

SUBCHAPTER 13G – LICENSING OF FAMILY CARE HOMES

SECTION .0100 - DEFINITIONS

10A NCAC 13G .0101 DEFINITIONS

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Repealed Eff.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

10A NCAC 13G .0102 LIST OF DEFINITIONS

In addition to the definitions set forth in G.S. 131D-2.1, the following definitions shall apply throughout this Subchapter:

- (1) "Abuse" as defined in G.S. 131D-2.1.
- (2) "Activities of daily living" means bathing, dressing, personal hygiene, ambulation, or locomotion, transferring, toileting, and eating.
- (3) "Acute care needs" means symptoms or a condition that develops quickly and is not a part of the resident's baseline health or mental health status or is a change or worsening in the symptoms of a resident's chronic condition, which may have a slower onset and worsen over time.
- (4) "Administrator" means the term as defined in G.S. 90-288.13 and G.S. 131D-2.1.
- (5) "Adult care home" means the term as defined in G.S. 131D-2.1.
- (6) "Alternative examination" means a test developed and administered by the Department to meet the educational requirements of an activity director or supervisor-in-charge for those applicants who do not possess a high school diploma or General Education Diploma (G.E.D.) prior to September 1, 2024.
- (7) "Aide duty" means time spent by qualified staff providing assistance with activities of daily living, medication administration, or supervision of residents as determined by the resident's assessment, care plan, physician's orders, and current symptoms.
- (8) "Ambulatory" means able to respond and evacuate a facility without physical or verbal prompting from staff or another person.
- (9) "Department" means the North Carolina Department of Health and Human Services.
- (10) "Discharge" means a resident's termination of their residency at the adult care home, resulting in the resident's move to another location.
- (11) "Exploitation" means the term as defined in G.S. 131D-2.1.
- (12) "Facility" means a licensed family care home.
- (13) "Family care home" means the term as defined in G.S. 131D-2.1.
- (14) "First shift" means between the hours of 7:01 a.m. and 3:00 p.m.
- (15) "Food service duties" means tasks performed by staff related to serving meals to residents, including assisting with food preparation, arranging and setting the dining tables, serving food and beverages, and cleaning the dining room after meal service is complete.
- (16) "Housekeeping duties" means tasks performed by staff such as cleaning and sanitizing facility common areas and resident rooms.
- (17) "Legal representative" means a person authorized by state or federal law (law including, but not limited to, power of attorney representative payee) to act on behalf of the resident to support the resident in decision-making; access medical, social, or other personal information of the resident; manage financial matters or receive notifications.
- (18) "Long-term care" means a continuum of care and services available in an individual's community that provides the care and support required during a persistent or chronic health condition, such as when a person is unable to independently perform some or all activities of daily living or requires supervision due to physical or cognitive impairment.
- (19) "Medication aide" means an individual who administers medications to residents and meets all requirements as set forth in Rule .0403 of this Subchapter.
- (20) "Neglect" means the term as defined in G.S. 131D-2.1.
- (21) "Non-ambulatory" means not able to respond and evacuate a facility without physical or verbal prompting from staff or another person.

- (22) "On-call" means able to be contacted by two-way telecommunication.
- (23) "On-duty" in reference to an administrator means the administrator is on-site and directly responsible for the day-to-day operations of a facility. "On-duty" in reference to a supervisor-in-charge means a supervisor-in-charge designated by the facility as required in Rule .0402 of this Subchapter and who is on-site and directly responsible for the day-to-day operations of a facility under the direction and supervision of the administrator.
- (24) "Personal care aide" means a staff member who performs personal care services as defined by G.S. 131D-2.1.
- (25) "Physical restraint" means any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily, and which restricts freedom of movement or normal access to one's body.
- (26) "Physician extender" means a licensed physician assistant or licensed nurse practitioner.
- (27) "Resident" means the term as defined in G.S. 131D-2.1.
- (28) "Responsible person" means a person chosen by the resident to act on their behalf to support the resident in decision-making; have access to medical, social, or other personal information of the resident; manage financial matters; or receive notifications.
- (29) "Second shift" means between the hours of 3:01 p.m. and 11:00 p.m.
- (30) "Staff" means any person who performs duties as an employee, paid or unpaid, on behalf of the family care home.
- (31) "Supervision" means oversight, monitoring, and interventions implemented by the facility for the purpose of mitigating the risk of an accident, incident, illness, or injury to a resident to ensure the health, safety, and welfare of the resident and other residents.
- (32) "Supervisor-in-charge" means an individual responsible for the total operation of a family care home in the absence of the administrator and under the direction and supervision of the administrator as described in Rule .0402 of this Subchapter.
- (33) "Third shift" means between the hours of 11:01 p.m. and 7:00 a.m.

History Note: Authority G.S. 131D-2.16; 143B-153;
Eff. September 1, 2024.

SECTION .0200 - LICENSING

10A NCAC 13G .0201 DEFINITIONS

The following definitions shall apply throughout this Section:

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

History Note: Authority G.S. 131D-2.4; 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .0202 THE LICENSE

- (a) Except as otherwise provided in G.S. 131D-2.4, the Department of Health and Human Services shall issue a family care home license to any person who submits the application material according to Rule .0204 of this Section and the Department determines that the applicant complies with the provisions of all State adult care home licensure statutes and rules of this Subchapter. All applications for a new license shall disclose the names of individuals who are co-owners, partners, or shareholders holding an ownership or controlling interest of five percent or more of the applicant entity.
- (b) The license shall be posted in a publicly viewable place in the home.
- (c) When a provisional license is issued according to G.S. 131D-2.7, the administrator shall post the provisional license and a copy of the notice from the Division of Health Service Regulation identifying the reasons for it, in a publicly viewable place in the home and in place of the full license.
- (d) The license is not transferable or assignable.
- (e) A family care home shall be licensed only as a family care home and not for any other level of care or licensable entity or service. The license shall be terminated when the home is licensed to provide a higher level of care or a combination of a higher level of care and family care home level of care.

History Note: Authority G.S. 131D-2.4; 131D-2.7; 131D-2.16; 131D-4.5; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. January 1, 1998;
Amended Eff. April 1, 1999;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;
Readopted Eff. June 1, 2020.

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

History Note: Authority G.S. 131D-2.4; 131D-2.5; 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Expired Eff. March 1, 2019 pursuant to G.S. 150B-21.3A.

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

- (a) An application for a license to operate a family care home for adults in an existing building where no alterations are necessary as determined by the Construction Section of the Division of Health Service Regulation or a family care home that is to be constructed, added to, or renovated shall be made at the county department of social services in the county where the licensed family care home will be located.
- (b) The applicant shall submit the following material to the county department of social services for submission to the Division of Health Service Regulation within 10 business days of receipt by the county department of social services:
 - (1) the Initial Licensure Application that is available online at <https://info.ncdhhs.gov/dhsr/acls/pdf/acchgapp.pdf> at no cost and includes the following:
 - (A) contact person, facility site and mailing addresses, and administrator;
 - (B) operation disclosure including names and contact information of licensee, management company, and building owner;
 - (C) ownership disclosure including names and contact information of owners, principals, affiliates, shareholders, and members; and
 - (D) bed capacity;
 - (2) an approval letter from the local zoning jurisdiction for the proposed location;
 - (3) a photograph of each side of the existing structure and at least one of each of the interior spaces if an existing structure;
 - (4) a set of blueprints or a floor plan of each level indicating the following:
 - (A) the layout of all rooms;

- (B) the room dimensions (including closets);
 - (C) the door widths (exterior, bedroom, bathroom, and kitchen doors);
 - (D) the window sizes and window sill heights;
 - (E) the type of construction;
 - (F) the use of the basement and attic; and
 - (G) the proposed resident bedroom locations including the number of occupants and the bedroom and number (including the ages) of any non-resident who will be residing within the home;
- (5) a cover letter prepared by the adult home specialist of the county department of social services stating the following:
- (A) the prospective home site address;
 - (B) the name of the contact person (including address, telephone numbers, email address); and
 - (C) the name and address of the applicant (if different from the contact person); and
- (6) a non-refundable license fee as required by G.S. 131E-272.
- (c) Issuance of a family care home license shall be based on the following:
- (1) completion of and approval in accordance with Subparagraphs (b)(1) through (b)(6) of this Rule;
 - (2) the Division of Health Service Regulation's Construction Section's recommendation of licensure based on compliance with rules in Section .0300 of this Subchapter;
 - (3) a compliance history review of the facility and its principals and affiliates according to G.S. 131D-2.4;
 - (4) approval by the Adult Care Licensure Section of the facility's operational policies and procedures based on compliance with the rules of this Subchapter; and
 - (5) the facility's demonstration of compliance with Adult Care Home statutes and rules of this Subchapter as determined by a pre-licensing survey of the facility by the Adult Care Licensure Section.
- (d) The Adult Care Licensure Section shall notify in writing the applicant licensee and the county department of social services of the decision to license or not to license the adult care home based on compliance with adult care home statutes and the rules of this Subchapter within 14 days from the decision to license or not to license the facility.

History Note: Authority G.S. 131D-2.4; 131D-2.5; 131D-2.16; 143B-165;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
 ARRC Objection Lodged November 14, 1990;
 Amended Eff. May 1, 1991;
 Temporary Amendment Eff. September 1, 2003;
 Amended Eff. July 1, 2005; July 1, 2004;
 Readopted Eff. June 1, 2020.

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

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

10A NCAC 13G .0206 CAPACITY

- (a) Pursuant to G.S. 131D-2.1(9), family care homes shall have a capacity of two to six residents. For the purposes of this Rule, "capacity" means the maximum number of residents permitted to live in a licensed family care home in accordance with the North Carolina Building Code and the evacuation capability of each resident.
- (b) The total number of residents shall not exceed the number shown on the license. The license shall indicate the facility's capacity for ambulatory and non-ambulatory individuals permitted to live in the facility. For the purposes of this Rule, "ambulatory" means the individual is able to respond and evacuate from the facility without verbal or physical

assistance from others in the event of an emergency. "Non-ambulatory" means the individual is not able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency.

(c) A request for an increase in capacity by adding rooms, remodeling, or without building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation Construction Section and shall include two copies of blueprints or floor plans. One plan shall show the existing building with the current use of rooms, and the second plan showing the addition, remodeling, or change in use of spaces, and showing the use of every room. If new construction, the second plan shall show how the addition will be tied into the existing building and all proposed changes in the structure.

(d) When licensed facilities increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire facility shall meet all current fire safety regulations required by city ordinances or county building inspectors.

(e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation Adult Care Licensure Section if the evacuation capabilities of the residents changes and the facility no longer complies with the facility's licensed capacity as listed on the facility's license, or of the addition of any non-resident who will be living within the facility.

(f) If there is a temporary change in the capacity of the facility due to a resident's short term illness or condition that renders the resident temporarily non-ambulatory, such as end of life condition, the licensee or the licensee's designee shall immediately notify the Division of Health Service Regulation Construction Section upon the knowledge of the change in the resident's ambulatory status.

*History Note: Authority G.S. 131D-2.4; 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984; January 1, 1983;
Readopted Eff. April 1, 2025.*

10A NCAC 13G .0207 CHANGE OF LICENSEE

Prior to the sale of a family care home business, the current and prospective licensee shall meet the requirements of this Rule.

- (1) The current licensee shall provide written notification of a planned change of licensee to the Division of Health Service Regulation, the county department of social services, and the residents or their responsible persons at least 30 days prior to the date of the planned change of licensee.
- (2) The prospective licensee shall submit the following license application material to the Division of Health Service Regulation:
 - (a) the Change Licensure Application for Family Care Home (2 to 6 Beds) that is available on the internet website, <https://info.ncdhhs.gov/dhsr/acls/pdf/fchgapp.pdf> at no cost and includes the following:
 - (i) facility, administrator and building owner information;
 - (ii) operation disclosure including new licensee information and management company, if any; and
 - (iii) ownership disclosure including new owners, principles, affiliates, shareholders, and members;
 - (b) a fire and building safety inspection report from the local fire marshal dated within the past 12 months;
 - (c) a sanitation report from the sanitation division of the county health department dated within the past 12 months; and
 - (d) a nonrefundable license fee as required by G.S. 131D-2.5.

*History Note: Authority G.S. 131D-2.4; 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Readopted Eff. January 1, 2020.*

10A NCAC 13G .0208 RENEWAL OF LICENSE

(a) The licensee shall file a license renewal application annually on a calendar year basis on the forms provided by the Department at no cost with a nonrefundable annual license fee according to G.S. 131D-2.5. The renewal application includes the following:

- (1) contact person, facility site and mailing address, and administrator;
- (2) operation disclosure including names and contact information of the licensee, management company, and building owner;
- (3) ownership disclosure including names and contact information of owners, principals, affiliates, shareholders, and members holding an ownership or controlling interest of five percent or more of the applicant entity;
- (4) bed capacity; and
- (5) population and census data.

(b) In determining whether to renew a license under G.S. 131D-2.4, the Department shall take into consideration at least the following:

- (1) the compliance history of the applicant facility with the provisions of all State adult care home licensure statutes and rules of this Subchapter;
- (2) the compliance history of the owners, principals and affiliates of the applicant facility in operating other adult care homes in the State;
- (3) the extent to which the conduct of the licensee, including owners, principals, affiliates, and persons and those with indirect control as defined in Rule .0201 of this Section, is likely to affect the quality of care at the applicant facility; and
- (4) the hardship on residents of the applicant facility if the license is not renewed.

(c) When violations of licensure rules or statutes are documented by the Department and have not been corrected by the facility prior to license expiration, the Department shall either approve a continuation or extension of a plan of correction, issue a provisional license, or deny the license.

History Note: Authority G.S. 131D-2.4; 131D-2.16; 131D-4.5; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. December 1, 1992; July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Readopted Eff. June 1, 2020.

10A NCAC 13G .0209 CONDITIONS FOR LICENSE RENEWAL

History Note: Authority G.S. 131D-2.4; 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Repealed Eff. June 1, 2020.

10A NCAC 13G .0210 TERMINATION OF LICENSE

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

10A NCAC 13G .0211 CLOSING OF HOME

If a licensee plans to close a family care home, the licensee shall provide written notification of the planned closing to the Division of Health Service Regulation, the county department of social services and the residents or their responsible

persons at least 30 days prior to the planned closing. Written notification shall include date of closing and plans made for the move of the residents.

History Note: Authority G.S. 131D-2.4; 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

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

(a) A license may be denied by the Division of Health Service Regulation for failure to comply with the rules of this Subchapter.

(b) Denial of a license by the Division of Health Service Regulation shall be effected by mailing to the applicant licensee, by registered mail, a notice setting forth the particular reasons for such action.

(c) A license may be revoked by the Division of Health Service Regulation in accordance with G.S. 131D-2.7(b) and G.S. 131D-29.

(d) When a facility receives a notice of revocation, the administrator shall inform each resident and the resident's responsible person in writing of the notice and the basis on which it was issued within five calendar days of the notice of revocation being received by the licensee of the facility.

History Note: Authority G.S. 131D-2.7; 131D-2.16; 131D-4.3; 131D-29; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984; May 1, 1981;
Temporary Amendment Eff. January 1, 1998;
Amended Eff. April 1, 1999;
Readopted Eff. June 1, 2020.

10A NCAC 13G .0213 APPEAL OF LICENSURE ACTION

History Note: Authority 131D-2.4; 131D-2.16; 143B-165; 150B-23;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1984;
Repealed Eff. June 1, 2020.

10A NCAC 13G .0214 SUSPENSION OF ADMISSIONS

History Note: Authority G.S. 131D-2.7;
Eff. January 1, 1982;
Amended Eff. July 1, 1990;
Repealed Eff. January 1, 2020.

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

History Note: Authority G.S. 131D-2.7;
Eff. January 1, 1982;
Amended Eff. January 4, 1994;
Expired Eff. March 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 13G .0216 ADMINISTRATIVE PENALTY DETERMINATION PROCESS

History Note: Authority G.S. 131D-34;
Eff. December 1, 1992;
Amended Eff. March 1, 1995; December 1, 1993;
Temporary Amendment Eff. December 8, 1997;
Amended Eff. April 1, 1999;
Repealed Eff. October 1, 2016.

SECTION .0300 - THE BUILDING

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

A family care home shall meet the following physical plant requirements:

- (1) New construction and existing buildings proposed for use as a Family Care Home shall comply with the requirements of this Section.
- (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet the licensure and code requirements in effect at the time of licensure, construction, change in service, change in bed capacity, addition, modification, renovation, or alteration.
- (3) New additions, alterations, modifications, and repairs shall meet the requirements of this Section.
- (4) The Division may grant an equivalency to allow alternate methods, procedures, design criteria, or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when the owner or his appointed representative submits a written equivalency request to the Division that states the following:
 - (a) the rule citation and the rule requirement that will not be met because strict conformance with current requirements would be:
 - (i) impractical;
 - (ii) unable to be met due to extraordinary circumstances. For the purpose of this Rule, "extraordinary circumstances" means situations that are unexpected and beyond the control of the facility; or
 - (iii) unable to be met due to new programs.
 - (b) the justification for the equivalency; and
 - (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- (5) In determining whether to grant an equivalency request, the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The facility shall maintain a copy of the approved equivalency issued by the Division.
- (6) Where rules, codes or standards have any conflict, the more stringent requirement shall apply.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. July 1, 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13G .0302 DESIGN AND CONSTRUCTION

- (a) A building licensed for the first time as a family care home, or a licensed family care home relicensed after the license is terminated for more than 60 days, shall meet the requirements of the North Carolina State Building Code: Residential Code in effect at the time of licensure or relicensure. Additionally, facilities requesting licensure or relicensure for four to six residents shall meet the North Carolina State Building Code: Building Code, Licensed Residential Care Facilities Section in effect at the time of licensure or relicensure. The North Carolina State Building Codes, which are hereby incorporated by reference, including all subsequent amendments and editions, may be purchased from the International Code Council online at <https://shop.iccsafe.org/> at a cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at <https://codes.iccsafe.org/codes/north-carolina>.
- (b) New construction, additions, alterations, modifications, and renovations to buildings shall meet the requirements of the North Carolina State Building Code: Residential Code, and the North Carolina State Building Code: Building Code, Licensed Residential Care Facilities Section at the time of construction, alteration, modifications, and renovations.
- (c) A family care home shall not offer services for which the facility was not planned, constructed, equipped, or maintained.
- (d) An existing building converted from another use to a family care home shall meet all the requirements of Paragraph (a) of this Rule.

(e) An existing licensed facility that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work to ensure compliance with the rules established in this Section.

(f) If the building is two stories in height, it shall meet the following requirements:

- (1) each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for Group R-4 occupancy in the North Carolina State Building Codes;
- (2) elderly or disabled persons are not to be housed on any floor above or below grade level. For the purpose of this rule, "elderly" persons mean any person who meets the term as defined in G.S. 131D-2.1. For the purpose of this rule, "disabled" persons mean any person who meets the term "person with a disability" as defined in G.S. 168A-3;
- (3) required resident facilities are not to be located on any floor above or below grade level; and
- (4) a complete fire alarm system meeting the requirements of the National Fire Protection Association 72, NFPA 72: National Fire Alarm and Signaling Code, which is hereby incorporated by reference, including all subsequent amendments and editions. Copies of this code may be obtained from the National Fire Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=72>. For the purpose of this Rule, a "complete fire alarm system" is a system that consists of components and circuits arranged to monitor and annunciate the status of fire alarm and supervisory signal-initiating devices and to initiate the appropriate response to those signals. Pull stations shall be installed on each floor at each exit. Sounding devices that are audible throughout the building shall be provided on each floor. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center that is legally committed to serving the area in which the facility is located. The alarm shall be transmitted either directly to a fire department or through a third-party service that shall transmit the alarm to the fire department. The method used to transmit the alarm shall be in accordance with local ordinances.

(g) The basement and the attic shall not be used for storage or sleeping.

(h) The ceiling height throughout the family care home shall be at least seven and one-half feet from the floor.

(i) In facilities licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps and ramps between levels are not permitted.

(j) The following shall have door widths a minimum of two feet and six inches:

- (1) the kitchen;
- (2) dining rooms;
- (3) living rooms;
- (4) bedrooms; and
- (5) bathrooms.

(k) All windows that are designed to be operable shall be maintained operable.

(l) The local code enforcement official shall be consulted before starting any construction or renovations for information on required permits and construction requirements.

(m) The building shall meet sanitation requirements set forth in 15A NCAC 18A .1600, Rules Governing the Sanitation of Residential Care Facilities, which are hereby incorporated by reference, including subsequent amendments and editions. Copies of these Rules may be accessed online free of charge at <https://www.oah.nc.gov/>.

(n) The facility shall maintain and have available for review current sanitation and fire safety inspection reports.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
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Temporary Amendment Eff. September 1, 2003;
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Readopted Eff. April 1, 2025.*

10A NCAC 13G .0303 LOCATION

(a) A family care home shall be in a location approved by local zoning boards.

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

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0301 Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.*

10A NCAC 13G .0304 LIVING ARRANGEMENT

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

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Recodified from 10A NCAC 13G .0303 Eff. July 1, 2005;
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10A NCAC 13G .0305 LIVING ROOM

(a) Family care homes licensed on or after April 1, 1984 shall have a living room or area a minimum of 200 square feet. For the purposes of this Rule, a "living room" is a space enclosed by walls used for social activities, such as reading, talking or watching television. For the purpose of this Rule, a "living area" is a space within the facility that may be opened to adjacent spaces and is designated to be used for social activities, such as reading, talking or watching television.

(b) All living rooms or areas shall have at least one operable window meeting the North Carolina State Building Code: Residential Code to view outdoors, and be lighted to provide 30 foot-candles of light at floor level.

*History Note: Authority G.S. 131D-2.16; 143B-165;
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10A NCAC 13G .0306 DINING ROOM OR DINING AREA

(a) Family care homes licensed on or after April 1, 1984 shall have a dining room or dining area a minimum of 120 square feet. For the purpose of this Rule, a "dining room" is a space enclosed by walls used for eating meals. For the purpose of this Rule, a "dining area" is a space within the facility that may be opened to adjacent spaces and is designated to be used for eating meals. The dining room or dining area may be used for other activities during the day.

(b) When the dining area is combined with a kitchen to form an eat-in kitchen, an area five feet wide in front of sinks, kitchen appliances, and any kitchen islands used for food preparation, shall be work space for the kitchen. The work space shall not be included as part of the square footage for the dining area.

(c) The dining room or dining area shall have at least one operable window meeting the North Carolina State Building Code: Residential Code to view the outdoors, or a door unit with a vision panel directly to the outside. The dining room or dining area shall be lighted to provide 30 foot-candles of light at floor level.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0305 Eff. July 1, 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13G .0307 KITCHEN

(a) The kitchen in a family care home shall have space for the preparation and preservation of food and the washing of dishes.

(b) The cooking unit shall be mechanically ventilated to the outside. If the cooking unit is unvented, a recirculating fan shall be provided with a filter required by manufacturers' instructions for ventless use.

(c) The kitchen shall have floors that are water-resistant and slip-resistant.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Amended Eff. April 22, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Recodified from 10A NCAC 13G .0306 Eff. July 1, 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13G .0308 BEDROOMS

(a) There shall be bedrooms in number and size to meet the individual needs according to age and sex of the residents, the administrator or supervisor-in-charge, other live-in staff, and other persons living in a family care home. Residents shall not share bedrooms with staff or other live-in non-residents.

(b) Only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for bedrooms.

(c) A room where access is through a bathroom, kitchen, or another bedroom shall not be approved for a resident's bedroom.

(d) Private resident bedrooms shall provide not less than 100 square feet of occupiable floor area, excluding accessory areas such as vestibules, closets, wardrobes, or bathrooms. For the purpose of this Rule, a "private resident bedroom" is a resident bedroom occupied by one resident.

(e) Semi-private resident bedrooms shall provide not less than 80 square feet of occupiable floor area per bed, excluding accessory areas such as vestibules, closets, wardrobes, or bathrooms. For the purpose of this Rule, a "semi-private resident bedroom" is a resident bedroom occupied by two residents.

(f) The total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Health Service Regulation for that particular bedroom.

(g) A bedroom shall not be occupied by more than two residents.

(h) A resident bedroom shall have one or more operable windows meeting the requirements of the North Carolina State Building Code: Residential Code for emergency egress, and be lighted to provide 30 foot-candles of light at floor level. The window area shall not be less than eight percent of the floor space, and be equipped with insect-proof screens. Windows in resident bedrooms shall have a maximum of 44 inch sill height.

(i) A resident bedroom shall provide one closet or wardrobe per resident. Closets or wardrobes shall have clothing storage space of not less than 48 cubic feet per bed, approximately two feet deep by three feet wide by eight feet high, of which one-half of this space shall be for hanging with an adjustable height hanging bar.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;

Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0307 Eff. July 1, 2005;
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10A NCAC 13G .0309 BATHROOM

- (a) Family care homes licensed on or after April 1, 1984, shall have one full bathroom for five or fewer persons, including live-in staff. For the purpose of this Rule, a "full bathroom" is a room containing a sink, toilet, and a bathtub, shower, spa tub, or similar bathing fixture.
- (b) Bathrooms with two or more toilets shall have privacy partitions or curtains for each toilet. Bathtubs, showers, spas, or similar bathing fixtures shall have privacy partitions or curtains. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities.
- (c) Entrances to bathrooms shall not be through a kitchen, another person's bedroom, or another bathroom.
- (d) Residents' bathrooms shall be located so that there is no more than 40 feet from a resident's bedroom door to a resident use bathroom door.
- (e) Toilets, bathtubs, showers, spas, and similar bathing fixtures shall have hand grips meeting the following requirements:
 - (1) be mechanically fastened or anchored to the walls;
 - (2) be located to help residents in entering and exiting bathtubs, showers, spas, or similar bathing fixtures; and
 - (3) be on the wall adjacent to toilets.
- (f) Nonskid surfacing or strips must be installed in bathtubs, showers, spas, and similar bathing fixtures.
- (g) Bathrooms shall meet the following requirements:
 - (1) be lighted to provide 30 foot-candles of light at floor level;
 - (2) have an exhaust system per the North Carolina State Building Code: Residential Code. Exhaust vents shall vent directly to the outdoors; and
 - (3) have floors that are water-resistant and slip-resistant.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0308 Eff. July 1, 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13G .0310 STORAGE AREAS

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

History Note: Authority G.S. 131D-4.5; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Recodified from 10A NCAC 13G .0309 Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .0311 CORRIDOR

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

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

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Recodified from 10A NCAC 13G .0310 Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS

- (a) In family care homes, floor levels shall have at least two outside entrances/exits that are so located and constructed to minimize the possibility that both outside entrances/exits from the facility may be blocked by a fire or other emergency condition. Exiting through another resident's bedroom is not permitted.
- (b) At least one outside entrance/exit door shall be a minimum width of three feet and another shall be a minimum width of two feet and eight inches.
- (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the facility has a resident that must have physical assistance with evacuation, the facility shall have two outside entrances/exits at grade level or accessible by a ramp.
- (d) All outside entrance/exit door locks shall be operable by a single hand motion from the inside at all times without keys, tools, or special knowledge. Existing deadbolts and turn buttons on the inside of outside entrances/exit doors, including screen and storm doors, shall be removed or disabled.
- (e) All outside entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.
- (f) All steps, porches, stoops, and ramps shall have handrails and guards. Handrails shall be on both sides of steps and ramps, including sides bordered by the facility wall. Handrails shall extend the full length of steps and ramps. Guards shall be on open sides of steps, porches, stoops, and ramps. For the purposes of this Rule, "guards" are rails or barriers located at or near the open sides of elevated walking surfaces that minimizes the possibility of a fall from a walking surface to an adjacent change in elevation.
- (g) In facilities with at least one resident who is determined by a physician or is otherwise observed by staff to be disoriented or exhibiting wandering behavior, all outside entrance/exit doors shall have a continuously sounding device that is activated when the door is opened. The sound shall be audible throughout the facility. If a central system of remote sounding devices is provided, the control panel for the system shall be powered by the facility's electrical system, and be located in an area accessible to staff. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities.

History Note: Authority G.S. 131D-2.16; 143B-165;
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Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1987; July 1, 1984; April 1, 1984;
Recodified from 10A NCAC 13G .0311 Eff. July 1, 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13G .0313 LAUNDRY ROOM

- (a) Laundry equipment shall be inside family care homes. For the purpose of this Rule, "laundry equipment" means at least one residential washing machine and at least one residential dryer.
- (b) Laundry equipment shall be in a dedicated room or enclosure, and shall be located out of living rooms, dining rooms, dining areas, bathrooms, and bedrooms.
- (c) Laundry equipment shall be on the same floor level as required residents' facilities.
- (d) Laundry equipment shall be accessible to all residents, and shall be maintained operable.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;

Readopted Eff. October 31, 1977;
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Recodified from 10A NCAC 13G .0312 Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019;
Amended Eff. April 1, 2025.

10A NCAC 13G .0314 FLOORS

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

History Note: Authority G.S. 131D-2.16; 143B-165;
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Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Recodified from 10A NCAC 13G .0313 Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS

- (a) A family care home shall:
 - (1) have walls, ceilings, and floors or floor coverings that are clean, safe, and functional;
 - (2) have no persistent and recurring odors that are considered by the residents to be unpleasant;
 - (3) have furniture that is clean, safe, and functional;
 - (4) have a North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section approved sanitation classification at all times, pursuant to the "Rules Governing the Sanitation of Residential Care Facilities", 15A NCAC 18A .1600, which is incorporated by reference including all subsequent amendments and can be accessed electronically free of charge at <http://ehs.dph.ncddhs.gov/rules.htm>;
 - (5) be maintained in an uncluttered, clean, and orderly manner, free of all obstructions and hazards;
 - (6) have a supply available in the facility at all times of bath soap, clean towels, washcloths, sheets, pillowcases, blankets, and additional covers such as a bedspread, comforter, or quilt for each resident to use;
 - (7) make available the following items as needed at no additional charge to the personal funds of recipients of State-County Special Assistance:
 - (A) protective mattress covers, and clean, absorbent, soft, and smooth mattress pads;
 - (B) bedpans and urinals; and
 - (C) bedside commodes, walkers, and wheelchairs.
 - (8) have one television and one radio in good working order;
 - (9) have curtains, draperies, or blinds at windows in resident use areas to provide for resident privacy;
 - (10) have recreational equipment, supplies for games, books, magazines, and a weekly newspaper available for residents;
 - (11) have a clock that has numbers at least 1½ inches tall in the living room, the dining room, or dining area; and
 - (12) have at least one telephone that does not require electricity or cellular service to operate.
- (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:
 - (1) A bed equipped with a box spring and mattress or a bed frame with solid link springs with a foam mattress or a mattress designed to prevent sagging. A hospital bed equipped with all accessories required for use shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the facility. Each bed is to have the following:
 - (A) at least one pillow with a clean pillow case;
 - (B) a clean top and bottom sheet on the bed, with bed changed at least once a week and when soiled; and
 - (C) a clean bedspread and other clean coverings as needed.

- (2) a bedside type table;
 - (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;
 - (4) a wall or dresser mirror that may be used by each resident in each bedroom;
 - (5) a minimum of one chair that is comfortable as preferred by the resident, which may include a rocking or straight chair, with or without arms, that is high enough for the resident to easily rise without discomfort;
 - (6) additional chairs available, as needed, for use by visitors;
 - (7) individual clean towel, wash cloth, and towel bar within bedroom or adjoining bathroom; and
 - (8) a light overhead of bed with a switch that may be reached by a person lying on the bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.
- (c) The living room shall have living room furnishings that are in good working order and provide comfort as preferred by residents with coverings that are easily cleanable.
- (d) The dining room shall have the following furnishings:
- (1) tables and chairs to seat all residents eating in the dining room; and
 - (2) chairs that are sturdy, non-folding, without rollers unless retractable or on front legs only, and designed to minimize tilting.
- (e) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.

*History Note: Authority G.S. 131D-2.16; 143B-165;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 2005; September 1, 1987; April 1, 1987; April 1, 1984;
 Recodified from 10A NCAC 13G .0314 Eff. July 1, 2005;
 Readopted Eff. April 1, 2025.*

10A NCAC 13G .0316 FIRE SAFETY AND EMERGENCY PREPAREDNESS PLAN

- (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:
- (1) one five pound or larger (net charge) "A-B-C" type located in an area that can be accessed by staff and not stored in rooms with lockable doors or the kitchen;
 - (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and
 - (3) any other location as determined by the local fire code enforcement official.
- (b) The facility shall be provided with smoke detectors in locations as required by the North Carolina State Building Code: Residential Code. Additionally, facilities governed by the North Carolina State Building Code: Building Code, Licensed Residential Care Facilities Section shall be provided with smoke detectors in locations as required by that Section. All smoke detectors in the facility shall be hard-wired, interconnected, and provided with battery backup.
- (c) Underwriters Laboratories, Incorporated (U.L.) listed heat detectors shall be installed in all attic spaces and in the basement of the facility. Heat detectors shall be hard-wired, interconnected, and connected to a dedicated sounding device located inside the living area of the facility. Heat detectors shall be of the rate of rise type and be provided with battery backup.
- (d) The facility shall meet all fire safety requirements required by city ordinances or county building inspectors.
- (e) The facility shall have a written fire evacuation plan. For the purpose of this Rule, a written fire evacuation plan is a written document that details the procedures and steps that facility occupants shall follow in a fire or other emergency to ensure safe evacuation while minimizing the risk of injury or loss of life. The written fire evacuation plan shall include a diagram of the facility floor plan which clearly marks all emergency egress and escape routes from the facility. The plan shall have the approval of the local fire code enforcement official. The approved diagram shall be legible and be posted on every floor of the facility in a location visible to staff, residents, and visitors. The fire evacuation plan and diagram shall be reviewed with each resident upon admission and shall be included in the orientation for all new staff.
- (f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill.

(g) Each facility shall develop and implement an emergency preparedness plan to ensure resident health and safety and continuity of care and services during an emergency. The emergency preparedness plan shall include the following:

- (1) Procedures to address the following threats and hazards that may create an emergency for the facility:
 - (A) weather events including hurricanes, tornadoes, ice storms, and extreme heat or cold;
 - (B) fires;
 - (C) utility failures, to include power, water, and gas;
 - (D) equipment failures, to include fire alarm, automatic sprinkler systems, HVAC systems;
 - (E) interruptions in communication including phone service and the internet;
 - (F) unforeseen widespread communicable public health and emerging infectious diseases;
 - (G) intruders and active assailants; and
 - (H) other potential threats to the health and safety of residents as identified by the facility or the local emergency management agency.
- (2) The procedures outlined in Subparagraph (g)(1) of this Rule shall address the following:
 - (A) provisions for the care of all residents in the facility before, during, and after an emergency such as required emergency supplies including water, food, resident care items, medical supplies, medical records, medications, medication records, emergency power, and emergency equipment;
 - (B) provisions for the care of all residents when evacuated from the facility during an emergency, such as evacuation procedures, procedures for the identification of residents, evacuation transportation arrangements, and sheltering options that are safe and suitable for the resident population served;
 - (C) identification of residents with Alzheimer's disease and related dementias, residents with mobility limitations, and any other residents who may have specialized needs such as dialysis, oxygen, tracheostomy, and gastrostomy feeding tubes, special medical equipment, or accommodations either at the facility or in case of evacuation;
 - (D) strategies for staffing to meet the needs of the residents during an emergency and for addressing potential staffing issues;
 - (E) Procedures for coordinating and communicating with the local emergency management agency and local law enforcement;
- (3) The emergency preparedness plan shall include contact information for State and local resources for emergency response, local law enforcement, facility staff, residents and responsible parties, vendors, contractors, utility companies, and local building officials such as the fire marshal and local health department.

(h) The facility shall maintain documentation that the emergency preparedness plan has written approval of or documentation that the plan has been submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters.

(i) The facility's emergency preparedness plan shall be reviewed at least annually and updated as needed by the administrator and shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. Any changes to the plan shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 60 days of the change. For the purpose of this Rule, correction of grammatical or spelling errors do not constitute a change. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(j) The emergency preparedness plan outlined in Paragraph (g) of this Rule shall be maintained in the facility and be accessible to staff working in the facility.

(k) Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days after obtaining the new license. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(l) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

- (m) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in accordance with the facility's emergency preparedness plan as outlined in Paragraph (g) of this Rule. Staff shall be trained upon employment and annually in accordance with Rule .1211 of this Subchapter.
- (n) The facility shall conduct at least one drill per year to test the facility's emergency preparedness plan. The drill may be conducted as a tabletop exercise. For the purposes of this Rule, "tabletop exercise" means a discussion-based session led by the administrator and includes other facility staff as designated by the administrator, that reviews a potential emergency scenario and the roles and responsibilities of staff, based on the facility's emergency preparedness plan and procedures. The facility shall maintain documentation of the annual drill which shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.
- (o) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate, and shall notify the agencies within four hours of the return of residents to the facility.
- (p) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section within four hours or as soon as practicable of the incidence occurring.
- (q) If a facility is ordered to evacuate residents by the local emergency management or public health official due to an emergency, the facility shall not re-occupy the building until local building or public health officials have given approval to do so.
- (r) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division of Health Service Regulation prior to accepting the additional residents into the facility or as soon as practicable but no later than 48 hours after the facility has accepted the residents for sheltering. The waiver request form can be found on the Division of Health Service Regulation Adult Care Licensure Section website at <https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident>.
- (s) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care, supervision, and safety of each resident, including providing required staffing and supplies in accordance with the Rules of this Subchapter. Evacuation to a public emergency shelter shall be a last resort, and the decision shall be made in consultation with the local emergency management agency, or the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. If a facility evacuates residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation Adult Care Licensure Section and the county department of social services within four hours of the decision to evacuate or as soon as practicable.
- (t) Where a fire alarm or automatic sprinkler system is out of service, the facility shall immediately notify the fire department, the fire marshal, and the Division of Health Service Regulation Construction Section and, where required by the fire marshal, a fire watch shall be conducted until the impaired system has been returned to service as approved by the fire marshal. The facility will adhere to the instructions provided by the fire marshal related to the duties of staff performing the fire watch. The facility will maintain documentation of fire watch activities which shall be made available upon request to the DHSR Construction Section and fire marshal. The facility shall notify the DHSR Construction Section when the facility is no longer conducting a fire watch as directed by the fire marshal.
- (u) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.

*History Note: Authority G.S. 131D-2.16; 131D-7; 143B-165;
Eff. January 1, 1977;
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Amended Eff. June 1, 2025.*

10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT

- (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.

- (b) Built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited.
- (c) The facility shall have heating and cooling systems such that environmental temperature controls are capable of maintaining temperatures in the home at 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season.
- (d) Hot water shall be supplied to the kitchen, bathrooms, and laundry. The hot water temperature shall be maintained at a minimum of 100 degrees F and shall not exceed 116 degrees F at all fixtures used by or accessible to residents. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities.
- (e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is:
- (1) 30 foot-candles for reading; and
 - (2) 10 foot-candles for general lighting.
- (f) Where there is live-in staff in a family care home, a hard-wired, electrically operated call system meeting the following requirements shall be provided:
- (1) the call system shall connect residents' bedrooms to the live-in staff bedroom;
 - (2) when activated, the resident call shall activate a visual and audible signal in the live-in staff bedroom;
 - (3) a resident call system activator shall be in residents' bedrooms at the resident's bed;
 - (4) the resident call system activator shall be within reach of a resident lying on the bed; and
 - (5) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin.
- (g) Fireplaces, fireplace inserts, and wood stoves shall be designed and installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves must be U.L. listed.
- (h) Gas logs may be installed if they are of the vented type, installed according to the manufacturers' installation instructions, approved through the local building department, and protected by a guard or screen to prevent residents and furnishings from burns.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984; July 1, 1982;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2005; July 1, 2000;
Recodified from 10A NCAC 13G .0316 Eff. July 1, 2005;
Readopted Eff. April 1, 2025.

10A NCAC 13G .0318 OUTSIDE PREMISES

- (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. For the purpose of this Rule, "clean and safe condition" means free from debris, trash, uneven surfaces, and similar conditions as not to attract rodents and vermin, and provide for safe movement throughout facility grounds. Creeks, ditches, ponds, pools, and other similar areas shall have safety protection. For the purpose of this Rule, "safety protection" means preventive measures, such as barriers, to block access to such areas.
- (b) If the facility has a fence around the premises, the fence shall not prevent residents from exiting or entering freely, or have sharp edges, rusting posts, or other similar conditions that may cause injury.
- (c) Outdoor stairways and ramps shall be illuminated by no less than five foot-candles of light at grade level.
- (d) Notwithstanding the requirements of Rule .0301 of this Section, the requirements of Paragraphs (a) and (b) of this Rule shall apply to new and existing facilities.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. April 1, 1984;
Amended Eff. July 1, 2005; July 1, 1990;
Recodified from 10A NCAC 13G .0317 Eff. July 1, 2005;
Readopted Eff. April 1, 2025.

SECTION .0400 – STAFF QUALIFICATIONS

10A NCAC 13G .0401 QUALIFICATIONS OF ADMINISTRATOR

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; September 1, 1987; April 1, 1987; April 1, 1984;
ARRC Objection Lodged January 18, 1991;
Amended Eff. August 1, 1991;
Repealed Eff. April 1, 2017.

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

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

- (1) be 21 years or older, if employed on or after the effective date of this Rule;
- (2) the supervisor-in-charge, employed on or after August 1, 1991, shall be a high school graduate or certified under the GED Program or passed the alternative examination established by the Department of Health and Human Services prior to the effective date of this Rule; and
- (3) earn 12 hours a year of continuing education credits related to the management of adult care homes and care of aged and disabled persons.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
ARRC Objection June 16, 1988;
Amended Eff. July 1, 1990; December 1, 1988; April 1, 1987; January 1, 1985;
ARRC Objection Lodged January 18, 1991;
Amended Eff. August 1, 1991;
Readopted Eff. July 1, 2021.

10A NCAC 13G .0403 QUALIFICATIONS OF MEDICATION STAFF

- (a) Family care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement.
- (b) Medication aides and their direct supervisors, except persons authorized by state occupational licensure laws to administer medications, shall complete six hours of continuing education annually related to medication administration.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 131D-4.5B; 143B-165;
Temporary Adoption Eff. January 1, 2000; December 1, 1999;
Eff. July 1, 2000;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;
Readopted Eff. July 1, 2021.

10A NCAC 13G .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR

Adult care homes shall have an activity director who meets the following qualifications:

- (1) The activity director hired after September 30, 2022 shall meet a minimum educational requirement by being a high school graduate or certified under the GED Program.
- (2) The activity director hired after September 30, 2022 shall have complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. An activity director shall be exempt from the required basic activity course if one or more of the following applies:

- (a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C;
- (b) have two years of experience working in programming for an adult recreation or activities program within the last five years, one year of which was full-time in an activities program for patients or residents in a health care or long term care setting;
- (c) be a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D; or
- (d) be certified as an Activity Professional by the National Certification Council for Activity Professionals; or
- (e) the required basic activity course was completed prior to September 1, 2024.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
 Eff. April 1, 1984;
 Amended Eff. July 1, 1990; April 1, 1987; January 1, 1985;
 ARRC Objection Lodged March 18, 1991;
 Amended Eff. August 1, 1991;
 Temporary Amendment Eff. July 1, 2004;
 Amended Eff. July 1, 2005;
 Readopted Eff. October 1, 2022;
 Amended Eff. September 1, 2024.*

10A NCAC 13G .0405 TEST FOR TUBERCULOSIS

- (a) Upon employment or moving into a family care home, the administrator, all other staff, and any persons living in the family care home shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205, which is hereby incorporated by reference, including subsequent amendments.
- (b) There shall be documentation on file in the family care home that the administrator, all other staff, and any persons living in the family care home are free of tuberculosis disease.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
 Eff. January 1, 1977;
 Amended Eff. October 1, 1977; April 22, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. December 1, 1993; April 1, 1984;
 Temporary Amendment Eff. September 1, 2003;
 Amended Eff. June 1, 2004;
 Readopted Eff. July 1, 2021.*

10A NCAC 13G .0406 OTHER STAFF QUALIFICATIONS

- (a) Each staff person of a family care home shall:
 - (1) have a job description that reflects the position's duties, and responsibilities and is signed by the administrator and the employee;
 - (2) be able to implement all of the family care home's accident, fire safety, and emergency procedures for the protection of the residents;
 - (3) be informed of the confidential nature of resident information and shall protect and preserve the information from unauthorized use and disclosure, in accordance with G.S. 131D-21(6), and G.S. 131D-21.1;
 - (4) not hinder or interfere with the exercise of the rights guaranteed under the Declaration of Residents' Rights in G.S. 131D-21;
 - (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;
 - (6) have documented annual immunization against influenza virus according to G.S. 131D-9, and exceptions as provided in the law shall be documented in the staff person's personnel record;

- (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file;
- (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file;
- (9) maintain a current driver's license if responsible for transportation of residents; and
- (10) be willing to cooperate with state and local inspectors when determining and maintaining compliance with the rules of this Subchapter.

(b) At all times, there shall be at least one staff person in the facility in charge of resident care who shall be 18 years or older.

(c) If licensed practical nurses are employed by the facility and practicing in their licensed capacity as governed by the North Carolina Board of Nursing, there shall be a registered nurse available in accordance with the rules set forth in 21 NCAC 36 .0224 and 21 NCAC 36 .0225, which are hereby incorporated by reference including subsequent amendments.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Readopted Eff. October 1, 2022.*

10A NCAC 13G .0407 FISCAL QUALIFICATIONS

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Eff. July 1, 1990;
Expired Eff. March 1, 2019 pursuant to G.S. 150B-21.3A.*

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

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

(a) The facility shall assure that staff who provide or directly supervise staff who provide personal care to residents complete an 80-hour personal care training and competency evaluation program established by the Department. For the purpose of this Rule, "directly supervise" means being on duty in the facility to oversee or direct the performance of staff duties. A copy of the 80-hour training and competency evaluation program is available online at <https://info.ncdhhs.gov/dhsr/acls/training/index.html#80hr>, at no cost. The 80-hour personal care training and competency evaluation program curriculum shall include:

- (1) observation and documentation skills;
- (2) basic nursing skills, including special health-related tasks;
- (3) activities of daily living and personal care skills;
- (4) cognitive, behavioral, and social care;
- (5) basic restorative services; and
- (6) residents' rights as established by G.S. 131D-21.

(b) The facility shall assure that training specified in Paragraph (a) of this Rule is completed within six months after hiring for staff hired after September 30, 2022. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review by the Division of Health Service Regulation and the county department of social services.

(c) The facility shall assure that staff who perform or directly supervise staff who perform personal care receive training and supervision for the performance of individual job assignments prior to meeting the training and competency requirements of this Rule. Documentation of training shall be maintained in the facility and available for review by the Division of Health Service Regulation and the county department of social services.

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

- (1) licensed health professionals;

- (2) listed on the Nurse Aide Registry; or
- (3) documented as having completed one of the following previously approved training programs:
 - (A) a 20-hour or 75-hour training and competency evaluation program prior to July 1, 2000; or
 - (B) a 25-hour or 80-hour training and competency evaluation program from July 1, 2000 through September 30, 2017.

History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165; Temporary Adoption Eff. January 1, 1996; Eff. May 1, 1997; Temporary Amendment Eff. December 1, 1999; Amended Eff. July 1, 2000; Readopted Eff. October 1, 2022.

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

History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165; Temporary Adoption Eff. January 1, 1996; Eff. May 1, 1997; Temporary Amendment Eff. December 1, 1999; Amended Eff. July 1, 2000; Repealed Eff. October 1, 2022.

10A NCAC 13G .0503 MEDICATION ADMINISTRATION COMPETENCY EVALUATION

(a) The competency evaluation for medication administration shall consist of a written examination and a clinical skills validation to determine competency in the following areas:

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

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

(c) Verification of an individual's completion of the written examination and results can be obtained at no charge on the North Carolina Adult Care Medication Aide Testing website at <https://mats.ncdhhs.gov/test-result>.

(d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a licensed pharmacist and who has a current unencumbered license in North Carolina. The registered nurse or licensed pharmacist shall conduct a clinical skills validation for each medication administration task or skill that will be performed in the facility. Competency validation by a registered nurse is required for unlicensed staff who perform any of the personal care tasks related to medication administration listed in Subparagraphs (a)(4), (a)(7), (a)(11), (a)(14), and (a)(15) as specified in Rule .0903 of this Subchapter.

(e) The Medication Administration Skills Validation Form shall be used to document successful completion of the clinical skills validation portion of the competency evaluation for those medication administration tasks to be performed in the facility employing the medication aide. The form requires the following:

- (1) name of the staff and adult care home;
- (2) satisfactory completion date of demonstrated competency of task or skill with the instructor's initials or signature;
- (3) if staff needs more training on skills or tasks, it should be noted with the instructor's signature; and
- (4) staff and instructor signatures and date after completion of tasks.

Copies of this form and instructions for its use may be obtained at no cost on the Adult Care Licensure website, <https://info.ncdhhs.gov/dhsr/acls/pdf/medchk1st.pdf>. The completed form shall be maintained and available for review in the facility and is not transferable from one facility to another.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. January 1, 2000; December 1, 1999;
Eff. July 1, 2000;
Readopted Eff. October 1, 2022.

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

- (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task.
- (b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the performance of each personal care task. The licensed health professional shall validate that the staff person has the knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed on a resident.
- (c) Evaluation and validation of competency shall be performed by the following licensed health professionals in accordance with his or her North Carolina occupational licensing laws:
- (1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks specified in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter;
 - (2) In lieu of a registered nurse, a licensed respiratory care practitioner may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (11), (16), (18), (19), and (21) of Rule .0903 of this Subchapter;
 - (3) In lieu of a registered nurse, a licensed pharmacist may validate the competency of staff who perform the personal care tasks specified in Subparagraph (a)(8) and (11) of Rule .0903 of this Subchapter. An immunizing pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(15) of Rule .0903 of this Subchapter; and
 - (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (a)(27) of Rule .0903 of this Subchapter.
- (d) If a physician certifies that care can be provided to a resident in a family care home on a temporary basis in accordance with G.S. 131D-2.2(a), the facility shall ensure that the staff performing the care task(s) authorized by the physician are competent to perform the task(s) in accordance with Paragraphs (b) and (c) of this Rule. For the purpose of this Rule, "temporary basis" means a length of time as determined by the resident's physician to meet the care needs of the resident and prevent the resident's relocation from the family care home.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. September 1, 2003;
Eff. July 1, 2004;
Readopted Eff. October 1, 2022;
Amended Eff. October 1, 2023.

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

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

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

- (f) blood glucose monitoring; universal precautions; appropriate administration times; and
- (g) sliding scale insulin administration.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .0506 TRAINING ON PHYSICAL RESTRAINTS

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

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

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

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

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

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

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. September 1, 2003;
Eff. July 1, 2004;
Readopted Eff. October 1, 2022.

10A NCAC 13G .0508 ASSESSMENT TRAINING

The person or persons designated by the administrator to perform resident assessments as required by Rule .0801 of this Subchapter shall read the Resident Assessment Self-Instructional Manual for Adult Care Homes established by the Department and certify completion by signature on the last page of the manual before performing the required resident assessments. Registered nurses are exempt from this requirement. The Resident Assessment Self-Instructional Manual for Adult Care Homes is herein incorporated by reference including subsequent amendments and editions and is available on the Adult Care Licensure website, <https://info.ncdhhs.gov/dhsr/acls/pdf/assessmentmanual.pdf>, at no cost.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, 2004;
Amended Eff. April 1, 2022;
Readopted Eff. October 1, 2022.

10A NCAC 13G .0509 FOOD SERVICE ORIENTATION

Family care home staff who prepare and serve food shall complete a food service orientation training that provides an overview of food service in adult care homes, including the preparation of therapeutic diets, established by the Department or an equivalent that contains at least the same information as required in the training approved by the Department within 30 days of hire. The food service orientation training is available at <https://info.ncdhhs.gov/dhsr/acls/pdf/foodsrvman.pdf>, at no cost.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Temporary Adoption Expired March 12, 2005;
Eff. June 1, 2005;
Readopted Eff. January 1, 2022.*

10A NCAC 13G .0510 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13G .0511 RESERVED FOR FUTURE CODIFICATION

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

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

*History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Amendment Eff. September 1, 2003;
Eff. June 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.*

SECTION .0600 – STAFFING OF THE FACILITY

10A NCAC 13G .0601 MANAGEMENT AND OTHER STAFF

(a) A family care home administrator who is approved in accordance with Rule .1501 of this Subchapter shall be responsible for the total operation and management of the facility to assure that all care and services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health Service Regulation and the county department of social services for complying with the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the facility and for meeting and maintaining the rules of this Subchapter. The term "administrator" also refers to co-administrator where it is used in this Subchapter.

(b) The administrator shall have knowledge of and shall ensure the following:

- (1) the investigation and reporting of any allegations of resident abuse, neglect, and exploitation as specified in Rule .1213(d) of this Subchapter;
- (2) the investigation and reporting of any suspicion of or allegations of drug diversion as specified in Rule .1008 of this Subchapter;
- (3) the reporting of any incidents of resident elopement or when a resident is missing from the facility as required in Rule .1213(e)(2) and Rule .0906(f)(4) of this Subchapter; and
- (4) the investigation and reporting of any incident or accident resulting in the hospitalization or death of a resident as specified in Rule .1209 and Rule .1213 of this Subchapter.

(c) The administrator shall be made aware when the facility is unable to meet the staffing requirements of this Section.

(d) The administrator shall be made aware any time the facility seeks the assistance of the local law enforcement authority.

(e) At all times the administrator or supervisor-in-charge shall be in the facility or within 500 feet of the facility with a means of two-way telecommunication. The administrator or supervisor-in-charge is directly responsible for assuring that all required duties are carried out in the facility and for assuring that at no time is a resident left alone in the facility without a staff member.

(f) When the administrator or supervisor-in-charge are not in the facility or within 500 feet of the facility, a staff person who meets the staff qualification requirements of this Subchapter shall be on duty in the facility. The staff person shall be on duty in the facility no more than eight hours per 24 hours and no more than 24 hours total per week.

(g) Additional staff shall be employed as needed for housekeeping and the supervision and care of the residents in accordance with the rules of this Subchapter.

(h) The facility shall post daily staffing information in a location accessible to residents and visitors in accordance with G.S.131D-4.3(a)(5). The information shall include:

- (1) the name and contact information of the administrator and supervisor in charge;
- (2) the number of required supervisors on each shift; and
- (3) the number of aides required on each shift.

*History Note: Authority G.S. 131D-2.16; 131D-25; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1987; April 1, 1984; June 26, 1980;
Readopted Eff. September 1, 2024.*

10A NCAC 13G .0602 THE CO-ADMINISTRATOR

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Expired Eff. March 1, 2019 pursuant to G.S. 150B-21.3A.*

SECTION .0700 - ADMISSION AND DISCHARGE

10A NCAC 13G .0701 ADMISSION OF RESIDENTS

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

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

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

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; January 1, 1989;
Temporary amendment Eff. October 14, 1992 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. February 1, 1993; April 1, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.*

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

(a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.

(b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the home and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident.

(c) The medical examination shall be completed no more than 90 days prior to the resident's admission to the facility, except in the case of emergency admission.

(d) In the case of an unplanned, emergency admission, the medical examination of the resident shall be conducted within 72 hours after admission. Prior to an emergency admission, the facility shall obtain current medication and treatment orders from a licensed physician or physician extender.

(e) The result of the medical examination required in Paragraph (b) of this Rule shall be documented on the North Carolina Medicaid Adult Care Home FL-2 form which is available at no cost on the Department's Medicaid website at <https://medicaid.ncdhhs.gov/media/6549/open>. The Adult Care Home FL-2 shall be signed and dated by the physician or physician extender completing the medical examination. The medical examination shall include the following:

- (1) resident's identification information, including the resident's name, date of birth, sex, admission date, county and Medicaid number, current facility and address, physician's name and address, a relative's name and address, current level of care, and recommended level of care;
- (2) resident's admitting diagnoses, including primary and secondary diagnoses and dates of onset;
- (3) resident's current medical information, including orientation, behaviors, personal care assistance needs, frequency of physician visits, ambulatory status, functional limitations, information related to activities and social needs, neurological status, bowel and bladder functioning status, manner of communication of needs, skin condition, respiratory status, and nutritional status including orders for therapeutic diets;
- (4) special care factors, including physician orders for blood pressure, diabetic urine testing, physical therapy, range of motion exercises, a bowel and bladder program, a restorative feeding program, speech therapy, and restraints;
- (5) resident's medications, including the name, strength, dosage, frequency and route of administration of each medication;
- (6) results of x-rays or laboratory tests determined by the physician or physician extender to be necessary information related to the resident's care needs; and
- (7) additional information as determined by the physician or physician extender to be necessary for the care of the resident.

(f) If the information on the Adult Care Home FL-2 is not clear or is insufficient, or information provided to the facility related to the resident's condition or medications after the completion of the medical examination conflicts with the information provided on the Adult Care Home FL-2, the facility shall contact the physician or physician extender for clarification in order to determine if the facility can meet the individual's needs.

(g) The results of the medical examination shall be maintained in the resident's record in accordance with Rule .1201 of this Subchapter. Discharge medication orders shall be clarified in accordance with Rule .1002(a) of this Subchapter.

(h) Upon a resident's return to the facility from a hospitalization, the facility shall obtain and review the hospital discharge summary or discharge instructions, including any discharge medication orders. If the facility identifies discrepancies between the discharge orders and current orders at the facility, the facility shall clarify the discrepancies with the resident's physician or physician extender.

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

(j) The facility shall make arrangements for a resident to be evaluated by a licensed mental health professional, licensed physician or licensed physician extender for follow-up psychiatric care within 30 days of admission or re-admission to the facility when the resident:

- (1) has been an inpatient of a psychiatric facility within 12 months prior to admission to the facility and does not have a current plan for follow-up psychiatric care; or
- (2) has been hospitalized due to threatening or violent behavior, suicidal ideation or self-harm, or other psychiatric symptoms that required hospitalization within 12 months prior to admission to the facility and does not have a current plan for follow-up psychiatric care.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. December 1, 1993; July 1, 1990; April 1, 1987; April 1, 1984;

Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Readopted Eff. June 1, 2024.

10A NCAC 13G .0703 RESIDENT REGISTER

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. April 1, 2022; July 1, 2005;
Repealed Eff. June 1, 2024.

10A NCAC 13G .0704 RESIDENT CONTRACT, INFORMATION ON FACILITY, AND RESIDENT REGISTER

(a) The administrator or supervisor-in-charge shall furnish and review with the resident or the resident's authorized representative as defined in Rule .1103 of this Subchapter information on the facility upon admission and when changes are made to that information. The facility shall involve the resident in the review of the resident contract and information on the facility unless the resident is cognitively unable to participate in the discussion. A statement indicating that this information has been received upon admission or amendment as required by this Rule shall be signed and dated by each person to whom it is given. This statement shall be retained in the resident's record in the facility. The information shall consist of the following:

- (1) the resident contract to which the following applies:
 - (A) the contract shall specify charges for resident services and accommodations, including the cost of different levels of service, description of levels of care and services, and any other charges or fees;
 - (B) the contract shall disclose any health needs or conditions that the facility has determined it cannot meet;
 - (C) the contract shall be signed and dated by the administrator or supervisor-in-charge and the resident or the resident's authorized representative and a copy given to the resident or the resident's authorized representative and a copy kept in the resident's record;
 - (D) the resident or the resident's authorized representative shall be given a written 30-day notice prior to any change in charges for resident services and accommodations, including the cost of different levels of service, description of level of care and services, and any other charges or fees, and be provided an amended copy of the contract for review and confirmation of receipt;
 - (E) gratuities in addition to the established rates shall not be accepted; and
 - (F) The maximum monthly rate that may be charged to Special Assistance recipients as established by the North Carolina General Assembly;
- (2) a written copy of any house rules, including facility's policies on smoking, alcohol consumption, visitation, refunds, and the requirements for discharge of residents consistent with the rules in this Subchapter and amendments disclosing any changes in the house rules. The house rules shall be in compliance with G.S. 131D-21;
- (3) a copy of the Declaration of Residents' Rights as found in G.S. 131D-21;
- (4) a copy of the facility's grievance procedures that shall indicate how the resident is to present complaints and make suggestions as to the facility's policies and services on behalf of self or others; and
- (5) a statement as to whether the facility has signed Form DSS-1464, Statement of Assurance of Compliance with Title VI of the Civil Rights Act of 1964 for Other Agencies, Institutions, Organizations or Facilities, and which shall also indicate that if the facility does not choose to comply or is non-compliant the residents of the facility would not be able to receive State-County Special Assistance for Adults and the facility would not receive supportive services from the county department of social services.

(b) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register initial assessment within 72 hours of the resident's admission to the facility in accordance with G.S. 131D-2.15. The facility shall involve the resident in the completion of the Resident Register unless the resident is cognitively unable to participate. The Resident Register shall consist of the following:

- (1) resident's identification information including the resident's name, date of birth, sex, admission date, medical insurance, family and emergency contacts, advanced directives, and physician's name and address;
- (2) resident's current care needs including activities of daily living and services, use of assistive aids, orientation status;
- (3) resident's preferences including personal habits, food preferences and allergies, community involvement, and activity interests;
- (4) resident's consent and request for assistance including the release of information, personal funds management, personal lockable space, discharge information, and assistance with personal mail;
- (5) name of the individual identified by the resident who is to receive a copy of the notice of discharge per G.S. 131D-4.8; and
- (6) resident's consent including a signature confirming the review and receipt of information contained in the form.

The Resident Register is available on the internet website, <https://info.ncdhhs.gov/dhsr/acls/pdf/resregister.pdf>, at no charge. The facility may use a resident information form other than the Resident Register as long as it contains same information as the Resident Register. Information on the Resident Register shall be kept updated and maintained in the resident's record.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. April 1, 1984;
Amended Eff; July 1, 1990; April 1, 1987;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;
Readopted Eff. June 1, 2024.*

10A NCAC 13G .0705 DISCHARGE OF RESIDENTS (EFFECTIVE UNTIL MARCH 31, 2024)

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

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

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

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

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

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

- (1) documentation by physician, physician assistant or nurse practitioner as required in Paragraph (b) of this Rule;

- (2) the condition or circumstance that endangers the health or safety of the resident being discharged or endangers the health or safety of individuals in the facility, and the facility's action taken to address the problem prior to pursuing discharge of the resident;
 - (3) written notices of warning of discharge for failure to pay the costs of services and accommodations; or
 - (4) the specific health need or condition of the resident that the facility determined could not be met in the facility pursuant to G.S. 131D-2(a1)(4) and as disclosed in the resident contract signed upon the resident's admission to the facility.
- (e) The facility shall assure the following requirements for written notice are met before discharging a resident:
- (1) The Adult Care Home Notice of Discharge with the Adult Care Home Hearing Request Form shall be hand delivered, with receipt requested, to the resident on the same day the Adult Care Home Notice of Discharge is dated. These forms may be obtained at no cost from the Division of Medical Assistance, 2505 Mail Service Center, Raleigh, NC 27699-2505.
 - (2) A copy of the Adult Care Home Notice of Discharge with a copy of the Adult Care Home Hearing Request Form shall be hand delivered, with receipt requested, or sent by certified mail to the resident's responsible person or legal representative on the same day the Adult Care Home Notice of Discharge is dated.
 - (3) Failure to use and simultaneously provide the specific forms according to Subparagraphs (e)(1) and (e)(2) of this Rule shall invalidate the discharge. Failure to use the latest version of these forms shall not invalidate the discharge unless the facility has been previously notified of a change in the forms and been provided a copy of the latest forms by the Department of Health and Human Services.
 - (4) A copy of the completed Adult Care Home Notice of Discharge, the Adult Care Home Hearing Request Form as completed by the facility prior to giving to the resident and a copy of the receipt of hand delivery or the notification of certified mail delivery shall be maintained in the resident's record.
- (f) The facility shall provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge from the facility as evidenced by:
- (1) notifying staff in the county department of social services responsible for placement services;
 - (2) explaining to the resident and responsible person or legal representative why the discharge is necessary;
 - (3) informing the resident and responsible person or legal representative about an appropriate discharge destination; and
 - (4) offering the following material to the caregiver with whom the resident is to be placed and providing this material as requested prior to or upon discharge of the resident:
 - (A) a copy of the resident's most current FL-2;
 - (B) a copy of the resident's most current assessment and care plan;
 - (C) a copy of the resident's current physician orders;
 - (D) a list of the resident's current medications;
 - (E) the resident's current medications; and
 - (F) a record of the resident's vaccinations and TB screening.
 - (5) providing written notice of the name, address and telephone number of the following, if not provided on the discharge notice required in Paragraph (e) of this Rule:
 - (A) the regional long term care ombudsman; and
 - (B) the protection and advocacy agency established under federal law for persons with disabilities.
- (g) If an appeal hearing is requested:
- (1) the facility shall provide to the resident or legal representative or the resident and the responsible person, and the Hearing Unit copies of all documents and records that the facility intends to use at the hearing at least five working days prior to the scheduled hearing; and
 - (2) the facility shall not discharge the resident before the final decision resulting from the appeal has been rendered, except in those cases of discharge specified in Paragraph (c) of this Rule.
- (h) If a discharge is initiated by the resident or responsible person, the administrator may require up to a 14-day written notice from the resident or responsible person which means the resident or responsible person may be charged for the days of the required notice if notice is not given or if notice is given and the resident leaves before the end of the required notice period. Exceptions to the required notice are cases in which a delay in discharge or transfer would jeopardize the health or safety of the resident or others in the facility. The facility's requirement for a notice from the resident or

responsible person shall be established in the resident contract or the house rules provided to the resident or responsible person upon admission.

(i) The discharge requirements in this Rule do not apply when a resident is transferred to an acute inpatient facility for mental or physical health evaluation or treatment and the adult care facility's bed hold policy applies based on the expected return of the resident. If the facility decides to discharge a resident who has been transferred to an acute inpatient facility and there has been no physician-documented level of care change for the resident, the discharge requirements in this Rule apply.

History Note: Authority G.S. 131D-2.1; 131D-2.16; 131D-4.8; 131D-4.5; 131D-21; 143B-165; Temporary Adoption Eff. January 1, 2000; December 1, 1999; Eff. April 1, 2001; Temporary Amendment Eff. July 1, 2003; Amended Eff. July 1, 2004.

10A NCAC 13G .0705 DISCHARGE OF RESIDENTS (EFFECTIVE APRIL 1, 2024)

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

(b) The discharge of a resident initiated by the facility at the direction of the administrator or their designee shall be based on one of the following reasons:

- (1) the discharge is necessary to protect the welfare of the resident and the facility cannot meet the needs of the resident, as documented by the resident's physician, physician assistant, or nurse practitioner in the resident's record;
- (2) the health of the resident has improved sufficiently so that the resident is no longer in need of the services provided by the facility, as documented by the resident's physician, physician assistant, or nurse practitioner in the resident's record;
- (3) the safety of the resident or other individuals in the facility is endangered as determined by the facility at the direction of the administrator or their designee in consultation with the resident's physician, physician assistant, or nurse practitioner;
- (4) the health of the resident or other individuals in the facility is endangered as documented by a physician, physician assistant, or nurse practitioner in the resident's record; or
- (5) the resident has failed to pay the costs of services and accommodations by the payment due date according to the resident's contract after receiving written notice of warning of discharge for failure to pay.

(c) The facility administrator or their designee, shall assure the following requirements for written notice are met before discharging a resident:

- (1) The Adult Care Home Notice of Discharge with the Adult Care Home Hearing Request Form shall be completed and hand delivered, with receipt requested, to the resident on the same day the Adult Care Home Notice of Discharge is dated. These forms may be obtained at no cost from the Division of Health Benefits, on the internet website <https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms>. The Adult Care Home Notice of Discharge shall include the following:
 - (A) the date of notice;
 - (B) the date of transfer or discharge;
 - (C) the reason for the notice;
 - (D) the name of responsible person or contact person notified;
 - (E) the planned discharge location;
 - (F) the appeal rights;
 - (G) the contact information for the long-term care ombudsman; and
 - (H) the signature and date of the administrator.
- (2) A copy of the completed Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form shall be hand delivered, with receipt requested, or sent by certified mail to the resident's responsible person or legal representative and the individual identified upon admission to receive a discharge notice on behalf of the resident on the same day the Adult Care Home Notice of Discharge is dated. For the purposes of this Rule "responsible person" means a person chosen by the resident to act

on their behalf to support the resident in decision-making; access to medical, social, or other personal information of the resident; manage financial matters; or receive notifications. The Adult Care Home Hearing Request Form shall include the following:

- (A) the name of the resident;
 - (B) the name of the facility;
 - (C) the date of transfer or discharge;
 - (D) the date of scheduled transfer or discharge;
 - (E) the selection of how the hearing is to be conducted;
 - (F) the name of the person requesting the hearing; and
 - (G) for the person requesting the hearing, their relationship to the resident, address, telephone number, their signature, and date of the request.
- (3) Provide the following material in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the resident and the resident's legal representative and the individual identified upon admission to receive a copy the discharge notice on behalf of the resident:
- (A) a copy of the resident's most current FL-2 form required in Rule .0703 of this Subchapter;
 - (B) a copy of the resident's current physician's orders, including medication order;
- (4) Failure to use and simultaneously provide the specific forms according to Subparagraphs (c)(1) and (c)(2) of this Rule shall invalidate the discharge.
- (5) A copy of the completed Adult Care Home Notice of Discharge, the Adult Care Home Hearing Request Form as completed by the facility administrator or their designee prior to giving to the resident and a copy of the receipt of hand delivery or the notification of certified mail delivery shall be maintained in the resident's record.
- (d) The notices of discharge and appeal rights as required in Paragraph (c) of this Rule shall be made by the facility administrator or their designee, at least 30 days before the resident is discharged except that notices may be made as soon as practicable when:
- (1) the discharge is necessary to protect the welfare of the resident and the facility cannot meet the needs of the resident under Subparagraph (b)(1) of this Rule; or
 - (2) reasons under Subparagraphs (b)(3) and (b)(4) of this Rule exist.
- (e) The following shall be documented in the resident record and shall be made available upon request to potential discharge locations pursuant to the HIPAA Standards for Privacy of Individually Identifiable Health Information which is hereby incorporated by reference, including any amendments and subsequent editions, and can be found at no cost at <https://www.federalregister.gov/documents/2002/08/14/02-20554/standards-for-privacy-of-individually-identifiable-health-information>:
- (1) The reason for discharge to include one or more of the following as applicable to the reasons under Paragraph (b) of this Rule:
 - (A) documentation by physician, physician assistant or nurse practitioner as required in Paragraph (b) of this Rule;
 - (B) the condition or circumstance that endangers the health or safety of the resident being discharged or endangers the health or safety of individuals in the facility, and the facility's taken to address the problem prior to pursuing discharge of the resident;
 - (C) written notices of warning of discharge for failure to pay the costs of services and accommodations; or
 - (D) the specific health need or condition of the resident that the facility determined could not be met in the facility pursuant to G.S. 131D-2.2(a)(4) and as disclosed in the resident contract signed upon the resident's admission to the facility; and
 - (2) any known involvement of law enforcement with the resident due to threatening behavior or violence toward self or others.
- (f) The facility administrator or their designee shall document contacts with possible discharge locations and responses and make available this documentation, upon request, to the resident, legal representative, the individual identified upon admission to receive a discharge notice on behalf of the resident and the adult care home resident discharge team if convened. For the purposes of this Rule, "the individual identified upon admission to receive a discharge notice on behalf of the resident" may be the same person as the resident's legal representative or responsible person as identified in the resident's record.
- (g) The facility administrator or their designee shall provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge from the facility as evidenced by:

- (1) explaining to the resident and responsible person or legal representative and the individual identified upon admission to receive a copy of the discharge notice on behalf of the resident why the discharge is necessary;
 - (2) informing the resident and responsible person or legal representative and the individual identified upon admission to receive a copy of the discharge notice on behalf of the resident about an appropriate discharge destination that is capable of meeting the needs of the resident; and
 - (A) If at the time of the discharge notice the discharge destination is unknown or is not capable of meeting the needs of the resident, the facility administrator or their designee, shall contact the local adult care home resident discharge team as defined in G.S. 131D-4.8(e) to assist with placement; and
 - (B) The facility, at the direction of the administrator or their designee, shall inform the resident, the resident's legal representative, the individual identified upon admission to receive a copy of the discharge notice on behalf of the resident, and the responsible person of their right to request the Regional Long-Term Care Ombudsman to serve as a member of the adult care home resident discharge team; and
 - (3) offering the following material to the resident, the resident's legal representative, or the facility where the resident is to be placed and providing this material as requested prior to or upon discharge of the resident:
 - (A) a copy of the resident's most current FL-2 form required in Rule .0703 of this Subchapter;
 - (B) a copy of the resident's most current assessment and care plan;
 - (C) a list of referrals to licensed health professionals, including mental health;
 - (D) a copy of the resident's current physician orders;
 - (E) a list of the resident's current medications;
 - (F) the resident's current medications; and
 - (G) a record of the resident's vaccinations and TB screening;
 - (4) providing written notice of the name, address and telephone number of the following, if not provided on the discharge notice required in Paragraph (c) of this Rule:
 - (A) the regional long-term care ombudsman; and
 - (B) Disability Rights North Carolina, the protection and advocacy agency established under federal law for persons with disabilities.
 - (5) providing the resident, responsible person, or legal representative, and the individual identified upon admission who received a copy of the discharge notice on behalf of the resident with the discharge location as determined by the adult care home resident discharge team, if convened, at or before the discharge hearing, if the location is known to the facility.
- (h) If an appeal hearing is requested:
- (1) the facility administrator or their designee shall provide to the resident or legal representative or the resident and the responsible person, the Hearing Unit copies of all documents and records that the facility intends to use at the hearing at least five working days prior to the scheduled hearing; and
 - (2) the facility administrator or their designee shall not discharge the resident before the final decision resulting from the appeal has been rendered, except in those cases of discharge specified in Paragraph (d) of this Rule.
- (i) If a discharge is initiated by the resident, the resident's legal representative, or responsible person, the administrator may require up to a 14-day written notice from the resident, the resident's legal representative, or responsible person which means the resident may be charged for the days of the required notice if notice is not given or if notice is given and the resident leaves before the end of the required notice period. Exceptions to the required notice are cases in which a delay in discharge or transfer would jeopardize the health or safety of the resident or others in the facility. The facility's requirement for a notice from the resident, the resident's legal representative, or responsible person shall be established in the resident contract provided to the resident or responsible person upon admission.
- (j) The discharge requirements in this Rule do not apply when a resident is transferred to an acute inpatient facility for mental or physical health evaluation or treatment and the adult care facility's bed hold policy applies based on the expected return of the resident. If the facility administrator or their designee decides to discharge a resident who has been transferred to an acute inpatient facility and there has been no physician-documented level of care change for the resident, the discharge requirements in this Rule apply.

History Note: Authority G.S. 131D-2.1; 131D-2.16; 131D-4.8; 131D-4.5; 131D-21; 143B-165;

*Temporary Adoption Eff. January 1, 2000; December 1, 1999;
Eff. April 1, 2001;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. July 1, 2004;
Readopted Eff. April 1, 2024.*

SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN

10A NCAC 13G .0801 RESIDENT ASSESSMENT

(a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter.

(b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following:

- (1) resident identification and demographic information;
- (2) current diagnoses;
- (3) current medications;
- (4) the resident's ability to self-administer medications;
- (5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating;
- (6) mental health history;
- (7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background;
- (8) mood and behaviors;
- (9) nutritional status, including specialized diet or dietary needs;
- (10) skin integrity;
- (11) memory, orientation and cognition;
- (12) vision and hearing;
- (13) speech and communication;
- (14) assistive devices needed; and
- (15) a list of and contact information for health care providers or services used by the resident.

The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf. at no cost.

(c) When a facility identifies a change in a resident's baseline condition based upon the factors listed in Parts (1)(A) through (M) of this Paragraph, the facility shall monitor the resident's condition for no more than 10 days to determine if a significant change in the resident's condition has occurred. The facility shall conduct an assessment of a resident within three days after the facility identifies that a significant change in the resident's baseline condition has occurred. The facility shall use the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:

- (1) Significant change is one or more of the following:
 - (A) deterioration in two or more activities of daily living including bathing, dressing, personal hygiene, toileting, or eating;
 - (B) change in ability to walk or transfer, including falls if the resident experiences repeated falls, meaning more than one, on the same day, or multiple falls that occur over several days to weeks, new onset of falls not attributed to an identifiable cause, a fall with consequent change in neurological status, or physical injury;
 - (C) Pain worsening in severity, intensity, or duration, occurring in a new location, or new onset of pain associated with trauma;

- (D) change in the pattern of usual behavior, new onset of resistance to care, abrupt onset or progression of agitation or combative behavior, deterioration in affect or mood, or violent or destructive behaviors directed at self or others.
 - (E) no response by the resident to the intervention for an identified problem;
 - (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;
 - (G) when a resident has been enrolled in hospice;
 - (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or any pressure ulcer determined to be greater than Stage II;
 - (I) a new diagnosis of a condition which affects the resident's physical, mental, or psychosocial well-being;
 - (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer meets the resident's needs;
 - (K) new onset of impaired decision-making;
 - (L) continence to incontinence or indwelling catheter; or
 - (M) the resident's condition indicates there may be a need to use a restraint in accordance with Rule .1301 of this Subchapter and there is no current restraint order for the resident.
- (2) Significant change does not include the following:
- (A) changes that resolve with or without intervention;
 - (B) an acute illness or episodic event. For the purposes of this Rule "acute illness" means symptoms or a condition that develops quickly and is not a part of the resident's baseline physical health or mental health status;
 - (C) an established, predictable, cyclical pattern; or
 - (D) steady improvement under the current course of care.

(d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other licensed health professional no longer than three days from the date of the significant change assessment, and document the referral in the resident's record. Referral shall be made immediately when facility staff determines that a significant change as defined in Parts (c)(1)(A)-(M) of this Rule poses an immediate risk to the health and safety of the resident, other residents, or staff of the facility.

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

History Note: Authority G.S. 131D-2.15; 131D-2.16; 131D-4.4; 131D-4.5; 143B-165; Temporary Adoption Eff. January 1, 1996; Eff. May 1, 1997; Temporary Amendment Eff. December 1, 1999; Amended Eff. July 1, 2000; Temporary Amendment Eff. September 1, 2003; Amended Eff. July 1, 2005; June 1, 2004; Readopted Eff. June 1, 2025.

10A NCAC 13G .0802 RESIDENT CARE PLAN

(a) The facility shall develop and implement a care plan for each resident based on the resident's assessment completed in accordance with Rule .0801 of this Section. The care plan shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan.

(b) The resident shall be offered the opportunity to participate in the development of his or her care plan. If the resident is unable to participate in the development of the care plan due to cognitive impairment, the responsible person as defined in Rule .0102 of this Subchapter shall be offered the opportunity to participate in the development of the care plan.

(c) The care plan shall include the following:

- (1) a description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Section;
- (2) frequency of the services or tasks to be performed;
- (3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Section;

- (4) licensed health professional tasks required according to Rule .0903 of this Section;
 - (5) a dated signature of the assessor upon completion; and
 - (6) a dated signature of the resident's physician or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations warranting the provision of the personal care services in the above care plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid.
- (d) If the resident received home health or hospice services, the facility shall communicate with the home health or hospice agency to coordinate care and services to ensure the resident's needs are met.
- (e) The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance use services includes instructions regarding how to contact that provider, including emergency and after-hours contacts. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance use services in accordance with Rule .0801(d) of this Subchapter.
- (f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section.

History Note: Authority G.S. 131D-2.15; 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165; Temporary Adoption Eff. January 1, 1996; Eff. May 1, 1997; Temporary Amendment Eff. January 1, 2001; Temporary Amendment Expired October 13, 2001; Temporary Amendment Eff. September 1, 2003; Amended Eff. July 1, 2005; June 1, 2004; Readopted Eff. June 1, 2025.

SECTION .0900 – RESIDENT CARE AND SERVICES

10A NCAC 13G .0901 PERSONAL CARE AND SUPERVISION

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

History Note: Authority G.S. 131D-2.16; 131D-4.3; 143B-165; Eff. January 1, 1977; Readopted Eff. October 31, 1977; Amended Eff. July 1, 2005; May 1, 1999; July 1, 1990; April 1, 1987; April 1, 1984; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .0902 HEALTH CARE

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

- (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.
- (d) The following shall apply to the resident's physician or physician service:
- (1) The resident or the resident's responsible person shall be allowed to choose a physician or physician service to attend the resident.
 - (2) When the resident cannot remain under the care of the chosen physician or physician service, the facility shall assure that arrangements are made with the resident or responsible person for choosing and securing another physician or physician service within 45 days or prior to the signing of the care plan as required in Rule .0802 of this Subchapter.

History Note: Authority G.S. 131D-2.16; 131D-4.3; 143B-165; Eff. January 1, 1977; Readopted Eff. October 31, 1977; Amended Eff. December 1, 1993; May 1, 1992, July 1, 1990; September 1, 1987; Temporary Amendment Eff. December 1, 1999; Amended Eff. July 1, 2000; Temporary Amendment Eff. September 1, 2003; Amended Eff. July 1, 2005; June 1, 2004; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .0903 LICENSED HEALTH PROFESSIONAL SUPPORT

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

- (1) applying and removing ace bandages, TED hose, binders, and braces and splints;
- (2) feeding techniques for residents with swallowing problems;
- (3) bowel or bladder training programs to regain continence;
- (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;
- (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;
- (6) chest physiotherapy or postural drainage;
- (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents;
- (8) collecting and testing of fingerstick blood samples;
- (9) care of well-established colostomy or ileostomy. For the purpose of this Rule, "well-established colostomy or ileostomy" means having a healed surgical site without sutures or drainage;
- (10) care for pressure ulcers, up to and including a Stage II pressure ulcer, which is a superficial ulcer presenting as an abrasion, blister, or shallow crater;
- (11) inhalation medication by machine;
- (12) forcing and restricting fluids;
- (13) maintaining accurate intake and output data;
- (14) medication administration through a well-established gastrostomy feeding tube. For the purpose of this Rule, "well-established gastrostomy feeding tube" means having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established;
- (15) medication administration through subcutaneous injection in accordance with Rule .1004(q) except for anticoagulant medications;
- (16) oxygen administration and monitoring;
- (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;
- (18) oral suctioning;
- (19) care of well-established tracheostomy, not to include endotracheal suctioning. For the purpose of this Rule, "well-established tracheostomy" means the stoma is well-healed and the airway is patent;
- (20) administering and monitoring of tube feedings through a well-established gastrostomy feeding tube in accordance with Subparagraph (a)(14) of this Rule;
- (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);
- (22) application of prescribed heat therapy;

- (23) application and removal of prosthetic devices except as used in post-operative treatment for shaping of the extremity;
 - (24) ambulation using assistive devices that requires physical assistance;
 - (25) range of motion exercises;
 - (26) any other prescribed physical or occupational therapy;
 - (27) transferring semi-ambulatory or non-ambulatory residents; or
 - (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that Act in 21 NCAC 36.
- (b) The appropriate licensed health professional, as required in Paragraph (a) of this Rule, is:
- (1) a registered nurse licensed under G.S. 90, Article 9A, for tasks listed in Subparagraphs (a)(1) through (28) of this Rule;
 - (2) an occupational therapist licensed under G.S. 90, Article 18D or physical therapist licensed under G.S. 90-270.90, Article 18E, for tasks listed in Subparagraphs (a)(17) and (a)(22) through (27) of this Rule;
 - (3) a respiratory care practitioner licensed under G.S. 90, Article 38, for tasks listed in Subparagraphs (a)(6), (11), (16), (18), (19), and (21) of this Rule; or
 - (4) a registered nurse licensed under G.S. 90, Article 9A, for tasks that can be performed by a nurse aide II according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that Act in 21 NCAC 36.
- (c) The facility shall assure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:
- (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;
 - (2) evaluating the resident's progress to care being provided;
 - (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and
 - (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.
- (d) The facility shall follow-up and implement recommendations made by the licensed health professional including referral to the physician or appropriate health professional when indicated. The facility shall document follow-up on all recommendations made by the licensed health professional.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165; Temporary Adoption Eff. January 1, 1996; Eff. May 1, 1997; Temporary Amendment Eff. December 1, 1999; Amended Eff. July 1, 2000; Temporary Amendment Eff. September 1, 2003; Amended Eff. June 1, 2004; Readopted Eff. October 1, 2022.

10A NCAC 13G .0904 NUTRITION AND FOOD SERVICE

- (a) Food Procurement and Safety in Family Care Homes:
- (1) Food services shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food under sanitary conditions.
 - (2) Only meat processed at a USDA-approved processing plant shall be served.
 - (3) There shall be a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus established in Paragraph (c) of this Rule, for both regular and therapeutic diets. For the purpose of this Rule "perishable food" is food that is likely to spoil or decay if not kept refrigerated at 40 degrees Fahrenheit or below, or frozen at zero degrees Fahrenheit or below and "non-perishable food" is food that can be stored at room temperature and is not likely to spoil or decay within seven days.
- (b) Food Preparation and Service in Family Care Homes:

- (1) Table service shall include a napkin and non-disposable place setting consisting of a knife, fork, spoon, plate, and beverage containers.
 - (2) Hot foods shall be served hot and cold foods shall be served cold as set forth in Rule 15A NCAC 18A .1620(a) which is hereby incorporated by reference, including subsequent amendments.
 - (3) If residents require feeding assistance, food shall be maintained at serving temperature until assistance is provided.
- (c) Menus in Family Care Homes:
- (1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the daily food requirements in Paragraph (d) of this Rule.
 - (2) Menus shall be maintained in the kitchen and identified as to the current menu day for guidance of food service staff.
 - (3) Any substitutions made in the menu shall be of equal nutritional value, in order to maintain the daily dietary requirements in Subparagraph (d)(3) of this Rule, appropriate for therapeutic diets, and documented in records maintained in the kitchen to indicate the foods actually served to residents.
 - (4) Menus shall be planned to take into account the food preferences of the residents as documented on the Resident Register.
 - (5) Menus as served, invoices, and other receipts for food or beverage purchases shall be maintained in the facility for 30 days.
 - (6) Menus for all therapeutic diets shall be planned or reviewed by a licensed dietitian/nutritionist. The facility shall maintain verification of the licensed dietitian/nutritionist's approval of the therapeutic diets.
 - (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff.
- (d) Food Requirements in Family Care Homes:
- (1) Each resident shall be served a minimum of three nutritionally adequate meals based on the requirements in Subparagraph (d)(3) of this Rule. Meals shall be served at regular times comparable to normal meal times in the community. There shall be at least 10 hours between the breakfast and evening meals.
 - (2) Foods and beverages shall be offered in accordance with each residents' prescribed diet or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.
 - (3) Daily menus for regular diets shall be based on the U.S. Department of Agriculture Dietary Guidelines for Americans 2020-2025, which are hereby incorporated by reference, including subsequent amendments and editions. These guidelines can be found at https://dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf, at no cost.
 - (4) Water shall be served to each resident at each meal, in addition to other beverages.
- (e) Therapeutic Diets in Family Care Homes:
- (1) All therapeutic diet orders including thickened liquids shall be in writing from the resident's physician. Where applicable, the therapeutic diet order shall be specific to calorie, gram, or consistency, such as for calorie-controlled ADA diets, low sodium diets, or thickened liquids, unless there are written orders that include the definition of any therapeutic diet identified in the facility's therapeutic menu approved by a licensed dietitian/nutritionist. For the purpose of this Rule "therapeutic diet" is a diet ordered by a physician, physician assistant, nurse practitioner, or a licensed dietitian/nutritionist as delegated by the physician that is part of the treatment for a disease or clinical condition, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium or potassium), or to provide mechanically altered food when indicated.
 - (2) Physician orders for nutritional supplements shall be in writing from the resident's physician and be brand-specific, unless the facility has defined a house supplement in its communication to the physician, and shall specify quantity and frequency.
 - (3) The facility shall maintain a current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.
 - (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.
- (f) Individual Feeding Assistance in Family Care Homes:

- (1) The facility shall provide staff for individual feeding assistance as in accordance with residents' needs.
 - (2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect.
- (g) Variations from the required three meals or time intervals between meals to meet individualized needs or preferences of residents shall be documented in the resident's record. Each resident shall receive three meals in accordance with resident preferences as documented in the resident's record.

*History Note: Authority G.S. 131D-2.1(4); 131D-2.16; 131D-4.4; 143B-165;
Eff. January 1, 1977;
Amended Eff. October 1, 1977; April 22, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. August 3, 1992; July 1, 1990; September 1, 1987; April 1, 1987;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004;
Readopted Eff. March 1, 2023.*

10A NCAC 13G .0905 ACTIVITIES PROGRAM

- (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community.
- (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his or her will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities.
- (c) The activity director shall:
 - (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities, and possible cultural differences of the residents;
 - (2) prepare a monthly calendar of planned group activities in a format that is legible and shall be posted in a location accessible to residents by the first day of each month, and updated when there are any changes;
 - (3) involve community resources, such as recreational, volunteer, and religious organizations, to enhance the activities available to residents;
 - (4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program;
 - (5) encourage residents to participate in activities; and
 - (6) assure there are supplies necessary for planned activities, supervision, and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities.
- (d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills.
- (e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression.
- (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so.
- (g) Residents shall have the opportunity to participate in volunteer service activities in the facility or in the community. Participation in volunteer activities shall not be required of residents and shall not involve any duties or responsibilities that are outlined in the job descriptions of facility staff.

*History Note: Authority G.S. 131D-2.16; 131D-4.1; 131D-4.3;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. August 3, 1992; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;*

Readopted Eff. October 1, 2022.

10A NCAC 13G .0906 OTHER RESIDENT SERVICES

(a) Transportation. The administrator must assure the provision of transportation for the residents to necessary resources and activities, including transportation to the nearest appropriate health facilities, social services agencies, shopping and recreational facilities, and religious activities of the resident's choice. The resident is not to be charged any additional fee for this service. Sources of transportation may include community resources, public systems, volunteer programs, family members as well as facility vehicles.

(b) Mail.

- (1) Residents shall receive their mail promptly and it must be unopened unless there is a written, witnessed request authorizing management staff to open and read mail to the resident. This request must be recorded on Form DSS-1865, the Resident Register or the equivalent;
- (2) Outgoing mail written by a resident shall not be censored; and
- (3) Residents shall be encouraged and assisted, if necessary, to correspond by mail with close relatives and friends. Residents shall have access to writing materials, stationery and postage and, upon request, the home is to provide such items at cost. It is not the home's obligation to pay for these items.

(c) Laundry.

- (1) Laundry services must be provided to residents without any additional fee; and
- (2) It is not the home's obligation to pay for a resident's personal dry cleaning. The resident's plans for personal care of clothing are to be indicated on Form DSS-1865, the Resident Register.

(d) Telephone.

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

(e) Personal Lockable Space.

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

(f) Visiting.

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

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. December 1, 1991; April 1, 1987; April 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.*

10A NCAC 13G .0907 RESPITE CARE

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

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

History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. November 1, 2000;
Eff. July 18, 2002;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .0908 COOPERATION WITH CASE MANAGERS

History Note: Authority G.S. 131D-2.16; 131D-4.3; 143B-165;
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Expired Eff. March 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 13G .0909 RESIDENT RIGHTS

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

History Note: Authority G.S. 131D-2.16; 131D-21; 143B-165; Temporary Adoption Eff. July 1, 2004; Eff. July 1, 2005; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

SECTION .1000 – MEDICATIONS

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

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

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

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

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000; Amended Eff. July 1, 2005; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .1002 MEDICATION ORDERS

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

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

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

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

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

- (1) medication name;
- (2) strength of medication;
- (3) dosage of medication to be administered;
- (4) route of administration;
- (5) specific directions of use, including frequency of administration; and
- (6) if ordered on an as needed basis, a stated indication for use.

(d) Verbal orders for medications and treatments shall be:

- (1) countersigned by the prescribing practitioner within 15 days from the date the order is given;
- (2) signed or initialed and dated by the person receiving the order; and
- (3) accepted only by a licensed professional authorized by state occupational licensure laws to accept orders or staff responsible for medication administration.

(e) Any standing orders shall be for individual residents and signed and dated by the resident's physician or prescribing practitioner.

(f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months.

(g) In addition to the requirements as stated in Paragraph (c) of this Rule, psychotropic medications ordered "as needed" by a prescribing practitioner, shall not be administered unless the following have been provided by the practitioner or included in an individualized care plan developed with input by a registered nurse or licensed pharmacist:

- (1) detailed behavior-specific written instructions, including symptoms that might require use of the medication;
- (2) exact dosage;
- (3) exact time frames between dosages; and
- (4) the maximum dosage to be administered in a twenty-four hour period.

(h) The facility shall assure that personal care aides and their direct supervisors receive training annually about the desired and undesired effects of psychotropic medications, including alternative behavior interventions. Documentation of training attended by staff shall be maintained in the facility.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Amended Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.*

10A NCAC 13G .1003 MEDICATION LABELS

(a) Labeling of prescription legend medications, except for medications prepared for a resident's leave of absence in accordance with Rule .1010(d)(4) of this Section, shall be legible and include the following information:

- (1) the name of the resident for whom the medication is prescribed;
- (2) the most recent date of issuance;
- (3) the name of the prescriber;
- (4) the name and concentration of the medication, quantity dispensed, and prescription serial number;
- (5) unabbreviated directions for use stated;
- (6) a statement of generic equivalency shall be indicated if a brand other than the brand prescribed is dispensed;
- (7) the expiration date, unless dispensed in a single unit or unit dose package that already has an expiration date;
- (8) auxiliary information as required of the medication;
- (9) the name, address, and telephone number of the dispensing pharmacy; and
- (10) the name or initials of the dispensing pharmacist.

(b) For medication systems in which two or more prescribed solid oral dosage forms are packaged and dispensed together, labeling shall be in accordance with Paragraph (a) of this Rule and the label or package shall also have a physical description or identification of each medication contained in the package.

(c) The facility shall assure any changes in directions of a resident's medication by the prescriber are on the container at the refilling of the medication by the pharmacist or dispensing practitioner. The facility shall have a procedure for identifying direction changes until the container is correctly labeled in accordance with Paragraph (a) of this Rule. No person other than a licensed pharmacist or dispensing practitioner shall alter a prescription label.

(d) Non-prescription medications shall have the manufacturer's label with the expiration date visible, unless the container has been labeled by a licensed pharmacist or a dispensing practitioner in accordance with Paragraph (a) of this Rule. Non-prescription medications in the original manufacturer's container shall be labeled with at least the resident's name and the name shall not obstruct any of the information on the container. Facility staff may label or write the resident's name on the container.

(e) Medications, prescription and non-prescription, shall not be transferred from one container to another except when prepared for a resident's leave of absence or administration to a resident.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Amended Eff. April 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.*

10A NCAC 13G .1004 MEDICATION ADMINISTRATION

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

- (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and
- (2) rules in this Section and the facility's policies and procedures.

(b) The facility shall assure that only staff meeting the requirements in Rule .0403 of this Subchapter shall administer medications, including the preparation of medications for administration.

(c) Only oral solid medications that are ordered for routine administration may be prepared in advance and must be prepared within 24 hours of the prescribed time for administration. Medications prescribed for prn (as needed) administration shall not be prepared in advance.

(d) Liquid medications, including powders or granules that require to be mixed with liquids for administration, and medications for injection shall be prepared immediately before administration to a resident.

(e) Medications shall not be crushed for administration until immediately before the medications are administered to the resident.

(f) If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage:

- (1) Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed in a capped or sealed container;
- (2) Medications not dispensed in a sealed and labeled package as specified in Subparagraph (1) of this Paragraph are kept enclosed in a sealed container that identifies the name and strength of each medication prepared and the resident's name;
- (3) A separate container is used for each resident and each planned administration of the medications and labeled according to Subparagraph (1) or (2) of this Paragraph; and
- (4) All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff as specified in Rule .1006(d) of this Section.

(g) The facility shall ensure that medications are administered within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations.

(h) If medications are not prepared and administered by the same staff person, there shall be documentation for each dose of medication prepared for administration by the staff person who prepared the medications when or at the time the resident's medication is prepared. Procedures shall be established and implemented to identify the staff person who prepared the medication and the staff person who administered the medication.

(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.

(j) The resident's medication administration record (MAR) shall be accurate and include the following:

- (1) resident's name;
- (2) name of the medication or treatment order;
- (3) strength and dosage or quantity of medication administered;
- (4) instructions for administering the medication or treatment;
- (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;
- (6) date and time of administration;
- (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and
- (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).

(k) The facility shall have a system in place to ensure the resident is identified prior to the administration of any medication or treatment.

(l) The facility shall assure the development and implementation of policies and procedures governing medication errors and adverse medication reactions that include documentation of the following:

- (1) notification of a physician or appropriate health professional and supervisor;
- (2) action taken by the facility according to orders by the physician or appropriate health professional; and
- (3) charting or documentation errors, unavailability of a medication, resident refusal of medication, any adverse medication reactions and notification of the resident's physician when necessary.

(m) Medication administration supplies, such as graduated measuring devices, shall be available and used by facility staff in order for medications to be accurately and safely administered.

(n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents.

(o) A resident's medication shall not be administered to another resident except in an emergency. In the event of an emergency, the borrowed medications shall be replaced promptly and that the borrowing and replacement of the medication shall be documented.

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

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

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Amended Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.*

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

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

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

(b) The facility shall notify the physician when:

- (1) there is a change in the resident's mental or physical ability to self-administer;
- (2) the resident is non-compliant with the physician's orders; or
- (3) the resident is non-compliant with the facility's medication policies and procedures.

A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Readopted Eff. October 1, 2022.*

10A NCAC 13G .1006 MEDICATION STORAGE

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

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

(c) The medication storage area shall be routinely cleaned, include functional lighting, ventilated to circulate fresh air, large enough to store medications in an orderly manner, and located in areas other than the bathroom, kitchen or utility room. Medication carts shall be routinely cleaned and medications shall be stored in an orderly manner.

(d) Locked storage areas for medications shall only be by staff responsible for medication administration, the administrator, or the administrator-in-charge.

- (e) Medications intended for topical or external use, except for ophthalmic, otic, and transdermal medications, shall be stored in a designated area separate from the medications intended for oral and injectable use. Ophthalmic, otic, and transdermal medications may be stored with medications intended for oral and injectable use. Medications shall be stored apart from cleaning agents and hazardous chemicals.
- (f) Medications requiring refrigeration shall be stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C).
- (g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area.
- (h) The facility shall only possess a stock of non-prescription medications or the following prescription legend medications for general or common use in accordance with physicians' orders:
 - (1) irrigation solutions in single unit quantities exceeding 49 ml. and related diagnostic agents;
 - (2) diagnostic agents;
 - (3) vaccines; and
 - (4) water for injection and normal saline for injection.
- (i) First aid supplies shall be immediately available to staff within the facility, stored out of sight of residents and visitors, and stored separately from medications.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Readopted Eff. October 1, 2022.*

10A NCAC 13G .1007 MEDICATION DISPOSITION

- (a) Medications shall be released to or with a resident upon discharge if the resident has a physician's order to continue the medication. Prescribed medications are the property of the resident and shall not be given to, or taken by, other staff or residents according to Rule .1004(o) of this Subchapter.
- (b) Medications, excluding controlled medications, that are expired, discontinued, prescribed for a deceased resident or deteriorated shall be stored separately from actively used medications until disposed of.
- (c) Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident.
- (d) All medications destroyed at the facility shall be destroyed by the administrator or the administrator's designee and witnessed by a pharmacist, a dispensing practitioner, or their designee. The destruction shall be conducted so that no person can use, administer, sell or give away the medication.
- (e) Records of medications destroyed or returned to the pharmacy shall include the resident's name, the name and strength of the medication, the amount destroyed or returned, the method of destruction if destroyed in the facility and the signature of the administrator or the administrator's designee and the signature of the pharmacist, dispensing practitioner or their designee. These records shall be maintained by the facility for a minimum of one year.
- (f) A dose of any medication prepared for administration and accidentally contaminated or not administered shall be destroyed at the facility according to the facility's policies and procedures.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.*

10A NCAC 13G .1008 CONTROLLED SUBSTANCES

- (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.
- (b) Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock.
- (c) Controlled substances that are expired, discontinued or no longer required for a resident shall be returned to the pharmacy within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The facility shall document the resident's name; the name, strength and dosage form of the controlled substance;

and the amount returned. There shall also be documentation by the pharmacy of the receipt or return of the controlled substances.

(d) If the pharmacy will not accept the return of a controlled substance, the administrator or the administrator's designee shall destroy the controlled substance within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The destruction shall be witnessed by a licensed pharmacist, dispensing practitioner, or designee of a licensed pharmacist or dispensing practitioner. The destruction shall be conducted so that no person can use, administer, sell or give away the controlled substance. Records of controlled substances destroyed shall include the resident's name; the name, strength and dosage form of the controlled substance; the amount destroyed; the method of destruction; and, the signature of the administrator or the administrator's designee and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or dispensing practitioner.

(e) Records of controlled substances returned to the pharmacy or destroyed by the facility shall be maintained by the facility for a minimum of three years.

(f) Controlled substances that are expired, discontinued, prescribed for a deceased resident or deteriorated shall be stored securely in a locked area separately from actively used medications until disposed of.

(g) A dose of a controlled substance accidentally contaminated or not administered shall be destroyed at the facility. The destruction shall be documented on the medication administration record (MAR) or the controlled substance record showing the time, date, quantity, manner of destruction and the initials or signature of the person destroying the substance.

(h) The facility shall ensure that all known drug diversions are reported to the pharmacy, the local law enforcement agency and Health Care Personnel Registry as required by state law and that all suspected drug diversions are reported to the pharmacy. There shall be documentation of the contact and action taken.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000; Amended Eff. July 1, 2005; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .1009 PHARMACEUTICAL CARE

(a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following:

- (1) an on-site medication review for each resident which includes at least the following:
 - (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and,
 - (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and,
 - (C) documenting the results of the medication review in the resident's record;
- (2) review of all aspects of medication administration including the observation or review of procedures for the administration of medications and inspection of medication storage areas;
- (3) review of the medication system utilized by the facility, including packaging, labeling and availability of medications;
- (4) review the facility's procedures and records for the disposition of medications and provide assistance, if necessary;
- (5) provision of a written report of findings and any recommendations for change for Items (1) through (4) of Paragraph (a) of this Rule to the facility and the physician or appropriate health professional, when necessary;

- (6) conducting in-service programs as needed for facility staff on medication usage that includes, but not limited to the following:
 - (A) potential or current medication related problems identified;
 - (B) new medications;
 - (C) side effects and medication interactions; and
 - (D) policies and procedures.
- (b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary.
- (c) The facility shall maintain the findings and reports resulting from the activities in Subparagraphs (1) through (6) of Paragraph (a) of this Rule in the facility, including action taken by the facility.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165; Temporary Adoption Eff. December 1, 1999; Eff. July 1, 2000; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .1010 PHARMACEUTICAL SERVICES

- (a) A family care home shall allow the residents the right to choose a pharmacy provider as long as the pharmacy provides services that are in accordance with requirements of this Section and all applicable state and federal regulations and the facility's medication management policies and procedures.
- (b) There shall be a current, written agreement with a licensed pharmacist or a prescribing practitioner for pharmaceutical care services in accordance with Rule .1009 of this Section. The written agreement shall include a statement of the responsibility of each party.
- (c) The facility shall assure the provision of pharmaceutical services to meet the needs of the residents including procedures that assure the accurate ordering, receiving and administering of all medications prescribed on a routine, emergency, or as needed basis.
- (d) The facility shall assure the provision of medication for residents on temporary leave from the facility or involved in day activities out of the facility. The facility shall have written policies and procedures for a resident's temporary leave of absence. The policies and procedures shall facilitate safe administration by assuring that upon receipt of the medication for a leave of absence the resident or the person accompanying the resident is able to identify the medication, dosage, and administration time for each medication provided for the temporary leave of absence. The policies and procedures shall include at least the following provisions:
 - (1) The amount of resident's medications provided shall be sufficient and necessary to cover the duration of the resident's absence. For the purposes of this Rule, sufficient and necessary means the amount of medication to be administered during the leave of absence or only a current dose pack, card, or container if the current dose pack, card, or container has enough medication for the planned absence;
 - (2) Written and verbal instructions for each medication to be released for the resident's absence shall be provided to the resident or the person accompanying the resident upon the medication's release from the facility and shall include at least:
 - (A) the name and strength of the medication;
 - (B) the directions for administration as prescribed by the resident's physician;
 - (C) any cautionary information from the original prescription package if the information is not on the container released for the leave of absence;
 - (3) The resident's medications shall be provided in a capped or closed container that will protect the medications from contamination and spillage; and
 - (4) Labeling of each of the resident's individual medication containers for the leave of absence shall be legible, include at least the name of the resident and the name and strength of the medication, and be affixed to each container.

The facility shall maintain documentation in the resident's record of medications provided for the resident's leave of absence, including the quantity released from the facility and the quantity returned to the facility. The documentation of the quantities of medications released from and returned to the facility for a resident's leave of absence shall be verified by signature of the facility staff and resident or the person accompanying the resident upon the medications' release from and return to the facility.

(e) The facility shall assure that accurate records of the receipt, use, and disposition of medications are maintained in the facility and available upon request for review.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Eff. July 1, 2005;
Amended Eff. April 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

SECTION .1100 – MANAGEMENT OF RESIDENT'S FUNDS AND REFUNDS

10A NCAC 13G .1101 MANAGEMENT OF RESIDENT'S FUNDS

- (a) Residents shall manage their own funds if possible.
- (b) In situations where a resident is unable to manage his funds, a legal representative or payee shall be designated in accordance with Rule .1102 of this Section.
- (c) Residents shall endorse checks made out to them unless a legal representative or payee has been authorized to endorse checks.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .1102 AUTHORIZED REPRESENTATIVE

- (a) In situations where the facility determines a resident of a family care home is unable to manage their monetary funds the administrator shall contact a family member, responsible person, or the county department of social services regarding the need for an authorized representative. For the purposes of this Section, an "authorized representative" shall mean a person who is legally authorized or designated in writing by the resident to act on his or her behalf in the management of their funds.
- (b) The administrator and other staff of the facility shall not serve as a resident's authorized representative, payee, or executor of a will, except in the case of funds administered by the Social Security Administration, the Veteran's Administration or other federal government agencies. The administrator of the facility may serve as a payee when so authorized as a legally constituted authority by the respective federal agencies.
- (c) The administrator shall give the resident's authorized representative receipts for any monies received on behalf of the resident.

History Note: Authority G.S. 35A-1203; 108A-37; 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Readopted Eff. June 1, 2024.

10A NCAC 13G .1103 ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS

- (a) To document a resident's receipt of the State-County Special Assistance personal needs allowance after payment of the cost of care, a statement shall be signed by the resident or marked by the resident. If the statement is marked by the resident, there shall be one witness signature. For residents who have been adjudicated incompetent, the signature of the resident's authorized representative shall be required. Witnesses cannot include the staff handling the residents' personal funds transactions. The statement shall be maintained in the facility.
- (b) No employee of a facility shall handle the personal funds for a resident, except for the facility administrator or the administrator's designee after having received prior written authorization from the resident or the resident's authorized representative. The facility administrator or their designee shall maintain an accurate account balance and accounting of all funds received, disbursements, and the balance on hand which shall be available upon request to the resident or their authorized representative during the facility's regular business office hours.

- (c) The facility shall provide each resident or the resident's authorized representative a written monthly accounting of the resident's funds handled by the administrator or the administrator's designee. The facility shall maintain at the facility a record signed by the resident or their authorized representative indicating whether the resident or their authorized representative agrees that the monthly accounting is accurate. The records shall be maintained by the facility for at least one year.
- (d) A resident's personal funds shall not be commingled with facility funds. The facility shall not commingle the personal funds of residents in an interest-bearing account.
- (e) All or any portion of a resident's personal funds shall be available to the resident or their authorized representative upon request during the facility's established business days and hours except as provided in Rule .1105 of this Subchapter.
- (f) The resident's personal needs allowance shall be credited to the resident's account within one business day of the funds being available in the facility's resident personal funds account.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. April 1, 1984;
Amended Eff. July 1, 2005; April 1, 1987;
Readopted Eff. June 1, 2024.

10A NCAC 13G .1104 REFUND POLICY

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

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .1105 REFUND OF PERSONAL FUNDS

- (a) When the administrator or the administrator's designee handles a resident's personal money at the resident's or his payee's request, the balance shall be given to the resident or the resident's responsible person within 14 days of the resident's leaving a family care home.
- (b) If a resident dies, the administrator of his estate or the Clerk of Superior Court, when no administrator for his estate has been appointed, shall be given all of his personal funds within 30 days after death.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

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

- (a) If a resident of a family care home, has been notified by the facility of its intent to discharge in accordance with Rule .0705 of this Subchapter, the facility shall refund the resident an amount equal to the cost of care for the remainder of the month minus the amount charged for any nights spent in the facility during the notice period. The refund shall be made within 14 days after the resident leaves the facility. For the purposes of this Rule, "cost of care" means any monies paid by the resident or the resident's legal representative in advance for room and board and services provided by facility as agreed upon in the resident's contract.
- (b) When a resident moves out of the facility without giving notice, as may be required by the facility according to Rule .0705(i) of this Subchapter, or before the facility's required notice period has elapsed, the facility shall charge the resident no more than the amount equal to the cost of care for the required notice period. If a resident receiving State-County Special Assistance moves without giving notice or before the notice period has elapsed, the facility may charge the resident for the required notice period. The facility shall refund the resident the remainder of any advance payment

following settlement of the cost of care. The refund shall be made within 14 days from the date of notice or, if no notice is given, within 14 days of the resident leaving the facility.

(c) When there is an exception to the notice as provided in Rule .0705(i) of this Subchapter to protect the health or safety of the resident or others in the facility, or when there is a sudden, unexpected closure of the facility that requires the resident to relocate, the facility shall only charge the resident for any nights spent in the facility. A refund shall be made to the resident by the facility within 14 days from the date of notice.

(d) When a resident gives notice of leaving the facility, as may be required by the facility according to Rule .0705(i) of this Subchapter, and leaves at the end of the notice period, the facility shall refund the resident the remainder of any advance payment within 14 days from the date of notice. If notice is not required by the facility, the refund shall be made within 14 days after the resident leaves the facility.

(e) When a resident leaves the facility and the resident or his or her responsible person has notified the facility of the intent of returning to it, the following apply:

- (1) If the resident or their responsible party reserves their bed for a set number of days, the facility shall have written agreement for the payment for the days the bed is held in accordance with Rule .0704(a)(1)(A) of this Subchapter.
- (2) If, after leaving the facility, the resident decides not to return to it, the facility shall require no more than a 14-day written notice that he or she is not returning.
- (3) If the facility requires a 14-day written notice, the requirement shall be a part of the written agreement and explained by the facility to the resident and his or her family or responsible person before signing.
- (4) When a resident or someone acting on his or her behalf notifies the facility that he or she will not be returning to the facility, the facility shall refund the remainder of any advance payment to the resident or his or her responsible person. The refund shall include the amount equal to the cost of care for the period covered by the agreement. The refund shall be made within 14 days after notification that the resident will not be returning to the facility.
- (5) The facility shall not require payment from a resident that receives State County Special Assistance for more than 30 days unless the resident is actually residing in the facility or it is anticipated that he or she will return to the facility within 30 days.
- (6) Exceptions to the 14-day notice, if required by the facility, are cases where returning to the facility would jeopardize the health or safety of the resident or others in the facility as certified by the resident's physician or approved by the county department of social services, and in the case of the resident's death. In these cases, the facility shall provide a refund of any advance payment calculated beginning with the day the facility is notified. The facility shall provide the refund to the authorized representative within 14 days after the resident leaves the facility or within 30 days after the resident's death.

(f) If a resident dies, the administrator of his or her estate or the Clerk of Superior Court, when no administrator for his or her estate has been appointed, shall be given a refund equal to the cost of care for the month minus any nights spent in the facility during the month. This is to be done within 30 days after the resident's death.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; June 1, 1987; April 1, 1984;
Temporary Amendment Eff. January 1, 2001;
Temporary Amendment Expired October 13, 2001;
Amended Eff. July 1, 2005;
Readopted Eff. June 1, 2024.*

SECTION .1200 – POLICIES, RECORDS AND REPORTS

10A NCAC 13G .1201 RESIDENT RECORDS

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

- (1) FL-2 or MR-2 Forms and patient transfer form or hospital discharge summary, when applicable;
- (2) Resident Register;

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

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

(b) A resident financial record providing an accurate accounting of the receipt and disbursement of the resident's personal funds, if handled by the facility according to Rule .1103 of this Subchapter, shall be maintained on each resident in an orderly manner in the facility and be readily available for review by representatives of the Division of Health Service Regulation and county departments of social services. When there is an approved cluster of licensed facilities, financial records may be kept in one location among the clustered facilities

History Note: Authority G.S. 131D-2.16; 143B-165;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
 Temporary Amendment Eff. July 1, 2004;
 Amended Eff. July 1, 2005;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .1202 TRANSFER OF RESIDENT'S RECORDS

At the request of the resident or his responsible person, copies of all pertinent information shall be given to the administrator of the licensed home to which the resident moves. The FL-2 or MR-2 shall be provided unless:

- (1) It was completed more than 90 days before the move; or
- (2) There has been an apparent change in the mental or physical condition of the resident.

History Note: Authority G.S. 131D-2.16; 143B-165;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 1990; April 1, 1984;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .1203 DISPOSAL OF RESIDENT'S RECORDS

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

History Note: Authority G.S. 131D-2.16; 143B-165;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 2005; April 1, 1987; April 1, 1984;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .1204 REPORT OF ADMISSIONS AND DISCHARGES

History Note: Authority G.S. 131D-2; 143B-153;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. May 1, 1992;
Repealed Eff. July 1, 2005.

10A NCAC 13G .1205 POPULATION REPORT

History Note: Authority G.S. 131D-2; 143B-153; 143B-165; S.L. 2002-160;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. May 1, 1992; April 1, 1984;
Temporary Repeal Eff. September 1, 2003;
Repealed Eff. June 1, 2004.

10A NCAC 13G .1206 HEALTH CARE PERSONNEL REGISTRY

The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 131E-256; 143B-165;
Temporary Adoption Eff. January 1, 2000;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .1207 MARKETING

A family care home may market provided:

- (1) the name used is as it appears on the license;
- (2) only the services and accommodations for which the home is licensed are used; and
- (3) the home is classified by licensure status.

History Note: Authority G.S. 131D-2.1; 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Readopted Eff. January 1, 2020.

10A NCAC 13G .1208 FACILITIES TO REPORT RESIDENT DEATHS

The facility shall report resident deaths to the Division of Health Service Regulation, in accordance with G.S. 131D-34.1.

History Note: Authority G.S. 131D-2.4; 131D-2.16; 131D-34.1; 143B-165;
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, 2002;
Readopted Eff. October 1, 2022.

10A NCAC 13G .1209 DEATH REPORTING PROCEDURES

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

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

- (1) a resident death occurring in an adult care home within seven days of the use of a physical restraint or physical hold on the resident; or

- (2) a resident death occurring within 24 hours of the resident's transfer from the adult care home to a hospital, if the death occurred within seven days of physical restraint or physical hold of the resident.
- (c) A written notice containing the information under Paragraph (d) of this Rule shall be made within three days of any death resulting from violence, accident, suicide or homicide.
- (d) Written notice may be submitted in person or by telefacsimile or electronic mail. If the reporting facility does not have the capacity or capability to submit a written notice immediately, the information contained in the notice may be reported by telephone following the same time requirements under Subparagraphs (b) and (c) of this Rule until such time the written notice may be submitted. The notice shall include at least the following information:
- (1) Reporting facility: Name, address, county, license number (if applicable), Medicare/Medicaid provider number (if applicable), facility administrator and telephone number, name and title of person preparing report, first person to learn of death and first staff to receive report of death, and date and time report prepared;
 - (2) Resident information: Name, Medicaid number (if applicable), date of birth, age, sex, race, primary admitting diagnoses, and date of most recent admission to an acute care hospital.
 - (3) Circumstances of death: place and address where resident died, date and time death was discovered, physical location decedent was found, cause of death (if known), whether or not decedent was restrained at the time of death or within 7 days of death and if so, a description of the type of restraint and its usage, and a description of events surrounding the death; and
 - (4) Other information: list of other authorities such as law enforcement or the County Department of Social Services that have been notified, have investigated or are in the process of investigating the death or events related to the death.
- (e) The facility shall submit a written report, using a form pursuant to G.S. 131D-34.1(e). The facility shall provide, fully and accurately, all information sought on the form. If the facility is unable to obtain any information sought on the form, or if any such information is not yet available, the facility shall so explain on the form.
- (f) In addition, the facility shall:
- (1) Notify the Division of Health Service Regulation immediately whenever it has reason to believe that information provided may be erroneous, misleading, or otherwise unreliable;
 - (2) Submit to the Division of Health Service Regulation, immediately after it becomes available, any information required by this rule that was previously unavailable; and
 - (3) Provide, upon request by the Division of Health Service Regulation, other information the facility obtains regarding the death, including, but not limited to, death certificates, autopsy reports, and reports by other authorities.
- (g) With regard to any resident death under circumstances described in G.S. 130A-383, a facility shall notify the appropriate law enforcement authorities so the medical examiner of the county in which the body is found may be notified. Documentation of such notification shall be maintained by the facility and be made available for review by the Division upon request.
- (h) In deaths not under the jurisdiction of the medical examiner, the facility shall notify the decedent's next-of-kin, or other individual authorized according to G.S. 130A-398, that an autopsy may be requested as designated in G.S. 130A-389.

History Note: Authority G.S. 131D-2.16; 131D-34.1; 143B-165; Temporary Adoption Eff. May 1, 2001; Eff. July 18, 2002; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.

10A NCAC 13G .1210 DEFINITIONS APPLICABLE TO DEATH REPORTING

The following definitions shall apply throughout this Section:

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

*History Note: Authority G.S. 131D-2.16; 131D-34.1; 143B-165;
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, 2002;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16,
2019.*

10A NCAC 13G .1211 WRITTEN POLICIES AND PROCEDURES

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

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

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

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

*History Note: Authority 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Temporary Adoption Expired March 12, 2005;
Eff. June 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16,
2019.*

10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS

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

*History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16,
2019.*

10A NCAC 13G .1213 REPORTING OF ACCIDENTS AND INCIDENTS

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

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

- (1) resident's name;

- (2) name of staff who discovered the accident or incident;
 - (3) name of the person preparing the report;
 - (4) how, when and where the accident or incident occurred;
 - (5) nature of the injury;
 - (6) what was done for the resident, including any follow-up care;
 - (7) time of notification or attempts at notification of the resident's responsible person or contact person as required in Paragraph (e) of this Rule; and
 - (8) signature of the administrator or administrator-in-charge.
- (c) The report as required in Paragraph (b) of this Rule shall be submitted to the county department of social services by mail, telefacsimile, electronic mail, or in person within 48 hours of the initial discovery or knowledge by staff of the accident or incident.
- (d) The facility shall immediately notify the county department of social services in accordance with G.S. 108A-102 and the local law enforcement authority as required by law of any mental or physical abuse, neglect or exploitation of a resident.
- (e) The facility shall assure the notification of a resident's responsible person or contact person, as indicated on the Resident Register, of the following, unless the resident or his responsible person or contact person objects to such notification:
- (1) any injury to or illness of the resident requiring medical treatment or referral for emergency medical evaluation, with notification to be as soon as possible but no later than 24 hours from the time of the initial discovery or knowledge of the injury or illness by staff and documented in the resident's file; and
 - (2) any incident of the resident falling or elopement which does not result in injury requiring medical treatment or referral for emergency medical evaluation, with notification to be as soon as possible but not later than 48 hours from the time of initial discovery or knowledge of the incident by staff and documented in the resident's file, except for elopement requiring immediate notification according to Rule .0906(f)(4) of this Subchapter.
- (f) When a resident is at risk that death or physical harm will occur as a result of physical violence by another person, the facility shall immediately report the situation to the local law enforcement authority.
- (g) In the case of physical assault by a resident or whenever there is a risk that death or physical harm will occur due to the actions or behavior of a resident, the facility shall immediately:
- (1) seek the assistance of the local law enforcement authority;
 - (2) provide additional supervision of the threatening resident to protect others from harm;
 - (3) seek any needed emergency medical treatment;
 - (4) make a referral to the Local Management Entity for Mental Health Services or mental health provider for emergency treatment of the threatening resident; and
 - (5) cooperate with assessment personnel assigned to the case by the Local Management Entity for Mental Health Services or mental health provider to enable them to provide their earliest possible assessment.
- (h) The facility shall immediately report any assault resulting in harm to a resident or other person in the facility to the local law enforcement authority.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019.*

10A NCAC 13G .1214 AVAILABILITY OF CORRECTIVE ACTION AND SURVEY REPORTS

A family care home shall make available to residents and their families or responsible persons and to prospective residents and their families or responsible persons, upon request and in a location accessible to residents and visitors in the home the following:

- (1) the most recent annual or biennial and subsequent facility survey reports issued by the Adult Care Licensure Section of the Division of Health Service Regulation;
- (2) any other survey reports issued by the Adult Care Licensure Section of the Division of Health Service Regulation within the past 12 months; and
- (3) corrective action reports issued by the county department of social services within the past 12 months.

*History Note: Authority 131D-2.16; 143B-165;
Eff. July 1, 2005;
Readopted Eff. January 1, 2022.*

SECTION .1300 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

10A NCAC 13G .1301 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES (EFFECTIVE UNTIL MARCH 31, 2024)

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

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

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

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

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

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

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

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

History Note: Authority G.S. 131D-2.16; 143B-165;
 Temporary Adoption Eff. July 1, 2004;
 Temporary Adoption Expired March 12, 2005;
 Eff. June 1, 2005.

SECTION .1300 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

10A NCAC 13G .1301 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES (EFFECTIVE APRIL 1, 2024)

- (a) A family care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and that restricts freedom of movement or normal access to one's body, shall be:
- (1) used only in those circumstances in which the resident has medical symptoms for which the resident's physician or physician extender has determined warrant the use of restraints and not for , discipline or convenience purposes;
 - (2) used only with a written order from a physician or physician extender except in emergencies where the health or safety of the resident is threatened, according to Paragraph (d) of this Rule;
 - (3) the least restrictive restraint that would provide a safe environment for the resident and prevent physical injury;
 - (4) used only after alternatives that would provide a safe environment for the resident to prevent physical injury and prevent a potential decline in the resident's functioning have been tried and documented by the administrator or their designee in the resident's record as being unsuccessful.
 - (5) used only after an assessment and care planning process has been completed, except in emergencies where the health or safety of the resident is threatened, according to Paragraph (c) of this Rule;

- (6) applied correctly according to the manufacturer's instructions and the physician's or physician extenders' order; and
- (7) used in conjunction with alternatives in an effort to reduce restraint use. For the purpose of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner.

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

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

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

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

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

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

- (1) The order shall indicate:
 - (A) the medical need for the restraint based on the assessment and care plan;
 - (B) the type of restraint to be used;
 - (C) the period of time the restraint is to be used; and
 - (D) the time intervals the restraint is to be checked and released, but no longer than every 30 minutes for checks and no longer than two hours for releases.
- (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify the resident's physician or physician extender of the order within seven days.
- (3) The restraint order shall be updated by the resident's physician or physician extender at least every three months following the initial order.
- (4) If the resident's physician changes, the physician or physician extender who is to attend the resident shall update and sign the existing order.
- (5) In an emergency, where the health or safety of the resident is threatened, the administrator or their designee shall make the determination relative to the need for a restraint and its type and duration of use until a physician or physician extender is contacted. Contact with a physician or physician extender

shall be made within 24 hours and documented in the resident's record. For the purpose of this Rule, an "emergency" means a situation where there is a certain risk of physical injury or death to a resident.

- (6) The restraint order shall be kept in the resident's record.
- (e) All instances of the use of physical restraints and alternatives shall be documented by the facility in the resident's record and include the following:
 - (1) restraint alternatives that were provided and the resident's response;
 - (2) type of restraint that was used;
 - (3) medical symptoms warranting restraint use;
 - (4) the time the restraint was applied and the duration of restraint use;
 - (5) care that was provided to the resident during restraint use; and
 - (6) behavior of the resident during restraint use.
- (f) Physical restraints shall be applied only by staff who have received training on the use of alternatives to physical restraint use and on the care of residents who are physically restrained according to Rule .0506 of this Subchapter and have been validated on the care of residents who are physically restrained and the use of care practices as alternatives to restraints according to Rule .0504 of this Subchapter.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Temporary Adoption Expired March 12, 2005;
Eff. June 1, 2005;
Readopted Eff. April 1, 2024.*

SECTION .1500 – ADMINISTRATOR APPROVAL AND RENEWAL

10A NCAC 13G .1501 ADMINISTRATOR APPROVAL

- (a) Each family care home shall have an administrator that has been approved by the Department pursuant to this Rule.
- (b) Applicant administrators shall meet the following qualifications:
 - (1) be 21 years of age or older;
 - (2) provide a satisfactory criminal background report by providing to the Department the submissions required by:
 - (A) the State Repository of Criminal Histories, if the applicant has been a resident of this State for five years or more; or
 - (B) both the State and National Repositories of Criminal Histories, if the applicant has been a resident of this State for less than five years;
 - (3) complete an approved administrator-in-training program listed on the website at <https://info.ncdhhs.gov/dhsr/acls/adminguidelines.html> and consisting of a minimum of 20 hours of instruction in N.C. Assisted Living laws and statutes, human resources, and business management, and a minimum of 100 hours of on-the-job training in an assisted living facility;
 - (4) complete with 75 percent accuracy a written examination administered by the Department within 12 months of completing the administrator-in-training program; and
 - (5) be at least a high school graduate or certified under the GED Program.
- (c) For the purpose of this Rule, a satisfactory criminal background report means:
 - (1) no conviction by any jurisdiction of a felony for which prison time was served unless rights of citizenship have been restored and all of the following have been considered and determined by the Department to allow approval:
 - (A) the date of conviction;
 - (B) the circumstances surrounding the committing of the crime, if known;
 - (C) the nexus between the criminal conduct of the person and job duties; and
 - (D) the prison, jail, probation, parole, rehabilitation and employment records of the person since the date the crime was committed;
 - (2) no conviction by any jurisdiction of a misdemeanor unless all terms of the judgment imposed for said misdemeanor have been met and the following have been considered and determined by the Department to allow approval:
 - (A) the date of conviction;
 - (B) the circumstances surrounding the committing of the crime, if known;

- (C) the nexus between the criminal conduct of the person and job duties; and
- (D) the prison, jail, probation, parole, rehabilitation and employment records of the person since the date the crime was committed.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 143B-165;
Eff. April 1, 2017;
Amended Eff. April 1, 2022.*

10A NCAC 13G .1502 ADVERSE ACTION ON ADMINISTRATOR APPROVAL

(a) The Department shall deny, suspend, or revoke the approval of an administrator if the administrator or applicant administrator:

- (1) has not completed the continuing education credits required by Rule .1503 of this Section;
- (2) has been convicted by any jurisdiction of a felony unless rights of citizenship have been restored and all of the following have been considered and determined by the Department to allow approval:
 - (A) the date of conviction;
 - (B) the circumstances surrounding the committing of the crime, if known;
 - (C) the nexus between the criminal conduct of the person and the duties of an administrator; and
 - (D) the prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed;
- (3) is convicted by any jurisdiction of a misdemeanor unless all terms of the judgment imposed for said misdemeanor have been met and the following have been considered and determined by the Department to allow approval:
 - (A) the date of conviction;
 - (B) the circumstances surrounding the committing of the crime, if known;
 - (C) the nexus between the criminal conduct of the person and the duties of an administrator; and
 - (D) the prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed;
- (4) was the administrator of an adult care home or family care home whose license was summarily suspended pursuant to G.S. 131D-2.7(c) or a notice of revocation of the facility's license was issued pursuant to G.S. 131D-2.7(b). In these circumstances, the Department shall take into consideration the length of time the administrator was serving in that capacity at the facility and the nexus between the reason for the summary suspension or revocation of the facility's license and the job duties of the administrator in deciding whether to deny, suspend, or revoke the approval of an administrator;
- (5) is unable to perform as administrator with reasonable skill and safety to residents by reason of any observable or documented condition, such as dementia or other disease or condition known to result in irreversible cognitive deterioration or drug or alcohol dependency, that impairs the individual in such a way that it endangers the health, safety, or welfare of residents;
- (6) tested positive for a controlled substance or refused to consent to drug testing according to G.S. 131D-45;
- (7) prior or subsequent to applying to be an administrator, has a finding on the North Carolina Health Care Personnel Registry pursuant to G.S. 131E-256; or
- (8) fails to report any arrest or conviction for a felony or misdemeanor to the Department within 10 days after such arrest or conviction.

(b) The Department shall suspend the approval of an administrator who has been arrested because of alleged criminal conduct, if the relationship between the alleged criminal conduct and the administrator's duties indicates a need to seek action in order to further protect facility residents pending adjudication by a court. Serving as an administrator while the administrator's approval is suspended shall be grounds for revocation of approval. Examples of criminal conduct the Department may consider in relation to the administrator's duties include fraud, physical assault, theft, abuse, neglect, exploitation, and drug diversion.

*History Note: Authority G.S. 131D-2.16; 131D-2.18; 131D-4.3; 143B-165;
Eff. April 1, 2017.*

10A NCAC 13G .1503 RENEWAL OF ADMINISTRATOR APPROVAL

- (a) The Department shall renew an administrator's approval at the end of the year following the year of initial approval if the administrator submits documentation of completed coursework related to long term care management or the care of aged and disabled persons dated and issued by the course provider after approval. The required number of hours or coursework shall be prorated by the Department based 30 hours of required continuing education biennially and the number of months from the date of the administrator's initial approval until June 30 of the next year following issuance.
- (b) The Department shall continue to renew an administrator's approval biennially based on an expiration date of June 30. For each renewal following initial renewal the administrator shall submit documentation totaling 30 hours of completed coursework related to long term care management or the care of aged and disabled persons dated and issued by the course provider within the current two-year approval period.
- (c) For the purposes of this Rule, examples of coursework related to long term care management or the care of aged and disabled persons include financial management, human resource management, medication administration, dementia care, diabetic care, managing aggressive behaviors, and infection control.

History Note: Authority G.S. 131D-2.16; 131D-4.3; 143B-165;
Eff. April 1, 2017.

SECTION .1600 – STAR RATED CERTIFICATES

10A NCAC 13G .1601 DEFINITIONS

(a) As used in this Section, the following definitions shall apply:

- (1) "Demerits" means points which are subtracted from a facility's star rating calculation as set forth in the requirements of Rule .1604 of this Section.
- (2) "Merits" means points which are added to a facility's star rating calculation as set forth in the requirements of Rule .1604 of this Section.
- (3) "Standard deficiency" means a citation issued by the Division of Health Service Regulation to a facility for failure to comply with licensure rules and statutes governing adult care homes and the non-compliance does not meet the criteria of a Type A1, Type A2 or Type B violation defined in G.S. 131D-34.
- (4) "Star rated certificate" means a certificate issued by the Division of Health Service Regulation that includes a numerical score and corresponding number of stars issued to an adult care home based on the factors contained in G.S. 131D-10.
- (5) "Star rating" means the numerical score and corresponding number of stars a facility receives based on the factors contained in G.S. 131D-10.
- (6) "Star rating worksheet" means a document issued by the Division of Health Service Regulation which demonstrates how a facility's star rating was calculated in accordance with G.S. 131D-10(e) and Section .1600 of this Subchapter.
- (7) "Type A1 violation" means the term as defined in G.S. 131D-34.
- (8) "Type A2 violation" means the term as defined in G.S. 131D-34.
- (9) "Type B violation" means the term as defined in G.S. 131D-34.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008;
Readopted Eff. August 1, 2025.

10A NCAC 13G .1602 ISSUANCE OF A STAR RATING

- (a) A star rated certificate and worksheet shall be issued to a facility by the Division of Health Service Regulation within 45 days from the date that the Division mails the survey or inspection report to the facility, except when a request has been made by the facility under G.S. 131D-2.11 for informal dispute resolution. If a facility makes a request for informal dispute resolution, the Division of Health Service Regulation shall issue a star rating to the facility within 15 days from the date the Division mails the informal dispute decision to the facility.
- (b) If the ownership of the facility changes, the star rating in effect at the time of the change of ownership shall remain in effect until the next annual or biennial survey or until a new certificate is issued pursuant to Rule .1604(b) of this Subchapter.
- (c) The star rated certificate and worksheet the Division used to calculate the rating shall be displayed in a location visible to the public.

- (d) The star rating worksheet shall be posted on the Division of Health Service Regulation website.
- (e) The facility may contest the star rating by requesting a contested case hearing pursuant to Article 3 of G.S. 150B. The star rating and any subsequent star ratings shall remain in effect during any contested case hearing process.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008;
Readopted Eff. August 1, 2025.

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

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

- (1) G.S. 131D-21 Declaration of Resident's Rights;
- (2) Section .0300 of this Subchapter The Building;
- (3) Section .0400 of this Subchapter Staff Qualifications;
- (4) Section .0700 of this Subchapter Admission and Discharge;
- (5) Section .0800 of this Subchapter Resident Assessment and Care Plan;
- (6) Section .0900 of this Subchapter Resident Care and Services;
- (7) Section .1000 of this Subchapter Medications;
- (8) Section .1300 of this Subchapter Use of Physical Restraints and Alternatives; and
- (9) Section .1700 of this Subchapter Infection Prevention and Control.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008;
Readopted Eff. August 1, 2025.

10A NCAC 13G .1604 RATING CALCULATION

(a) Ratings shall be based on:

- (1) Inspections completed pursuant to G.S. 131D-2.11(a) and (a1);
- (2) Statutory and Rule requirements listed in Rule .1603 of this Section;
- (3) Type A1, Type A2, or uncorrected Type B penalty violations identified pursuant to G.S. 131D-34; and
- (4) Other items listed in Subparagraphs (c)(1) and (c)(2) of this Rule.

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

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

- (1) Merit Points
 - (A) If the facility corrects a standard deficiency of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, the facility shall receive 1.25 merit points for each corrected deficiency;
 - (B) If the facility corrects a citation for which a Type B violation was identified, the facility shall receive 1.75 merit points;
 - (C) If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.75 merit points;
 - (D) If the facility corrects the citation for which a Type A1 or Type A2 violation was identified, the facility shall receive 5 merit points;
 - (E) If the facility corrects a previously uncorrected Type A1 or A2 violation, the facility shall receive 5 merit points;
 - (F) If the facility's admissions have been suspended, the facility shall receive 5 merit points if the suspension is removed;
 - (G) If the facility's license is restored to a full license after being downgraded to a provisional license, the facility shall receive 5 merit points;
 - (H) If the facility participates in any quality improvement program pursuant to G.S. 131D-10, the facility shall receive 2.5 merit points;

- (I) If the facility establishes an ongoing resident council which meets at least quarterly, the facility shall receive .5 merit point;
 - (J) If the facility establishes an ongoing family council which meets at least quarterly, the facility shall receive .5 merit point;
 - (K) If the facility's designated on-site staff member who directs the facility's infection control activities in accordance with G.S. 131D-4.4A has completed the "Infection Control in Long Term Care Facilities" course offered by the University of North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) every two years, the facility shall receive .5 merit point;
 - (L) If the facility permanently installs a generator or has a contract with a generator provider to provide emergency power for essential functions of the facility, the facility shall receive 2 merit points. For purposes of this Rule, essential functions mean those functions necessary to maintain the health or safety of residents during power outages greater than 6 hours and include the fire alarm system, heating, lighting, refrigeration for medication storage, minimal cooking, elevators, medical equipment, computers, door alarms, special locking systems, sewage and well operation where applicable, sprinkler system, and telephones. If the facility has an existing permanently installed generator or an existing contract with a generator provider, the facility shall receive 1 merit point for maintaining the generator in working order or continuing the contract with a generator provider;
 - (M) If the facility installs automatic sprinklers in compliance with the North Carolina Building Code, and maintains the system in working order, the facility shall receive 3 merit points. If the facility has an existing automatic sprinkler, the facility shall receive 2 merit points for subsequent ratings for maintaining the automatic sprinklers in working order; and
 - (N) If the facility engages the services of a third-party company to conduct resident and family satisfaction surveys at least annually for the purpose of improving resident care, the facility shall receive 1 merit point. Resident and family satisfaction surveys shall not be conducted by any employees of the facility, or a third-party company affiliated with the facility. The satisfaction survey results shall be made available upon request and in a location accessible to residents and visitors in the facility.
- (2) Demerit Points
- (A) For each standard deficiency of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, the facility shall receive a demerit of 2 points. The facility shall receive demerit points only once for citations in which the findings are identical to those findings used for another citation;
 - (B) For each citation of a Type A1 or Type A2 violation, the facility shall receive a demerit of 10 points, and if the Type A1 or Type A2 violation remains uncorrected as result of a follow-up inspection, the facility shall receive an additional demerit of 10 points;
 - (C) For each citation of a Type B violation, the facility shall receive a demerit of 3.5 points and if the Type B violation remains uncorrected as the result of a follow-up inspection, the facility shall receive an additional demerit of 3.5 points;
 - (D) If the facility's admissions are suspended, the facility shall receive a demerit of 10 points; however, if the facility's admissions are suspended pursuant to G.S. 131D-2.7, the facility shall not receive any demerit points;
 - (E) If the facility's license is downgraded to a provisional license pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 10 points;
 - (F) If the facility receives a notice of revocation against its license pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 31 points; and
 - (G) If the facility's license is summarily suspended pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 31 points.

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

- (1) Four stars shall be assigned to any facility whose score is 100 points or greater on two consecutive annual or biennial inspections;
- (2) Three stars shall be assigned for scores of 90 to 99.9 points, or for any facility whose score is 100 points or greater on one annual or biennial inspection;

- (3) Two stars shall be assigned for scores of 80 to 89.9 points;
- (4) One star shall be assigned for scores of 70 to 79.9 points; and
- (5) Zero stars shall be assigned for scores of 69.9 points or lower.

*History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008;
Readopted Eff. August 1, 2025.*

10A NCAC 13G .1605 CONTENTS OF STAR RATED CERTIFICATE

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

*History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008;
Readopted Eff. August 1, 2025.*

SECTION .1700 - INFECTION PREVENTION AND CONTROL

10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES

(a) In accordance with Rule .1211(a)(4) of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and implement infection prevention and control policies and procedures consistent with the federal Centers for Disease Control and Prevention (CDC) published guidelines on infection prevention and control. The Department shall approve a set of policies and procedures for infection prevention and control consistent with the federal CDC published guidelines on infection prevention and control that will be made available on the Division of Health Service Regulation, Adult Care Licensure Section website at <https://info.ncdhhs.gov/dhsr/acls/acforms.html> at no cost. The facility shall either:

- (1) utilize the set of policies and procedures for infection prevention and control approved by the Department;
- (2) develop policies and procedures for infection and prevention and control that are consistent with the set of Department approved policies and procedures; or
- (3) develop policies and procedures for infection prevention and control that are based on nationally recognized standards in infection prevention and control that are consistent with the federal CDC published guidelines on infection prevention and control.

(b) The facility's infection and control policies and procedures shall be implemented by the facility and shall address the following:

- (1) Standard and transmission-based precautions, including:
 - (A) respiratory hygiene and cough etiquette;
 - (B) environmental cleaning and disinfection;
 - (C) reprocessing and disinfection of reusable resident medical equipment;
 - (D) hand hygiene;
 - (E) accessibility and proper use of personal protective equipment (PPE); and
 - (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions;
- (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1702 of this Section;
- (3) Measures for the facility to consider taking in the event of a communicable disease outbreak to prevent the spread of illness, such as isolating infected residents; limiting or stopping group activities and communal dining; limiting or restricting outside visitation to the facility; screening staff, residents, and visitors for signs of illness; and use of source control as tolerated by the residents; and
- (4) Strategies for addressing potential staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak.

(c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility's infection prevention and control policies and procedures, and when issued, guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat that have been issued in writing by the North Carolina Department of Health and Human Services or local health department.

(d) In accordance with Rule .1211 of this Subchapter and G.S. 131D-4.4A(b)(4), the facility shall ensure all staff are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (b)(1) through (b)(2) of this Rule.

(e) The policies and procedures listed in Paragraph (b) of this Rule shall be maintained in the facility and accessible to staff working at the facility.

*History Note: Authority G.S. 131D-2.16; 131D-4.4A; 143B-165;
Emergency Adoption Eff. October 23, 2020;
Temporary Adoption Eff. December 30, 2020;
Eff. August 23, 2022.*

10A NCAC 13G .1702 REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED COMMUNICABLE DISEASE OUTBREAK

(a) The facility shall report suspected or confirmed communicable diseases and conditions within the time period and in the manner determined by the Commission for Public Health as specified in 10A NCAC 41A .0101 and 10A NCAC 41A .0102(a)(1) through (a)(3), which are hereby incorporated by reference, including subsequent amendments.

(b) The facility shall provide the residents and their representative(s) and staff with an initial notice within 24 hours following confirmation by the local health department of a communicable disease outbreak. The facility, in its initial notification to residents and their representative(s), shall:

- (1) not disclose any personally identifiable information of the residents or staff;
- (2) provide information on the measures the facility is taking to prevent or reduce the risk of transmission, including whether normal operations of the facility will change; and
- (3) provide information to the resident(s) concerning measures they can take to reduce the risk of spread or transmission of infection.

(c) Following the initial notice to residents and their representative(s) of a communicable disease outbreak, the facility shall provide the following:

- (1) an update every two weeks until the communicable illness within the facility has resolved, as determined by the local health department; and
- (2) an update that the communicable illness within the facility has resolved, as determined by the local health department.

*History Note: Authority G.S. 131D-2.16; 131D-4.4B; 131D-4.5; 143B-165;
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Eff. August 23, 2022.*