

SUBCHAPTER 13K – HOSPICE LICENSING RULES

SECTION .0100 – GENERAL INFORMATION

10A NCAC 13K .0101 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0102 DEFINITIONS

In addition to the definitions set forth in G.S. 131E-201, the following definitions shall apply throughout this Subchapter:

- (1) "Agency" means a licensed hospice as defined in G.S. 131E-201(3).
- (2) "Care Plan" means the proposed method developed in writing by the interdisciplinary care team through which the hospice seeks to provide services that meet the patient's and family's medical, psychosocial, and spiritual needs.
- (3) "Clergy Member" means an individual who has received a degree from a theological school and has fulfilled denominational seminary requirements; or an individual who, by ordination or authorization from the individual's denomination, has been approved to function in a pastoral capacity. Each hospice shall designate a clergy member responsible for coordinating spiritual care to hospice patients and families.
- (4) "Coordinator of Patient Family Volunteers" means an individual on the hospice team who coordinates and supervises the activities of all patient family volunteers.
- (5) "Dietary Counseling" means counseling given by a licensed dietitian/nutritionist or licensed nutritionist as defined in G.S. 90-352.
- (6) "Director" means the person having administrative responsibility for the operation of the hospice.
- (7) "Division" means the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.
- (8) "Governing Body" means the group of persons responsible for overseeing operations of the hospice, including the development and monitoring of policies and procedures related to all aspects of the operations of the hospice program. The governing body ensures that all services provided are consistent with accepted standards of hospice practice.
- (9) "Hospice" means a coordinated program of services as defined in G.S. 131E-201.
- (10) "Hospice Caregiver" means an individual on the hospice team who has completed hospice caregiver training as defined in Rule .0402 of this Subchapter and is assigned to a hospice residential facility or hospice inpatient unit.
- (11) "Hospice Inpatient Facility or Hospice Inpatient Unit" means as defined in G.S. 131E-201(3a).
- (12) "Hospice Residential Facility" means as defined in G.S. 131E-201(5a).
- (13) "Hospice Team" means as defined in G.S. 131E-201(6).
- (14) "Informed Consent" means the agreement to receive hospice care made by the patient and family that specifies in writing the type of care and services to be provided. The informed consent form shall be signed by the patient prior to service. If the patient's medical condition is such that a signature cannot be obtained, a signature shall be obtained from the individual having legal guardianship, applicable durable or health care power of attorney, or the family member or individual assuming the responsibility of primary caregiver.
- (15) "Interdisciplinary Team" means as defined in G.S. 131E-201(6).
- (16) "Licensed Practical Nurse" means as defined in G.S. 90-171.30 or G.S. 171.32.
- (17) "Medical Director" means a physician licensed to practice medicine in North Carolina who directs the medical aspects of the hospice's patient care program.
- (18) "Nurse Practitioner" means as defined in G.S. 90-18.2(a).
- (19) "Nurse Aide" means an individual who is authorized to provide nursing care under the supervision of a licensed nurse, has completed a training and competency evaluation program or competency evaluation program and is listed on the Nurse Aide Registry, at the Division of Health Service Regulation. If the nurse aide performs Nurse Aide II tasks, the nurse aide shall also meet the requirements established by the N.C. Board of Nursing as defined in 21 NCAC 36 .0405, incorporated by reference including subsequent amendments.
- (20) "Patient and Family Care Coordinator" means a registered nurse designated by the hospice to coordinate the provision of hospice services for each patient and family.

- (21) "Patient Family Volunteer" means an individual who has received orientation and training as defined in Rule .0402 of this Subchapter, and provides volunteer services to a patient and the patient's family in the patient's home or in a hospice inpatient facility or hospice inpatient unit, or a hospice residential facility.
- (22) "Pharmacist" means as defined in G.S. 90-85.3.
- (23) "Physician" means as defined in G.S. 90-9.1 or G.S. 90-9.2.
- (24) "Premises" means the location or licensed site where the agency provides hospice services or maintains patient service records or advertises itself as a hospice agency.
- (25) "Primary Caregiver" means the family member or other person who assumes the overall responsibility for the care of the patient in the patient's home.
- (26) "Registered Nurse" means as defined in G.S. 90-171.30 or G.S. 90-171.32.
- (27) "Respite Care" means care provided to a patient for temporary relief to family members or others caring for the patient at home.
- (28) "Spiritual Caregiver" means an individual authorized by the patient and family to provide for their spiritual needs.

History Note: Authority G.S. 131E-202;
 Eff. November 1, 1984;
 Amended Eff. February 1, 1996; February 1, 1995; June 1, 1991; November 1, 1989;
 Readopted Eff. January 1, 2021.

SECTION .0200 - LICENSE

10A NCAC 13K .0201 LICENSE REQUIRED

Each hospice agency premises shall obtain a license unless exempted by G.S. 131E-203.

History Note: Authority G.S. 131E-202;
 Eff. November 1, 1984;
 Amended Eff. February 1, 1996;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.

10A NCAC 13K .0202 APPLICATION FOR AND ISSUANCE OF A LICENSE

- (a) An application for a license to operate a hospice agency or facility shall be submitted to the Department prior to the scheduling of an initial licensure survey. The hospice agency shall establish, maintain and make available for inspection such documents, records and policies as required in this Section and statistical data sufficient to complete the licensure application and upon request of the Department, to submit an annual data report, including all information required by the Department as noted in Rule .0303 of this Subchapter.
- (b) The Department shall issue a license to each hospice agency premises when determined to be in compliance with licensure rules. Initial licensure inspections shall be conducted at the Department offices. On-site inspections shall include one or all sites as described in Rule .0209 of this Subchapter. Initial licensure shall be for a period of not more than one year. Subsequent licensure shall extend for a minimum of one year and a maximum of three years, at the discretion of the Department. Each license shall expire at midnight on the expiration date on the license and is renewable upon application.
- (c) The license shall be posted in a prominent location accessible to public view within the premises. The agency shall also post a sign at the public access door with the hospice agency name.
- (d) The license shall be issued for the premise and persons named in the application and shall not be transferable. The name and street address under which the agency operates shall appear on the license. If the agency operates an inpatient facility or unit, or a residential facility to provide inpatient or residential hospice care, the number of beds for each shall be reflected on the license.
- (e) Prior to change of ownership or the establishment of a new hospice agency, the agency shall be in compliance with all the applicable statutes and rules established under Article 10 of G.S. 131E.
- (f) The licensee shall notify the Department in writing of any proposed change in ownership or name at least 30 days prior to the effective date of the change.

History Note: Authority G.S. 131E-202;
 Eff. November 1, 1984;

*Amended Eff. April 1, 1996; June 1, 1991; November 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22,
2018.*

10A NCAC 13K .0203 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0204 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0205 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0206 ADVERSE ACTION

A hospice may appeal any adverse decision made by the Department concerning its license by making such appeal in accordance with the Administrative Procedure Act, G.S. 150B and Departmental Rules 10ANCAC 01 et seq. As provided for in G.S. 131E-206, the Department shall seek injunctive relief to prevent an entity from establishing or operating a hospice agency without a license.

- (1) The Department may amend a license by reducing it from a full license to a provisional license whenever the Department finds that:
 - (a) the licensee has substantially failed to comply with the provisions of Article 10 of G.S. 131E and the rules promulgated under that Part; and
 - (b) there is a reasonable probability that the licensee can remedy the licensure deficiencies within a reasonable length of time; and
 - (c) there is a reasonable probability that the licensee will be able thereafter to remain in compliance with the hospice licensure rules for the foreseeable future.

The Department shall give the licensee written notice of the amendment of its license. This notice shall be given by registered or certified mail or by personal service and shall set forth the reasons for the action.

- (2) The provisional license shall be effective immediately upon its receipt by the licensee and must be posted in a prominent location, accessible to public view, within the licensed premises in lieu of the full license. The provisional license shall remain in effect until:
 - (a) the Department restores the licensee to full licensure status; or
 - (b) the Department revokes the licensee's license; or
 - (c) the end of the licensee's licensure year.

If a licensee has a provisional license at the time that the licensee submits a renewal application, the license, if renewed, shall also be provisional license unless the Department determines that the licensee can be returned to full license status. A decision to issue a provisional license shall be stayed during the pendency of an administrative appeal and the licensee may continue to display its full license during the appeal.

- (3) The Department may revoke a license whenever:
 - (a) The Department finds that:
 - (i) the licensee has substantially failed to comply with the provisions of Article 10 of G.S. 131E and the rules promulgated under those parts; and
 - (ii) it is not reasonably probable that the licensee can remedy the licensure deficiencies within a reasonable length of time; or
 - (b) The Department finds that:
 - (i) the licensee has substantially failed to comply with the provisions of Article 10 of G.S. 131E; and
 - (ii) although the licensee may be able to remedy the deficiencies within a reasonable time, it is not reasonably probable that the licensee will be able to remain in compliance with the hospice licensure rules for the foreseeable future; or
 - (c) The Department finds that there has been any failure to comply with the provisions of Article 10 of G.S. 131E and the rules promulgated under those parts that endangers the health, safety or welfare of the patients receiving services from the agency.

The issuance of a provisional license is not a procedural prerequisite to the revocation of a license pursuant to Sub-Item (3)(a), (b) or (c) of this Rule.

*History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;*

*Amended Eff. February 1, 1996; November 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .0207 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0208 INSPECTIONS

- (a) Any hospice agency or facility shall be subject to inspections by authorized representatives of the Department at any time as a condition of holding such license.
- (b) Any person or organization subject to licensure which presents itself to the public as a hospice which does not hold a license, and is or may be in violation of Rule .0202 of this Section and G.S. 131E-203(a) shall be subject to proper inspections at any time by authorized representatives of the Department.
- (c) Representatives of the Department shall make their identities known to the person in charge prior to the inspection.
- (d) Licensure inspection of medical records shall be carried out in accordance with G.S. 131E-207.
- (e) An inspection shall be conducted whenever the purpose of the inspection is to determine whether the agency complies with the provisions of this Subchapter or whenever there is reason to believe that some condition exists which is not in compliance with the rules in this Subchapter. The agency shall allow immediate access to its premises and the records necessary to conduct an inspection and determine compliance with the rules of this Subchapter. Failure to do so shall result in termination of the survey and may result in injunctive relief as outlined in G.S. 131E-206.
- (f) An agency shall file a plan of correction for cited deficiencies within 10 working days of receipt of a report of deficiencies. The Department shall review and respond to a written plan of correction within 10 working days of receipt.
- (g) Representatives of the Department may visit patients in their homes to assess the agency's compliance with the patients' plans of care and with the licensure rules. Patients shall be contacted by the hospice agency staff in the presence of the Department staff for permission to visit.

*History Note: Authority G.S. 131E-202;
 Eff. November 1, 1984;
 Amended Eff. February 1, 1996;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .0209 MULTIPLE PREMISES

If a person operates multiple hospice agency premises:

- (1) the Department may conduct inspections at any or all of the premises and may issue a license to each of the premises based upon inspection of any or all of the premises;
- (2) with 72 hours advance notice, the Department may request records from any of the premises necessary to ensure compliance with the rules of this Subchapter be brought to the site being inspected, including the portions of personnel records subject to review. For agencies for whom a business or government policy precludes the disclosure of employee evaluations, a statement signed by the employee's supervisor attesting to its completion shall be accepted;
- (3) the premises may share staff or administrative staff, and may centralize the maintenance of records.

*History Note: Authority G.S. 131E-202;
 Eff. February 1, 1996;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .0210 COMPLIANCE WITH LAWS

- (a) The hospice agency shall be in compliance with all applicable federal, state and local laws, rules and regulations.
- (b) Staff of the hospice agency shall be currently licensed, listed or registered in accordance with applicable laws of the State of North Carolina.

*History Note: Authority G.S. 131E-202;
 Eff. February 1, 1996;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.

SECTION .0300 - ADMINISTRATION

10A NCAC 13K .0301 AGENCY MANAGEMENT AND SUPERVISION

(a) The governing body or its designee shall establish and implement at a minimum, a description of written policies governing all aspects of the hospice program. Such policies shall be available for inspection by the Department and shall include at a minimum:

- (1) provision for offering of the full scope of hospice services in the agency's defined service area;
- (2) admission and discharge policies;
- (3) patient's rights policies, including the right to have an advance directive;
- (4) personnel policies and records;
- (5) orientation, patient family volunteer training, and inservice education policies;
- (6) communicable disease exposure and infection control policies;
- (7) care planning and updates policies;
- (8) medical record content and handling of orders for drug treatment administration;
- (9) annual evaluation of the agency;
- (10) storage, preventive maintenance, and infection control of supplies and equipment;
- (11) handling of complaints about services; and
- (12) emergency preparedness and disaster planning.

(b) The governing body shall designate an individual to serve as agency director.

(c) There shall be written policies that specify the authority and responsibilities of the director. In the event this position becomes vacant, the Department shall be notified in writing within five working days of the vacancy along with the name of the replacement if available. Agency policies shall define the order of authority in the absence of the administrator.

(d) The agency shall have the ultimate responsibility for the services provided under its license; however, it may make arrangements with contractors and others to provide services in accordance with Rule .0505 of this Subchapter.

(e) A hospice agency shall have written policies which identify the specific geographic areas in which the agency provides its services.

(f) If an agency plans to permanently expand its geographic service area beyond that currently on file with the Department without opening an additional site, the Department shall be notified in writing 30 days in advance. The agency must offer its full scope of hospice services in its entire geographic service area.

*History Note: Authority G.S. 131E-202;
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10A NCAC 13K .0302 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0303 ADMINISTRATIVE FINANCIAL AND STATISTICAL RECORDS

(a) The hospice shall establish, maintain and make available for inspection the hospice annual budget.

(b) The hospice shall record, maintain and make available to the Department statistical records as requested. Records shall include: hours worked by staff, including patient family volunteers; patient census information regarding the numbers of referrals, admissions and discharges; and patient diagnoses and service location (home or inpatient).

(c) Records shall be retained for a period of not less than five years.

(d) When a hospice agency or facility operates as a part of a health care facility licensed under Article 5 or 6 of G.S. 131E, or as part of a larger diversified agency, records of hospice activities and expenditures that are separate and identifiable shall be maintained for the hospice agency.

*History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;
Amended Eff. February 1, 1996; November 1, 1989;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.

SECTION .0400 - PERSONNEL

10A NCAC 13K .0401 PERSONNEL

(a) Written policies shall be established and implemented by the agency regarding infection control and exposure to communicable diseases consistent with the rules set forth in 10A NCAC 41A, which is incorporated by reference, including subsequent amendments. These policies and procedures shall include provisions for compliance with 29 CFR 1910 Occupational Safety and Health Standards, which is incorporated by reference including subsequent amendments and editions. These editions shall include 29 CFR 1910.1030 Bloodborne Pathogens. Copies of Title 29 Part 1910 can be obtained online at no charge at https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS.

(b) Hands-on care team members shall have a baseline test for tuberculosis. Individuals who test positive shall demonstrate non-infectious status prior to assignment in a patient's home. Individuals who have previously tested positive for the tuberculosis test shall obtain a baseline and subsequent annual verification that they are free of tuberculosis symptoms. The verification shall be obtained from the local health department, a private physician, or health nurse employed by the agency. The Communicable Disease Branch of the North Carolina Department of Health and Human Services, Division of Public Health, 1905 Mail Service Center, Raleigh, NC 27699-1905 will provide free of charge guidelines for conducting and verification utilizing Form DHHS 3405 (Record of Tuberculosis Screening). Employees identified by agency risk assessment to be at risk for exposure shall be subsequently tested in accordance with Centers for Disease Control (CDC) guidelines, which is incorporated by reference with subsequent amendments and editions. A copy of the CDC guidelines can be obtained online at <https://search.cdc.gov/search/?query=TB+testing+intervals&sitelimit=&utf8=%E2%9C%93&affiliate=cdc-main>.

(c) Written policies shall be established and implemented by the agency that include personnel record content, orientation, patient family volunteer training, and in-service education. Records on the subject of in-service education and attendance shall be maintained by the agency and retained for one year.

(d) Job descriptions for every position, including volunteers involved in direct patient/family services, shall be established by the agency and shall include the position's qualifications and specific responsibilities. Hospice team member(s) shall be assigned only to duties that they are trained and competent to perform, or licensed to perform.

(e) Personnel records shall be established and maintained for hospice team members, including paid and direct patient/family services volunteers. These records shall be maintained for one year after employment or volunteer service ends. When requested by the State surveyors, the records shall be available on the agency premises for inspection by the Department. The records shall include:

- (1) an application or resume that lists education, training, and previous employment, including job title;
- (2) a job description with record of acknowledgment by the team member(s);
- (3) reference checks or verification of previous employment;
- (4) records of tuberculosis annual screening for hands-on care team members;
- (5) documentation of Hepatitis B immunization or declination for hands-on care team members;
- (6) bloodborne pathogen training for hands-on care team members, including annual updates, in compliance with 29 CFR 1910 and in accordance with the agency's exposure control plan;
- (7) performance evaluations according to agency policy, or at least annually;
- (8) verification of team member(s) credentials;
- (9) records of the verification of competencies by agency supervisory personnel of skills required of hospice services personnel to carry out patient care tasks. The method of verification shall be defined in agency policy.

*History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;
Amended Eff. February 1, 1996; November 1, 1989;
Readopted Eff. January 1, 2021.*

10A NCAC 13K .0402 INSERVICE EDUCATION AND TRAINING

(a) Written policies shall be established and implemented which include orientation, patient family volunteer training and inservice education for all hospice staff. Hospice residential facilities shall establish and implement a policy addressing hospice caregiver training. Attendance records on training shall be kept. Patient family care volunteers shall be required to

meet the requirements of Rule .0401 of this Section. Training hours for patient family care volunteers shall include a minimum of 12 hours. Staff shall be required to participate in a minimum of eight hours included with other job specific training.

(b) Training for hospice staff, including patient family volunteers, providing direct patient and family services shall include, but not be limited to the following:

- (1) an introduction to hospice;
- (2) the patient family volunteer role in hospice care;
- (3) concepts of death and dying;
- (4) communication skills;
- (5) care and comfort measures;
- (6) diseases and medical conditions;
- (7) psychosocial and spiritual issues related to death and dying;
- (8) the concept of the hospice family;
- (9) stress management;
- (10) bereavement;
- (11) infection control;
- (12) safety;
- (13) confidentiality; and
- (14) patient rights.

(c) In addition to the training described in Paragraph (b) of this Rule, the following additional training shall be provided to hospice caregivers assigned to a hospice residential facility:

- (1) training specific to the types of medications being administered when assisting the patient with self administration of medicines and provision of personal care from a curriculum approved by the Division of Health Service Regulation;
- (2) orientation and instruction specific to the care needs of individual patients in the hospice residential facility; and
- (3) notification criteria for licensed nursing staff as defined in the agency policies and procedures.

*History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;
Amended Eff. February 1, 1996; February 1, 1995; November 1, 1989;
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10A NCAC 13K .0403 RESERVED FOR FUTURE CODIFICATION

SECTION .0500 - SCOPE OF SERVICES

10A NCAC 13K .0501 SERVICE REQUIREMENTS

The governing body shall ensure through policies and implemented procedures that the following services encompassing the essential elements of hospice care be provided, either directly by hospice personnel, or by contractual arrangement:

- (1) Hospice nursing services, available 24 hours a day, by or under the supervision of a registered nurse; provided in accordance with the North Carolina Nurse Practice Act (G.S. 90, Article 9A) and the hospice care plan; and sufficient to ensure that nursing needs of each patient are met.
 - (a) Registered nurse duties include the following as a minimum:
 - (i) regularly assess the nursing needs of the hospice patient;
 - (ii) develop and implement the patient's hospice nursing care plan;
 - (iii) provide hospice nursing services, treatment, and diagnostic and preventive procedures;
 - (iv) initiate nursing procedures appropriate for the patient's hospice care and safety;
 - (v) observe signs and symptoms and report to the physician any unexpected changes in the patient's physical or emotional condition;
 - (vi) teach, supervise, and counsel the hospice patient and family members about providing care for the patient at home; and
 - (vii) supervise and train other nursing service personnel.
 - (b) Licensed practical nurse duties are delegated by and performed under the supervision of a registered nurse. Consistent with the hospice care plan, duties may include:

- (i) participating in assessment of the patient's condition;
 - (ii) implementing nursing activities, including the administration of prescribed medical treatments and medications;
 - (iii) assisting in teaching the hospice patient and family members about providing care to the patient at home; and
 - (iv) delegating tasks to nurse aides and supervising their performance of tasks within the limitations established in 21 NCAC 36 .0225(d)(2) adopted by reference.
- (c) The agency must retain current nursing on-call schedules and previous schedules for one year and make them available, on request, to the Department.
- (2) Social work services which shall include, but not be limited to conducting an assessment of the psychosocial needs of the patient and family with the establishment of goals in the care plan to meet those needs; on-going counseling related to issues of death and dying to the patient and family as needed; and assisting the patient and family in the utilization of appropriate community resources.
- (3) Spiritual counseling shall be offered to each hospice patient/family. The hospice shall assure that:
 - (a) no spiritual value or belief system is imposed on patients and families;
 - (b) a spiritual assessment is completed on each patient during the admission process; and
 - (c) a liaison and consultation is maintained with the patient family clergy or spiritual caregiver and other community based clergy or spiritual caregivers.
- (4) Patient family volunteer services for a broad range of activities under the direction of the coordinator of patient family volunteers.
- (5) Inpatient care services, for symptom management or respite care in a licensed hospital, nursing facility or licensed hospice inpatient facility, unless the hospice operates its own inpatient facility. The hospice shall assure that:
 - (a) a written agreement, is signed by both providers, which assures that the inpatient facility will provide care and services to hospice patients when necessary;
 - (b) the inpatient provider has policies consistent with the needs of hospice patients and their families and will, if necessary, modify policies such as visiting hour restrictions and routine tests, to meet those needs;
 - (c) the hospice monthly updated plan of care is furnished to the inpatient provider to ensure that the regimen established is followed as closely as feasible during the inpatient stay;
 - (d) all inpatient treatment and services are documented in the inpatient medical record and copy of the discharge summary retained as part of the hospice record; and
 - (e) effective transition from one type care to another be maintained with continuity of care being the primary goal.
- (6) If the hospice provides or arranges for nurse aide services, those services shall be provided in accordance with physician's orders and interdisciplinary team care plan.
 - (a) Nurse aides shall only be assigned duties for which competence has been demonstrated and recorded in appropriate personnel records.
 - (b) Nurse aide duties may include, but are not limited to:
 - (i) providing or assisting with personal care, i.e. bathing, mouth care, hair and skin care;
 - (ii) checking vital signs and observing the patient's condition;
 - (iii) assisting with ambulation and limited, routine exercises.
 - (c) All nurse aide services shall be performed in accordance with a written assignment prepared by and under the supervision of the registered nurse. Supervision shall include a visit to the home by the nurse at least every two weeks, with or without the aide's presence, to assess the care and services provided. Documentation of supervisory visits shall be maintained in the medical record and include an assessment of the aide's performance in carrying out assigned duties and of the aide's relationship with the patient and family.
- (7) Additional services shall be offered either directly by the hospice or by arrangement when ordered by the physician. These include physical therapy, occupational therapy, nutritional assessment and dietary counseling and other services as needed and ordered by the physician in accordance with the hospice plan of care.
- (8) Bereavement counseling shall be offered to family members and others identified in the bereavement plan of care for a period of 12 months after the patient's death. The hospice shall assure that:

- (a) an assessment of survivor risk factors is completed during the patient's admission to hospice and during the patient's illness;
- (b) the bereavement care plan is established within six weeks after the patient's death;
- (c) the bereavement care plan shall contain information about who shall receive bereavement services and what services will be offered;
- (d) the bereavement care plan is reviewed quarterly at a minimum or more often as needed; and
- (e) discharge from bereavement services before the 12 months expire is justified and documented.

History Note: Authority G.S. 131E-202;
 Eff. November 1, 1984;
 Amended Eff. February 1, 1996; June 1, 1991; November 1, 1989;
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10A NCAC 13K .0502 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0503 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0504 HOME MEDICAL EQUIPMENT AND SUPPLIES

- (a) The hospice shall make arrangements for obtaining any necessary supplies, equipment or prosthetic devices needed by the patient in the home, e.g., dressings, catheters, and oxygen. If the agency provides its own equipment and supplies, such services shall be in compliance with G.S. 90-85.22 unless exempted by the law.
- (b) The agency shall have policies that address at a minimum:
 - (1) Set-up, delivery, electrical safety and environmental requirements for equipment.
 - (2) Proper cleaning and storage, preventive maintenance and repair according to manufacturer's guidelines.
 - (3) Transportation, tracking and recall of equipment to meet all applicable regulatory requirements.
 - (4) Emergency preparedness and backup of systems for equipment or power failure.
 - (5) Patient instruction materials for each item of home medical equipment or supplies provided. Appropriate staff shall document the instruction.

History Note: Authority G.S. 131E-202;
 Eff. November 1, 1984;
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10A NCAC 13K .0505 SERVICES ARRANGED WITH OTHER AGENCIES AND INDIVIDUALS

- (a) When a hospice makes arrangements for the provision of services by other agencies and individuals; there shall be a written agreement, signed by both parties prior to the initiation of services, which includes the following:
 - (1) the specific service to be provided;
 - (2) the period of time the contract is to be in effect;
 - (3) the availability of service;
 - (4) the financial arrangements;
 - (5) the provision for supervision of contracted personnel where applicable;
 - (6) the verification that any individual providing services is appropriately licensed or registered as required by statute;
 - (7) the assurance that individuals providing services under contractual arrangement meet the same requirements as found in this Subchapter for hospice staff;
 - (8) the provision for the documentation of services provided in the patient's medical record; and
 - (9) provision for the sharing of assessment and care plan data.
- (b) All contracted services shall be provided in accordance with the orders of the attending physician and the care plan.
- (c) The hospice shall assure that all contracted services are provided in accordance with the agreement. The agreement shall be reviewed annually and updated as needed.
- (d) The hospice shall provide information and training as necessary on the hospice philosophy and concept of care to all agencies and individuals providing contracted services.

(e) Contract providers of direct patient care shall document services on the day of care, and shall submit, every two weeks at a minimum, records of all services provided within that timeframe.

*History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;
Amended Eff. February 1, 1996; November 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

SECTION .0600 - PATIENT/FAMILY CARE

10A NCAC 13K .0601 ACCEPTANCE OF PATIENTS FOR HOSPICE SERVICES

A hospice shall implement and follow written policies governing the acceptance of patients which include at the minimum:

- (1) Involvement of the interdisciplinary care team in making decisions regarding acceptance of patients and families and the designation of a primary caregiver.
- (2) Initial assessment of the patient prior to acceptance to ensure that its resources are sufficient to meet the needs of the patient and family.
- (3) Provision for a determination by the patient's physician that hospice care is appropriate and agreement to continue as the attending physician while the patient receives hospice services. All care and services provided shall be in accordance with the attending physician's written orders and the plan of care. Physician's orders shall be reviewed and signed by the physician at least every 90 days.
- (4) Informed consent signed by the patient thereby agreeing to hospice services being provided.
- (5) Advance notification of at least 48 hours to the patient or family when service provision is to be terminated, except in cases where the patient is in agreement with changes or there is a danger to a patient or staff member.
- (6) Each patient or family accepted for hospice care shall receive written information pertaining to services available, including the means for contacting "on-call" personnel when needed and other information as necessary.

*History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;
Amended Eff. February 1, 1996; June 1, 1991; November 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .0602 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0603 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0604 PATIENT'S RIGHTS AND RESPONSIBILITIES

(a) A hospice agency shall provide each patient with a written notice of the patient's rights and responsibilities in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of services. The agency shall maintain documentation showing that each patient has received a copy of his or her rights and responsibilities as defined in G.S. 131E-144.3.

(b) A hospice agency shall provide patients with a business hours telephone number for information, questions, or complaints about services provided by the agency. The agency shall also provide the Division of Health Service Regulation's complaints intake telephone numbers: within N.C. (800) 624-3004; outside of N.C. (919) 855-4500. The Division of Health Service Regulation shall investigate all allegations of non-compliance with the rules of this Subchapter.

(c) A hospice agency shall initiate an investigation within 72 hours of complaints made by a patient or his or her family. Documentation of both the existence of the complaint and the resolution of the complaint shall be maintained by the agency, for a minimum of one-year, in accordance with hospice agency policy and procedures.

*History Note: Authority G.S. 131E-202;
Eff. February 1, 1996;
Readopted Eff. January 1, 2021.*

10A NCAC 13K .0605 HOME CARE

If a hospice agency wishes to provide home care services as defined in G.S 131E-136 and meets the requirements of 10A NCAC 13J and the standards for the specific home care services applied for, the hospice agency may apply for a home care license. The licensure inspection shall be conducted either at the Department offices or on-site.

*History Note: Authority G.S. 131E-202;
Eff. April 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

SECTION .0700 - PATIENT/FAMILY CARE PLAN

10A NCAC 13K .0701 CARE PLAN

(a) The agency shall develop and implement policies and procedures that ensure a written care plan is developed and maintained for each patient and family. The plan shall be established by the interdisciplinary team in accordance with the orders of the attending physician and be based on the assessment of the patient's and family's medical, psychosocial, and spiritual needs. The patient and family care coordinator shall have the primary responsibility for assuring the implementation of the patient's care plan. The care plan shall include the following:

- (1) the patient's diagnosis and prognosis;
- (2) the identification of problems or needs and the establishment of goals that are appropriate for the patient;
- (3) the types and frequency of services required to meet the goals; and
- (4) the identification of personnel and disciplines responsible for each service.

(b) The care plan shall be reviewed by the interdisciplinary team members and updated monthly. The interdisciplinary team and other personnel shall meet at a minimum every 15 days for the purpose of care plan review and staff support. Minutes shall be kept of these meetings that include the date, names of those in attendance, and the names of the patients discussed. Additionally, entries shall be recorded in the medical records of those patients whose care plans are reviewed.

*History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;
Amended Eff. February 1, 1996; November 1, 1989;
Readopted Eff. January 1, 2021.*

10A NCAC 13K .0702 RESERVED FOR FUTURE CODIFICATION

10A NCAC 13K .0703 RESERVED FOR FUTURE CODIFICATION

SECTION .0800 - PHARMACEUTICAL AND MEDICAL TREATMENT ORDERS AND ADMINISTRATION

10A NCAC 13K .0801 PHARMACEUTICAL AND MEDICAL TREATMENT ORDERS

(a) The hospice shall develop and implement written policies and procedures for the administration of drugs and treatments including controlled substances.

(b) The original order for drugs and treatments shall be signed by the attending physician and incorporated in the patient's medical record. Signed faxed orders are acceptable. The receiver of faxed orders shall assure a hard copy is incorporated in the patient record. Thermal paper faxes are not acceptable.

(c) Verbal orders shall be given to a licensed nurse, physician or other person authorized by state law to implement orders, recorded and signed by the person receiving it and countersigned by the prescribing physician, or person authorized by the North Carolina Medical Board to sign for another physician. Care may commence with a verbal order documented in the patient record.

(d) Changes in drugs and treatments shall be signed by the physician and incorporated in the medical record within 30 days.

(e) Each patient's drug regimen shall be monitored to assure optimal symptom control in accordance with physician's orders. Individuals qualified to perform such reviews are registered nurses, pharmacists, licensed physicians, nurse practitioners, and physician's assistants approved to practice in North Carolina.

History Note: Authority G.S. 131E-202;

Eff. November 1, 1984;
Amended Eff. April 1, 1996; November 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.

10A NCAC 13K .0802 ADMINISTRATION OF PHARMACEUTICALS

(a) In a private home, the administration of prescribed medications is the primary responsibility of the patient, family member or caregiver. Where special skills or knowledge are required, medication shall be administered by a licensed registered nurse, licensed practical nurse with training specified by the North Carolina Board of Nursing, or physician.

(b) In a licensed hospice residence, medications shall be administered by a licensed nurse. Exceptions to this requirement are as follows:

- (1) persons who hold statutory authority to administer medications;
- (2) hospice patients, their families or caregivers who provide personal care to individuals whose health care needs are incidental to the personal care required;
- (3) administration of oral nutritional supplements;
- (4) applications of non-systemic, topical skin preparations which have local effects only provided that ongoing, periodic assessment of any skin lesion present is carried out by a person licensed to make such assessments; and
- (5) administration of commonly used cleansing enema solutions or suppositories with local effects only.

(c) In a hospice inpatient unit or freestanding hospice inpatient facility, medications shall be administered by a licensed nurse, in accordance with the agency's, policies or in accordance with the contractual agreement between the hospice and the facility.

(d) The administration of all medications must be documented in the patient's record by the licensed nurse, including those medications administered by the licensed nurse and those administered by the patient family or, caregiver, as ordered by the physician.

(e) The provision of medications shall be specified in the agency's policies or in accordance with the contractual agreement between the hospice and the facility.

(f) A hospice agency or facility shall develop and implement written policies and procedures to govern the procurement, storage, administration and disposal of all drugs and biologicals in accordance with federal and state laws.

(g) Medications used in the home are the property of the patient and family and shall be appropriately stored. Hospice staff shall encourage disposal of unused or discontinued medications. Witnessed or reported disposal of medications shall be documented by hospice staff in the patient's record.

(h) If the agency maintains an emergency drug kit, handling shall be in accordance with the North Carolina Board of Pharmacy 21 NCAC 46 .1400.

History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;
Amended Eff. February 1, 1996; June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.

10A NCAC 13K .0803 RESERVED FOR FUTURE CODIFICATION

SECTION .0900 - MEDICAL RECORDS

10A NCAC 13K .0901 CONTENT OF MEDICAL RECORD

(a) The hospice shall develop and implement policies and procedures to ensure that a medical record is maintained for each patient and is made available for licensure inspection. If the patient or responsible party wishes to deny the Department access to the medical record, that person shall sign a statement denying access. This statement shall be kept at the front of the record. If the patient is not able to approve or disapprove the release of such information for inspection, the patient's legal guardian shall make the decision and so indicate in writing.

(b) The record shall contain past and current medical and social data and include the following information:

- (1) identification data (name, address, telephone, date of birth, sex, marital status);
- (2) name of next of kin or legal guardian;
- (3) names of other family members;
- (4) religious preference and church affiliation and spiritual caregiver if appropriate;

- (5) diagnosis, as determined by attending physician;
- (6) authorization from attending physician for hospice care;
- (7) source of referral;
- (8) initial assessments, including physical, social, spiritual, environmental, and bereavement;
- (9) consent for care form;
- (10) physician's orders for drugs, treatments and other special care, diet, activity and other specific therapy services;
- (11) care plan;
- (12) clinical notes containing a record of all professional services provided directly or by contract with entries signed by the individual providing the services;
- (13) nurse aide and hospice caregiver notes describing activities performed and pertinent observations;
- (14) a copy of the signed patient's rights form or documentation of its delivery;
- (15) patient family volunteer notes, as applicable, indicating type of contact, activities performed and time spent;
- (16) discharge summary to include services provided, or reason for discharge if services are terminated prior to the death of the patient; and
- (17) bereavement counseling notes.

*History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;
Amended Eff. April 1, 1996; February 1, 1995; November 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .0902 RECORD CONTENT, HANDLING AND RETENTION

- (a) The hospice agency shall develop and implement written policies governing the content, handling and retention of patient records.
- (b) The agency shall maintain a patient record for each patient. Each page of the patient record shall have the patient's name. All entries in the record shall reflect the actual date of entry. Reference to any activity which occurred on a date prior to the date of entry shall be identified as a late or out of sequence entry. A system for maintaining originals and copies shall be described in the agency policies and procedures.
- (c) The agency shall assure that originals of patient records are kept confidential and secure on the licensed premises unless in accordance with Rule .0209 of this Subchapter, or subpoenaed by a court of legal jurisdiction, or to conduct an evaluation as required in Rule .1001 of this Subchapter.
- (d) If a record is removed to conduct an evaluation, the record shall be returned to the agency premises within five working days. The agency shall maintain a sign out log that includes to whom the record was released, patient's name and date removed.
- (e) A copy of the patient record for each patient must be readily available to the hospice staff providing services or managing the delivery of such services.
- (f) Patient records shall be retained for a period of not less than three years from the date of discharge of the patient, unless the patient is a minor in which case the record must be retained until five years after the patient's eighteenth birthday. If a minor patient dies, as opposed to being discharged for other reasons, the minor's records must be retained at least five years after the minor's death. When an agency ceases operation, the Department shall be notified in writing where the records will be stored for the required retention period.

*History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;
Amended Eff. February 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

SECTION .1000 - EVALUATION

10A NCAC 13K .1001 EVALUATION REQUIRED

- (a) The hospice shall develop and implement policies and a written plan for the implementation of a comprehensive assessment at least annually of its overall program and performance. The quality and appropriateness of care provided shall be assessed with the findings used to verify policy implementation, to identify problems and to establish problem resolution and policy revision as necessary.
- (b) The hospice shall determine what individuals will carry out the evaluation. Representatives of the governing body, hospice staff, the interdisciplinary care team, and other appropriate professionals may be used.
- (c) The evaluation shall include, as a minimum, a review of all policies and procedures and a medical record review.
- (d) Documentation of the evaluation shall include the names and qualifications of the persons carrying out the evaluation, the criteria and methods used to accomplish it, and the action taken by the agency as a result of the findings.

*History Note: Authority G.S. 131E-202;
Eff. November 1, 1984;
Amended Eff. February 1, 1996; November 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .1002 RESERVED FOR FUTURE CODIFICATION

SECTION .1100 - HOSPICE RESIDENTIAL CARE

10A NCAC 13K .1101 ADMINISTRATION

- (a) Hospice residences must conform to the rules outlined in 10A NCAC 13K .0100 through .1000.
- (b) The hospice shall maintain administrative control of and responsibility for the provision of all services.
- (c) The governing body shall have written policies and procedures governing the admission and delivery of all residential and inpatient hospice care services, including the management of medical and other emergencies.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .1102 HOSPICE RESIDENCE STAFFING

- (a) There shall be trained hospice caregivers on duty 24 hours a day. A registered nurse shall be continuously available, for consultation and direct participation in nursing care. The registered nurse shall be on site when required to perform duties specified in the Nurse Practice Act. Supervision shall be provided by the Patient and Family Care Coordinator who may delegate this responsibility to the registered nurse on call.
- (b) There shall be at least two staff on duty at all times.
- (c) All staff, including patient family volunteers, counselors and clergy, shall complete training specific to dealing with the terminally ill and their families.
- (d) Nurse aides employed to provide direct care shall be supervised by licensed nurses.
- (e) Interdisciplinary team services shall be provided in accordance with the hospice plan of care.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Amended Eff. February 1, 1996; February 1, 1995;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .1103 PHARMACEUTICAL SERVICES

- (a) The hospice shall establish and implement written policies and procedures to govern the procurement, storage, administration and disposal of all drugs and biologicals in accordance with federal and state laws.
- (b) Pharmaceutical services shall be provided directly or through written agreement under the supervision of a licensed pharmacist and in accordance with Rule .0505 of this Subchapter. The pharmacist's duties shall include, but are not limited to the following:

- (1) advising the hospice and the hospice interdisciplinary team on all matters pertaining to the procurement, storage, administration, disposal and record-keeping of drugs and biologicals; interactions of drugs; and counseling staff on appropriate and new drugs;
 - (2) inspecting all drug storage areas at least monthly;
 - (3) conducting patients' drug regimen reviews frequently enough to monitor symptom control, no less often than monthly, with appropriate recommendations to the physician and hospice staff.
- (c) The hospice shall establish and implement written policies and procedures for drug control and accountability. Records of receipt and disposition of all controlled drugs shall be maintained for accurate reconciliation.
- (d) Medications shall be labeled as described in the Pharmacy Laws of North Carolina.
- (e) Medications must be stored in locked areas, at proper temperature, and accessible only to authorized persons in accordance with federal and state laws. Separately locked compartments must be provided for storage of controlled substances listed in the North Carolina Controlled Substances Act and other drugs subject to abuse.
- (f) Controlled substances no longer needed by the patient are to be disposed of in compliance with the North Carolina Controlled Substances Act.
- (g) The hospice shall maintain an emergency drug kit appropriate to the needs of the facility, assembled in consultation with the pharmacist and readily available for use. The pharmacist shall check and restock the kit as necessary, at least monthly, or more often if needed.

History Note: Authority G.S. 131E-202;
 Eff. June 1, 1991;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.

10A NCAC 13K .1104 DIETARY SERVICES

- (a) The hospice shall develop and maintain written policies and procedures for dietary services.
- (b) Dietary services shall be provided directly or through written agreement with a food service company. Any written agreement shall meet the provisions of Rule .0505 of this Subchapter.
- (c) The hospice shall offer the residents' favorite foods in their diets.
- (d) The food service shall be planned and staffed to serve at least three meals throughout the day, timed to meet the needs of the residents. No more than 14 hours shall elapse between an evening meal which shall consist of three or more menu items, including a protein, and breakfast that includes a protein.
- (e) The hospice shall appoint a staff member trained or experienced in nutrition care services to:
 - (1) plan menus to meet the nutritional needs of the residents; and
 - (2) supervise meal preparation and service.
- (f) Therapeutic diets shall be prescribed by the physician and planned by a licensed dietitian/nutritionist or licensed nutritionist.
- (g) Between-meal snacks from the basic food groups shall be offered and be available on a 24-hour basis.
- (h) The procurement, storage, and refrigeration of food, refuse handling, and pest control shall comply with 15A NCAC 18A which are hereby incorporated by reference, including subsequent amendments, promulgated by the Commission for Public Health.

History Note: Authority G.S. 131E-202;
 Eff. June 1, 1991;
 Readopted Eff. January 1, 2021.

10A NCAC 13K .1105 HOSPICE VISITATION

- (a) The hospice shall:
 - (1) provide areas that ensure privacy for visitation and at the time of death;
 - (2) arrange for family members to remain with the patient overnight.
- (b) Family and friends may visit at any hour. Children and pets shall not be excluded.

History Note: Authority G.S. 131E-202;
 Eff. June 1, 1991;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.

10A NCAC 13K .1106 INFECTION CONTROL

- (a) The hospice shall develop and implement an infection control program which shall aim to protect the residents, family and personnel from hospice or community associated infections.
- (b) There shall be written policies and procedures governing the infection control program, developed by the hospice administrator and medical director and approved by the governing body.
- (c) Universal precautions, as specified by the Centers for Disease Control (CDC), shall be defined in writing and strictly followed.
- (d) All employees shall wear clean garments or protective clothing at all times and shall practice good personal hygiene and cleanliness.
- (e) A procedure shall be developed whereby the implementation of the infection control program is monitored on a monthly basis.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .1107 HOUSEKEEPING AND LINENS

- (a) Requirements for linens and personal care articles shall include:
 - (1) The use of common towels, washcloths, cups or any other personal care articles is prohibited.
 - (2) Each resident shall have a supply of towels, washcloths and soap.
 - (3) There shall be a supply of clean bed linens, towels, and washcloths.
 - (4) There shall be a separate closed area for storage of clean linen.
 - (5) Clean bed linens shall be changed as often as necessary, but no less than twice each week.
 - (6) Mattress pads and pillows shall be of washable material.
 - (7) There shall be separate storage for soiled linen and clothing. Such storage may consist of individual plastic bags or covered hampers or a soiled linen room. All personnel shall wash their hands thoroughly after handling soiled linen.
 - (8) Laundry equipment shall be maintained in the facility or arrangements made with a commercial laundry to handle soiled linen.
- (b) Housekeeping requirements are as follows:
 - (1) Housekeeping practices and procedures shall be employed to keep the home free from offensive odors, and accumulations of dirt, rubbish and dust.
 - (2) Cleaning shall be performed in a manner to minimize the spread of pathogenic organisms. Floors shall be cleaned regularly. Polishes on floors shall provide a non-skid finish; throw or scatter rugs shall not be used except for non-skid entrance mats.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .1108 REPORT OF DEATH

The hospice shall have a written plan to be followed in case of patient death. The plan must provide for:

- (1) collection of data needed for the death certificate, as required by G.S. 130A-117;
- (2) recording time of death;
- (3) pronouncement of death;
- (4) notification of attending physician responsible for signing death certificate;
- (5) notification of next of kin or legal guardian;
- (6) authorization and release of body to funeral home; and
- (7) notification to the Department of any death resulting from an injury, accident, or other possible unnatural causes.

History Note: Authority G.S. 131E-202;

Eff. June 1, 1991;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.

10A NCAC 13K .1109 RESIDENT CARE AREAS

- (a) A facility shall meet the following requirements for resident bedrooms:
- (1) private bedroom with not less than 100 square feet of floor area or semi-private bedroom with not less than 80 square feet of floor area per bed shall be provided;
 - (2) infants and small children shall not share a bedroom with an adult resident unless requested by the resident and families;
 - (3) each bedroom shall be furnished with a bed, a mattress protected by waterproof material, a mattress pad, a pillow, and one chair per resident;
 - (4) each bedroom shall be provided with one closet or wardrobe per bed. Each closet or wardrobe shall have clothing storage space of not less than 48 cubic feet per bed with one-half of this space for hanging clothes;
 - (5) each bedroom shall:
 - (A) be located at or above grade level;
 - (B) have provisions to ensure visual privacy for treatment or visiting; and
 - (C) be equipped with a towel rack for each resident;
 - (6) each bedroom shall provide lighting for treatment and non-treatment needs, 50 foot-candles for treatment needs, and 35 foot-candles for non-treatment needs; and
 - (7) no resident bedroom shall be accessed through a bathroom, kitchen, or another bedroom.
- (b) A facility shall meet the following requirements for bathrooms:
- (1) bathrooms shall be directly accessible to each resident bedroom without going through the general corridors. One bathroom may serve up to four residents. The bathroom doorway shall be a minimum 32-inch clear opening;
 - (2) each bathroom shall be furnished with the following:
 - (A) a toilet with grab bars;
 - (B) a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (C) a mirror;
 - (D) soap, paper towel dispensers, and waste paper receptacle with a removable impervious liner; and
 - (E) a tub or shower.
- (c) Each facility shall provide:
- (1) an area for charting;
 - (2) storage provisions for personal effects of staff;
 - (3) storage areas for supplies and resident care equipment;
 - (4) storage area(s) for housekeeping equipment and cleaning supplies;
 - (5) a medication preparation area with a counter, a sink trimmed with valves that can be operated without hands, locked medication storage, and a double locked narcotic storage area under visual control of staff. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (6) a lockable refrigerator for drug storage only or a separate locked box in a facility refrigerator. The refrigerator must be capable of maintaining a temperature range of 36 degrees F (2 degrees C) to 46 degrees F (8 degrees C);
 - (7) a kitchen with:
 - (A) a refrigerator;
 - (B) a cooking appliance ventilated to the outside;
 - (C) a 42-inch minimum double-compartment sink and domestic dishwashing machine capable of sanitizing dishes with 160 degrees F water; and

- (D) storage space for non-perishables;
- (8) a separate dining area measuring not less than 20 square feet per resident bed;
- (9) a recreational and social activities area with not less than 150 square feet of floor area exclusive of corridor traffic;
- (10) a nurses' calling system shall be provided:
 - (A) in each resident bedroom for each resident bed. The call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of a resident lying on the bed. In rooms containing two or more call system activators, indicating lights shall be provided at each calling station;
 - (B) nurses' calling systems that provide two-way voice communication shall be equipped with an indicating light at each calling station that lights and remains lighted as long as the voice circuit is operating;
 - (C) a nurses' call emergency activator shall be provided at each residents' use toilet fixture, bath, and shower. The call system activator shall be accessible to a resident lying on the floor; and
 - (D) calls shall register with the floor staff and shall activate a visible signal in the corridor at the resident's door. In multi-corridor units, additional visible signals shall be installed at corridor intersections; and
- (11) heating and air conditioning equipment that can maintain a temperature range between 68 degrees and 80 degrees Fahrenheit, even upon loss of utility power.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Amended Eff. February 1, 1995;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1110 FURNISHINGS

Furnishings of the residence shall be home-like and non-institutional and include lounge furniture in addition to furnishings in resident rooms. Accessories such as wallpaper, bedspreads, carpets and lamps shall be selected to create such an atmosphere. Provision shall be made for each resident to bring items from home to place about the room to the extent available space allows.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .1111 HOSPICE RESIDENCE ZONING AND FIRE SAFETY REQUIREMENTS

Hospices maintained as residential facilities shall provide documentation of approval from local zoning commissions, fire departments and building departments.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .1112 DESIGN AND CONSTRUCTION

- (a) A new facility or remodeling of an existing facility shall meet the requirements of the North Carolina State Building Codes, which are incorporated by reference, including all subsequent amendments and editions, in effect at the time of licensure, construction, additions, alterations, or repairs. Copies of these codes 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>. Existing licensed facilities shall meet the requirements of the North Carolina State Building Codes in effect at the time of licensure, construction, or remodeling.
- (b) Each facility shall be planned, constructed, and equipped to support the services to be offered in the facility.
- (c) Any existing building converted to a hospice facility shall meet all requirements of a new facility.

(d) The sanitation, water supply, sewage disposal, and dietary facilities shall meet the requirements of 15A NCAC 18A .1300, which is incorporated by reference including subsequent amendments.

History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018;
Amended Eff. October 1, 2021.

10A NCAC 13K .1113 PLANS AND SPECIFICATIONS

(a) When construction or remodeling of a facility is planned, one copy of construction documents and specifications shall be submitted by the owner or the owner's appointed representative to the Department for review and approval. Schematic design drawings and design development drawings may be submitted for approval prior to the required submission of construction documents.

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

(c) If an approval expires, renewed approval shall be issued by the Department, provided revised construction documents and specifications meeting the standards established in Sections .1100 and .1200 of this Subchapter are submitted by the owner or owner's appointed representative and reviewed by the Department.

(d) Any changes made during construction shall require the approval of the Department to ensure compliance with the standards established in Sections .1100 and .1200 of this Subchapter.

(e) Completed construction or remodeling shall conform to the standards established in Sections .1100 and .1200 of this Subchapter. Construction documents and building construction, including the operation of all building systems, shall be approved in writing by the Department prior to licensure or patient and resident occupancy.

(f) The owner or owner's appointed representative shall notify the Department in writing either by U.S. Mail or e-mail when the construction or remodeling is complete.

History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Amended Eff. February 1, 1996;
Readopted Eff. October 1, 2021.

10A NCAC 13K .1114 PLUMBING

For hospice residential facilities with five or more residents, a 50-gallon quick recovery water heater is required. For hospice residential facilities with fewer than five residents, a 40-gallon quick recovery water heater is required.

History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Readopted Eff. October 1, 2021.

10A NCAC 13K .1115 WASTE DISPOSAL

(a) Sewage shall be discharged into a public sewer system, or in the absence of a public sewer system, sewage shall be disposed of in a manner approved by the North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section.

(b) Garbage and rubbish shall be stored in impervious containers in a manner as to prevent insect breeding and public health nuisances. Impervious containers with tight-fitting lids shall be provided and kept clean and in good repair. Garbage shall be removed from the outside storage at least once a week to a disposal site approved by the local health department having jurisdiction.

(c) The facility or unit shall take measures to keep insects, rodents, and other vermin out of the residential care facility. All openings to the outer air shall be protected against the entrance of flying insects by screens, closed doors, closed windows, or other means.

History Note: Authority G.S. 131E-202;

Eff. June 1, 1991;
Readopted Eff. October 1, 2021.

10A NCAC 13K .1116 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

The physical plant requirements for each hospice residential facility or unit shall be applied as follows:

- (1) New construction shall comply with all the requirements of this Section.
- (2) Except where otherwise specified, existing buildings shall meet the licensure and code requirements in effect at the time of licensure, construction, alteration, or modification.
- (3) Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems, or operational conditions that exceed minimum requirements.
- (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 a governing body 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;
 - (iii) unable to be met due to new programs; or
 - (iv) unable to be met due to unusual conditions;
 - (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 governing body shall maintain a copy of the approved equivalence issued by the Division.
- (6) Where rules, codes, or standards have any conflict, the more stringent requirement shall apply.

History Note: Authority G.S. 131E-202;
Eff. February 1, 1996;
Readopted Eff. October 1, 2021.

SECTION .1200 - HOSPICE INPATIENT CARE

10A NCAC 13K .1201 REQUIREMENTS FOR HOSPICE INPATIENT UNITS

- (a) Hospice inpatient facilities or units shall conform to the rules outlined in Sections .0100 through .1100 of this Subchapter and the rules of this Section.
- (b) Hospice inpatient units located in a licensed hospital shall meet the requirements of 10A NCAC 13B, which is incorporated by reference with subsequent amendments except for rules: 10A NCAC 13B .1912, .1919, .1922, and .1923.
- (c) Hospice inpatient units located in a licensed nursing facility shall meet the requirements of 10A NCAC 13D, which is incorporated by reference with subsequent amendments.

History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Readopted Eff. October 1, 2021.

10A NCAC 13K .1202 ADDITIONAL STAFFING REQUIREMENTS FOR HOSPICE INPATIENT UNITS

- (a) All nursing services shall be provided under the supervision of a registered nurse.
- (b) A facility providing respite care must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient's plan of care. Each patient must receive all nursing services as prescribed by the physician and must be kept comfortable, clean, well-groomed and protected from accident, injury and infection. The presence of a Registered Nurse (RN) to provide direct care on all shifts is not required for patients receiving general inpatient care for respite unless specific nursing needs are in an individual patient's plan of care. If a patient in an inpatient facility is receiving general inpatient care for symptom management, then the 24-hour patient care RN staff must be available.
- (c) Considerations for determining sufficiency of nursing personnel include:
 - (1) number of patients;

- (2) specific patient care requirements;
 - (3) family care needs; and
 - (4) availability of support from other interdisciplinary team members.
- (d) Hospice caregivers shall only provide care to patients in licensed hospice residential beds in a combined hospice inpatient and residential facility.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Amended Eff. January 1, 2010; February 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .1203 ADDITIONAL SERVICES REQUIRED FOR HOSPICE INPATIENT CARE

- (a) The hospice shall assure, directly or through written agreement, the provision of duly licensed radiology, laboratory, pathology and other medically related services in accordance with physicians' orders. Written agreement shall be in keeping with Rule .0505 of this Subchapter. If those services are provided directly, written policies and procedures shall govern their implementation.
- (b) Radiology, laboratory and pathology services shall be under the direction of a physician qualified by education, training and experience to assume that function.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*

10A NCAC 13K .1204 ADDITIONAL PATIENT CARE AREA REQUIREMENTS FOR HOSPICE INPATIENT UNITS

- (a) A facility shall meet the following requirements for patient bedrooms:
- (1) private bedrooms shall be provided with not less than 100 square feet of floor area;
 - (2) semi-private bedrooms with not less than 80 square feet of floor area per bed; and
 - (3) floor space for closets, toilet rooms, vestibules, or wardrobes shall not be included in the floor areas required by this Paragraph.
- (b) A facility shall meet the following requirements for dining, recreation, and common use areas:
- (1) floor space for dining, recreation, and common use shall not be less than 30 square feet per bed;
 - (2) the dining, recreation, and common use areas required by this Paragraph may be combined; and
 - (3) floor space for physical and occupational therapy shall not be included in the areas required by this Paragraph.
- (c) A facility shall meet the following requirements for toilet rooms, tubs, showers, and central bathing areas:
- (1) a toilet room shall contain a toilet fixture and a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. For the purposes of the rules of this Section, the "essential electrical system" means a system comprised of alternate sources of power and all connected distribution systems and ancillary equipment, designed to ensure continuity of electrical power to designated areas and functions of a facility during disruption of normal power sources, and also to minimize disruption within the internal wiring system as defined by the North Carolina State Building Codes: Electrical Code. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (2) if a sink is provided in each bedroom, the toilet room is not required to have a sink;
 - (3) a toilet room shall be accessible from each bedroom without going through the general corridors;
 - (4) one toilet room may serve two bedrooms, but not more than four beds; and
 - (5) a minimum of one central bathing area. In multi-level facilities, each patient floor shall contain a minimum of one central bathing area. Central bathing area(s) shall be provided with the following:
 - (A) wheelchair and stretcher accessible for staff to bathe a patient who cannot perform this activity independently;

- (B) a bathtub, a manufactured walk-in bathtub, a similar manufactured bathtub designed for easy transfer of patients and residents into the tub, or a shower designed and equipped for unobstructed ease of stretcher entry and bathing on three sides. Bathtubs shall be accessible on three sides. Manufactured walk-in bathtubs or a similar manufactured bathtub shall be accessible on two sides;
 - (C) a roll-in shower designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each bedroom in the facility, the central bathing area is not required to have a roll-in shower;
 - (D) toilet fixture and lavatory; and
 - (E) an individual cubicle curtain enclosing each toilet, tub, and shower. A closed cubicle curtain at one of these plumbing fixtures shall not restrict access to the other plumbing fixtures.
- (d) For each nursing unit on each floor, the following shall be provided:
- (1) a medication preparation area with:
 - (A) a counter;
 - (B) a double locked narcotic storage area under the visual control of nursing staff;
 - (C) a medication refrigerator;
 - (D) medication storage visible by staff standing on the floor;
 - (E) cabinet storage; and
 - (F) a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (2) a clean utility room with:
 - (A) a counter;
 - (B) storage; and
 - (C) a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the sink has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (3) a soiled utility room with:
 - (A) a counter;
 - (B) storage; and
 - (C) a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets. The soiled utility room shall be equipped for the cleaning and sanitizing of bedpans as required by 15A NCAC 18A .1312, which is incorporated by reference including subsequent amendments;
 - (4) a nurses' toilet and locker space for personal belongings;
 - (5) an audiovisual nurse-patient call system arranged to ensure that a patient's call in the facility notifies and directs staff to the location where the call was activated;
 - (6) a soiled linen storage room with a hand sanitizing dispenser. If the soiled linen storage room is combined with the soiled utility room, a separate soiled linen storage room is not required;
 - (7) a clean linen storage room provided in one or more of the following:
 - (A) a separate linen storage room;
 - (B) cabinets in the clean utility room; or
 - (C) a linen closet; and
 - (8) a janitor's closet.
- (e) Dietary services and laundry each shall have a separate janitor's closet.
- (f) Stretcher and wheelchair storage shall be provided.

(g) The facility shall provide storage at the rate of not less than five square feet of floor area per licensed bed. This storage space shall:

- (1) be used by patients to store personal belongings and suitcases;
- (2) be either in the facility or within 500 feet of the facility on the same site; and
- (3) be in addition to the other storage space required by this Rule.

(h) Office space shall be provided for business transactions. Office space shall be provided for persons holding the following positions if these positions are provided:

- (1) administrator;
- (2) director of nursing;
- (3) social services director;
- (4) activities director; and
- (5) physical therapist.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Amended Eff. February 1, 1996;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1205 FURNISHINGS FOR HOSPICE INPATIENT CARE

(a) A facility shall provide handgrips at all toilet and bath facilities used by patients. Handrails shall be provided on both sides of all corridors where corridors are defined by walls and used by patients.

(b) For each nursing unit on each floor, the following shall be provided:

- (1) a nourishment station separated from the nurses' station with:
 - (A) work space;
 - (B) cabinets;
 - (C) refrigerated storage;
 - (D) a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
 - (E) a small stove, microwave, or hot plate; and
- (2) a nurses' station with:
 - (A) desk space for writing;
 - (B) storage space for office supplies; and
 - (C) storage space for patients' records.

(c) A facility shall provide flame resistant cubicle curtains in multi-bedded rooms.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1206 HOSPICE INPATIENT FIRE AND SAFETY REQUIREMENTS

(a) The hospice shall establish written policies and procedures governing disaster preparedness and fire protection.

(b) The hospice shall have detailed written plans and procedures to meet potential emergencies and disasters, including fire and severe weather.

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

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

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

(f) The facility shall ensure that:

- (1) the patients' environment remains as free of accident hazards as possible; and
- (2) each patient receives adequate supervision and assistance to prevent accidents.

(g) The fire protection plan shall include:

- (1) instruction for all personnel in use of alarms, firefighting equipment, methods of fire containment, evacuation routes, procedures for calling the fire department, and the assignment of specific tasks to all personnel in response to an alarm; and
- (2) fire drills for each shift of personnel at least quarterly.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1207 HOSPICE INPATIENT REQUIREMENTS FOR HEATING/AIR CONDITIONING

A facility shall provide heating and cooling systems complying with the following:

- (1) The American National Standards Institute and American Society of Heating, Refrigerating, and Air Conditioning Engineers Standard 170: Ventilation of Health Care Facilities, which is incorporated by reference, including all subsequent amendments and editions, and may be purchased for a cost of ninety-four dollars (\$94.00) online at <https://www.techstreet.com/ashrae/index.html>. This incorporation does not apply to Section 9.1, Table 9-1 Design Temperature for Skilled Nursing Facility. The environmental temperature control systems shall be capable of maintaining temperatures in the facility at 71 degrees F. minimum in the heating season and a maximum of 81 degrees F. during non-heating season, even upon loss of utility power; and
- (2) The National Fire Protection Association 90A: Standard for the Installation of Air-Conditioning and Ventilating Systems, which is incorporated by reference, including all subsequent amendments and editions, and may be purchased at a cost of fifty dollars and fifty cents (\$50.50) from the National Fire Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=90A>.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1208 HOSPICE INPATIENT REQUIREMENTS FOR EMERGENCY ELECTRICAL SERVICE

A facility shall provide an emergency electrical service for use in the event of failure of the normal electrical service. This emergency electrical service shall consist of the following:

- (1) In any existing facility:
 - (a) type 1 or 2 emergency lights as required by the North Carolina State Building Codes: Electrical Code;
 - (b) additional emergency lights for all nurses' stations required by Rule .1205(b)(2) of this Section, medication preparation areas required by Rule .1204(d)(1) of this Section, storage areas, and for the telephone switchboard, if applicable;
 - (c) one or more portable battery-powered lamps at each nurses' station; and
 - (d) a source of emergency power for life-sustaining equipment, if the facility admits or cares for occupants needing such equipment, to ensure continuous operation with on-site fuel storage for a minimum of 72 hours.
- (2) An emergency power generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the essential electrical system.
- (3) Emergency electrical services shall be provided as required by the North Carolina State Building Codes: Electric Code with the following modification: Section 517.10(B)(2) of the North Carolina State Building Codes: Electrical Code shall not apply to new facilities.
- (4) The following equipment, devices, and systems that are essential to life safety and the protection of important equipment or vital materials shall be connected to the equipment branch of the essential electrical system as follows:
 - (a) nurses' calling system;
 - (b) fire pump, if installed;
 - (c) sewerage or sump lift pump, if installed;
 - (d) one elevator, where elevators are used for vertical transportation of patients;

- (e) equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating and sterilization, if installed; and
- (f) task illumination of boiler rooms, if applicable.
- (5) The following equipment, devices, and systems that are essential to life safety and the protection of important equipment or vital materials shall be connected to the life safety branch of the essential electrical system as follows:
 - (a) alarm system, including fire alarm actuated at manual stations, water flow alarm devices of sprinkler systems if electrically operated, fire detecting and smoke detecting systems, paging or speaker systems if intended for issuing instructions during emergency conditions, and alarms required for nonflammable medical gas systems, if installed; and
 - (b) equipment necessary for maintaining telephone service.
- (6) Where electricity is the only source of power normally used for the heating of space, an essential electrical system shall be provided for heating of patient rooms. Emergency heating of patient rooms shall not be required in areas where the facility is supplied by at least two separate generating sources or a network distribution system with the facility feeders so routed, connected, and protected that a fault any place between the generating sources and the facility will not likely cause an interruption of more than one of the facility service feeders.
- (7) An essential electrical system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within 10 seconds through one or more primary automatic transfer switches to all emergency lighting, alarms, and equipment necessary for maintaining telephone service. All other lighting and equipment required to be connected to the essential electrical system shall either be connected through the 10 second primary automatic transfer switching or shall be connected through delayed automatic or manual transfer switching. If manual transfer switching is provided, staff of the facility shall operate the manual transfer switch. Electrical outlets connected to the essential electrical system shall be marked for identification.
- (8) Fuel shall be stored for the operation of the emergency power generator for a period not less than 72 hours, on a 24-hour per day operational basis with on-site fuel storage. The generator system shall be tested and maintained per National Fire Protection Association Health Care Facilities Code, NFPA 99, 2012 edition, which is incorporated by reference, including all subsequent amendments and editions. Copies of this code may be purchased at a cost of seventy-nine dollars and fifty cents (\$79.50) from the National Fire Protection Association - online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=99>. The facility shall maintain records of the generator system tests and shall make these records available to the Division for inspection upon request.
- (9) The electrical emergency service at existing facilities shall comply with the requirements established in this Rule in effect at the time a license is first issued. Any remodeling of an existing facility that results in changes to the emergency electrical service shall comply with the requirements established in this Rule in effect at the time of remodeling.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1209 HOSPICE INPATIENT REQUIREMENTS FOR GENERAL ELECTRICAL

- (a) All main water supply shut off valves in the sprinkler system shall be electronically supervised so that if any valve is closed an alarm will sound at a continuously manned central station.
- (b) No two adjacent emergency life safety branch lighting fixtures shall be on the same circuit.
- (c) Receptacles in bathrooms shall have ground fault protection.
- (d) Each patient bed location shall be provided with a minimum of eight single or four duplex receptacles.
- (e) Each patient bed location shall be supplied by at least two branch circuits, one from the equipment branch and one from the normal system.
- (f) The fire alarm system shall be installed to transmit an alarm automatically to the fire department that is legally committed to serve the area where the facility is located, by the direct and reliable method approved by local ordinances.
- (g) In patient areas, fire alarms shall be gongs or chimes rather than horns or bells.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018;
Amended Eff. October 1, 2021.*

10A NCAC 13K .1210 OTHER HOSPICE INPATIENT REQUIREMENTS

- (a) A nurses' calling system shall be provided:
- (1) in each patient bedroom for each patient bed. The call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of a patient lying on the bed. In rooms containing two or more call system activators, indicating lights shall be provided at each calling station;
 - (2) nurses' calling systems that provide two-way voice communication shall be equipped with an indicating light at each calling station that lights and remains lighted as long as the voice circuit is operating;
 - (3) a nurses' call emergency activator shall be provided at each patients' use toilet fixture, bath, and shower. The call system activator shall be accessible to a patient lying on the floor; and
 - (4) calls shall register with the floor staff and shall activate a visible signal in the corridor at the patient's door. In multi-corridor units, additional visible signals shall be installed at corridor intersections.
- (b) At least one telephone shall be available in each area where patients are admitted and additional telephones or extensions as are necessary to ensure availability in case of need.
- (c) General outdoor lighting shall be provided to illuminate walkways and drive.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018;
Amended Eff. October 1, 2021.*

10A NCAC 13K .1211 ADDITIONAL PLUMBING REQUIREMENTS/HOSPICE INPATIENT UNITS

Hospice inpatient facilities or units shall provide a flow of hot water within safety ranges specified as follows:

- (1) Patient Areas – 6 ½ gallons per hour per bed and at a temperature of 100 to 116 degrees F;
- (2) Dietary Services – 4 gallons per hour per bed and at a minimum temperature of 140 degrees F; and
- (3) Laundry Area – 4 ½ gallons per hour per bed and at a minimum temperature of 140 degrees F.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1212 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

The physical plant requirements for each hospice inpatient facility or unit shall be applied as follows:

- (1) New construction shall comply with all the requirements of this Section.
- (2) Except where otherwise specified, existing buildings shall meet the licensure and code requirements in effect at the time of licensure, construction, alteration, or modification.
- (3) Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems, or operational conditions that exceed minimum requirements.
- (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 a governing body 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;
 - (iii) unable to be met due to new programs; or
 - (iv) unable to be met due to unusual conditions;

- (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 governing body shall maintain a copy of the approved equivalence issued by the Division.
- (6) Where rules, codes, or standards have any conflict, the more stringent requirement shall apply.

*History Note: Authority G.S. 131E-202;
Eff. February 1, 1996;
Readopted Eff. October 1, 2021.*