessary revisions to ensure accuracy.

*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 .2302 NURSING SERVICES

- (a) The facility shall designate a registered nurse to serve as the director of nursing on a full-time basis.
- (b) The director of nursing shall be responsible for the administering of nursing services.
- (c) The director of nursing may serve also as nurse-in-charge, only if the average daily occupancy is less than 60.
- (d) The director of nursing shall not serve as administrator, assistant administrator or acting administrator during an employment vacancy in the administrator position.

*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 .2303 NURSE STAFFING REQUIREMENTS

(a) The facility shall provide licensed nursing personnel consistent with applicable occupational regulations and sufficient to accomplish the following:

- (1) patient needs assessment;
- (2) patient care planning; and
- (3) supervisory functions in accordance with the levels of patient care advertised or offered by the facility.

(b) The facility shall provide other nursing personnel sufficient to ensure that activities of daily living, personal care, delegated restorative nursing tasks and other health care needs, as identified in each patient's plan of care, are met.

(c) A multi-storied facility shall have at least one direct-care staff member on duty on each patient care floor at all times.

(d) Except for designated units with higher staffing requirements noted elsewhere in this Subchapter, daily direct patient care nursing staff, licensed and unlicensed, shall equal or exceed 2.1 nursing hours per patient per day. (This is sometimes referred to as nursing hours per patient day or NHPPD or NH/PD.)

- (1) Inclusive in these nursing hours is the requirement that at least one licensed nurse is on duty for direct patient care at all times.
- (2) Nursing care shall include the services of a registered nurse for at least eight consecutive hours a day, seven days a week. This coverage can be spread over more than one shift if such a need exists. The director of nursing may be counted as meeting the requirements for both the director of nursing and patient staffing for facilities with a total census of 60 nursing beds or less.
- (3) Nursing support personnel, including ward clerks, secretaries, nurse educators and persons in primarily administrative management positions and not actively involved in direct patient care, shall not be counted

toward compliance with minimum daily requirements for direct care staffing.

(e) An exception to meeting the minimum staffing requirements shall be reported to the Department at the end of each month. Staffing waivers granted by the federal government for Medicare and Medicaid certified beds shall be accepted for licensure purposes.

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

10A NCAC 13D .2304 NURSE AIDES

(a) The facility shall employ or contract individuals as nurse aides in compliance with 42 CFR Part 483 which is incorporated by reference, including subsequent amendments. Copies of the Code of Federal Regulations 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) and may be purchased with a credit card by a direct telephone call to the G.P.O. at (202) 512-1800.

(b) The facility shall provide to the Department, upon request, verification of in-service training and of past or present employment of any nurse aide employed by the facility.

History Note: Authority G.S. 131E-104; 131E-111; 143B-165; 42 U.S.C. 1395; 42 U.S.C. 1396;
Eff. January 1, 1996.

10A NCAC 13D .2305 QUALITY OF CARE

(a) The facility shall provide necessary care and services in accordance with medical orders, the patient's comprehensive assessment and on-going plan of care.

(b) Acute changes in the patient's physical, mental or psychosocial status shall be evaluated and reported to the physician or other persons legally authorized to perform medical acts.

(c) The facility shall not utilize any chemical or physical restraints for the purpose of discipline or convenience, and that are not required to treat the patient's medical condition. An evaluation shall be done to ensure that the least restrictive means of restraint have been initiated on patients requiring restraints.

(d) The facility shall ensure that all patients who are unable to perform activities of daily living receive the necessary assistance to maintain good grooming, and oral and personal hygiene. The facility shall ensure appropriate measures are taken to restore the patient's ability to bathe, dress, groom, transfer and ambulate, toilet and eat.

(e) The facility shall ensure measures are taken to prevent the formation of pressure sores and to promote healing of existing pressure sores. The facility shall ensure that patients with limited mobility receive appropriate care to promote comfort and maintain skin integrity.

(f) The facility shall ensure that in-dwelling catheters are not used unless the patient's clinical condition necessitates their use. The facility shall ensure incontinent patients receive appropriate treatment to prevent infections and to regain continence to the degree possible.

(g) The facility shall ensure that patients with limited range of motion, or who are at risk for loss of range of motion, receive treatment services to prevent development of contractures or deformities, and to obtain and maintain their optimal level of functioning.

(h) The facility shall ensure that patients who are unable to feed themselves receive the appropriate assistance, retraining and assistive devices when needed.

(i) The facility shall ensure that enteral feeding tubes are used only when the patient's condition indicates the use of an enteral feeding tube is unavoidable.

(j) The facility shall ensure that patients fed by enteral feeding tubes receive the proper treatment to avoid aspiration pneumonia, metabolic and gastrointestinal problems, and to restore the patient to the highest practicable level of normal feeding function. The facility shall ensure appropriate care and services are provided to address needs related to hydration and nutrition.

(k) The facility shall ensure that patients requiring special respiratory care receive appropriate services.

(l) The facility shall ensure that patients are assisted to utilize personal visual lenses, hearing aids and dentures.

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

10A NCAC 13D .2306 MEDICATION ADMINISTRATION

(a) The facility shall ensure that medications are administered in accordance with standards of professional practice and applicable occupational licensure regulations.

(b) The facility shall ensure that each patient's drug regimen is free from drugs used in excessive dose or duplicative therapy,

for excessive duration or without adequate indications for the prescription of the drug. Drugs shall not be used without adequate monitoring or in the presence of adverse conditions that indicate the drugs' usage should be modified or discontinued.

(c) Antipsychotic therapy shall not be initiated on any patient unless necessary to treat a clinically diagnosed and clinically documented condition. When antipsychotic therapy is prescribed, unless clinically contraindicated, gradual dose reductions and behavioral interventions shall be employed in an effort to discontinue these drugs.

(d) The facility shall ensure that procedures aimed at minimizing medication error rates include, but are not limited to, the following:

- (1) All medications or drugs and treatments shall be administered and discontinued in accordance with signed medical orders which are recorded in the patient's medical record. Such orders shall be complete and include drug name, strength, quantity to be administered, route of administration, frequency and, if ordered on an as-needed basis, a clearly stated indication for use.
- (2) The requirements for self-administration of medication shall include, but not be limited to, the following:
 - (A) determination by the interdisciplinary team that this practice is safe;
 - (B) administration ordered by the physician or other person legally authorized to prescribe medications;
 - (C) specific instructions for administration printed on the medication label; and
 - (D) administration of medication monitored by the licensed nursing staff and consultant pharmacist.
- (3) The administration of one patient's medications to another patient is prohibited except in the case of an emergency. In the event of such emergency, steps shall be taken to ensure that the borrowed medications are replaced promptly and so documented.
- (4) Omission of medications and the reason for omission shall be indicated in the patient's medical record.
- (5) Medication administration records shall provide time of administration, identification of the drug and strength of drug, quantity of drug administered, route of administration, frequency, documentation sufficient to determine the staff who administered the drugs. Medication administration records shall indicate documentation of injection sites and topical medication sites requiring rotation, including, but not limited to, transdermal medication.
- (6) The pharmacy shall receive an exact copy of each physician's order for medications and treatments.
- (7) Automatic stop orders for medications and treatments shall be established and implemented.
- (8) The facility shall maintain an accountability of controlled substances as defined by the North Carolina Controlled Substances Act, G.S. 90, Article 5.

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

10A NCAC 13D .2307 DENTAL CARE AND SERVICES

(a) The facility shall ensure that routine and emergency dental services are available for all patients.

(b) The facility shall, if necessary, assist the patient in making appointments and obtaining transportation to the dentist's office.

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

10A NCAC 13D .2308 ADULT CARE HOME PERSONNEL REQUIREMENTS

(a) The administrator shall designate a person to be in charge of the adult care home residents at all times. The nurse-in-charge of the nursing facility may also serve as supervisor-in-charge of the domiciliary beds.

(b) If adult care home beds are located in a separate building or a separate level of the same building, there shall be a person on duty in the adult care home portion of the facility at all times.

(c) The facility shall comply with all rules in Subchapter 10A NCAC 13F, Licensing of Homes for the Aged and Infirm, which is incorporated by reference, including all subsequent amendments. Copies of these Rules can be obtained free of charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

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 .2309 CARDIO-PULMONARY RESUSCITATION

(a) Each facility shall develop and implement a Cardio-Pulmonary Resuscitation (CPR) policy.

- (b) The policy shall be communicated to all residents or their responsible party prior to admission.
- (c) Upon admission each resident or his or her responsible party must acknowledge in writing having received a copy of the policy.
- (d) The policy shall designate an outside emergency medical service provider to be immediately notified whenever an emergency occurs.
- (e) The policy shall designate the level of CPR that is available using terminology defined by the American Heart Association. American Heart Association terminology is as follows:
 - (1) Heartsaver CPR;
 - (2) Heartsaver Automatic External Defibrillator (AED);
 - (3) Basic Life Support (BLS); or
 - (4) Advanced Cardiac Life Support (ACLS).
- (f) The facility shall maintain staff on duty 24 hours a day trained by someone with valid certification from the American Heart Association or American Red Cross capable of providing CPR at the level stated in the policy. The facility shall maintain a record in the personnel file of each staff person who has received CPR training.
- (g) The facility shall have equipment readily available as required to deliver services stated in the policy.
- (h) The facility shall provide training for staff members who are responsible for providing CPR with regards to the location of resources and measures for self- protection while administering CPR.

History Note: Authority G.S. 131E-104;
Eff. October 1, 2006.

SECTION .2400 - MEDICAL RECORDS

10A NCAC 13D .2401 MAINTENANCE OF MEDICAL RECORDS

- (a) The facility shall establish a medical records service. It shall be directed, staffed and equipped to ensure:
 - (1) records are processed, indexed and filed accurately;
 - (2) records are stored in such a manner as to provide protection from loss, damage or unauthorized use;
 - (3) records contain sufficient information to identify the patient plus a record of all assessments; plan of care; pre-admission screening, if applicable; records of implementation of plan of care; progress notes; and record of discharge, including a discharge summary signed by the physician; and
 - (4) records are readily accessible by authorized personnel.
- (b) The facility shall ensure that a master patient index is maintained, listing patients alphabetically by name, dates of admission, dates of discharge and case number.
- (c) The administrator shall designate an employee who works full-time to be the medical records manager. The manager shall advise, administer, supervise and perform work involved in the development, analysis, maintenance and use of medical records and reports. If that employee is not qualified by training or experience in medical record science, he or she shall receive consultation from a registered records administrator or an accredited medical record technician to ensure compliance with rules contained in this Subchapter. The facility shall provide orientation, on-the-job training and in-service programs for all medical records personnel.

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 .2402 PRESERVATION OF MEDICAL RECORDS

- (a) The manager of medical records shall ensure that medical records, whether original, computer media or microfilm, be kept on file for a minimum of five years following the discharge of an adult patient.
- (b) The manager of medical records shall ensure that if the patient is a minor when discharged from the nursing facility, records shall be kept on file until his or her 19th birthday and, then, for five years.
- (c) If a facility discontinues operation, the licensee shall make known to the Division of Health Service Regulation where its records are stored. Records are to be stored in a business offering retrieval services for at least 11 years after the closure date.
- (d) The manager of medical records may authorize the microfilming of medical records. Microfilming may be done on or off the premises. If done off the premises, the facility shall take precautions to ensure the confidentiality and safekeeping of the records. The original of the microfilmed medical records shall not be destroyed until the manager of medical records has had an opportunity to review the processed film for content.
- (e) Nothing in this Subchapter shall be construed to prohibit the use of automation of medical records, provided that all of the provisions in this Rule are met and the medical record is readily available for use in patient care.

- (f) All medical records are confidential. Only authorized personnel shall have access to the records. Signed authorization forms concerning approval or disapproval of release of medical information outside the facility shall be a part of each patient's medical record. Representatives of the Department shall be notified at the time of inspection of the name and record number of any patient who has denied medical record access to the Department.
- (g) Medical records are the property of the facility, and they shall not be removed from the facility except through a court order. Copies shall be made available for authorized purposes such as insurance claims and physician review.

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

SECTION .2500 - PHYSICIAN'S SERVICES

10A NCAC 13D .2501 AVAILABILITY OF PHYSICIAN'S SERVICES

- (a) The facility shall ensure each patient's care is supervised by a physician and that provisions are made for emergency physicians when attending physicians are unavailable. The names and telephone numbers of the designated physicians shall be posted at each nurse's station.
- (b) Patients shall be seen by a physician at least once every 30 days for the first 90 days and at least every 60 days thereafter. Following the initial visit, the physician may delegate this responsibility to a physician assistant or nurse practitioner every other visit. A physician's visit is considered timely if the visit occurs not later than 10 days after the visit was required.
- (c) Physicians shall review the patient's medical plan of care, write or dictate and sign progress notes; and sign and date all current orders at each visit.
- (d) Medical orders, given orally by the physician, nurse practitioner or physician assistant, shall be given only to a licensed nurse or other licensed professional who by law is allowed to accept physician's orders, except orders for therapeutic diets which shall be given either to a dietitian or licensed nurse. The record of each telephone order shall include the name of physician giving the order, or other person legally authorized to prescribe, date and time of order, content of order and name of person receiving the order. The physician, or other person legally authorized to prescribe, who gives oral orders shall sign the orders within five days.

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

10A NCAC 13D .2502 PRIVATE PHYSICIAN

- (a) Each patient or legal representative shall be allowed to select his or her private physician except in those facilities affiliated with medical teaching programs and having written policies requiring all patients to participate in the medical teaching program.
- (b) The private physician shall fulfill given requirements as determined by applicable state and federal regulations, and the facility's policies and procedures pertaining to physician services.
- (c) The facility shall have the right, after informing the patient, to seek an alternative physician, when requirements are not being met and to ensure that the patient is provided with appropriate, adequate care and treatment.

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

10A NCAC 13D .2503 USE OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

- (a) If a facility employs physician assistants or nurse practitioners it shall maintain the following information for each nurse practitioner and physician assistant:
- (1) a statement of approval to practice as a nurse practitioner by the Board of Medical Examiners and Board of Nursing for each practitioner, or a statement of approval to practice as a physician assistant by the Board of Medical Examiners for each physician assistant;
 - (2) verification of current approval to practice; and
 - (3) a copy of instructions or written protocols signed by the nurse practitioner or physician assistant and the supervising physicians.
- (b) The privileges of the nurse practitioner or physician assistant shall be clearly defined by the facility's policies and procedures and shall be limited to those privileges authorized in 21 NCAC 32M for the nurse practitioner or 21 NCAC 32O for the physician assistant.

History Note: Authority G.S. 131E-104;

Eff. January 1, 1996.

10A NCAC 13D .2504 LABORATORY AND RADIOLOGY SERVICES

The facility shall provide or obtain clinical laboratory and radiology services to ensure that each patient's needs are met. Such services shall include the following:

- (1) provision of laboratory and radiology services within the facility or by contractual agreement;
- (2) diagnostic testing to be done only in accordance with a medical order;
- (3) reports to be dated once filed in the patient's medical record;
- (4) notification of the physician, nurse practitioner or physician assistant regarding findings; and
- (5) assistance in arranging transportation for the patient when testing must be done other than in the facility.

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

10A NCAC 13D .2505 BRAIN INJURY LONG-TERM CARE PHYSICIAN SERVICES

(a) For facility patients located in designated brain injury long-term care units, there shall be an attending physician who is responsible for the patient's specialized care program. The intensity of the program requires that there shall be direct patient contact by a physician at least once per week and more often as the patient's condition warrants. Each patient's interdisciplinary, rehabilitation program shall be developed and implemented under the supervision of a physiatrist (a physician trained in physical medicine and rehabilitation) or a physician of equivalent training and experience.

(b) If a physiatrist or physician of equivalent training or experience is not available on a weekly basis to the facility, the facility shall provide for weekly medical management of the patient by another physician. In addition, oversight for the patient's interdisciplinary, long-term care program shall be provided by a qualified consultant physician who visits patients monthly, makes recommendations for and approves the interdisciplinary care plan, and provides consultation as requested to the physician who is managing the patient on a weekly basis.

(c) The attending physician shall actively participate in individual case conference or care planning sessions and shall review and sign discharge summaries and records within 15 days of a patient discharge. When patients are to be discharged to either another health care facility or a residential setting, the attending physician shall ensure that the patient has been provided with a discharge plan which incorporates optimum utilization of community resources and post discharge continuity of care and services.

*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 .2506 PHYSICIAN SERVICES FOR VENTILATOR DEPENDENT PATIENTS

Facilities with ventilator dependent care patients shall contract with a physician who has specialized training in pulmonary medicine. This physician shall be responsible for respiratory services and shall:

- (1) establish, with the respiratory therapist and nursing staff, appropriate ventilator policies and procedures, including emergency procedures;
- (2) assess each ventilator-dependent patient's status at least monthly with corresponding progress notes;
- (3) be available on an emergency basis; and
- (4) participate in individual patient care planning.

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

SECTION .2600 - PHARMACEUTICAL SERVICES

10A NCAC 13D .2601 AVAILABILITY OF PHARMACEUTICAL SERVICES

(a) The facility shall provide pharmaceutical services under the supervision of a pharmacist, including procedures that ensure the accurate acquiring, receiving and administering of all drugs and biologicals.

(b) The facility shall be responsible for obtaining drugs, therapeutic nutrients and related products prescribed or ordered by a physician for patients in the facility.

(c) To ensure that drug therapy is rational, safe and effective, a pharmaceutical care assessment shall be conducted in the facility at least every 31 days for each patient. All new admissions shall receive a pharmaceutical care assessment at the time of

the pharmacist's next visit or within 31 days, whichever comes first. This assessment shall include at least:

- (1) a review of the patient's diagnoses, history and physical, discharge summary, diet, vital signs, current physician's orders, laboratory values, progress notes, interdisciplinary care plans and medication administration records; and
- (2) the pharmacist's progress notes in the patient's medical record which reflect the results of this assessment and, if necessary, recommendations for change based on desired drug outcomes.

*History Note: Authority G.S. 131E-104; 131E-117;
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.*

10A NCAC 13D .2602 PHARMACY PERSONNEL

- (a) If the pharmacist is an employee of the facility and performs vending or clinical services, an up-to-date job description and personnel file shall be maintained.
- (b) If pharmaceutical vending or clinical services are contracted, there shall be a current written agreement for each service which includes a statement of responsibilities for each party.
- (c) The facility shall keep, or be able to make available, a copy of the current license of the pharmacists.

*History Note: Authority G.S. 131E-104; 131E-117;
Eff. January 1, 1996.*

10A NCAC 13D .2603 ADMINISTRATIVE RESPONSIBILITIES

- (a) The pharmacist shall report any potential drug therapy irregularities or discrepancies in drug accountability and administration with recommendations for change to the director of nursing and the attending physician. Recommendations shall be communicated to the health care professionals in the facility who have the authority to effect a change. These reports shall be submitted monthly following the pharmacist's pharmaceutical care assessments.
- (b) The administrator shall ensure documentation of action taken relative to the pharmacist's reports.

*History Note: Authority G.S. 131E-104; 131E-117;
Eff. January 1, 1996.*

10A NCAC 13D .2604 DRUG PROCUREMENT

- (a) The facility shall not possess a stock of prescription legend drugs for general or common use except as permitted by the North Carolina Board of Pharmacy and as follows:
 - (1) for all intravenous and irrigation solutions in single unit quantities exceeding 49 ml. and related equipment for the use and administration of such;
 - (2) diagnostic agents;
 - (3) vaccines;
 - (4) drugs designated for inclusion in an emergency kit approved by the facility's Quality Assurance Committee;
 - (5) water for injection; and
 - (6) normal saline for injection.
- (b) Patient Drugs:
 - (1) The contents of all prescriptions shall be kept in the original container bearing the original label as described in Subparagraph (b)(2) of this Rule.
 - (2) Except in a 72-hour or less unit dose system, each individual patient's prescription or legend drugs shall be labeled with the following information:
 - (A) the name of the patient for whom the drug is intended;
 - (B) the most recent date of issue;
 - (C) the name of the prescriber;
 - (D) the name and concentration of the drug, quantity dispensed, and prescription serial number;
 - (E) a statement of generic equivalency which shall be indicated if a brand other than the brand prescribed is dispensed;
 - (F) the expiration date, unless dispensed in a single unit or unit dose package;
 - (G) auxiliary statements as required of the drug;
 - (H) the name, address and telephone number of the dispensing pharmacy; and
 - (I) the name of the dispensing pharmacist.
- (c) Non-legend drugs shall be kept in the original container as received from the supplier and shall be labeled as described in

Subparagraph (b)(2) of this Rule or with at least:

- (1) the name and concentration of the drug, and quantity packaged;
- (2) the name of the manufacturer, lot number and expiration date.

History Note: Authority G.S. 131E-104; 131E-117;
Eff. January 1, 1996.

10A NCAC 13D .2605 DRUG STORAGE AND DISPOSITION

(a) The pharmacist and director of nursing shall ensure that drug storage areas are clean, secure, well lighted and well ventilated; that room temperature is maintained between 59 degrees F. and 86 degrees F.; and that the following conditions are met:

- (1) All drugs shall be maintained under locked security except when under the immediate or direct physical supervision of a nurse or pharmacist.
- (2) Drugs requiring refrigeration shall be stored in a refrigerator containing a thermometer and capable of maintaining a temperature range of 2 degrees C. to 8 degrees C. (36 degrees F. to 46 degrees F.) Drugs shall not be stored in a refrigerator containing non-drugs and non-drug related items, except when stored in a separate container.
- (3) Drugs intended for topical use, except for ophthalmic, otic and transdermal medications, shall be stored in a designated area separate from the drugs intended for oral and injectable use.
- (4) Drugs that are outdated, discontinued or deteriorated shall be removed from the facility within five days.

(b) Upon discontinuation of a drug or upon discharge of a patient, the remainder of the drug supply shall be disposed of promptly. If it is reasonably expected that the patient shall return to the facility and that the drug therapy will be resumed, the remaining drug supply may be held for not more than 30 calendar days after the date of discharge or discontinuation.

(c) The disposition of drugs shall be in accordance with written policies and procedures established by the Quality Assurance Committee.

(d) Destruction of controlled substances shall be in compliance with North Carolina Controlled Substance Act and Regulations (10A NCAC 26E) which is hereby incorporated by reference including subsequent amendments. Copies of the rules may be obtained from the Drug Regulatory Branch, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 3016 Mail Service Center, Raleigh, NC 27699-3016 at a cost of thirteen dollars (\$13.00).

History Note: Authority G.S. 131E-104; 131E-117;
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.

10A NCAC 13D .2606 PHARMACEUTICAL RECORDS

(a) The pharmacist shall ensure that accurate records of the receipt, use and disposition of drugs are maintained and readily available.

(b) The director of nursing and pharmacist shall ensure accountability of controlled substances as defined by the North Carolina Controlled Substances Act and Regulations (10A NCAC 26EG) which is hereby incorporated by reference including subsequent amendments. Copies of the rules may be obtained from the Drug Regulatory Branch, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 3016 Mail Service Center, Raleigh, NC 27699-3016 at a cost of thirteen dollars (\$13.00).

History Note: Authority G.S. 131E-104; 131E-117;
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.

10A NCAC 13D .2607 EMERGENCY DRUGS

(a) The facility shall maintain a supply of emergency drugs in compliance with 21 NCAC 46 .1403 which is hereby incorporated by reference including subsequent amendments. Copies of the rule may be obtained from the North Carolina Board of Pharmacy, P.O. Box 459, Carrboro Plaza, Highway 54 Bypass, Carrboro, North Carolina 27510 at a cost of eight dollars and forty eight cents (\$8.48).

(b) Emergency drugs shall be stored in a portable container sealed with an easily breakable closure which cannot be resealed or reused and shall be readily accessible for use.

(c) Emergency drug kits shall be stored in a secure area out of site of patients and the general public. If stored in a locked area the kits shall be immediately accessible to all licensed nursing personnel.

(d) All emergency drugs and quantity to be maintained shall be approved by the Quality Assurance Committee.

- (e) If emergency drug items require refrigerated storage, they shall be stored in a separate sealed container within the medication refrigerator. The container shall be labeled to indicate the emergency status of the enclosed drug and sealed as indicated in Paragraph (b) of this Rule.
- (f) An accurate inventory of emergency drugs and supplies shall be maintained with each emergency drug kit.
- (g) The pharmacist shall personally examine the refrigerated and non-refrigerated emergency drug supply at least every 90 days and make any necessary changes at that time.
- (h) The facility shall have written policies and procedures which are enforced to ensure that in the event the sealed emergency drug container is opened and contents utilized, immediate steps are taken to replace the items used.
- (i) The availability of a controlled substance in an emergency kit shall be in compliance with the North Carolina Controlled Substances Act and Regulations (10A NCAC 26E) which is hereby incorporated by reference including subsequent amendments. Copies of the rules may be obtained from the Drug Regulatory Branch, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 3016 Mail Service Center, Raleigh, NC 27699-3016 at a cost of thirteen dollars (\$13.00).

*History Note: Authority G.S. 131E-104; 131E-117;
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.*

SECTION .2700 - DIETARY SERVICES

10A NCAC 13D .2701 PROVISION OF NUTRITION AND DIETETIC SERVICES

- (a) The facility shall ensure that each patient is provided with a palatable diet that meets his or her daily nutritional and specialized nutritional needs.
- (b) The facility shall designate a person to be known as the director of food service who shall be responsible for the facility's dietetic service and for supervision of dietetic service personnel. If this person is not a dietitian, he or she shall meet the criteria for membership in the Dietary Managers Association which is hereby incorporated by reference including subsequent amendments and editions. Copies of criteria may be obtained from the Dietary Managers Association, 406 Surry Woods Drive, St. Charles , IL 60174 at no cost. If the course has not been completed, this person shall be enrolled in a course and making satisfactory progress for completion within the time limit specified by course requirements.
- (c) If the food service supervisor is not a dietitian, the facility shall employ a dietitian on at least a consultant basis. The consultant shall submit written reports to the administrator and food service supervisor.
- (d) The dietitian shall spend sufficient time in the facility to assure the following parameters of nutrition have been addressed and that recommended successful interventions have been met:
 - (1) An analysis of weight loss or gain;
 - (2) Laboratory values;
 - (3) Clinical indicators of malnutrition;
 - (4) Drug therapy that may contribute to nutritional deficiencies;
 - (5) The amount of meal and supplement consumed to meet nutritional needs;
 - (6) Increased nutritional needs related to disease state or deterioration in physical or mental status, i.e., decubitus, low protein status, inadequate intake, or nutrition provided via enteral or parenteral route.
- (e) There shall be sufficient dietetic personnel employed competent to meet the nutritional needs of all patients in the areas of therapeutic diets, food preparation and service, principles of sanitation, and resident's rights as related to food services.
- (f) The facility shall ensure that menus are followed which meet the nutritional needs of patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences which are incorporated by reference, including subsequent amendments. Copies of this publication can be obtained by contacting The National Academy Press, 2101 Constitution Avenue N.W., Lockbox 285, Washington, D.C., 20055. Cost of this publication is eighteen dollars and ninety five cents (\$18.95) and includes shipping and handling. Menus shall:
 - (1) be planned at least 14 days in advance,
 - (2) provide for substitutes of similar nutritive value for patients who refuse food that is served, and
 - (3) be provided to patients orally or written through such methods as posting, daily announcements, periodic newsletters, etc.
- (g) Food must be prepared to conserve its nutritive value and appearance.
- (h) Food shall be served at the preferred temperature as discerned by the resident and customary practice, in a form to meet the patient's individual needs and with assistive devices as dictated by the patient's needs. Hot foods shall leave the kitchen (or steam table) above 140 degrees F; and cold foods below 41 degrees F; and freezer temperatures at 0 degrees F or below.
- (i) If patients require assistance in eating, food shall be maintained at the appropriate temperature until assistance is provided.
- (j) All diets, including enteral and parenteral nutrition therapy, shall be ordered by the physician or other legally authorized

person, and served as ordered.

(k) At least three meals shall be served daily to all patients in accordance with medical orders.

(l) No more than 14 hours shall elapse between an evening meal containing a protein food and a morning meal containing a protein food.

(m) Hour-of-sleep (hs) nourishment shall be available to patients upon request or in accordance with nutritional plans.

(n) Between meal fluids for hydration shall be available and offered to all patients in accordance with medical orders.

(o) The facility shall have a current nutrition care manual or handbook approved by the dietitian, medical staff and the Administrator which shall be used in the planning of the regular and therapeutic diets and be accessible to all staff.

(p) Food services shall comply with Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments as promulgated by the Commission for Public Health which is incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food under sanitary conditions. Copies of these Rules can be obtained, at no charge, by contacting the N.C. Department of Environment and Natural Resources, Division of Environmental Health Services, 1630 Mail Service Center, Raleigh, NC 27699-1630.

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

SECTION .2800 - ACTIVITIES, RECREATION AND SOCIAL SERVICES

10A NCAC 13D .2801 ACTIVITY SERVICES

(a) The facility shall provide a program of activities that is on-going and in accordance with the comprehensive assessment, and that promotes the interests, as well as physical, mental and psychosocial well-being, of each patient.

(b) The administrator shall designate an activities director who shall be responsible for activity and recreational services for all patients and who shall have appropriate management authority. The director shall:

- (1) be a recreation therapist or be eligible for certification as a therapeutic recreation specialist by a recognized accrediting body; or
- (2) have two years of experience in a social or recreation program within the last five years, one of which was full-time in a patient activities program in a health care setting; or
- (3) be an occupational therapist or occupational therapy assistant; or
- (4) be certified by the National Certification Council for Activity Professionals; or
- (5) have completed an activities training course approved by the State.

*History Note: Authority G.S. 131E-104; 143B-165(10); 42 C.F.R. 483.15(f);
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.*

10A NCAC 13D .2802 SOCIAL SERVICES

(a) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.

(b) The administrator shall designate an employee to be responsible full-time for social services.

(c) A facility with more than 120 nursing beds shall employ on a full time basis, a social worker who has:

- (1) a Bachelors' degree in social work or a Bachelors' degree in human services field, including but not limited to sociology special education, rehabilitation counseling and psychology; and
- (2) one year of supervised social work experience in a health care setting working directly with patients.

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

SECTION .2900 - SPECIAL REQUIREMENTS

10A NCAC 13D .2901 REPORT OF DEATH

The facility shall have a written plan to be followed in case of patient death. The plan shall provide for the following:

- (1) collection of data needed for the death certificate as required by G.S. 130A-117;
- (2) recording time of death;
- (3) pronouncement of death in accordance with facility policy;

- (4) notification of the attending physician responsible for signing the death certificate;
- (5) documented notification of next of kin or legal guardian;
- (6) authorization and release of the body to a funeral home.

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

10A NCAC 13D .2902 PETS (COMPANION ANIMALS)

When facility policies permit pets in the facility, the following conditions shall be met:

- (1) The facility policy shall not be in violation of any local health ordinances regarding pet health and control.
- (2) Pets shall not be permitted to enter areas where food is being prepared.

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

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;
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.

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.

*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 .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.

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 .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.

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 .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;
Eff. January 1, 1996.

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;
RRC objection due to ambiguity Eff. July 13, 1995;
Eff. January 1, 1996.

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.

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

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;
Eff. January 1, 1996.

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."

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 .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.

*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 .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;
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.*

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;
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996.*

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.

SECTION .3100 - DESIGN AND CONSTRUCTION

10A NCAC 13D .3101 GENERAL RULES

- (a) Each facility shall be planned, constructed, equipped, and maintained to provide the services offered in the facility.
- (b) A new facility or remodeling of an existing facility shall meet the requirements of the North Carolina State Building Code, all applicable volumes, which is incorporated by reference, including all subsequent amendments. Copies of this code may be purchased from the Department of Insurance Engineering and Codes Division located at 410 North Boylan Avenue, Raleigh, NC 27603 at a cost of two hundred fifty dollars (\$250.00). Existing licensed facilities shall meet the requirements of the North Carolina State Building Code in effect at the time of construction or remodeling.
- (c) Any existing building converted from another use to a nursing facility shall meet all requirements of a new facility.
- (d) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the Commission for Public Health, which are incorporated by reference, including all subsequent amendments. Copies of these Rules may be obtained from the Department of Environment and Natural Resources, Division of Environmental Health, Environmental Health Services Section, 1630 Mail Service Center, Raleigh, NC 27699-1630 at no cost.
- (e) The adult care home portion of a combination facility shall meet the rules for a nursing facility contained in Sections .3100, .3200, .3300, and .3400 of this Subchapter, except when separated by two-hour fire resistive construction. When separated by two-hour fire-resistive construction, the adult care home portion of the facility shall meet the rules for domiciliary homes in 10A NCAC 13F, Licensing of Adult Care Homes, which are incorporated by reference, including all subsequent amendments; and domiciliary resident areas must be located in the domiciliary section of the facility. Copies of 10A NCAC 13F can be obtained free of charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.
- (f) An addition to an existing facility shall meet the same requirements as a new facility.

History Note: Authority G.S. 131E-104; 42 U.S.C. 1396;
Eff. January 1, 1996.

10A NCAC 13D .3102 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

The physical plant requirements for each facility shall be applied as follows:

- (1) New construction shall comply with the requirements of Sections .3100-.3400 of this Subchapter.
- (2) Except where otherwise specified, existing buildings shall meet licensure and code requirements in effect at the time of construction, alteration or modification.
- (3) New additions, alterations, modifications and repairs shall meet the technical requirements of Sections .3100-.3400 of this Subchapter; however, where strict conformance with current requirements would be impractical, the Division may approve alternative measures where the facility can demonstrate to the Division's satisfaction that the alternative measures do not reduce the safety or operating effectiveness of the facility.
- (4) Rules contained in Sections .3100-.3400 of this Subchapter 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, because of extraordinary circumstances, new programs or unusual conditions, may be approved by the Division when the facility 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 facility.
- (6) Where rules, codes or standards have any conflict, the most stringent requirement shall apply.

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

10A NCAC 13D .3103 SITE

The site of the proposed facility must be approved by the Department prior to construction and shall:

- (1) be accessible by public roads and public transportation;
- (2) be accessible to fire fighting 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 hazards and pollutants.

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

10A NCAC 13D .3104 PLANS AND SPECIFICATIONS

(a) When construction or remodeling is planned, final working drawings and specifications shall be submitted by the owner or his appointed representative to the Department for review and approval. Schematic drawings and preliminary working drawings shall be submitted by the owner prior to the required submission of final working drawings. The Department will forward copies of each submittal to the Department of Insurance and the Division of Environmental Health for review and approval. Three copies of the plan shall be provided at each submittal.

(b) Approval of final plans and specifications must be obtained from the Department prior to licensure. Approval of plans shall expire after one year unless a building permit for the construction has been obtained prior to the expiration date of the approval of final plans.

(c) If an approval expires, renewed approval shall be issued provided revised plans meeting all current regulations, codes, and standards are submitted and reviewed.

(d) Completed construction or remodeling shall conform to the minimum standards established in Sections .3100, .3200, .3300, and .3400 of this Subchapter. Prior to approval for licensure, one set of "as built working drawings" shall be furnished to the Department. Final working drawings and building construction including building systems operation must be approved by the Department prior to licensure.

(e) The owner or his designated agent shall notify the Department when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent, and 90 percent complete and upon final completion. New construction or remodeling must be approved in writing by the Department prior to use.

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

SECTION .3200 - FUNCTIONAL REQUIREMENTS

10A NCAC 13D .3201 REQUIRED SPACES

(a) The net floor area of a single bedroom shall not be less than 100 square feet and the net floor area of a room for more than one bed shall not be less than 80 square feet per bed. The 80 square feet and 100 square feet requirements shall be exclusive of closets, toilet rooms, vestibules or wardrobes. When a designated single room exceeds 159 net square feet in floor area, it shall remain a single bedroom and cannot be used as a multi-bedroom unless approved in advance by the Division to meet the requirements of G.S. 131E, Article 9.

(b) The total space set aside for dining, recreation and other common use shall not be less than 25 square feet per bed for a nursing facility and 30 square feet per bed for the adult care home portion of a combination facility. Physical therapy, occupational therapy and rehabilitation space shall not be included in this total.

(c) In nursing facilities, included in the total square footage required by Rule .3201(b) of this Section, a separate dining area or areas at a minimum of 10 square feet per bed shall be provided and a separate activity area or areas at a minimum of 10 square feet per bed shall be provided. The remainder of the total required space for dining and activities may be in a separate area or combined with either of the required dining or activity areas.

(d) In combination facilities, included in the total square footage required by Rule .3201(b) of this Section, a separate dining area or areas at 14 square feet per adult care home bed shall be provided. The adult care home dining area or areas may be combined with the nursing facility dining area or areas. A separate activity area or areas for domiciliary beds shall be provided at 16 square feet per domiciliary bed. The adult care home activity area may not be combined with the activity area or areas required for nursing beds.

(e) Dining, activity, and living space shall be designed and equipped to provide accessibility to both patients confined to wheelchairs and ambulatory patients. Required dining, activity, and living areas shall have windows with views to the outside. The glazing material for the windows shall not be less than eight percent of the floor area required for each dining, activity, or living space.

(f) Closets and storage units for equipment and supplies shall not be included as part of the required dining, activity, and living floor space area.

(g) Handicap accessible outdoor areas for individual and group activities shall be provided.

(h) For nursing beds, separate bedroom closets or wardrobes shall be provided in each bedroom to provide each occupant with a minimum of 36 cubic feet of clothing storage space at least half of which is for hanging clothes.

(i) For adult care home beds, separate bedroom closets or wardrobes shall be provided in each bedroom to provide each adult care home resident with a minimum of 48 cubic feet of clothing storage space at least half of which is for hanging clothes.

(j) Some means for patients and residents to lock personal articles within the facility shall be provided.

(k) A toilet room shall be directly accessible from each patient room and from each central bathing area without going through the general corridor. One toilet room may serve two patient rooms but not more than eight beds. The lavatory may be omitted from the toilet room if one is provided in each patient room. One tub or shower shall be provided for each 15 beds not individually served. There shall be at least one bathtub accessible on three sides and one shower provided for each 60 beds or fraction thereof.

(l) For each nursing unit, or fraction thereof on each floor, the following shall be provided:

- (1) a medication preparation area with a counter, a sink with four-inch faucet trim handles, a medication refrigerator, eye level medication storage, cabinet storage and double locked narcotic storage room, located adjacent to the nursing station or under visual control of the nursing station;
- (2) a clean utility room with counter, sink with four-inch handles, wall and under counter storage;
- (3) a soiled utility room with counter, sink with four-inch handles, wall and under counter storage, a flush-rim clinical sink or water closet with a device for cleaning bedpans and a means for washing and sanitizing bedpans and other utensils;
- (4) a nurses' toilet and locker space for coats, purses, and personal belongings;
- (5) an audio-visual nurse-patient call system arranged to ensure that a patient's call in the facility is noted at a staffed station;
- (6) a soiled linen storage room;
- (7) a clean linen storage room;
- (8) a nourishment station in an area enclosed with walls and doors which contains work space, cabinets and refrigerated storage, and a small stove, microwave oven or hot plate; and
- (9) one nurses' station consisting of desk space for writing, storage space for office supplies, storage space for patients' records and space for nurses' call equipment.

(m) Clean linen storage shall be provided in a separate room from bulk supplies. Clean linen for nursing units may be stored in closed carts, or cabinets in the clean utility room, or in a linen closet on the unit floor.

(n) A soiled linen room shall be provided.

(o) Each nursing unit shall be provided with at least one janitor's closet. The kitchen area and laundry area each shall have a

janitor's closet. Administration, occupational and physical therapy, recreation, personal care and employee facilities shall be provided janitor's closets and may share one as a group.

(p) Stretcher and wheelchair storage shall be provided.

(q) Bulk storage shall be provided at the rate of five square feet of floor area per bed.

(r) Office space shall be provided for persons holding the following positions: administrator, director of nursing, social services director, activities director and physical therapist. There shall also be a business office.

(s) Each combination facility shall provide a minimum of one residential washer and residential dryer located to be accessible by adult care home staff, residents, and family, unless personal laundry service is provided by the facility.

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

10A NCAC 13D .3202 FURNISHINGS

(a) Handgrips shall be provided for all toilet and bath facilities used by patients. Handrails shall be provided on both sides of all corridors used by patients.

(b) Flame resistant privacy screens or curtains shall be provided in multi-bedded rooms.

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

SECTION .3300 - FIRE AND SAFETY REQUIREMENTS

10 NCAC 03H.3301 NEW FACILITY REQUIREMENTS

In addition to the requirements in Rule .3101(b) of this Subchapter, a new facility shall meet the following additional requirements:

- (1) Each floor used for patient sleeping rooms shall be divided into at least two sections by a smoke partition.
- (2) Nursing units shall be designed to provide separation from other departments or services with a smoke barrier.
- (3) Horizontal exits are not permitted in any new facility.

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

10A NCAC 13D .3302 ADDITIONS

An addition to an existing facility shall meet the same requirements as a new facility except that in no case shall more than one horizontal exit be used to replace a required exit to the outside.

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

SECTION .3400 - MECHANICAL: ELECTRICAL: PLUMBING

10A NCAC 13D .3401 HEATING AND AIR CONDITIONING

Heating and cooling systems shall meet the American Society of Heating, Refrigerating, and Air Conditioning Engineers Inc. Guide [which is incorporated by reference, including all subsequent amendments; copies of this document may be obtained from the American Society of Heating, Refrigerating & Air Conditioning Engineers Inc. at 1791 Tullie Circle NE, Atlanta, GA 30329 at a cost of one hundred nineteen dollars (\$119.00.); and the National Fire Protection Association Code 90A, [current addition with all subsequent amendments which is adopted by reference; copies of this code may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101 at a cost of nineteen dollars and fifty cents (\$19.50)] with the following modifications:

- (1) Drug rooms must have positive pressure with relationship to adjacent areas.
- (2) Environmental temperature control systems shall be capable of maintaining temperatures in the facility at 72 degrees F. minimum in the heating season and a maximum of 81 degrees F. during the non-heating season.
- (3) Rooms designated for isolation shall have negative or positive pressure with relationship to adjacent areas depending upon the type of patient to be isolated. Exhaust for isolation rooms shall be ducted to the outdoors with exhaust fans located at the discharge end of the duct.

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

10A NCAC 13D .3402 EMERGENCY ELECTRICAL SERVICE

Emergency electrical service shall be provided for use in the event of failure of the normal electrical service. This emergency service shall consist of the following:

- (1) In any existing facility, the following shall be provided:
 - (a) type 1 or 2 emergency lights as required by the North Carolina State Building Code, Electrical Code;
 - (b) additional emergency lights for all nursing stations, drug preparation and storage areas, and for the telephone switchboard, if applicable;
 - (c) one or more portable battery-powered lamps at each nursing station; and
 - (d) a suitable source of emergency power for life-sustaining equipment, if the facility admits or cares for occupants needing such equipment, to ensure continuous operation for a minimum of 72 hours.
- (2) Any new addition to an existing facility shall meet the same requirements as new construction.
- (3) Any conversion of an existing building (hotel, motel, abandoned hospital, abandoned school, or other building) shall meet the same requirements for emergency electrical services as required for new construction.
- (4) An emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system.
- (5) Emergency electrical services shall be provided as required by Rule .3101(b) of this Subchapter with the following modifications:
 - (a) Section (B)(2) contained in Section 517-10 of the North Carolina State Building Code, Electrical Code shall not apply to new facilities.
 - (b) Egress lighting shall be connected to the essential electrical system at exterior of exits.
 - (c) Task illumination in the switchgear and boiler rooms shall be connected to the essential electrical system.
- (6) The following equipment, devices, and systems which are essential to life safety, and the protection of important equipment or vital materials shall be connected to the emergency electrical system as follows:
 - (a) nurses' calling system;
 - (b) fire pump if installed;
 - (c) sewerage lift or sump pumps if installed;
 - (d) one elevator, where elevators are used for vertical transportation of patients;
 - (e) equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating and sterilization, if installed;
 - (f) equipment necessary for maintaining telephone service.
- (7) A minimum of one dedicated emergency branch circuit per bed for ventilator dependent patients is required in addition to the normal system receptacle at each bed location required by the North Carolina State Building Code, Electrical Code. This emergency circuit shall be provided with a minimum of two duplex receptacles identified for emergency use. Additional emergency branch circuits/receptacles shall be provided where the electrical life support needs of the patient exceed the minimum requirements stated in this Paragraph. Each emergency circuit serving ventilator dependent patients shall be fed from the automatically transferred critical branch of the essential electrical system. This Paragraph shall apply to both new and existing facilities.
- (8) Heating equipment provided for ventilator dependent patient bedrooms shall be connected to the critical branch of the essential electrical system and arranged for delayed automatic or manual connection to the emergency power source if the heating equipment depends upon electricity for proper operation. This Paragraph shall apply to both new and existing facilities.
- (9) Task lighting connected to the automatically transferred critical branch of the essential electrical system shall be provided for each ventilator dependent patient bedroom. This Paragraph shall apply to both new and existing facilities.
- (10) Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of patient rooms. Emergency heating of patient rooms will not be required in areas where the facility is supplied by at least two separate generating sources, or a network distribution system with the facility feeders so routed, connected, and protected that a fault any place between the generators and the facility will not likely cause an interruption.
- (11) The emergency electrical system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected with 10 seconds through one or more primary automatic transfer switches to all emergency lighting, alarms, nurses' call, and equipment

necessary for maintaining telephone service. All other lighting and equipment required to be connected to the emergency system shall either be connected through the 10 second primary automatic transfer switching or shall be subsequently connected through other automatic or manual transfer switching. Receptacles connected to the emergency system shall be distinctively marked for identification.

- (12) Sufficient fuel shall be stored for the operation of the emergency generator for a period not less than 72 hours, on a 24-hour per day operational basis. The generator system shall be tested and maintained per National Fire Protection Association (NFPA) code 99, current addition with all subsequent amendments, which is adopted by reference. Copies of this code may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101 at a cost of thirty one dollars (\$31.00). Records of running time shall be maintained and kept available for reference.
- (13) Existing facilities shall have electrical systems that comply with licensure standards in effect at the time a license is first issued. Any remodeling that results in changes in service delivery shall comply with current licensure requirements to support the delivery of those services.

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

10A NCAC 13D .3403 GENERAL ELECTRICAL

- (a) All main water supply shut off valves in the sprinkler system shall be electronically supervised so that if any valve is closed an alarm will sound at a continuously manned central station.
- (b) No two adjacent emergency lighting fixtures shall be on the same circuit.
- (c) Receptacles in bathrooms shall have ground fault protection.
- (d) Each patient bed location shall be provided with a minimum of four single or two duplex receptacles. Two single receptacles or one duplex receptacle shall be connected to the critical branch of the emergency power system at each bed location. Each patient bed location shall also be provided with a minimum of two single receptacles or one duplex receptacle connected to the normal electrical system.
- (e) Each patient bed location shall be supplied by at least two branch circuits.
- (f) The fire alarm system shall be installed to transmit an alarm automatically to the fire department that is legally committed to serve the area in which the facility is located, by the most direct and reliable method approved by local ordinances.
- (g) In patient areas, fire alarms shall be gongs or chimes rather than horns or bells.
- (h) All receptacles in patient use areas must be grounded by an insulated conductor sized in accordance with Table 250-95 of the North Carolina State Building Code, Electrical Code.

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

10A NCAC 13D .3404 OTHER

- (a) In general patient areas, each room shall be served by at least one calling station and each bed shall be provided with a call button. Two call buttons serving adjacent beds may be served by one calling station. Calls shall register with the floor staff and shall activate a visible signal in the corridor at the patient's or resident's door. In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each station. Nurses' calling systems which provide two-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating. A nurses' call emergency button shall be provided for patients' and residents' use at each patient and resident toilet, bath, and shower.
- (b) At least one telephone shall be available in each area to which patients are admitted and additional telephones or extensions as are necessary to ensure availability in case of need.
- (c) General outdoor lighting shall be provided adequate to illuminate walkways and drive.
- (d) A flow of hot water shall be within safety ranges specified as follows:
Patient Areas - 6 1/2 gallons per hour per bed and at a temperature of 100 -116 degrees F; and
Dietary Services - 4 gallons per hour per bed and at a minimum temperature of 140 degrees F; and
Laundry Area - 4 1/2 gallons per hour per bed and at a minimum temperature of 140 degrees F.
- (e) Plumbing systems shall meet the requirements of the North Carolina State Building Code, Plumbing Code.
- (f) Medical gas and vacuum systems shall be installed, tested, and maintained in accordance with the National Fire Protection Code 99 current addition with all subsequent amendments, which is adopted by reference. Copies of this code may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101 at a cost of thirty one dollars (\$31.00).
- (g) The Administrator shall assure that isolation facilities are available and used for any patient admitted or retained with a

communicable disease.

(h) Each facility shall have a control system or procedure to aid staff in the supervision of patients who wander or are disoriented. This requirement shall apply to new and existing facilities.

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

CHAPTER 37 - BOARD OF NURSING HOME ADMINISTRATORS

SUBCHAPTER 37B - DEPARTMENTAL RULES

SECTION .0100 - GENERAL PROVISIONS

.0101 AUTHORITY: NAME & LOCATION OF BOARD

The "North Carolina State Board of Examiners for Nursing Home Administrators," subsequently herein referred to as the "Board" is established and authorized by G.S. 90, Article 20. The Board's physical location and mailing address is: 3733 National Drive, Suite 110, Raleigh, North Carolina 27612.

History Note: Authority G.S. 90-277;
Eff. April 1, 1996.

.0102 ELECTION OF OFFICERS

The Board shall, at the first meeting subsequent to January 1 of each year, elect a chairperson, vice-chairperson and secretary. Vacancies in the officers' terms, occurring from death, resignation, disability or expiration of Board service, shall be filled by election at the next Board meeting following the vacancy.

History Note: Authority G.S. 90-283;
Eff. April 1, 1996.

.0103 LICENSED ADMINISTRATOR REQUIRED

Only nursing homes supervised by an administrator licensed in accordance with the requirements of G.S. 90, Article 20 and these Rules may operate in this state.

History Note: Authority G.S. 90-276; 90-284; 90-285; 90-288; 42 C.F.R. 431.701;
42 C.F.R. 431-703;
Eff. April 1, 1996.

SECTION .0200 - DEFINITIONS

.0201 ADMINISTRATOR OF RECORD

"Administrator of Record" means the licensed administrator who is physically present in the facility for an amount of time sufficient to assure the facility's substantial compliance with applicable state and federal laws and rules.

History Note: Authority G.S. 90-285;
Eff. April 1, 1996.

.0202 LICENSE

The license is permanent certificate. An additional current two-part registration card is issued each time a licensee renews his license. One part is to be affixed to and displayed with the license. The second part provided is a wallet card.

History Note: Authority G.S. 90-280; 90-285;
Transferred and Recodified from 21 NCAC 37A .0909 Eff. April 1, 1996.

.0203 NATIONAL EXAM

The term "National Exam" as used in these Rules means the examination provided by the National Association of Boards of Examiners for Nursing Home Administrators.

History Note: Authority G.S. 90-278;
Eff. April 1, 1996.

.0204 PRACTICE OF NURSING HOME ADMINISTRATION

"Practice of nursing home administration" means the performance of any act or the making of any decision involved in the planning, organizing, directing, and/or control of the operation of a nursing home.

History Note: Authority G.S. 90-285;
Transferred and Recodified from 21 NCAC 37A .0105 Eff. April 1, 1996.

.0205 STATE EXAM

The term "State Exam" as used in these Rules means the examination provided by this Board regarding North Carolina state laws and rules concerning nursing homes.

History Note: Authority G.S. 90-278;
Eff. April 1, 1996.

SUBCHAPTER 37C - RULEMAKING AND DECLARATORY RULINGS

SECTION .0100 - ADOPTION OF RULES

.0101 PETITIONS FOR ADOPTION OF RULES

- (a) General. The procedure for petitioning the Board to adopt, amend, or repeal a rule is governed by G.S. 150B-20.
- (b) Submission. Rule-making petitions shall be sent to the Executive Director. No special form is required, but the petitioner shall state his name and address. The following shall be included in the petition:
- (1) a draft of the proposed rule;
 - (2) the reason for its proposal;
 - (3) the effect of the proposed rule on existing rules or decisions;
 - (4) data supporting the proposed rule;
 - (5) practices likely to be affected by the proposed rule;
 - (6) persons likely to be affected by the proposed rule.
- (c) Disposition. The Executive Director shall review the petition and develop a recommendation as to whether the petitioner's proposed rule should be rejected or implemented. The Executive Director shall present the petition and his recommendation to the Board at its next regular meeting following receipt of the petition, and the Board shall render its decision to either deny the petition or initiate rule-making. The Board shall notify the petitioner of its decision in writing within the period set by G.S. 150B-20.

History Note: Authority G.S. 90-285; 150B-20;
Transferred and Recodified from 21 NCAC 37A .1201 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

.0102 PROCEDURE FOR ADOPTION OF RULES

- (a) General. The procedure for the adoption, amendment or repeal of rules is governed by G.S. 150B-21.2.
- (b) Notice of Rule-making. Notice of rule-making shall be published in the North Carolina Register. Any person who wishes to receive individual notice shall file a written request with the Executive Director and shall be responsible for the cost of mailing said notice.
- (c) Public Hearing. Any public rule-making hearing required by G.S. 150B-21.2 shall be conducted by the Chairman of the Board or by any person he may designate. The presiding officer shall have complete control of the hearing and shall conduct the hearing so as to provide a reasonable opportunity for any interested person to present views, data, and comments:
- (1) the presiding officer shall set a time limit for oral presentations.
 - (2) written presentations shall be submitted prior to or during a rule-making hearing and shall be acknowledged by the presiding officer and shall be given the same consideration as oral presentations.

History Note: Authority G.S. 90-285; 150B-21.2;
Transferred and Recodified from 21 NCAC 37A .1202 Eff. April 1, 1996.

.0103 DECLARATORY RULINGS

- (a) General. The issuance of declaratory rulings by the Board is governed by G.S. 150B-4.
- (b) Request And Contents. A request for a declaratory ruling shall be in writing and addressed to the Executive Director. The request shall contain the following information:
- (1) the name and address of the person making the request;
 - (2) the statute or rule to which the request relates;
 - (3) a concise statement of the manner in which the person has been aggrieved by the statute or rule;
 - (4) a statement as to whether a hearing is desired and, if desired, the reason therefor.
- (c) Refusal To Issue Ruling. The Board shall ordinarily refuse to issue a declaratory ruling under the following circumstances:
- (1) when the Board has already made a controlling decision on substantially similar facts in a contested case;
 - (2) when the facts underlying the request for a ruling were specifically considered at the time of the adoption of the rule in question; or
 - (3) when the subject matter of the request is involved in pending litigation in North Carolina.

History Note: Authority G.S. 150B-4
Transferred and Recodified from 21 NCAC 37A .1204 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

SUBCHAPTER 37D - NEW LICENSES

SECTION .0100 - GENERAL

.0101 OVERVIEW

The Board issues new licenses, reciprocal licenses and temporary licenses. All applicants shall comply with the application requirements set out in Section .0200 of this Subchapter. New license applicants shall successfully complete an AIT program pursuant to Section .0400 of this Subchapter, successfully complete the AIT course pursuant to Section .0300 of this Subchapter, pass the national exam pursuant to Section .0600 of this Subchapter and pass the state exam pursuant to Section .0700 of this Subchapter. Reciprocal license applicants shall provide proof that the original license from another jurisdiction substantially meets the applicable North Carolina licensure requirements and shall pass the national and state exams. Temporary licenses shall be issued pursuant to 21 NCAC 37F .0100.

History Note: Authority G.S. 90-279; 90-287;
Eff. April 1, 1996.

.0102 STEPS FOR NEW LICENSE APPLICANTS

New license applicants shall:

- (1) Meet educational and experience requirements as set out in 21 NCAC 37D .0300 generally;
- (2) Apply for and successfully complete the AIT program pursuant to 21 NCAC 37D .0400;
- (3) Apply for and successfully complete the required course pursuant to 21 NCAC 37D .0303;
- (4) Apply for and successfully complete the national exam pursuant to 21 NCAC 37D .0600;
- (5) Apply for and successfully complete the state exam pursuant to 21 NCAC 37D .0700;
- (6) Apply for licensure pursuant 21 NCAC 37D .0200.

History Note: Authority G.S. 90-278; 90-285;
Eff. April 1, 1996.

SECTION .0200 - APPLICATION FOR LICENSE

.0201 APPLICATION PACKAGE

- (a) An applicant shall request, in writing, an application package from the Board. The request shall be accompanied by copying charges at a cost set out in 26 NCAC 1 .0103, which shall be credited to the total application fee.
- (b) All applications shall be received in the Board's office a minimum of three weeks prior to the meeting of the Board at which the application is to be considered. All items required to be provided to constitute a full application shall be received by this date.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0301 Eff. April 1, 1996;
Amended Eff. April 1, 1996

.0202 INITIAL LICENSURE FEE

The applicant shall send to the Board, prior to licensure, an initial licensure fee of four hundred twenty-five dollars (\$425.00) when applicant has successfully passed the examinations as required by the Board under Sections .0600 and .0700 of this Chapter.

History Note: Authority G.S. 90-280
Transferred and Recodified from 21 NCAC 37A .0302 Eff. April 1, 1996;
Amended Eff. August 1, 1996;
Temporary Amendment Eff. August 15, 1996,
Amended Eff. July 1, 1998,
Temporary Amendment Eff. August 15, 1999.
Amended Eff September 1, 2004; July 1, 2000

.0203 REFERENCES

A candidate for licensure shall submit with his application three reference forms (one of which shall be from an employer) from individuals not related to the candidate who shall certify to the good moral character of the applicant. It shall be prima facie evidence of good moral character if a candidate has not violated any standards stated in G.S. 90-285.1.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0303 Eff. April 1, 1996.
Amended Eff. April 1, 1996.

.0204 FELONIES AND/OR MISDEMEANORS

- (a) Felony. An applicant for licensure who has been convicted by any jurisdiction of a felony shall not be permitted to enter the AIT program or otherwise be licensed unless his rights of citizenship have been restored.
- (b) Misdemeanor. An applicant for licensure who has been convicted by any jurisdiction of a misdemeanor shall not be permitted to enter the AIT program or otherwise be licensed unless he has fully complied with all terms of the judgment imposed for said misdemeanor.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0304 Eff. April 1, 1996.

SECTION .0300 - EDUCATION, EXPERIENCE AND REQUIRED COURSE

.0301 EDUCATION

To be eligible for the national and state exams and for licensure, an applicant shall have either a minimum of two years credit from an accredited college as described in G.S. 90-278(b) or have a combination of education and experience approved by the Board pursuant to 21 NCAC 37D .0302. All education credit shall be documented by an official originally sealed college transcript.

History Note: Authority G.S. 90-278;
Eff. April 1, 1996.

.0302 COMBINATION OF EDUCATION AND EXPERIENCE

A combination of education and experience shall comply with the following requirements:

- (1) A minimum of one year of college from an accredited institution with a cumulative average of at least a 2.0 grade point average on a 4.0 point scale.
- (2) Supervisory experience may be substituted for up to one year of education at the rate of two years experience for one year of education credit. Supervisory experience for purposes of this Section means having continuous, direct management responsibility, including some responsibility for hiring and firing, over the equivalent of at least one full-time employee. Such supervisory experience shall have been in a nursing home within the five years preceding the date of application. For purposes of this Rule, “supervisory experience” means full-time service as a department head or licensed professional supervising one or more employees.

History Note: Authority G.S. 90-278;
Eff. April 1, 1996;
Amended Eff. July 1, 2000.

.0303 REQUIRED COURSE

The course prescribed by the Board pursuant to G.S. 90-278(1)c shall be comprised of in-class, field and correspondence components substantially equivalent to the 2003 description of the Basic Nursing Home Administrator Course provided by the School of Public Health at UNC-Chapel Hill. An applicant with a health care administration degree may request in writing that the Board approve college courses as substantially equivalent to portions of the required course, provided the applicant tests out of portions of the required course with a passing score of at least 70 percent.

History Note: Authority G.S. 90-278(1)c;
Eff. April 1, 1996;
Amended Eff. July 1, 2004; July 1, 2000.

SECTION .0400 - ADMINISTRATOR-IN-TRAINING

.0401 TRAINING REQUIREMENT

Each applicant for initial licensure shall complete an AIT program under the direction of a preceptor unless he is exempt from this requirement under G.S. 90-278(1)d or Rule .0412 of this Section

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0501 Eff. April 1, 1996.

.0402 APPLICATION TO BECOME ADMINISTRATOR-IN-TRAINING

(a) The applicant shall submit to the Board an application, which shall contain such information as name, education, employment history, questions pertaining to moral character, and any other information the Board may require to process an application according to these Rules, and an

affidavit stating that the applicant, if granted a license, shall obey the laws of the state and the rules of the Board, and shall maintain the honor and dignity of the profession.

(b) The applicant shall submit a background resume indicating the areas in which he is competent or lacking.

(c) The applicant shall submit three reference forms as required and defined by Rule .0203 of this Subchapter.

(d) The applicant shall supply a certified copy of each college transcript indicating the courses completed and hours earned, specifying whether semester or quarter hours. The applicant shall supply documentation of his supervisory experience in a nursing home if he is utilizing the experience substitute for the education requirement as allowed by G.S. 90-278(1)b.

(e) The applicant shall appear before the Board for a personal interview.

(f) The preceptor shall submit to the Board three weeks prior to the personal interview:

(1) Facility Survey Form;

(2) Letter accepting individual as an AIT;

(3) An individualized curriculum for the AIT program that provides the AIT with on the job experience in the subject areas as outlined in Rule .0605 of this Subchapter, including the recommended number of weeks in the program as outlined on the Rationale Form;

(4) Based on the education or experience of the AIT applicant, the preceptor shall be responsible for providing a rationale for any subject area in which the recommended number of weeks for the AIT is less than the number of weeks provided on the Form;

(5) Map to facility or directions.

(g) The owner of the facility or governing board shall submit to the Board three weeks prior to the personal interview, a letter of approval for the AIT applicant to train in their facility.

(h) A fee of one hundred fifty dollars (\$150.00) shall be submitted with the application.

(i) An AIT applicant shall maintain at all times a current residence mailing address with the Board office.

History Note: Authority G.S. 90-278; 90-280; 90-285;
Transferred and Recodified from 21 NCAC 37A .0502 Eff. April 1, 1996;
Amended Eff. July 1, 2004; April 1, 1996.

.0403 TRAINING PERMIT

(a) After the interview and approval, and upon notification from the preceptor of the starting date of the AIT program, the Board shall issue an AIT training permit to the applicant for a maximum one-year period beginning on the date the permit is issued.

(b) Should the AIT or the Preceptor fail to follow the individualized curriculum (submitted pursuant to Rule 37D .0402), follow the training program (presented pursuant to Rule 37D .0405), timely submit a report (required by Rule 37D .0406), serve at least a minimum number of hours (required by Rule 37D .0407), or otherwise comply with any applicable statute or rule, the Board may revise, suspend, or rescind the AIT training permit.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0504 Eff. April 1, 1996.
Amended Eff. April 1, 1996;
Amended Eff. July 1, 2000.

.0404 ADMINISTRATOR-IN-TRAINING SELECTION OF PRECEPTOR

- (a) From an approved list of preceptors, the AIT applicant shall select a preceptor prior to submitting application to the Board.
- (b) It shall be the responsibility of the AIT applicant to contact a preceptor to ensure that the preceptor accepts the AIT applicant.
- (c) The AIT must notify the Board of any change in preceptor. Any change in the preceptor shall be from the approved list.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0505 Eff. April 1, 1996;
Amended Eff. July 1, 2004; April 1, 1996.

.0405 ADMINISTRATOR-IN-TRAINING PROGRAM

- (a) The preceptor shall evaluate and recommend to the Board the length of the AIT program required to teach the core of knowledge as outlined in 21 NCAC 37D .0605 before accepting the AIT to train in a facility approved by the Board subject to the following provisions:
 - (1) in determining the length of the AIT program, the preceptor shall consider the strengths and weaknesses of the AIT applicant as it relates to his/her education and past supervisory experience;
 - (2) the AIT program shall be presented to the Board by the preceptor and the AIT during the personal interview as required under Rule .0402(e) of this Section; and
 - (3) except as otherwise allowed under Rule .0412 of this Section, all AITs shall serve a minimum of 12 weeks in the AIT program, plus any additional weeks as determined by the Board. In determining whether to require additional weeks in addition to the 12 week minimum, the Board shall consider the recommendation of the preceptor, and the Board's independent consideration of the AIT applicant's education, training and experience relevant to operating a health care facility.
- (b) An AIT applicant who is working toward or has completed a baccalaureate or masters degree in nursing home administration or a related health care administration field shall serve a minimum of 12 weeks in the AIT program as part of his/her educational curriculum in a North Carolina licensed nursing home under the supervision of an approved preceptor.
- (c) An AIT shall complete a basic Nursing Home Administrator course approved by the Board within two years preceding an application for licensure.
- (d) Within one year after the completion of the approved AIT program and upon successfully passing the examinations as required by the Board, the AIT may submit a licensure application and fee as provided in Rules 37D .0201 and .0202, and may be issued a license.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0519 Eff. April 1, 1996;
Amended Eff. April 1, 1996;
Amended Eff. July 1, 2000.

.0406 AIT REPORTS

- (a) At the conclusion of each month, the AIT shall submit to the Board a report on his progress on a form provided by the Board for that purpose. Provided, however, an AIT approved for a program of less than 20 weeks in length, shall submit weekly reports.
- (b) The report requires the name of the AIT, a statement of the subject areas covered that week or month, the number of hours the AIT has completed that week or month, comments from the preceptor concerning the progress of the AIT's training, a description of the administrative activities in which the AIT has participated, suggestions for improvement in the program, and other information that the Board requests.

(c) Both the preceptor and the AIT shall sign the report, verifying the accuracy of the information.

(d) Weekly or monthly reports shall be received in the Board's office within 10 days of the end of the reporting period.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0510 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

.0407 AIT TIME ON THE JOB

(a) The AIT shall serve an internship recommended by the preceptor and approved by the Board with a minimum of 40 hours per week, principally during the hours that the preceptor is on duty. The minimum AIT program is 12 weeks, which may not be reduced except as stated in G.S. 90-278(1)d and Rule .0412 of this Section.

(b) An internship which has been discontinued by a period of military service shall be allowed to be completed within a year after that service.

(c) An internship which has been discontinued for any purpose other than military service cannot be completed if the absence exceeds one year from the date of discontinuance.

(d) Only one discontinuance is allowed.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0517 Eff. April 1, 1996;
Amended Eff. July 1, 2000.

.0408 CHANGE OF STATUS AND DISCONTINUANCE

(a) If the AIT desires to change preceptors, he shall submit a Notice of Change of Status or Discontinuance form provided by the Board. Prior to changing preceptors, the AIT shall notify the Board and the Board's Executive Director may grant such requests subject to approval at the next regularly scheduled Board meeting.

(b) If the AIT desires to discontinue his internship, the Notice of Change of Status or Discontinuance form shall be submitted within 10 days of discontinuance before any accumulated training time may be considered should the AIT elect to re-enter his internship program at a future date.

(c) The form requires the name of the AIT and preceptor, the change requested, the effective date and reasons for the change. Either the AIT or the preceptor shall sign the form.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0514 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

.0409 DISMISSAL FROM PROGRAM

(a) The preceptor or Board staff shall inform the AIT of his performance as the program progresses.

(b) If the AIT's performance is not acceptable, the preceptor or Board staff shall so inform him, and the AIT shall be given an opportunity to correct the deficiencies.

(c) If the AIT does not correct the deficiencies, either the preceptor, or the Board, shall notify the AIT that he can no longer participate in the program.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0515 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

.0410 COMPENSATION OF AITS

- (a) The Board shall not pay the AIT compensation for his work in the program.
- (b) The facility in which the AIT is training may compensate the AIT, but is not required to do so by these Rules.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0516 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

.0411 APPROVAL OF PROGRAMS OF STUDY IN ACCREDITED INSTITUTIONS

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0402 Eff. April 1, 1996;
Repealed Eff. April 1, 1996.

.0412 INITIAL ON-THE-JOB TRAINING

- (a) Every AIT program shall include a 12 week initial on-the-job training component plus such additional weeks of on-the-job training appropriate to the individual applicant based upon education and experience necessary to assure minimum professional competence. The initial portion shall include basic work in the subject areas outlined in 21 NCAC 37D .0605.
- (b) Reduction to AIT program:
 - (1) A hospital administrator or assistant administrator shall be exempt from the 12 week initial on-the-job training component if:
 - (A) He has been the administrator or assistant administrator of a particular long-term care unit or swing beds in a hospital facility for at least 12 weeks; and
 - (B) The hospital facility was licensed in North Carolina under either Article 5 of G.S. 131E or Article 2 of G.S. 122C.
 - (2) A nursing home assistant administrator or director of nursing shall be exempt from those portions of the initial on-the-job training which the applicant shows have been satisfied by direct on-the-job experience in a nursing home licensed in North Carolina provided he has served for four years within the previous five years in such a position with a level of responsibility and complexity for the management of human, financial, and material resources for the provision of care of magnitude at least equal to that of a licensed nursing home administrator, and with exposure to and familiarity with the subject areas outlined in 21 NCAC 37D .0605.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0520 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

SECTION .0500 - PRECEPTORS

.0501 APPLICATION FOR PRECEPTOR CERTIFICATION

A licensed Nursing Home Administrator wishing to be certified as a preceptor for the AIT program may apply on an application obtained by writing to the Board.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0507 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

.0502 PRECEPTOR QUALIFICATIONS

- (a) To be certified as a preceptor the nursing home administrator shall:
- (1) exemplify the highest ethical and professional standards and not have violated any standards stated in G.S. 90-285.1;
 - (2) have been the administrator of record of a nursing home facility for a minimum of two years or have a masters degree in health care administration and have been the administrator of record of a nursing home facility for a minimum of one year;
 - (3) certify that no revocation proceeding, suspension of admissions, or provisional license has been initiated or is in effect against his facility(ies);
 - (4) express himself well and be at ease in a teaching situation;
 - (5) be a full time administrator of record of a facility that is licensed by the Division of Facility Services as a nursing home;
 - (6) successfully complete a preceptor training course approved by the Board within the past two years; and
 - (7) complete 40 hours of continuing education during the 24 months preceding application for certification.
- (b) A preceptor shall be recertified biennially by the Board in accordance with the qualifications as set out in Paragraph (a) of this Rule at the time of license renewal.
- (c) The preceptor and the AIT shall spend a minimum of four hours per week in orientation, direct instruction, planning and evaluation.
- (d) An administrator licensed by reciprocity/endorsement who held an active preceptor certificate in another state may also receive a North Carolina preceptor certificate if all other requirements are met.
- (e) Any administrator who otherwise meets all requirements of this Rule except for completion of the approved course under Subparagraph (a)(6) of this Rule and who has previously been certified as a preceptor may be issued a temporary preceptor certificate by the Board until such course is completed.

History Note: Authority G.S. 90-276(5); 90-278; 90-285(11);
Transferred and Recodified from 21 NCAC 37A .0508 Eff. April 1, 1996;
Amended Eff. April 1, 1996;
Amended Eff. July 1, 2000.

.0503 PRECEPTOR'S REPORTS

- (a) At the end of the approved AIT program, the preceptor shall submit a report and an evaluation of the AIT on forms provided by the Board. These forms are to be submitted to the Board within 10 days of completion of the AIT program. The forms shall require the name of the AIT, the place of training, an evaluation of the AIT's abilities, and other information that the Board requests. The preceptor shall sign the forms.
- (b) The reports shall be filed in the AIT's file in the Board's office and shall become a permanent record in the individual's file.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0512 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

.0504 PRECEPTOR COMPLIANCE

Failure to comply with the supervision and reporting requirements of these rules shall constitute grounds for discipline of the preceptor as well as grounds for revision, suspension or rescission of the training permit.

History Note: G.S. 90-278; 90-285;
Eff. July 1, 2000.

SECTION .0600 - NATIONAL EXAM

.0601 ELIGIBILITY

- (a) To be eligible to take the national exam, an applicant shall:
- (1) be approved for an AIT program which, along with the required course prescribed in 21 NCAC .0303, shall be completed within 45 days after the exam; or
 - (2) be exempt pursuant to G.S. 90-278(1)(d); or
 - (3) be a reciprocal applicant whose prior exam scores do not meet current N.C. requirements.
- (b) Upon the third failure of any exam required by the Board, the AIT and the preceptor shall submit to the Board a program to strengthen the candidate's weakness as demonstrated by the previous exam results. Upon approval by the Board of the program and completion thereof by the candidate, he shall be eligible to retake the exam.
- (c) Upon the failure of any examination the fourth time, the AIT shall be disqualified from continuing in the program. Nothing in this Rule shall be construed to prevent the applicant from reapplying for entrance to the AIT program.

History Note: Authority G.S. 90-278; 90-285;
Eff. April 1, 1996;
Amended Eff. July 1, 2000.

.0602 NATIONAL EXAM APPLICATION

To sit for the National Exam, a person shall submit an exam application electronically to the NAB. In order to release the results of the NAB exam score, the applicant shall pay to the Board a processing fee of fifty dollars (\$50.00).

History Note: Authority G.S. 90-285;
Eff. September 1, 2004; April 1, 1996.

.0603 NATIONAL EXAMINATION ADMINISTRATION

- (a) The applicant may sit for the National Examination consistent with the examination schedule established by the National Association of Boards of Examiners of Long Term Care Administrators (NAB).
- (b) An applicant shall sit for and pass the National and State Exams within one year of the date of completion of the AIT program in order to meet the AIT requirement.
- (c) An applicant shall pay the exam fees each time he takes the National Examination.

History Note: Authority G.S. 90-280' 90-285;
Eff. April 1, 1996
Amended Eff. July 1, 2000.

.0604 GRADE REQUIRED

Every candidate for a nursing home administrator's license shall be required to pass the licensing examinations with a grade of at least 75 percent.

History Note: Authority G.S. 90-285;
Transferred and Recodified from 21 NCAC 37A .0801 Eff. April 1, 1996.

.0605 SUBJECT AREAS

The National Examination shall include, but need not be limited to, the following subjects:

- (1) Resident Care and Quality of Life;
- (2) Human Resources;
- (3) Finance;
- (4) Physical Environment and Atmosphere;
- (5) Leadership and Management.

History Note: Authority G.S. 90-278; 90-285;
Transferred and Recodified from 21 NCAC 37A .0701 Eff. April 1, 1996;
Amended Eff. April 1, 1996;
Amended Eff. July 1, 2004; July 1, 2000.

SECTION .0700 - STATE EXAM

.0701 ELIGIBILITY

- (a) To be eligible to take the State Examination, the applicant shall be qualified under Rules .0601 and .0603(b) of this Subchapter.
- (b) Upon the third failure of any exam required by the Board, the AIT and the preceptor shall submit to the Board a program to strengthen the candidate's weakness as demonstrated by the previous exam results. Upon approval by the Board of the program and completion thereof by the candidate, he shall be eligible to retake the exam.
- (c) Upon the failure of any examination the fourth time, the AIT shall be disqualified from continuing in the program. Nothing in this Rule shall be construed to prevent the applicant from reapplying for entrance to the AIT program.

History Note: Authority G.S. 90-285;
Eff. April 1, 1996;
Amended Eff. July 1, 2000.

.0702 APPLICATION

To sit for the State Examination, a person shall submit an application on a form provided by the Board.

History Note: Authority G.S. 90-285;
Eff. April 1, 1996

.0703 STATE EXAMINATION ADMINISTRATION

- (a) The State Examination shall be administered on dates to be determined and published by the Board. It may also be offered on different dates to reciprocity applicants and to applicants who have passed the National Examination but have previously failed the State Examination.
- (b) An applicant shall pay a fee of seventy-five dollars (\$75.00) each time he takes the State Examination.

History Note: Authority G.S. 90-280; 90-285;
Eff. July 1, 2004; April 1, 1996.

.0704 GRADE REQUIRED

Each candidate for a nursing home administrator's license shall be required to pass the licensing examinations with a grade of at least 75%.

History Note: Authority G.S. 90-285;
Eff. July 1, 2000.

SUBCHAPTER 37E - RECIPROCITY/ENDORSEMENT

SECTION .0100 - APPLICATIONS

.0101 APPLICATION PROCESS

(a) The Board may issue a license to a nursing home administrator who holds a nursing home administrator license issued by the proper authorities of any other state, upon payment of the current licensing fee, successful completion of the State Examination, and submission of evidence satisfactory to the Board as to the following:

- (1) such applicant for licensure shall have personal qualifications, education, training and experience at least substantially equivalent to those required in this state;
- (2) such applicant shall be licensed in another state that gives similar recognition and reciprocity/endorsement to nursing home administrator licenses of this state;
- (3) such applicant for license by reciprocity/endorsement holds a valid active license as a nursing home administrator in the state from which he is transferring; and
- (4) such applicant shall appear before the Board for a personal interview.

(b) If the applicant for reciprocity does not submit evidence satisfactory to the Board as required by Subparagraph (a)(1) or (a)(2) of this Rule, the Board may issue a temporary reciprocal license for six months upon the following conditions:

- (1) Within one month of expiration of the temporary reciprocal license, submission of a statement that the temporary licensee has administered the nursing home in a manner satisfactory to the nursing home owner or representative of the owner, or
- (2) Completion of Continuing Education course(s) that the Board may require as a condition of issuance of a temporary reciprocal license.

If the applicant for temporary reciprocal license does not submit evidence satisfactory to the Board as required by Subparagraph (a)(1) or (a)(2) of this Rule and at the time of the interview with the Board would qualify for condition Subparagraph (b)(1) of this Rule and the Board determines from the application that the applicant does not possess education substantially equivalent to the qualifications required by this state, the Board may also require completion of Continuing Education course(s) as a condition of issuance of a temporary reciprocal license.

(c) If a temporary reciprocal license is issued pursuant to Paragraph (b) of this Rule and the applicant notifies the Board prior to the expiration of the six-month term that the circumstances have changed such that the condition(s) imposed is no longer applicable, the Board may extend the temporary reciprocal license for an additional period not to exceed six months and require the applicant to fulfill the other condition from Paragraph (b) of this Rule not originally imposed, upon consideration of the following:

- (1) the period of extension requested;
- (2) the extent of control the applicant had over the situation causing the request for extension;
- (3) the applicant's good faith effort at compliance with the original term imposed;
- (4) if condition Subparagraph (b)(1) of this Rule was imposed, any issues arising during the term of the applicant at the facility identified during a survey conducted by the Division of Facility Services or a Federal Surveying agency.

(d) If a temporary reciprocal license is issued pursuant to Paragraph (b) of this Rule and the applicant notifies the Board prior to the expiration of the six-month term that the applicant was unable to fulfill the condition within the six-month time period, the Board may extend the temporary reciprocal license for an additional period not to exceed six months upon consideration of the following:

- (1) the period of extension requested;

- (2) the extent of control the applicant had over the situation causing the request for extension;
- (3) the applicant's good faith effort at compliance with the original term imposed;
- (4) if condition Subparagraph (b)(1) of this Rule was imposed, any issues arising during the term of the applicant at the facility identified during a survey conducted by the Division of Facility Services or a Federal Surveying agency.

History Note: Authority G.S. 90-280; 90-285; 90-287;
Transferred and Recodified from 21 NCAC 37A .0912(a) Eff. April 1, 1996.
Amended Eff. April 1, 1996
Amended Eff. July 1, 2004; July 1, 2000.

.0102 APPLICATION CONTENTS

An applicant for reciprocity/endorsement shall submit the following items which must be received by the Board three weeks prior to the personal interview:

- (1) a completed application;
- (2) background resume;
- (3) certified college transcript(s);
- (4) three reference forms (one of which shall be from an employer) from individuals not related to the applicant who shall certify the good moral character of the applicant as defined in 21 NCAC 37D .0203;
- (5) licensing questionnaire(s) from every state where the applicant has held a license;
and
- (6) a two hundred dollar (\$200.00) application fee.

History Note: Authority G.S. 90-280; 90-285; 90-287;
Transferred and Recodified from 21 NCAC 37A .0912(b) Eff. April 1, 1996;
Amended Eff. April 1, 1996,
Temporary Amendment Eff. August 15, 1999;
Amended Eff. July 1, 2004; July 1, 2000.

.0103 DENIAL AND REVOCATION

The Board shall have the power, after due notice and an opportunity to be heard at a hearing, to revoke or suspend the nursing home administrator license issued to any person under this Rule upon evidence satisfactory to the Board that the duly constituted authorities of any other state have lawfully revoked or suspended the nursing home administrator license issued to such person by such state.

History Note: Authority G.S. 90-280; 90-285; 90-287;
Transferred and Recodified from 21 NCAC 37A .0912(c) Eff. April 1, 1996.

SUBCHAPTER 37F - TEMPORARY LICENSES
SECTION .0100 - TEMPORARY LICENSE REQUIREMENTS

.0101 PREREQUISITES FOR TEMPORARY LICENSURE

- (a) The Chairman of the Board may issue a temporary license through the Executive Director for an initial period of time from issuance until the next Board meeting to an individual temporarily filling the position of a nursing home administrator provided one of the circumstances in Paragraph (b) of this Rule exists and the prerequisites for temporary license in Paragraph (c) of this Rule have been met.
- (b) The nursing home shall prove to the satisfaction of the Board that it is not currently being administered by a temporary licensee, and at least one of the following circumstances exists:
 - (1) sudden death of the licensed administrator;
 - (2) unexpected transfer of the licensed administrator; or
 - (3) unforeseeable termination of the licensed administrator.
- (c) An individual applying for a temporary license shall:
 - (1) be at least 18 years of age;
 - (2) be of good moral character;
 - (3) be of sound physical and mental health; and
 - (4) have previously served as a licensed administrator in another state, served assistant administrator in a nursing home for at least two years, served as director of nursing in a nursing home for at least one year, or be otherwise comparably qualified.
- (d) The Board may approve an application for one renewal of up to six additional months of a temporary license if the nursing home submits evidence satisfactory to the Board that at least one of the circumstances listed in Subsection (b) of this Rule occurred at the facility after the initial approval of the current temporary license.

History Note: Authority G.S. 90-278; 90-279; 90-285;
Transferred and Recodified from 21 NCAC 37A .1001 Eff. April 1, 1996;
Amended Eff. April 1, 1996;
Amended Eff. July 1, 2000.

.0102 ISSUANCE AND RENEWAL OF TEMPORARY LICENSE

- (a) An applicant for a temporary license shall request, in writing, a temporary license package from the Board, provide a letter from the owner or regional manager requesting the issue of such license for the facility, stating the circumstances necessitating the issuance of a temporary license, and submit a completed application package including payment of a two hundred dollar (\$200.00) fee.
- (b) After an applicant is issued a temporary license he shall successfully pass the state examination as administered by the Board at the next scheduled testing period to retain the temporary license.
- (c) A temporary license may be renewed at the discretion of the Board for an additional period not to exceed a total of six months subject to the requirements of 21 NCAC37F .0101(d).
- (d) A temporary license shall be issued to the licensee to permit him to practice only in the nursing home to which he is assigned on the date of issuance.
- (e) If the Board renews the temporary license, no further fee shall be required.

History Note: Authority G.S. 90-278; 90-280; 90-285;
Transferred and Recodified from 21 NCAC 37A .1003 Eff. April 1, 1996;
Amended Eff. April 1, 1996,
Temporary Amendment Eff. August 15, 1999;
Amended Eff. July 1, 2000.

**SUBCHAPTER 37G - RENEWAL, INACTIVE RESTORATION AND
REINSTATEMENT, DUPLICATE**

SECTION .0100 - RENEWAL REQUIREMENTS

.0101 RENEWAL

- (a) A license shall expire on the 30th day of September of the second year following its issuance.
- (b) The licensee shall biennially apply to the Board for a new certificate of registration to be displayed with the permanent license and report any facts requested by the Board on forms provided by the Board.
- (c) The form shall include the name of the licensee, address, the place of the applicant's practice, at least 30 hours of continuing education credits, any criminal convictions and administrative disciplinary action by any other licensing boards in the proceeding two years and any other information which the Board may feel it needs to act upon the application. Along with the form, such licensee shall provide documentation of completion of 30 hours of continuing education approved by the Board during each biennial period.
- (d) As a courtesy, the Board shall send renewal notices to the last address on record; it is the individual licensee's responsibility to keep this information current with the Board office.
- (e) A licensee shall notify the Board in writing within 15 days of any change of address (home and work) or employment.

History Note: Authority G.S. 90-285; 90-286;
Transferred and Recodified from 21 NCAC 37A .0903 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

.0102 RENEWAL FEE

Upon making application for a new certificate of registration a licensee shall pay a biennial licensure fee of four hundred twenty-five dollars (\$425.00).

History Note: Authority G.S. 90-280; 90-285; 90-286;
Transferred and Recodified from 21 NCAC 37A .0904 Eff. April 1, 1996;
Amended Eff. August 1, 1996;
Temporary Amendment Eff. August 15, 1996,
Amended Eff. July 1, 1998,
Temporary Amendment Eff. August 15, 1999;
Amended Eff. September 1, 2004; July 1, 2000.

SECTION .0200 - INACTIVE LICENSES

.0201 INACTIVE STATUS REQUIREMENTS

- (a) An inactive list of administrators who are not practicing in this state shall be maintained by the Board. An administrator who desires to be placed on the inactive status list shall make a written request and submit a fifty dollar (\$50.00) per year fee to the Board. Inactive status shall only be granted on a prospective basis.
- (b) A request to be placed on the inactive status list shall be submitted to the Board no later than 30 days after expiration of the license under 21 NCAC 37G .0101(a). Failure to submit the request and payment of the fee within this time shall result in automatic expiration of the license retroactive to the expiration date.

(c) An administrator may remain on the inactive list for a period not to exceed four years provided he pays a fifty dollar (\$50.00) fee in advance for each additional year.

History Note: Authority G.S. 90-280; 90-285;
Transferred and Recodified from 21 NCAC 37A .0906 Eff. April 1, 1996;
Amended Eff. April 1, 1996,
Temporary Amendment Eff. August 15, 1999;
Amended Eff. July 1, 2000.

.0202 ACTIVATION OF INACTIVE LICENSE

(a) A nursing home administrator whose license has been inactive for less than three years may activate the license by submitting an application to the Board, documentation of the applicant's completion of 30 hours of continuing education approved by the Board during the preceding 24 months, and payment of the current license renewal fee.

(b) A nursing home administrator whose license has been inactive for less than five years but more than three years may activate the license by providing the items in Paragraph (a) of this Rule and, in addition, by successfully completing the state examination.

(c) A previously licensed nursing home administrator whose license has been inactive for a period exceeding five years shall comply with all the requirements for licensure in this Chapter.

History Note: Authority G.S. 90-280; 90-285; 90-286;
Transferred and Recodified from 21 NCAC 37A .0902 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

SECTION .0300 - REINSTATEMENT

.0301 REINSTATEMENT OF LICENSE

Upon re-applying for a license as provided in 21 NCAC 37D .0201, .0202, .0203, 0204 and after a revocation period of two years, the Board may reinstate a license for good cause. Good cause means that the applicant is completely rehabilitated with respect to the conduct which was the basis of the discipline. Evidence of such rehabilitation shall include, but is not limited to, evidence that:

- (1) such person has not engaged in conduct during the discipline period which, if the person had been licensed during such period, would have constituted the basis for discipline under G.S. 90-285.1;
- (2) with respect to any criminal conviction which constituted any part of the previous discipline, the person has completed the sentence imposed, and is no longer on probation, whether supervised or unsupervised; and
- (3) restitution has been made to any aggrieved party.

History Note: Authority G.S. 90-285
Transferred and Recodified from 21 NCAC 37A .0913 Eff. April 1, 1996;
Amended Eff. July 1, 2004; April 1, 1996.

.0302 RESTORATION OF LAPSED LICENSE

(a) A nursing home administrator whose license has lapsed for a period of time less than two years shall submit an application to the Board in accordance with 21 NCAC 37D .0402. The application shall be on a form provided by the Board and shall include:

- (1) documentation of the applicant's completion of thirty hours of continuing education approved by the Board during the preceding twenty-four months;
 - (2) payment of the current license application fee; and
 - (3) successfully completing the State Examination.
- (b) A previously licensed nursing home administrator whose license has lapsed for a period of time exceeding two years may activate the license by submitting an application and shall comply with all the requirements for licensure as set out in Rule 37D .0102. The Board shall determine whether the applicant complies with the then current requirements of licensure.

History Note: Authority G.S. 90-285, 90-286;
Eff. July 1, 2004.

SECTION .0400 - DUPLICATE LICENSES

.0401 DUPLICATE LICENSE REQUIREMENTS

- (a) Upon receipt of satisfactory evidence that a license or certificate of registration has been lost, mutilated, or destroyed, the Board may issue a duplicate license or certificate of registration upon payment of a fee of twenty-five dollars (\$25.00).
- (b) If a licensee's name has legally changed from the name under which the individual was originally licensed by the Board, the licensee shall furnish copies of the documents legally authorizing the name change, along with the twenty-five dollar (\$25.00) fee, when requesting a duplicate certificate.

History Note: Authority G.S. 90-280(d);
Transferred and Recodified from 21 NCAC 37A .0914 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

SUBCHAPTER 37H - CONTINUING EDUCATION

SECTION .0100 - CONTINUING EDUCATION REQUIREMENTS

.0101 CONTINUING EDUCATION HOURS REQUIREMENT

Every licensee shall document successful completion of at least 30 hours of approved continuing education for each biennial period of registration.

History Note: Authority G.S. 90-285;
Eff. April 1, 1996.

.0102 CONTINUING EDUCATION PROGRAMS OF STUDY

(a) The Board shall certify and administer courses in continuing education for the professional development of nursing home administrators and to enable persons to meet the requirements of the Rules in this Chapter. The licensee shall keep a record of his continuing education hours. Certified courses, including those sponsored the Board, an accredited university, college or community college, associations, professional societies, or organizations shall:

- (1) contain a minimum of one classroom hours of academic work and not more than eight classroom hours within a 24-hours period; and
- (2) include instruction in the following general subject areas or their equivalents:
 - (A) Resident Care and Quality of Life;
 - (B) Human Resources;;
 - (C) Finance;
 - (D) Physical Environment and Atmosphere;
 - (E) Leadership and Management.

(b) In lieu of certifying each course offered by a provider, the Board may certify the course provider for an annual fee not to exceed two thousand dollars (\$2,000.00)(so long as the course provider submits a list of courses offered for credit and agrees to comply with the requirements of Paragraph (a) of this Rule).

(c) Certified courses not administered by the Board shall:

- (1) be submitted to the Board for approval at least 30 days prior to the presentation of the program;
- (2) be accompanied with a processing fee to cover the cost of reviewing and maintaining records associated with the continuing education program. The fee schedule is as follows:
 - (A) Any course submitted for review, up to and including five hours, shall be accompanied by a fee of seventy-five dollars (\$75.00);
 - (B) Courses submitted for review of at least six hours and up to and including nine hours shall be accompanied by a fee of ninety dollars (\$90.00);
 - (C) Courses submitted for review of 10 hours or more shall be accompanied by a fee of one hundred dollars (\$100.00).
- (3) be approved for a period of one year from the date of initial presentation.

(c) Courses from an accredited university or community college shall meet all requirements as outlined in Paragraphs (a) and (b) of this Rule. A licensee submitting such courses for continuing education credit shall submit a copy of the final grade for said course work. Continuing education credit hours granted by the Board shall be the same as those granted by the institution.

(e) Credit may be earned for participation in teleconferenced course only if there is a third party

representative of the course sponsor or the Board present to verify the licensee's attendance throughout the course.

(f) Up to ten (10) hours of credit may be earned for participation in correspondence courses, only if,

- (1) the correspondence course is approved by the Board or the National Association of Boards of Examiners of Long Term Care Administrators (NAB); and
- (2) the approved course planner sends to the Board a verification of the individual's completion of the correspondence course.

(g) The Board shall charge a registration fee covering the cost of continuing education courses it sponsors, not to exceed two hundred fifty dollars (\$250.00).

History Note: Authority G.S. 90-278; 90-280; 90-286;
Transferred and Recodified from 21 NCAC 37A .0404 Eff. April 1, 1996;
Amended Eff. September 3, 1996,
Temporary Amended Eff. August 15, 1999;
Amended Eff. September 1, 2004; July 1, 2000.

.0103 VERIFICATION OF ATTENDANCE

Upon completion of a certified continuing education course, the sponsor of the course shall issue certificates of attendance to those who attend. The sponsor shall also submit a roster of those who attend to the Board within 10 days. It is the participant's responsibility as a licensed Nursing Home Administrator to maintain course certificates and submit copies with the biennial renewal fee.

History Note: Authority G.S. 90-278; 90-285; 90-286;
Transferred and Recodified from 21 NCAC 37A .0405 Eff. April 1, 1996;
Amended Eff. April 1, 1996.

.0104 PRECEPTOR CREDIT

A preceptor applying for renewal who has served as a preceptor for a North Carolina AIT within the previous two years may receive:

- (1) 10 hours continuing education credit for attendance at a Preceptor Course offered by the Board;
- (2) 5 hours of continuing education credit for each Administrator-in-Training precepted by the preceptor during previous two years. No preceptor may receive more than 5 hours of credit per year under this Subsection.

History Note: Authority G.S. 90-285;
Eff. April 1, 1996;
Amended Eff. July 1, 2000.

SUBCHAPTER 37I - PROFESSIONAL STANDARDS

SECTION .0100 - INVESTIGATIONS

.0101 INVESTIGATION: DISCIPLINE: AND CONTESTED CASE PROCEEDINGS

- (a) The Chairperson of the Board shall appoint a Professional Standards Committee comprised of another member of the Board, the Executive Director and legal counsel, to investigate the qualifications of applicants and to review and investigate complaints.
- (b) The Board shall decide whether to grant or deny an application or whether, and what kind of, disciplinary action should be taken against a person registered with the Board. If the Board's action results in a contested case, the designated member who participated in the investigation of the matter may not participate as a member of the hearing panel or in deliberation of the contested case.
- (c) The Professional Standards Committee shall recommend to the Board whether the allegations in any complaint against an applicant or licensee, if proven, would warrant a contested case proceeding pursuant to G.S. 150B-38 through 150B-42.
- (d) Under G.S. 150B-40(e), the Board may elect not to hear its contested cases and refer contested cases to the Office of Administrative Hearings.

History Note: Authority G.S. 90-285; 150B-40(e);
Transferred and Recodified from 21 NCAC 37A .1122 Eff. April 1, 1996;
Amended Eff. April 1, 1996;
Amended Eff. July 1, 2000.