

CHAPTER 14 - DIRECTOR, DIVISION OF HEALTH SERVICE REGULATION

SUBCHAPTER 14A – RULEMAKING

SECTION .0100 - RULEMAKING

10A NCAC 14A .0101 PETITIONS

- (a) Any person wishing to submit a written petition requesting the adoption, amendment, or repeal of a rule by the Director of the Division of Health Service Regulation shall submit the petition addressed to the Director, Division of Health Service Regulation, 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, North Carolina, 27699-2701.
- (b) The petition shall contain the following information:
- (1) the text of the proposed rule(s) for adoption or amendment and the statutory authority for the agency to promulgate the rule(s);
 - (2) a statement of the effect on existing rules or orders;
 - (3) a statement of the effect of the proposed rule(s) on existing practices in the area involved, if known; and
 - (4) the name(s) and address(es) of the petitioner(s).
- (c) The petitioner may include the following information within the request:
- (1) documents and any data supporting the petition;
 - (2) a statement of the reasons for adoption of the proposed rule(s), amendment or the repeal of an existing rule(s);
 - (3) a statement explaining the costs and computation of the cost factors, if known; and
 - (4) a description, including the names and addresses, if known, of those most likely to be affected by the proposed rule(s).
- (d) The Director, based on a review of the facts stated in the petition, shall consider the following in his or her determination to grant the petition:
- (1) whether he or she has authority to adopt the rule(s);
 - (2) the effect of the proposed rule(s) on existing rules, programs and practices;
 - (3) probable costs and cost factors of the proposed rule(s);
 - (4) the impact of the rule on the public and the regulated entities; and
 - (5) whether the public interest will be served by granting the petition.
- (e) Petitions that do not contain the information required by Paragraph (b) of this Rule shall be returned to the petitioner by the Director of Division of Health Service Regulation.

History Note: Authority G.S. 150B-20;
Eff. June 10, 1977;
Readopted Eff. December 1, 1977;
Amended Eff. November 1, 1989;
Readopted Eff. July 1, 2019.

10A NCAC 14A .0102 RULEMAKING PROCEDURES

History Note: Authority G.S. 150B-20;
Eff. November 1, 1989;
Repealed Eff. July 1, 2019.

10A NCAC 14A .0103 DECLARATORY RULINGS

- (a) The Director of the Division of Health Service Regulation may issue declaratory rulings. All requests for declaratory rulings shall be written and submitted to: the Director, Division of Health Service Regulation, 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, North Carolina, 27699-2701.
- (b) All requests for a declaratory ruling shall include the following information:
- (1) the name and address of the petitioner;
 - (2) a statement of all relevant facts if the person aggrieved requests a declaratory ruling as to the applicability to a statute, rule, or order of the Division;
 - (3) the statute or rule to which the petition relates;

- (4) a statement regarding the petitioner's opinion as to any conflict or inconsistencies, if any, within the Division regarding an interpretation of the law or a rule adopted by the Division to which the petition relates;
 - (5) a statement of the manner in which the petitioner is aggrieved by the rule or statute, or its potential application to him or her;
 - (6) the consequences of a failure to issue a declaratory ruling; and
 - (7) the petitioner's opinion as to the potential impact of the declaratory ruling on the public.
- (c) Whenever the Director finds good cause exists to deny the request for declaratory ruling, he or she may deny the request to issue a declaratory ruling. In such a case, the Director shall notify the petitioner in writing of the decision to deny the request for declaratory ruling and shall state the reason for the denial.
- (d) Good cause for the denial of a declaratory ruling request may include one of the following:
- (1) the person submitting the request is not a person aggrieved;
 - (2) there is no conflict or inconsistency within the Division regarding an interpretation of the law or a rule adopted by the Division;
 - (3) a situation where there has been similar controlling factual determination in a contested case;
 - (4) if the request for declaratory ruling involves a factual context that was considered upon adoption of the rule being questioned as evidenced by the rulemaking record;
 - (5) the factual representations are not specific to the statute or rule being questioned;
 - (6) issuing the declaratory ruling will not serve the public interest; or
 - (7) if circumstances stated in the request or otherwise known to the agency show that a contested case hearing would be appropriate.
- (e) A declaratory ruling procedure may consist of written submissions, oral hearings, or such other procedure as the Director may select in a particular case if additional information may assist in determining whether to grant or deny the petition.
- (f) The Director may issue notice to persons who might be affected by the ruling that written comments may be submitted or oral presentations received at a scheduled hearing if the Director finds such comments or presentations may provide additional information that will assist in determining whether to grant or deny the petition.

History Note: Authority G.S. 150B-4;
 Eff. November 1, 1989;
 Amended Eff. November 1, 2010;
 Readopted Eff. July 1, 2019.

SECTION .0200 – CONTESTED CASES

- 10A NCAC 14A .0201 DEFINITIONS**
10A NCAC 14A .0202 REQUEST FOR DETERMINATION
10A NCAC 14A .0203 RECORD
10A NCAC 14A .0204 EXCEPTIONS TO RECOMMENDED DECISION

History Note: Authority G.S. 143B-10; 143B-10(j)(3); 150B-11; 150B-22; 150B-23; 150B-23(e); 150B-29(b); 150B-36; 150B-37;
 Eff. November 1, 1989;
 Repealed Eff. April 1, 2016.

SECTION .0300 - HEARINGS: TRANSFERS AND DISCHARGES

10A NCAC 14A .0301 DEFINITIONS

The following definitions apply throughout this Section:

- (1) "Facility" is defined in 42 CFR 483.5, which is herein incorporated by reference, including subsequent amendments and editions. The Code of Federal Regulations may be accessed free of charge at http://www.access.gpo.gov/nara/cfr/waisidx_08/42cfr483_08.
- (2) "Hearing Officer" means the person at the Hearing Unit designated to preside over hearings between residents and nursing facility providers regarding transfers and discharges.
- (3) "Hearing Unit" means the Chief Hearing Officer and his or her staff in the Division of Medical Assistance of the Department of Health and Human Services.

- (4) "Notice" means a written notification of transfer or discharge, as required by 42 CFR 483.15 (c), by the facility to the resident and the resident's representative as defined in 42 CFR 483.5.
- (5) "Request for a Hearing" means a written expression by the resident, family member, or legal representative, that he or she wants the opportunity to present his or her case to the Hearing Officer.
- (6) "Resident" means any person who is receiving treatment or long-term care in a facility.
- (7) "Serve" means personal delivery, delivery by first class or certified United States Postal Service mail, or delivery by licensed overnight express mail, postage prepaid and addressed to the party at his or her last known address.

History Note: Authority G.S. 143B-165(10); 42 U.S.C. 1395i-3(c)(2)(B)(iii); 42 U.S.C. 1396r(e)(3); 42 U.S.C. 1396r(f)(3); 42 CFR 483.15(c);
Eff. August 3, 1992;
Readopted Eff. January 1, 2019.

10A NCAC 14A .0302 TRANSFER OR DISCHARGE HEARING REQUEST

Any resident who has been advised of the date of a transfer or discharge in writing may request that the Hearing Officer set a date for a hearing in accordance with these Rules. Hearing procedures shall be in accordance with rules in 10A NCAC 22H .0200, which are herein incorporated by reference, including subsequent amendments and editions. These Rules may be accessed free of charge at <http://reports.oah.state.nc.us/ncac.asp>.

History Note: Authority G.S. 143B-165(10); 42 U.S.C. 1395i-3(c)(2)(B)(iii); 42 U.S.C. 1396r(e)(3); 42 U.S.C. 1396r(f)(3); 42 CFR 483.15(c);
Eff. August 3, 1992;
Readopted Eff. January 1, 2019.

10A NCAC 14A .0303 FILING A REQUEST FOR HEARING

In order to initiate a hearing, a resident must first have been served by the facility administrator with a written notice and shall file a Request for Hearing in accordance with rules in 10A NCAC 22H .0200.

History Note: Authority G.S. 143B-165(10); 42 U.S.C. 1395i-3(c)(2)(B)(iii); 42 U.S.C. 1396r(e)(3); 42 U.S.C. 1396r(f)(3); 42 CFR 483.15(c);
Eff. August 3, 1992;
Readopted Eff. January 1, 2019.

10A NCAC 14A .0304 NOTICE OF HEARING

10A NCAC 14A .0305 DOCUMENTS

10A NCAC 14A .0306 HEARING OFFICER'S FINAL DECISION

History Note: Authority 42 U.S.C.S. 1396r(e)(3) and (f)(3); 42 C.F.R. 483.12; G.S. 143B-165(10);
Eff. August 3, 1992;
Expired Eff. February 1, 2018 pursuant to G.S. 150B-21.3A.

SUBCHAPTER 14B - SMFP

SECTION .0100 - PLANNING POLICIES AND NEED DETERMINATIONS FOR 1999 AND 2000

- 10A NCAC 14B .0101 APPLICABILITY OF RULES RELATED TO THE 1999 STATE MEDICAL FACILITIES PLAN**
- 10A NCAC 14B .0102 CERTIFICATE OF NEED REVIEW CATEGORIES**
- 10A NCAC 14B .0103 CERTIFICATE OF NEED REVIEW SCHEDULE**
- 10A NCAC 14B .0104 MULTI-COUNTY GROUPINGS**
- 10A NCAC 14B .0105 SERVICE AREAS AND PLANNING AREAS**
- 10A NCAC 14B .0106 REALLOCATIONS AND ADJUSTMENTS**
- 10A NCAC 14B .0107 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)**

10A NCAC 14B .0108 REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)
10A NCAC 14B .0109 AMBULATORY SURGICAL FACILITIES NEED DETERMINATION (REVIEW CATEGORY E)
10A NCAC 14B .0110 OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW CATEGORY H)
10A NCAC 14B .0111 HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0112 FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)
10A NCAC 14B .0113 MOBILE CARDIAC CATHETERIZATION EQUIPMENT AND MOBILE CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)
10A NCAC 14B .0114 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0115 POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0116 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0117 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0118 GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0119 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0120 RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0121 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0122 NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)
10A NCAC 14B .0123 HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0124 DIALYSIS STATION NEED DETERMINATION
10A NCAC 14B .0125 HOSPICE NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0126 HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0127 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0128 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0129 INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0130 POLICIES FOR GENERAL ACUTE CARE HOSPITALS
10A NCAC 14B .0131 POLICIES FOR INPATIENT REHABILITATION SERVICES
10A NCAC 14B .0132 POLICY FOR AMBULATORY SURGICAL FACILITIES
10A NCAC 14B .0133 POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM NURSING CARE
10A NCAC 14B .0134 POLICY FOR NURSING CARE BEDS IN CONTINUING CARE FACILITIES
10A NCAC 14B .0135 POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING BEDS IN SINGLE PROVIDER COUNTIES
10A NCAC 14B .0136 POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS
10A NCAC 14B .0137 POLICY FOR HOME HEALTH SERVICES
10A NCAC 14B .0138 POLICY FOR END-STAGE RENAL DISEASE DIALYSIS SERVICES
10A NCAC 14B .0139 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES
10A NCAC 14B .0140 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES
10A NCAC 14B .0141 POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);

Temporary Adoption Eff. January 1, 1999;
Temporary Amendment Eff. July 22, 1999;
Temporary Expired on October 12, 1999;
Eff. August 1, 2000;
Repealed Eff. April 1, 2012.

10A NCAC 14B .0142 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0143 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0144 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0145 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0146 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0147 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0148 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0149 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0150 APPLICABILITY OF RULES RELATED TO THE 2000 STATE MEDICAL FACILITIES PLAN

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2000;
Eff. April 1, 2001;
Repealed Eff. April 1, 2012.

10A NCAC 14B .0151 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0152 CERTIFICATE OF NEED REVIEW SCHEDULE

10A NCAC 14B .0153 MULTI-COUNTY GROUPINGS

10A NCAC 14B .0154 SERVICE AREAS AND PLANNING AREAS

10A NCAC 14B .0155 REALLOCATIONS AND ADJUSTMENTS

10A NCAC 14B .0156 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)

10A NCAC 14B .0157 REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)

10A NCAC 14B .0158 AMBULATORY SURGICAL FACILITIES NEED DETERMINATION (REVIEW CATEGORY E)

10A NCAC 14B .0159 OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW CATEGORY H)

10A NCAC 14B .0160 HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0161 FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-177(I); 131E-183(b); 131E-183(1);
Temporary Adoption Eff. January 1, 2000;
Temporary Amendment Eff. August 17, 2000;
Eff. April 1, 2001;
Repealed Eff. April 1, 2012.

10A NCAC 14B .0162 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0163 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0164 POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0165 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0166 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0167 GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0168 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0169 RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0170 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0171 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION FOR PLANNING RADIATION ONCOLOGY TREATMENTS (REVIEW CATEGORY H)

10A NCAC 14B .0172 NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)

10A NCAC 14B .0173 DEMONSTRATION PROJECT FOR CONTINUING CARE OF ADULTS WITH DEVELOPMENTAL DISABILITIES AND THEIR AGING CAREGIVERS (REVIEW CATEGORY J)

10A NCAC 14B .0174 HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0175 DIALYSIS STATION NEED DETERMINATION METHODOLOGY

10A NCAC 14B .0176 DIALYSIS STATION ADJUSTED NEED DETERMINATION (REVIEW CATEGORY G)

10A NCAC 14B .0177 HOSPICE NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0178 HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0179 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0180 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0181 INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0182 POLICIES FOR GENERAL ACUTE CARE HOSPITALS

10A NCAC 14B .0183 POLICIES FOR INPATIENT REHABILITATION SERVICES

10A NCAC 14B .0184 POLICY FOR AMBULATORY SURGICAL FACILITIES

10A NCAC 14B .0185 POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM NURSING CARE

10A NCAC 14B .0186 POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT COMMUNITIES

10A NCAC 14B .0187 POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING BEDS IN SINGLE PROVIDER COUNTIES

10A NCAC 14B .0188 POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS

10A NCAC 14B .0189 POLICIES FOR HOME HEALTH SERVICES

10A NCAC 14B .0190 POLICY FOR RELOCATION OF DIALYSIS STATIONS

10A NCAC 14B .0191 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES

10A NCAC 14B .0192 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES

10A NCAC 14B .0193 POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2000;
Temporary Amendment Eff. August 17, 2000;
Eff. April 1, 2001;
Repealed Eff. April 1, 2012.

- 10A NCAC 14B .0194** **EQUIPMENT NEED DETERMINATIONS FOR 1996 SMFP (REVIEW CATEGORY H)**
10A NCAC 14B .0195 **OPEN HEART SURGERY SERVICES NEED DETERMINATIONS FOR 1996 SMFP (REVIEW CATEGORY H)**

History Note: *Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Eff. August 1, 1998;
Repealed Eff. April 1, 2012.*

SECTION .0200 - PLANNING POLICIES AND NEED DETERMINATION FOR 2001 AND 2002

- 10A NCAC 14B .0201** **APPLICABILITY OF RULES RELATED TO THE 2001 STATE MEDICAL FACILITIES PLAN**
10A NCAC 14B .0202 **CERTIFICATE OF NEED REVIEW SCHEDULE**
10A NCAC 14B .0203 **MULTI-COUNTY GROUPINGS**
10A NCAC 14B .0204 **SERVICE AREAS AND PLANNING AREAS**
10A NCAC 14B .0205 **REALLOCATIONS AND ADJUSTMENTS**
10A NCAC 14B .0206 **ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)**
10A NCAC 14B .0207 **REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)**

History Note: *Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b); 131E-183(1);
Temporary Adoption Eff. January 1, 2001;
Temporary Amendment Eff. May 1, 2001;
Eff. August 1, 2002;
Repealed Eff. April 1, 2012.*

- 10A NCAC 14B .0208** **RESERVED FOR FUTURE CODIFICATION**
- 10A NCAC 14B .0209** **OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW CATEGORY H)**
10A NCAC 14B .0210 **HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW CATEGORY H)**
10A NCAC 14B .0211 **FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)**
10A NCAC 14B .0212 **SHARED FIXED CARDIAC CATHETERIZATION EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY H)**
10A NCAC 14B .0213 **BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)**
10A NCAC 14B .0214 **POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)**
10A NCAC 14B .0215 **BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)**
10A NCAC 14B .0216 **SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)**
10A NCAC 14B .0217 **GAMMA KNIFE UNIT NEED DETERMINATION (REVIEW CATEGORY H)**
10A NCAC 14B .0218 **LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)**
10A NCAC 14B .0219 **RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)**
10A NCAC 14B .0220 **MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)**
10A NCAC 14B .0221 **MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)**
10A NCAC 14B .0222 **NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)**

10A NCAC 14B .0223 MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0224 DIALYSIS NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING JANUARY 1, 2001

10A NCAC 14B .0225 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING SEPTEMBER 1, 2001

10A NCAC 14B .0226 HOSPICE CARE NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0227 HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0228 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0229 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0230 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) ADULT DETOX-ONLY BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0231 INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0232 POLICIES FOR GENERAL ACUTE CARE HOSPITALS

10A NCAC 14B .0233 POLICIES FOR CARDIAC CATHETERIZATION EQUIPMENT AND SERVICES

10A NCAC 14B .0234 POLICIES FOR TRANSPLANTATION SERVICES

10A NCAC 14B .0235 POLICY FOR MRI SCANNERS

10A NCAC 14B .0236 POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM CARE NURSING CARE

10A NCAC 14B .0237 POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT COMMUNITIES

10A NCAC 14B .0238 POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING BEDS IN SINGLE PROVIDER COUNTIES

10A NCAC 14B .0239 POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS

10A NCAC 14B .0240 POLICY FOR TRANSFER OF BEDS FROM STATE PSYCHIATRIC HOSPITAL NURSING FACILITIES TO COMMUNITY FACILITIES

10A NCAC 14B .0241 POLICIES FOR RELOCATION OF NURSING FACILITY BEDS

10A NCAC 14B .0242 POLICIES FOR MEDICARE-CERTIFIED HOME HEALTH SERVICES

10A NCAC 14B .0243 POLICY FOR RELOCATION OF DIALYSIS STATIONS

10A NCAC 14B .0244 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES

10A NCAC 14B .0245 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES

10A NCAC 14B .0246 POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
 Temporary Adoption Eff. January 1, 2001;
 Eff. August 1, 2002;
 Repealed Eff. April 1, 2012.

10A NCAC 14B .0247 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0248 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0249 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0250 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0251 APPLICABILITY OF RULES RELATED TO THE 2002 STATE MEDICAL FACILITIES PLAN

10A NCAC 14B .0252 CERTIFICATE OF NEED REVIEW SCHEDULE

10A NCAC 14B .0253 MULTI-COUNTY GROUPINGS

10A NCAC 14B .0254 SERVICE AREAS AND PLANNING AREAS

10A NCAC 14B .0255 REALLOCATIONS AND ADJUSTMENTS
10A NCAC 14B .0256 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)
10A NCAC 14B .0257 INPATIENT REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)
10A NCAC 14B .0258 OPERATING ROOM NEED DETERMINATIONS (REVIEW CATEGORY E)
10A NCAC 14B .0259 OPEN HEART SURGERY SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0260 HEART-LUNG BYPASS MACHINES NEED DETERMINATIONS (REVIEW CATEGORY H)
10A NCAC 14B .0261 FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)
10A NCAC 14B .0262 SHARED FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0263 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0264 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0265 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0266 GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0267 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0268 RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0269 POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0270 FIXED MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)
10A NCAC 14B .0271 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION FOR A DEDICATED FIXED BREAST MRI SCANNER (REVIEW CATEGORY H)
10A NCAC 14B .0272 FIXED MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)
10A NCAC 14B .0273 NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)
10A NCAC 14B .0274 ADULT CARE HOME BED NEED DETERMINATION (REVIEW CATEGORY B)
10A NCAC 14B .0275 MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0276 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING APRIL 1, 2002
10A NCAC 14B .0277 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING OCTOBER 1, 2002
10A NCAC 14B .0278 HOSPICE HOME CARE NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0279 SINGLE COUNTY HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0280 CONTIGUOUS COUNTY HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)
10A NCAC 14B .0281 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0282 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0283 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) ADULT DETOX-ONLY BED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0284 INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)
10A NCAC 14B .0285 POLICIES FOR GENERAL ACUTE CARE HOSPITALS

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b); 131E-183(1);
Temporary Adoption Eff. January 1, 2002;
Temporary Amendment Eff. April 8, 2002; March 15, 2002;
Eff. April 1, 2003;
Repealed Eff. April 1, 2012.

10A NCAC 14B .0286 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0287 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0288 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14B .0289 POLICIES FOR NURSING CARE FACILITIES

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Repealed Eff. April 1, 2012.

10A NCAC 14B .0290 POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT COMMUNITIES ADULT CARE HOME BEDS

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2002;
Temporary Adoption Expired on October 12, 2002.

10A NCAC 14B .0291 POLICIES FOR MEDICARE-CERTIFIED HOME HEALTH SERVICES

10A NCAC 14B .0292 POLICY FOR RELOCATION OF DIALYSIS STATIONS

10A NCAC 14B .0293 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES

10A NCAC 14B .0294 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES

10A NCAC 14B .0295 POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Repealed Eff. April 1, 2012.

SECTION .0300 – PLANNING POLICIES AND NEED DETERMINATIONS FOR 2003

10A NCAC 14B .0301 APPLICABILITY OF RULES RELATED TO THE 2003 STATE MEDICAL FACILITIES PLAN

10A NCAC 14B .0302 CERTIFICATE OF NEED REVIEW SCHEDULE

10A NCAC 14B .0303 MULTI-COUNTY GROUPINGS

10A NCAC 14B .0304 SERVICE AREAS AND PLANNING AREAS

10A NCAC 14B .0305 REALLOCATIONS AND ADJUSTMENTS

10A NCAC 14B .0306 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)

10A NCAC 14B .0307 INPATIENT REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)

10A NCAC 14B .0308 OPERATING ROOM NEED DETERMINATIONS (REVIEW CATEGORY E)

10A NCAC 14B .0309 OPEN HEART SURGERY SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0310 HEART-LUNG BYPASS MACHINE NEED DETERMINATION (REVIEW CATEGORY H)

- 10A NCAC 14B .0311 FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)
- 10A NCAC 14B .0312 SHARED FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0313 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0314 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0315 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0316 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0317 GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0318 RADIATION ONCOLOGY TREATMENT CENTER/LINEAR ACCELERATOR NEED DETERMINATIONS (REVIEW CATEGORY H)
- 10A NCAC 14B .0319 FIXED DEDICATED POSITRON EMISSION TOMOGRAPHY (PET) SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0320 MOBILE DEDICATED POSITRON EMISSION TOMOGRAPHY (PET) SCANNER NEED DETERMINATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0321 FIXED MAGNETIC RESONANCE IMAGING (MRI) SCANNERS NEED DETERMINATION BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0322 FIXED MAGNETIC RESONANCE IMAGING (MRI) SCANNERS NEED DETERMINATION BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0323 MOBILE MAGNETIC RESONANCE IMAGING (MRI) SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)
- 10A NCAC 14B .0324 NURSING CARE BED NEED DETERMINATIONS (REVIEW CATEGORY B)
- 10A NCAC 14B .0325 ADULT CARE HOME BED NEED DETERMINATIONS (REVIEW CATEGORY B)
- 10A NCAC 14B .0326 MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)
- 10A NCAC 14B .0327 HOSPICE HOME CARE NEED DETERMINATION (REVIEW CATEGORY F)
- 10A NCAC 14B .0328 HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)
- 10A NCAC 14B .0329 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING APRIL 1, 2003
- 10A NCAC 14B .0330 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING OCTOBER 1, 2003
- 10A NCAC 14B .0331 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)
- 10A NCAC 14B .0332 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)
- 10A NCAC 14B .0333 INTERMEDIATE CARE FACILITY BEDS FOR THE MENTALLY RETARDED (ICF/MR) NEED DETERMINATION (REVIEW CATEGORY C)

History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
 Temporary Adoption Eff. January 1, 2003;
 Rule removed from the Code pursuant to G.S. 150B-2(8a)k.

- 10A NCAC 14B .0334 RESERVED FOR FUTURE CODIFICATION
- 10A NCAC 14B .0335 RESERVED FOR FUTURE CODIFICATION
- 10A NCAC 14B .0336 EXEMPTION FROM PLAN PROVISIONS FOR CERTAIN ACADEMIC MEDICAL CENTER TEACHING HOSPITAL PROJECTS
- 10A NCAC 14B .0337 POLICIES FOR GENERAL ACUTE CARE HOSPITALS
- 10A NCAC 14B .0338 POLICIES FOR NURSING CARE FACILITIES

- 10A NCAC 14B .0339 POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT COMMUNITIES - ADULT CARE HOME BEDS**
- 10A NCAC 14B .0340 POLICIES FOR MEDICARE-CERTIFIED HOME HEALTH SERVICES**
- 10A NCAC 14B .0341 POLICY FOR RELOCATION OF DIALYSIS STATIONS**
- 10A NCAC 14B .0342 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES**
- 10A NCAC 14B .0343 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES**
- 10A NCAC 14B .0344 POLICY FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED**

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2003;
Rule removed from the Code pursuant to G.S. 150B-2(8a)k.*

SUBCHAPTER 14C – CERTIFICATE OF NEED REGULATIONS

SECTION .0100 - GENERAL

10A NCAC 14C .0101 DEFINITIONS

*History Note: Authority G.S. 131E-177;
Eff. January 1, 1990;
Amended Eff. November 1, 1996;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.*

10A NCAC 14C .0102 LOCATION OF THE AGENCY

As used in this Subchapter, the agency is the Healthcare Planning and Certificate of Need Section in the Division of Health Service Regulation, North Carolina Department of Health and Human Services. The location of the agency is 809 Ruggles Drive, Raleigh, North Carolina, 27603. The mailing address of the agency is Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. The telephone number of the agency is 919-855-3873.

*History Note: Authority G.S. 131E-177;
Eff. November 1, 1996;
Amended Eff. January 1, 2013; January 1, 2000.
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 19, 2019;
Amended Eff. February 1, 2022.*

10A NCAC 14C .0103 STATE MEDICAL FACILITIES PLAN

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(1); 42 U.S.C. 300K-2;
Eff. June 19, 1979;
Temporary Amendment Eff. January 1, 1983 for a Period of 120 Days to Expire on May 1, 1983;
Amended Eff. November 1, 1989; January 1, 1989; February 1, 1988; January 1, 1987;
Repealed Eff. October 1, 2016.*

SECTION .0200 – APPLICATION AND REVIEW PROCESS

10A NCAC 14C .0201 LETTER OF INTENT

*History Note: Authority G.S. 131E-177;
Eff. October 1, 1981;
Amended Eff. November 1, 1996; January 1, 1990; November 1, 1989;
Repealed Eff. October 1, 2016.*

10A NCAC 14C .0202 DEFINITIONS

The following definitions shall apply throughout this Subchapter:

- (1) "Applicant" means each person identified in Section A of the application forms listed in 10A NCAC 14C .0203(a).
- (2) "Application deadline" means no later than 5:00 p.m. on the 15th day of the month preceding the month that the review period begins. If the 15th day of the month falls on a weekend or a State holiday as set forth in 25 NCAC 01E .0901, which is hereby incorporated by reference including subsequent amendments, the application deadline is the next business day.
- (3) "Competitive review" means two or more applications submitted to begin review in the same review period proposing the same new institutional health service in the same service area and the CON Section determines that approval of one application may require denial of another application included in the same review period.
- (4) "CON Section" means the Healthcare Planning and Certificate of Need Section of the Division of Health Service Regulation.
- (5) "Full fiscal year" means the 12-month period used by the applicant to track and report revenues and operating expenses for the services proposed in the application.
- (6) "Health service" shall have the same meaning as defined in G.S. 131E-176(9a).
- (7) "New institutional health service" shall have same meaning as defined in G.S. 131E-176(16).
- (8) "Person" shall have the same meaning as defined in G.S. 131E-176(19).
- (9) "Proposal" means a new institutional health service that requires a certificate of need.
- (10) "Related entity" means a person that:
 - (a) shares the same parent corporation or holding company with the applicant;
 - (b) is a subsidiary of the same parent corporation or holding company as the applicant; or
 - (c) participates with the applicant in a joint venture that provides the same type of health services proposed in the application.
- (11) "Review category" means the categories described in Chapter 3 of the annual State Medical Facilities Plan.
- (12) "Review period" means the 90 to 150 days that the CON Section has to review a certificate of need application and issue a decision pursuant to G.S. 131E-185 and G.S. 131E-186. There are eleven review periods each calendar year. Each review period starts on the first day of the month and the first review period starts on February 1. There is no review period beginning January 1.
- (13) "State Medical Facilities Plan" shall have the same meaning as defined in G.S. 131E-176(25). For purposes of this Subchapter, the annual State Medical Facilities Plan is hereby incorporated by reference, including subsequent amendments and editions. This document is available at no cost at <https://info.ncdhhs.gov/dhsr/ncsmfp/index.html>.
- (14) "USB flash drive" means a device used for data storage that includes a flash memory and an integrated universal serial bus interface.

*History Note: Authority G.S. 131E-177;
Eff. October 1, 1981;
Amended Eff. January 1, 1990; January 1, 1987;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. November 1, 1996; January 4, 1994;
Temporary Amendment Eff. January 1, 2000;
Amended Eff. April 1, 2001;
Readopted Eff. January 1, 2021.*

10A NCAC 14C .0203 FILING APPLICATIONS

- (a) "Application form" refers to one of the following:
 - (1) the Certificate of Need Application form; or
 - (2) the Dialysis or End Stage Renal Disease Services Application form.
- (b) An application form may be obtained from the CON Section by:
 - (1) sending an email to DHSR.CON.Applications@dhhs.nc.gov; or
 - (2) calling (919) 855-3873.

- (c) An email request for an application form shall:
 - (1) describe the proposal;
 - (2) identify the city or county where the proposal would be located; and
 - (3) include the estimated capital cost for the proposal.
- (d) For each proposal, the CON Section shall determine based on Chapter 3 of the annual State Medical Facilities Plan in effect at the time the review begins the:
 - (1) review category; and
 - (2) review period.
- (e) An application is complete for inclusion in the review period if the CON Section determines that all of the following are true:
 - (1) the original application is printed, placed between a front and back cover, and bound using metal paper fasteners;
 - (2) the original and one copy of the application were received by the CON Section on or before the application deadline for the review period;
 - (3) the entire application fee required by G.S. 131E-182(c) was received by the CON Section; and
 - (4) each applicant identified in Section A of the application form signed the certification page that asks the applicant to certify that the information in the application is correct and they intend to develop and offer the project as described in the application.
- (f) The copy of the application shall be printed and bound consistent with Subparagraph (e)(1) of this Rule or in an electronic format saved on a USB flash drive. The files on the USB flash drive shall not be encrypted or password protected.
- (g) No later than the fifth business day following the application deadline, the CON Section shall notify the contact individual identified in Section A of the application if the application is complete.
- (h) If the application is not complete pursuant to Paragraph (e) of this Rule, the CON Section shall notify the contact individual identified in Section A of the application of what is missing or incorrect. The applicant shall only provide the items listed below in order to complete the application after the application deadline:
 - (1) a signed certification page; or
 - (2) the copy of the application.
- (i) Signed certification pages or the copy of the application shall be received by the CON Section no later than 5:00 p.m. on the last business day of the month preceding the first day of the review period.
- (j) The CON Section shall not include the application in the review period if it is not complete pursuant to Paragraph (e) of this Rule by 5:00 p.m. on the last business day of the month preceding the first day of the review period.

History Note: Authority G.S. 131E-177; 131E-182;
Eff. October 1, 1981;
Amended Eff. January 1, 1982;
Temporary Amendment Eff. July 15, 1983, for a Period of 118 Days, to Expire on November 10, 1983;
Amended Eff. November 1, 1990; January 1, 1990; December 1, 1989; January 1, 1987; October 1, 1984; November 10, 1983;
Temporary Amendment Eff. August 11, 1993, for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. January 4, 1994;
Temporary Amendment Eff. August 12, 1994, for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. December 1, 1994;
Temporary Amendment Eff. January 1, 2000;
Amended Eff. April 1, 2001;
Temporary Amendment Eff. February 16, 2004;
Amended Eff. August 1, 2004;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Temporary Amendment Eff. January 1, 2008;
Amended Eff. July 1, 2008;
Readopted Eff. January 1, 2021.

10A NCAC 14C .0204 AMENDMENTS TO APPLICATIONS

An applicant may not amend an application. Responding to a request for additional information made by the agency after the review has commenced is not an amendment.

History Note: Authority G.S. 131E-177; 131E-182;
Eff. October 1, 1981;
Amended Eff. January 1, 1990; January 1, 1987;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 19, 2019.

10A NCAC 14C .0205 EXTENSION OF REVIEW PERIOD

(a) If the review is not expedited, the review may be extended for the following reasons:

- (1) the total number of applications, including those in other review periods, prevents the CON Section from completing the review in 90 days;
- (2) the applicant has not submitted a response to a request from the CON Section for clarifying information; or
- (3) the CON Section received clarifying information from the applicant but is not able to complete the review in 90 days.

(b) The CON Section shall notify the contact individual identified in Section A of the application if the review period is extended. Failure to receive such notice prior to the last day of the review period does not entitle the applicant to a certificate of need nor authorize the applicant to proceed with the proposal in the application without a certificate of need.

History Note: Authority G.S. 131E-177; 131E-185;
Eff. October 1, 1981;
Amended Eff. January 1, 1990; January 1, 1982;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. January 4, 1994;
Readopted Eff. January 1, 2021.

10A NCAC 14C .0206 EXPEDITED REVIEW

History Note: Authority G.S. 131E-177(1);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .0207 AGENCY DECISION

10A NCAC 14C .0208 ISSUANCE OF A CERTIFICATE OF NEED

10A NCAC 14C .0209 PROGRESS REPORTS

History Note: Authority G.S. 131E-177; 131E-189;
Eff. October 1, 1981;
Amended Eff. January 1, 1990; February 1, 1986;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

SECTION .0300 - EXEMPTIONS

10A NCAC 14C .0301 RESEARCH ACTIVITY

History Note: Authority G.S. 131E-177; 131E-179;
Eff. January 1, 1982;
Amended Eff. February 1, 2000; January 1, 1990; November 1, 1989; February 1, 1986;

Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .0302 HEALTH MAINTENANCE ORGANIZATIONS

*History Note: Authority G.S. 131E-177; 131E-180;
Eff. January 1, 1982;
Amended Eff. November 1, 1996; January 1, 1990; November 1, 1989; February 1, 1986;
Temporary Amendment Eff. January 1, 2000;
Amended Eff. April 1, 2001;
Repealed Eff. January 1, 2013.*

10A NCAC 14C .0303 REPLACEMENT EQUIPMENT

- (a) This Rule defines the terms used in the definition of "replacement equipment" set forth in G.S. 131E-176(22a).
- (b) "Currently in use" means that the equipment to be replaced has been used by the person requesting the exemption at least 10 times to provide a health service during the 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section.
- (c) Replacement equipment is not "comparable" if:
- (1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or
 - (2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.

*History Note: Authority G.S. 131E-177(1);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. April 1, 1999; November 1, 1996;
Temporary Amendment Eff. June 3, 2002;
Amended Eff. April 1, 2003;
Readopted Eff. January 1, 2021.*

10A NCAC 14C .0304 PSYCHIATRIC BED CONVERSIONS

*History Note: Authority G.S. 131E-177;
Eff. November 1, 1996;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.*

SECTION .0400 – CERTIFICATE OF NEED APPEAL PROCESS

10A NCAC 14C .0401 PETITION FOR A HEARING

*History Note: Authority G.S. 131E-177; 131E-188;
Eff. October 1, 1981;
Amended Eff. January 1, 1990; November 1, 1989; February 1, 1986;
Repealed Eff. October 1, 2016.*

10A NCAC 14C .0402 ISSUES

The correctness, adequacy, or appropriateness of criteria, plans, and standards shall not be an issue in a contested case hearing.

*History Note: Authority G.S. 131E-177; 131E-188;
Eff. October 1, 1981;
Amended Eff. February 1, 1986; October 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 19, 2019.*

10A NCAC 14C .0403 CONTESTED CASE HEARINGS

History Note: Authority G.S. 131E-177; 131E-188;
Eff. January 1, 1990;
Repealed Eff. October 1, 2016.

SECTION .0500 – ENFORCEMENT AND SANCTIONS

10A NCAC 14C .0501 ASSESSMENT OF CIVIL PENALTY

History Note: Authority G.S. 131E-177(1); 131E-190(f);
Eff. November 1, 1996;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .0502 WITHDRAWAL OF A CERTIFICATE

History Note: Authority G.S. 131E-177; 131E-189;
Eff. October 1, 1981;
Amended Eff. January 1, 1990;
Temporary Amendment Eff. October 10, 1990, for a Period of 142 Days to Expire on February 28, 1991;
Amended Eff. November 1, 1996; March 1, 1991;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

SECTION .0600 – RESERVED FOR FUTURE CODIFICATION

SECTION .0700 – RESERVED FOR FUTURE CODIFICATION

SECTION .0800 – RESERVED FOR FUTURE CODIFICATION

SECTION .0900 – RESERVED FOR FUTURE CODIFICATION

SECTION .1000 – RESERVED FOR FUTURE CODIFICATION

SECTION .1100 – CRITERIA AND STANDARDS FOR NURSING FACILITY OR ADULT CARE HOME SERVICES

10A NCAC 14C .1101 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-175; 131E-176; 131E-177(1); 131E-183(b); S.L. 2001, c. 234;
Eff. November 1, 1996;
Temporary Amendment Eff. January 1, 2003; January 1, 2002;
Amended Eff. August 1, 2004; April 1, 2003;
Repealed Eff. February 1, 2016.

10A NCAC 14C .1102 PERFORMANCE STANDARDS

(a) For the purposes of this Rule the following definitions shall apply:

- (1) "Approved beds" means nursing home or adult care home beds that were issued a certificate of need but are not being used to provide services as of the application deadline for the review period.
- (2) "Existing beds" means nursing home or adult care home beds that are being used to provide services as of the application deadline for the review period.
- (3) "Maximum capacity" means the total number of existing, approved, and proposed nursing home or adult care home beds times 365 days.

- (4) "Occupancy rate" means the total number of patient days of care provided in the nursing home or adult care home beds during a full fiscal year of operation divided by maximum capacity expressed as a percentage.
 - (5) "Proposed beds" means the nursing home or adult care home beds proposed in the application under review.
- (b) An applicant proposing to develop nursing home beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) provide projected utilization of the existing, approved, and proposed beds during each of the first three full fiscal years of operation following completion of the project;
 - (2) project an occupancy rate for the existing, approved, and proposed beds of at least 90 percent of maximum capacity during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to project the utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.
- (c) An applicant proposing to develop adult care home beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) provide projected utilization of the existing, approved, and proposed beds during each of the first three full fiscal years of operation following completion of the project;
 - (2) project an occupancy rate for the existing, approved, and proposed beds of at least 85 percent of maximum capacity during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to project the utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
 Eff. November 1, 1996;
 Temporary Amendment Eff. January 1, 2002;
 Amended Eff. April 1, 2003;
 Readopted Eff. January 1, 2023.

SECTION .1200 – CRITERIA AND STANDARDS FOR INTENSIVE CARE SERVICES

10A NCAC 14C .1201 DEFINITIONS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
 Eff. January 4, 1994;
 Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .1202 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
 Eff. January 4, 1994;
 Amended Eff. November 1, 1996;
 Temporary Amendment Eff. February 1, 2010;
 Amended Eff. November 1, 2010;
 Repealed Eff. February 1, 2016.

10A NCAC 14C .1203 PERFORMANCE STANDARDS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
 Eff. January 4, 1994;
 Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .1204 SUPPORT SERVICES

10A NCAC 14C .1205 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183; 131E-183(b);
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Repealed Eff. February 1, 2016.

SECTION .1300 - CRITERIA AND STANDARDS FOR PEDIATRIC INTENSIVE CARE SERVICES

10A NCAC 14C .1301 DEFINITIONS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. January 4, 1994;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .1302 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Repealed Eff. February 1, 2016.

10A NCAC 14C .1303 PERFORMANCE STANDARDS

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .1304 SUPPORT SERVICES

10A NCAC 14C .1305 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Repealed Eff. February 1, 2016.

SECTION .1400 – CRITERIA AND STANDARDS FOR LEVEL IV NEONATAL INTENSIVE CARE SERVICES

10A NCAC 14C .1401 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved neonatal intensive care unit (NICU) beds" means acute care beds in a hospital that were issued a certificate of need to provide Level IV neonatal intensive care services but are not providing those services as of the application deadline for the review period.
- (2) "Average daily census (ADC)" means the total number of existing, approved, and proposed NICU days of care provided during a full fiscal year of operation divided by 365 days.
- (3) "Existing NICU beds" means acute care beds in a hospital that are providing Level IV neonatal intensive care services as of the application deadline for the review period.
- (4) "Level IV neonatal intensive care services" means services provided to high-risk medically unstable or critically ill neonates less than 32 weeks of gestational age, or infants requiring constant nursing care or supervision in NICU beds.
- (5) "Occupancy rate" means the ADC divided by the total number of existing, approved, and proposed NICU beds expressed as a percentage.
- (6) "Proposed NICU beds" means the acute care beds proposed to provide Level IV neonatal intensive care services in a hospital in the application under review.

History Note: Authority G.S. 131E-177(1); 131E-183(b);

Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Temporary Amendment Eff. March 15, 2002;
Amended Eff. April 1, 2003;
Readopted Eff. January 1, 2024.

10A NCAC 14C .1402 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Temporary Amendment Eff. March 15, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2010;
Amended Eff. November 1, 2010;
Repealed Eff. February 1, 2016.

10A NCAC 14C .1403 PERFORMANCE STANDARDS

(a) An applicant proposing to develop a new Level IV neonatal intensive care service without increasing the total number of acute care beds on the hospital license shall:

- (1) provide projected utilization of the proposed NICU beds during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for the proposed NICU beds shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used for the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

(b) An applicant proposing to develop a new Level IV neonatal intensive care service or increase the number of NICU beds on the hospital license shall:

- (1) provide projected utilization of all existing, approved, and proposed NICU beds on the hospital license during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for all existing, approved, and proposed NICU beds on the hospital license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used for the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Temporary Amendment Eff. March 15, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2009;
Amended Eff. November 1, 2009;
Temporary Amendment Eff. February 1, 2010;
Amended Eff. November 1, 2010;
Temporary Amendment Eff. January 27, 2023;
Readopted Eff. January 1, 2024.

10A NCAC 14C .1404 SUPPORT SERVICES

10A NCAC 14C .1405 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Temporary Amendment Eff. March 15, 2002;
Amended Eff. April 1, 2003;
Repealed Eff. February 1, 2016.

SECTION .1500 - CRITERIA AND STANDARDS FOR HOSPICES

10A NCAC 14C .1501 DEFINITIONS

History Note: Authority G.S. 131E-177(1);
Eff. July 1, 1994;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. August 1, 2004;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .1502 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. July 1, 1994;
Amended Eff. November 1, 1996;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. August 1, 2004;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Repealed Eff. February 1, 2016.

10A NCAC 14C .1503 PERFORMANCE STANDARDS

History Note: Authority G.S. 131E-177(1);
Eff. July 1, 1994;
Temporary Amendment Eff. January 1, 1999;
Temporary Eff. January 1, 1999 Expired on October 12, 1999;
Temporary Amendment Eff. January 1, 2000;
Temporary Amendment effective January 1, 2000 amends and replaces a permanent rulemaking originally proposed to be effective August 2000;
Amended Eff. April 1, 2001;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. August 1, 2004;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .1504 SUPPORT SERVICES

10A NCAC 14C .1505 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. July 1, 1994;
Amended Eff. November 1, 1996;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;

Repealed Eff. February 1, 2016.

SECTION .1600 – CRITERIA AND STANDARDS FOR CARDIAC CATHETERIZATION EQUIPMENT

10A NCAC 14C .1601 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Angiography procedures" means procedures performed using cardiac catheterization equipment that are not cardiac catheterization services.
- (2) "Approved cardiac catheterization equipment" means cardiac catheterization equipment that was issued a certificate of need but is not being used to provide cardiac catheterization services as of the application deadline for the review period.
- (3) "Cardiac catheterization equipment" shall have the same meaning as defined in G.S. 131E-176(2f).
- (4) "Cardiac catheterization services" shall have the same meaning as defined in G.S. 131E-176(2g).
- (5) "Diagnostic-equivalent cardiac catheterization procedures" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (6) "Existing cardiac catheterization equipment" means cardiac catheterization equipment that is being used to offer cardiac catheterization services as of the application deadline for the review period.
- (7) "Fixed cardiac catheterization equipment" means cardiac catheterization equipment that is not mobile or shared fixed cardiac catheterization equipment.
- (8) "Fixed cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (9) "Host site" means the location where the mobile cardiac catheterization equipment provides cardiac catheterization services.
- (10) "Mobile cardiac catheterization equipment" means cardiac catheterization equipment that is moved weekly to provide cardiac catheterization services at two or more host sites.
- (11) "Mobile cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (12) "Proposed cardiac catheterization equipment" means the cardiac catheterization equipment proposed in the certificate of need application.
- (13) "Shared fixed cardiac catheterization equipment" means fixed cardiac catheterization equipment that is used to perform cardiac catheterization procedures and angiography procedures.

*History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. January 1, 1987;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. November 1, 1996; February 1, 1994;
Temporary Amendment Eff. January 1, 1999;
Temporary Eff. January 1, 1999 Expired on October 12, 1999;
Temporary Amendment Eff. January 1, 2000;
Temporary Amendment effective January 1, 2000 amends and replaces a permanent rulemaking originally proposed to be effective August 1, 2000;
Temporary Amendment Eff. January 1, 2001;
Temporary Amendment effective January 1, 2001 amends and replaces a permanent rulemaking originally proposed to be effective April 1, 2001;
Amended Eff. August 1, 2002;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Readopted Eff. January 1, 2022.*

10A NCAC 14C .1602 INFORMATION REQUIRED OF APPLICANT

*History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. January 1, 1987;*

Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. November 1, 1996; February 1, 1994;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Repealed Eff. February 1, 2016.

10A NCAC 14C .1603 PERFORMANCE STANDARDS

(a) An applicant proposing to acquire fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;
- (2) identify the approved fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;
- (3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and
- (5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment shall perform 900 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.

(b) An applicant proposing to acquire shared fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of the proposed shared fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (2) provide the assumptions and methodology used to project the utilization required by Subparagraph (1) of this Paragraph; and
- (3) project that the proposed shared fixed cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization and angiography procedures during the third full fiscal year of operation following completion of the project.

(c) An applicant proposing to acquire mobile cardiac catheterization equipment pursuant to a need determination in the State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that provides cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;
- (2) identify the approved mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that will provide cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;
- (3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and
- (5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. January 1, 1987;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;

Amended Eff. November 1, 1996; February 1, 1994;
Temporary Amendment Eff. January 1, 1999;
Temporary Eff. January 1, 1999 Expired on October 12, 1999;
Temporary Amendment Eff. January 1, 2000;
Temporary Amendment effective January 1, 2000 amends and replaces a permanent rulemaking originally proposed to be effective August 2000;
Temporary Amendment Eff. January 1, 2001;
Temporary Amendment effective January 1, 2001 amends and replaces a permanent rulemaking originally proposed to be effective April 1, 2001;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. August 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective August 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Readopted Eff. January 1, 2022.

10A NCAC 14C .1604 SUPPORT SERVICES
10A NCAC 14C .1605 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. January 1, 1987;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. February 1, 1994;
Temporary Amendment Eff. February 2, 2001;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. August 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective
August 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Repealed Eff. February 1, 2016.

SECTION .1700 - CRITERIA AND STANDARDS FOR OPEN-HEART SURGERY SERVICES AND HEART-LUNG BYPASS MACHINES

10A NCAC 14C .1701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved heart-lung bypass machine" means a heart-lung bypass machine that was issued a certificate of need but is not being used as of the application deadline for the review period.
- (2) "Existing heart-lung bypass machine" means a heart-lung bypass machine that is being used as of the application deadline for the review period.
- (3) "Health service facility" shall have the same meaning as defined in G.S. 131E-176(9b).
- (4) "Heart-lung bypass machine" shall have the same meaning as defined in G.S. 131E-176(10a).
- (5) "Open-heart surgical procedure" means one visit by a patient to an operating room for open heart surgery services.
- (6) "Open-heart surgery services" shall have the same meaning as defined in G.S. 131E-176(18b).
- (7) "Proposed heart-lung bypass machine" means the heart-lung bypass machine proposed in the application under review.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. January 1, 1987;

Amended Eff. November 1, 1989;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. November 1, 1996; January 4, 1994;
Temporary Amendment Eff. January 1, 1999;
Temporary Eff. January 1, 1999 Expired on October 12, 1999;
Temporary Amendment Eff. January 1, 2000 and shall expire on the date on which the permanent amendment to this Rule, approved by the Rules Review Commission on November 17, 1999, becomes effective;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. March 1, 2010;
Amended Eff. January 1, 2013; November 1, 2010;
Readopted Eff. January 1, 2022.

10A NCAC 14C .1702 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. January 1, 1987;
Amended Eff. November 1, 1989;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. November 1, 1996; January 4, 1994;
Temporary Amendment January 1, 1999;
Temporary Eff. January 1, 1999 Expired on October 12, 1999;
Temporary Amendment Eff. January 1, 2000;
Temporary Amendment effective January 1, 2000 amends and replaces a permanent rulemaking originally proposed to be effective August 2000;
Amended Eff. January 1, 2013; April 1, 2001;
Repealed Eff. February 1, 2016.

10A NCAC 14C .1703 PERFORMANCE STANDARDS

- (a) A health service facility that proposes to develop a new open-heart surgery service shall:
- (1) provide the projected number of open-heart surgical procedures to be performed during each of the first three full fiscal years of operation following completion of the project;
 - (2) provide the assumptions and methodology used to project the utilization required by Subparagraph (a)(1) of this Paragraph; and
 - (3) project to perform 150 or more open-heart surgical procedures in the third full fiscal year of operation following completion of the project.
- (b) A health service facility that proposes to acquire a heart-lung bypass machine, excluding a heart-lung bypass machine proposed to be acquired pursuant to Policy AC-6 in the annual State Medical Facilities Plan in effect as of the first day of the review period, shall:
- (1) provide the number of existing heart-lung bypass machines owned or operated by the health service facility;
 - (2) provide the number of approved heart-lung bypass machines that will be owned or operated by the health service facility;
 - (3) provide projected utilization of the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine during each of the first three full fiscal years of operation following completion of the project;
 - (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (b)(3) of this Paragraph; and
 - (5) project that the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine will be used during the third full fiscal year of operation following completion of the project:
 - (A) to perform 200 or more open-heart surgical procedures per heart-lung bypass machine; or
 - (B) for 900 hours or more per heart-lung bypass machine, including time in use and time spent on standby, for all types of procedures.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. January 1, 1987;
Amended Eff. November 1, 1989;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. January 4, 1994;
Temporary Amendment January 1, 1999;
Temporary Eff. January 1, 1999 expired October 12, 1999;
Temporary Amendment Eff. January 1, 2000 and shall expire on the date the permanent amendment to this rule, approved by the Rules Review Commission on November 17, 1999, becomes effective;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2010;
Amended Eff. January 1, 2013; November 1, 2010;
Readopted Eff. February 1, 2022.

10A NCAC 14C .1704 SUPPORT SERVICES
10A NCAC 14C .1705 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. January 1, 1987;
Amended Eff. November 1, 1989;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. January 1, 2013; January 4, 1994;
Repealed Eff. February 1, 2016.

SECTION .1800 - CRITERIA AND STANDARDS FOR DIAGNOSTIC CENTERS

10A NCAC 14C .1801 PURPOSE AND SCOPE

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. March 16, 2017.

10A NCAC 14C .1802 DEFINITIONS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Repealed Eff. December 1, 2016.

10A NCAC 14C .1803 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;

Repealed Eff. February 1, 2016.

10A NCAC 14C .1804 PERFORMANCE STANDARDS

*History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. November 1, 1996;
Repealed Eff. March 16, 2017.*

10A NCAC 14C .1805 SUPPORT SERVICES 10A NCAC 14C .1806 STAFFING AND STAFF TRAINING

*History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. February 1, 2016.*

SECTION .1900 – CRITERIA AND STANDARDS FOR LINEAR ACCELERATORS

10A NCAC 14C .1901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved LINAC" means a linear accelerator (LINAC) that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (2) "Equivalent Simple Treatment Visit (ESTV)" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (3) "Existing LINAC" means a LINAC that is being used to provide services as of the application deadline for the review period.
- (4) "LINAC service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (5) "Linear accelerator (LINAC)" shall have the same meaning as defined in G.S. 131E-176(14g).
- (6) "Proposed LINAC" means the LINAC proposed in the application under review.

*History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Temporary Amendment January 1, 1999;
Temporary Amendment Eff. January 1, 1999 expired October 12, 1999;
Temporary Amendment Eff. January 1, 2000;
Temporary Amendment effective January 1, 2000 amends and replaces a permanent rulemaking originally proposed to be effective August 2000;
Amended Eff. April 1, 2001;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Readopted Eff. January 1, 2022.*

10A NCAC 14C .1902 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177; 131E-183; NC 2009 State Medical Facilities Plan, Chapter 9: Radiation Therapy Services – Linear Accelerator;

Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Temporary Amendment Eff. January 1, 1999;
Temporary Amendment Eff. January 1, 1999 Expired on October 12, 1999;
Temporary Amendment Eff. January 1, 2000;
Temporary Amendment effective January 1, 2000 amends and replaces a permanent rulemaking originally proposed to be effective August 2000;
Amended Eff. April 1, 2001;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Amendment Eff. February 1, 2009;
Amended Eff. November 1, 2009;
Temporary Amendment Eff. February 1, 2010;
Amended Eff. November 1, 2010;
Repealed Eff. February 1, 2016.

10A NCAC 14C .1903 PERFORMANCE STANDARDS

An applicant proposing to acquire a LINAC pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;
- (2) identify the approved LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;
- (3) provide projected utilization of the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used for the projected utilization required by Item (3) of this Rule;
- (5) project that the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC shall perform during the third full fiscal year of operation following completion of the project either:
 - (a) 6,750 or more ESTVs per LINAC; or
 - (b) serve 250 or more patients per LINAC.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996
Temporary Amendment Eff. January 1, 1999;
Temporary Amendment effective January 1, 1999 expired October 12, 1999;
Temporary Amended Eff. January 1, 2000;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006.
Temporary Amendment effective January 1, 2000 amends and replaces a permanent rulemaking originally proposed to be effective August 2000;
Amended Eff. April 1, 2001;
Temporary Amendment Eff. March 15, 2002; January 1, 2002; Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008;
Temporary Amendment Eff. February 1, 2009;
Amended Eff. November 1, 2009;
Readopted Eff. January 1, 2022.

10A NCAC 14C .1904 SUPPORT SERVICES

10A NCAC 14C .1905 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183; 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Temporary Amendment Eff. February 1, 2009;
Amended Eff. November 1, 2009;
Repealed Eff. February 1, 2016.

SECTION .2000 – CRITERIA AND STANDARDS FOR HOME HEALTH SERVICES

10A NCAC 14C .2001 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Home health agency" shall have the same meaning as defined in G.S. 131E-176(12).
- (2) "Service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. September 1, 1980;
Amended Eff. March 1, 1996; July 1, 1995; July 1, 1991; February 1, 1985; May 1, 1983;
Readopted Eff. January 1, 2023.

10A NCAC 14C .2002 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. March 1, 1996;
Temporary Amendment Eff. February 1, 2009;
Amended Eff. November 1, 2009;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2003 PERFORMANCE STANDARDS

An applicant proposing to develop a new Medicare-certified home health agency pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization for each of the first three full fiscal years of operation following completion of the project;
- (2) project to serve at least 325 residents of the proposed service area during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization required in Item (1) of this Rule.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. March 1, 1996;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. April 1, 2003;
Readopted Eff. January 1, 2023.

10A NCAC 14C .2004 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14C .2005 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. March 1, 1996;
Repealed Eff. February 1, 2016.

SECTION .2100 – CRITERIA AND STANDARDS FOR SURGICAL SERVICES AND OPERATING ROOMS

10A NCAC 14C .2101 DEFINITIONS

The following definitions apply to all rules in this Section:

- (1) "Approved operating rooms" means those operating rooms that were approved for a certificate of need by the CON Section prior to the date on which the applicant's proposed project was submitted to the CON Section, but that have not been licensed.
- (2) "Dedicated C-section operating room" means an operating room as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (3) "Existing operating rooms" means those operating rooms in ambulatory surgical facilities and hospitals that were reported in the Ambulatory Surgical Facility License Renewal Application Form or in the Hospital License Renewal Application Form submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation, and that were licensed prior to the beginning of the review period.
- (4) "Health System" shall have the same meaning as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (5) "Operating room" means a room as defined in G.S. 131E-176(18c).
- (6) "Operating Room Need Methodology" means the Methodology for Projecting Operating Room Need in Chapter 6 in the annual State Medical Facilities Plan.
- (7) "Service area" means the Operating Room Service Area as defined in Chapter 6 in the annual State Medical Facilities Plan.

*History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. November 1, 1990;
Amended Eff. March 1, 1993;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. January 4, 1994;
Temporary Amendment Eff. January 1, 1999;
Temporary Eff. January 1, 1999 Expired on October 12, 1999;
Temporary Amendment Eff. January 1, 2000;
Temporary Amendment effective January 1, 2000 amends and replaces a permanent rulemaking originally proposed to be effective August 2000;
Amended Eff. April 1, 2001;
Temporary Amendment Eff. January 1, 2002; July 1, 2001;
Amended Eff. August 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective August 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Rule Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008.
Temporary Amendment Eff. February 1, 2018;
Amended Eff. December 1, 2018;
Readopted Eff. January 1, 2021.*

10A NCAC 14C .2102 INFORMATION REQUIRED OF APPLICANT

*History Note: Authority G.S. 131E-177; 131E-183(b);
Eff. November 1, 1990;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;*

Amended Eff. January 4, 1994;
Temporary Amendment Eff. July 1, 2001;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. August 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective August 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008;
Temporary Amendment Eff. February 1, 2010;
Amended Eff. November 1, 2010;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2103 PERFORMANCE STANDARDS

(a) An applicant proposing to increase the number of operating rooms, excluding dedicated C-section operating rooms, in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the annual State Medical Facilities Plan in effect at the time the review began. The applicant is not required to use the population growth factor.

(b) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

History Note: Authority G.S. 131E-177; 131E-183(b);
Eff. November 1, 1990;
Amended Eff. March 1, 1993;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. January 4, 1994;
Temporary Amendment Eff. January 1, 2002; July 1, 2001;
Amended Eff. August 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective August 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Rule Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008;
Temporary Amendment Eff. February 1, 2009;
Amended Eff. November 1, 2009;
Temporary Amendment Eff. February 1, 2010;
Amended Eff. November 1, 2010;
Temporary Amendment Eff. February 1, 2018;
Amended Eff. December 1, 2018;
Readopted Eff. January 1, 2021.

10A NCAC 14C .2104 SUPPORT SERVICES

10A NCAC 14C .2105 STAFFING AND STAFF TRAINING

10A NCAC 14C .2106 FACILITY

History Note: Authority G.S. 131E-177; 131E-183(b);
Eff. November 1, 1990;
Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;

Amended Eff. January 4, 1994;
Temporary Amendment Eff. July 1, 2001;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. August 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective August 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008;
Temporary Amendment Eff. February 1, 2010;
Amended Eff. November 1, 2010;
Repealed Eff. February 1, 2016.

SECTION .2200 – CRITERIA AND STANDARDS FOR END-STAGE RENAL DISEASE SERVICES

10A NCAC 14C .2201 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Dialysis" means the artificially aided process of transferring body wastes from a person's blood to a dialysis fluid to permit discharge of the wastes from the body.
- (2) "Dialysis facility" means a kidney disease treatment center as defined in G.S. 131E-176(14e).
- (3) "Dialysis station" means the treatment area in a dialysis facility used to accommodate the equipment and supplies needed to perform hemodialysis on a single patient.
- (4) "Hemodialysis" means the form of dialysis in which the blood is circulated outside the body through equipment that permits transfer of waste through synthetic membranes.
- (5) "Home hemodialysis" means hemodialysis performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the hemodialysis.
- (6) "In-center hemodialysis" means hemodialysis performed in a dialysis facility.
- (7) "Peritoneal dialysis" means the form of dialysis in which a dialysis fluid is introduced into the person's peritoneal cavity and is subsequently withdrawn. This form of dialysis is performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the peritoneal dialysis.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. September 1, 1980;
Amended Eff. November 1, 1989; November 1, 1983;
Readopted Eff. January 1, 2021.

10A NCAC 14C .2202 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. March 1, 1989;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. August 1, 2004;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Amendment Eff. February 1, 2010;
Amended Eff. November 1, 2010;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2203 PERFORMANCE STANDARDS

(a) An applicant proposing to establish a new dialysis facility for in-center hemodialysis services shall document the need for at least 10 dialysis stations based on utilization of 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the facility. An applicant may document the need for fewer than 10 stations if the application is submitted in response to an adjusted need determination in the State Medical Facilities Plan for fewer than 10 stations.

(b) An applicant proposing to increase the number of in-center dialysis stations in:

- (1) an existing dialysis facility; or
- (2) a dialysis facility that is not operational as of the date the certificate of need application is submitted but has been issued a certificate of need

shall document the need for the total number of dialysis stations in the facility based on 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the additional stations.

(c) An applicant proposing to establish a new dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the facility.

(d) An applicant proposing to increase the number of home hemodialysis stations in a dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the additional stations.

(e) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2003; January 1, 2002;
Eff. April 1, 2003;
Amended Eff. August 1, 2004;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Temporary Amendment Eff. February 1, 2010;
Amended Eff. November 1, 2010;
Temporary Amendment Eff. February 1, 2020;
Readopted Eff. January 1, 2021.

10A NCAC 14C .2204 SCOPE OF SERVICES
10A NCAC 14C .2205 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. March 1, 1989;
Repealed Eff. February 1, 2016.

SECTION .2300 – CRITERIA AND STANDARDS FOR COMPUTED TOMOGRAPHY EQUIPMENT

10A NCAC 14C .2301 DEFINITIONS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1994;
Amended Eff. February 1, 2008;
Repealed Eff. January 1, 2022.

10A NCAC 14C .2302 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1994;
Amended Eff. February 1, 2008;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2303 PERFORMANCE STANDARDS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1994;
Amended Eff. February 1, 2008;
Repealed Eff. January 1, 2022.

10A NCAC 14C .2304 SUPPORT SERVICES **10A NCAC 14C .2305 STAFFING AND STAFF TRAINING**

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1994;
Amended Eff. February 1, 2008;
Repealed Eff. February 1, 2016.

SECTION .2400 – CRITERIA AND STANDARDS FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

10A NCAC 14C .2401 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Catchment area" means as defined in G.S. 122C-3(4).
- (2) "Intermediate care facility for individuals with intellectual disabilities" means as defined in G.S. 131E-176(14a).

History Note: Authority G.S. 131E-177(1); 131E-177(5); 131E-183;
Eff. December 1, 1981;
Amended Eff. November 1, 1996; September 1, 1989;
Readopted Eff. January 1, 2022.

10A NCAC 14C .2402 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1), (5); 131E-183;
Eff. December 1, 1996;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2403 PERFORMANCE STANDARDS

- (a) An applicant proposing to add intermediate care facility for individuals with intellectual disabilities (ICF/IID) beds to an existing facility shall not be approved unless the average occupancy, over the six months immediately preceding the submittal of the application, of the total number of ICF/IID beds within the facility in which the new beds are to be operated was at least 90 percent.
- (b) An applicant proposing to establish new ICF/IID beds shall not be approved unless occupancy is projected to be at least 90 percent for the total number of ICF/IID beds proposed to be operated in the entire facility, no later than one year following the completion of the proposed project.
- (c) An applicant proposing to establish new ICF/IID beds shall comply with one of the following models:
 - (1) a residential community based freestanding facility with six beds or less, i.e., group home model;
or
 - (2) a community-based facility with 7 to 15 beds if documentation is provided that a facility of this size is necessary because adequate residential community based freestanding facilities are not available in the Area Authority catchment area to meet the needs of the population to be served.
- (d) No more than three ICF/IID facilities housing a combined total of 18 persons shall be developed on contiguous pieces of property.

History Note: Authority G.S. 131E-177(1); 131E-177(5); 131E-183;
Eff. November 1, 1996;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. August 1, 2004;
Readopted Eff. January 1, 2022.

10A NCAC 14C .2404 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14C .2405 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1), (5); 131E-183;
Eff. December 1, 1996;
Repealed Eff. February 1, 2016.

**SECTION .2500 – CRITERIA AND STANDARDS FOR SUBSTANCE USE DISORDER (CHEMICAL
DEPENDENCY TREATMENT) BEDS**

10A NCAC 14C .2501 DEFINITIONS

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. March 1, 1983;
Amended Eff. November 1, 1996; October 1, 1984.
Temporary Amendment Eff. January 1, 2001;
Amended Eff. August 1, 2002;
Repealed Eff. January 1, 2022.

10A NCAC 14C .2502 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. December 1, 1996;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2503 PERFORMANCE STANDARDS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. November 1, 1996;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. January 1, 2007;
Repealed Eff. January 1, 2022.

10A NCAC 14C .2504 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14C .2505 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. December 1, 1996;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Repealed Eff. February 1, 2016.

SECTION .2600 – CRITERIA AND STANDARDS FOR PSYCHIATRIC BEDS

10A NCAC 14C .2601 DEFINITIONS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. May 1, 1983;
Amended Eff. August 1, 2009; November 1, 1989;
Repealed Eff. January 1, 2022.

10A NCAC 14C .2602 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. December 1, 1996;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. August 1, 2009; November 1, 2006;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2603 PERFORMANCE STANDARDS

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. November 1, 1996;
Repealed Eff. January 1, 2022.

10A NCAC 14C .2604 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14C .2605 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Eff. May 1, 1983;
Amended Eff. November 1, 1989;
Repealed Eff. February 1, 2016.

SECTION .2700 - CRITERIA AND STANDARDS FOR MAGNETIC RESONANCE IMAGING SCANNER

10A NCAC 14C .2701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Adjusted MRI procedure" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (2) "Approved MRI scanner" means a magnetic resonance imaging (MRI) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (3) "Existing MRI scanner" means an MRI scanner that is being used to provide services as of the application deadline for the review period.
- (4) "Fixed MRI scanner" means an MRI scanner that is not a mobile MRI scanner.
- (5) "Fixed MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (6) "Host site" means the location where the mobile MRI scanner provides services.
- (7) "Magnetic resonance imaging (MRI) scanner" shall have the same meaning as defined in G.S. 131E-176(14m).
- (8) "Mobile MRI scanner" means an MRI scanner that is moved weekly to provide services at two or more host sites.
- (9) "Mobile MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (10) "Proposed MRI scanner" means the MRI scanner proposed in the application under review.

History Note: Authority G.S. 131E-177(1); 131E-183(b);

Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1994;
Temporary Amendment Eff. January 1, 1999;
Temporary Amendment Eff. January 1, 1999 Expired on October 12, 1999;
Temporary Amendment Eff. January 1, 2000;
Temporary Amendment effective January 1, 2000 amends and replaces a permanent rulemaking originally proposed to be effective August 2000;
Temporary Amendment Eff. January 1, 2001;
Temporary Amendment effective January 1, 2001 amends and replaces a permanent rulemaking originally proposed to be effective April 1, 2001;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. August 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective August 1, 2002;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. August 1, 2004; April 1, 2003;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008;
Temporary Amendment Eff. February 1, 2009;
Amended Eff. November 1, 2009;
Temporary Amendment Eff. February 1, 2010;
Amended Eff. November 1, 2010;
Readopted Eff. January 1, 2022.

10A NCAC 14C .2702 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1994;
Temporary Amendment Eff. January 1, 2003; January 1, 2002;
Amended Eff. August 1, 2004; April 1, 2003;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2703 PERFORMANCE STANDARDS

(a) An applicant proposing to acquire a fixed MRI scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;
- (2) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;
- (3) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed fixed MRI scanner service area during the 12 months before the application deadline for the review period;

- (4) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed fixed MRI scanner service area;
 - (5) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed MRI scanner during each of the first three full fiscal years of operation following completion of the project;
 - (6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph;
 - (7) project that the fixed MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed MRI scanner shall perform during the third full fiscal year of operation following completion of the project as follows:
 - (A) 3,494 or more adjusted MRI procedures per fixed MRI scanner if there are two or more fixed MRI scanners in the fixed MRI scanner service area;
 - (B) 3,058 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or
 - (C) 1,310 or more adjusted MRI procedures per MRI scanner if there are no existing fixed MRI scanners in the fixed MRI scanner service area; and
 - (8) project that the mobile MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform 3,120 or more adjusted MRI procedures per mobile MRI scanner during the third full fiscal year of operation following completion of the project.
- (b) An applicant proposing to acquire a mobile MRI scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed mobile MRI scanner service area during the 12 months before the application deadline for the review period;
 - (2) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed mobile MRI scanner service area;
 - (3) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity that are located in the proposed mobile MRI scanner service area;
 - (4) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity that will be located in the proposed mobile MRI scanner service area;
 - (5) identify the existing and proposed host sites for each mobile MRI scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner;
 - (6) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile MRI scanner during each of the first three full fiscal years of operation following completion of the project;
 - (7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph;
 - (8) project that the mobile MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner shall perform 3,120 or more adjusted MRI procedures per MRI scanner during the third full fiscal year of operation following completion of the project; and
 - (9) project that the fixed MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform during the third full fiscal year of operation following completion of the project as follows:
 - (A) 3,494 or more adjusted MRI procedures per fixed MRI scanner if there are two or more fixed MRI scanners in the fixed MRI scanner service area;
 - (B) 3,058 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or
 - (C) 1,310 or more adjusted MRI procedures per MRI scanner if there are no fixed MRI scanners in the fixed MRI scanner service area.

*History Note: Authority G.S. 131E-177(1); 131E-183(b);
 Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
 Eff. February 1, 1994;*

Temporary Amendment Eff. January 1, 1999;
Temporary Amendment Eff. January 1, 1999 Expired on October 12, 1999;
Temporary Amendment Eff. January 1, 2000;
Temporary Amendment effective January 1, 2000 amends and replaces a permanent rulemaking originally proposed to be effective August 2000;
Temporary Amendment Eff. January 1, 2001;
Temporary Amendment effective January 1, 2001 amends and replaces a permanent rulemaking originally proposed to be effective April 1, 2001;
Temporary Amendment Eff. January 1, 2002;
Temporary Amendment Eff. January 1, 2002 amends and replaces the permanent rule effective, August 1, 2002;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. August 1, 2004; April 1, 2003;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008;
Readopted Eff. January 1, 2022;
Temporary Amendment Eff. January 27, 2023;
Amended Eff. January 1, 2024.

10A NCAC 14C .2704 SUPPORT SERVICES
10A NCAC 14C .2705 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1994;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Repealed Eff. February 1, 2016.

SECTION .2800 - CRITERIA AND STANDARDS FOR REHABILITATION SERVICES

10A NCAC 14C .2801 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Approved rehabilitation beds" means rehabilitation beds that were issued a certificate of need but are not licensed as rehabilitation beds as of the application deadline for the review period.
- (2) "Average daily census (ADC)" means the total number of inpatient rehabilitation days of care provided during a full fiscal year of operation divided by 365 days.
- (3) "Existing rehabilitation beds" means rehabilitation beds that are licensed as rehabilitation beds as of the application deadline for the review period.
- (4) "Occupancy rate" means the ADC divided by the total number of existing, approved, and proposed rehabilitation beds expressed as a percentage.
- (5) "Proposed rehabilitation beds" means the rehabilitation beds proposed in the application under review.

History Note: Authority G.S. 131E-177; 131E-183(b);
Eff. May 1, 1991;
Amended Eff. February 1, 1993;

Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Readopted Eff. January 1, 2023.

10A NCAC 14C .2802 INFORMATION REQUIRED BY APPLICANT

History Note: Authority G.S. 131E-177; 131E-183(b);
Eff. May 1, 1991;
Amended Eff. November 1, 1996;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2803 PERFORMANCE STANDARDS

An applicant proposing to develop rehabilitation beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of all existing, approved, and proposed rehabilitation beds on the hospital license during each of the first three full fiscal years of operation following completion of the project;
- (2) project that the occupancy rate for all existing, approved, and proposed rehabilitation beds on the hospital license shall be at least 70 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required in Items (1) and (2) of this Rule.

History Note: Authority G.S. 131E-177; 131E-183(b);
Eff. November 1, 1996;
Readopted Eff. January 1, 2023.

10A NCAC 14C .2804 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14C .2805 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183;
Eff. May 1, 1991;
Amended Eff. November 1, 1996;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2806 QUALITY OF SERVICES

History Note: Authority G.S. 131E-177; 131E-183(b);
Eff. May 1, 1991;
Temporary Repeal Eff. February 1, 2006;
Repealed Eff. November 1, 2006.

SECTION .2900 - CRITERIA AND STANDARDS FOR BONE MARROW TRANSPLANTATION SERVICES

10A NCAC 14C .2901 DEFINITIONS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .2902 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183(b);

Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. February 1, 2016.

10A NCAC 14C .2903 PERFORMANCE STANDARDS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .2904 SUPPORT SERVICES
10A NCAC 14C .2905 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. February 1, 2016.

SECTION .3000 - CRITERIA AND STANDARDS FOR SOLID ORGAN TRANSPLANTATION SERVICES

- 10A NCAC 14C .3001 DEFINITIONS**
- 10A NCAC 14C .3002 INFORMATION REQUIRED OF APPLICANT**
- 10A NCAC 14C .3003 SUPPORT SERVICES**
- 10A NCAC 14C .3004 ADDITIONAL REQUIREMENTS FOR HEART, HEART/LUNG OR LUNG TRANSPLANTATION SERVICES**
- 10A NCAC 14C .3005 ADDITIONAL REQUIREMENTS FOR LIVER TRANSPLANTATION SERVICES**
- 10A NCAC 14C .3006 ADDITIONAL REQUIREMENTS FOR PANCREAS TRANSPLANTATION SERVICES**
- 10A NCAC 14C .3007 ADDITIONAL REQUIREMENTS FOR KIDNEY TRANSPLANTATION SERVICES**
- 10A NCAC 14C .3008 STAFFING AND STAFF TRAINING**
- 10A NCAC 14C .3009 ACCESSIBILITY**

History Note: Authority G.S. 131E-177(1); 131E-183; 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Repealed Eff. February 1, 2016.

SECTION .3100 - CRITERIA AND STANDARDS FOR MAJOR MEDICAL EQUIPMENT

- 10A NCAC 14C .3101 PURPOSE AND SCOPE**
- 10A NCAC 14C .3102 DEFINITIONS**

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. March 16, 2017.

10A NCAC 14C .3103 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. January 1, 1997; November 1, 1996;
Repealed Eff. February 1, 2016.

10A NCAC 14C .3104 NEED FOR SERVICES

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. March 16, 2017.

10A NCAC 14C .3105 SUPPORT SERVICES

10A NCAC 14C .3106 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. February 1, 2016.

SECTION .3200 - CRITERIA AND STANDARDS FOR LITHOTRIPTOR EQUIPMENT

10A NCAC 14C .3201 DEFINITIONS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. October 1, 2016.

10A NCAC 14C .3202 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. February 1, 2016.

10A NCAC 14C .3203 PERFORMANCE STANDARDS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. October 1, 2016.

10A NCAC 14C .3204 SUPPORT SERVICES

10A NCAC 14C .3205 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Repealed Eff. February 1, 2016.

SECTION .3300 - CRITERIA AND STANDARDS FOR AIR AMBULANCE

10A NCAC 14C .3301 DEFINITIONS

10A NCAC 14C .3302 INFORMATION REQUIRED OF APPLICANT

10A NCAC 14C .3303 PERFORMANCE STANDARDS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1994;
Temporary Amendment Eff. May 15, 2002;
Amended Eff. April 1, 2007; April 1, 2005; April 1, 2003;
Repealed Eff. January 1, 2013.

10A NCAC 14C .3304 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14C .3305 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1994;
Temporary Amendment Eff. May 15, 2002;
Amended Eff. April 1, 2003;
Repealed Eff. January 1, 2013.

SECTION .3400 - CRITERIA AND STANDARDS FOR BURN INTENSIVE CARE SERVICES

10A NCAC 14C .3401 DEFINITIONS

History Note: Authority G.S. 131E-177(1); 131E-183;
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Amended Eff. November 1, 1996;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .3402 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. February 1, 2016.

10A NCAC 14C .3403 PERFORMANCE STANDARDS

History Note: Authority G.S. 131E-177(1); 131E-183(b);

Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .3404 SUPPORT SERVICES
10A NCAC 14C .3405 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. February 1, 2016.

SECTION .3500 - CRITERIA AND STANDARDS FOR ONCOLOGY TREATMENT CENTERS

10A NCAC 14C .3501 DEFINITIONS
10A NCAC 14C .3502 INFORMATION REQUIRED OF APPLICANT

History Note: Filed as a Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Authority G.S. 131E-177(1); 131E-183(b);
Eff. January 4, 1994;
Temporary Repeal Eff. February 1, 2006;
Repealed Eff. November 1, 2006.

10A NCAC 14C .3503 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14C .3504 SUPPORT SERVICES
10A NCAC 14C .3505 STAFFING AND STAFF TRAINING

History Note: Filed as a Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Authority G.S. 131E-177(1); 131E-183(b);
Eff. January 4, 1994;
Temporary Repeal Eff. February 1, 2006;
Repealed Eff. November 1, 2006.

SECTION .3600 - CRITERIA AND STANDARDS FOR GAMMA KNIFE

10A NCAC 14C .3601 DEFINITIONS

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.

10A NCAC 14C .3602 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. February 1, 2016.

10A NCAC 14C .3603 PERFORMANCE STANDARDS

*History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. August 1, 2004;
Expired Eff. February 1, 2019 pursuant to G.S. 150B-21.3A.*

10A NCAC 14C .3604 SUPPORT SERVICES

10A NCAC 14C .3605 STAFFING AND STAFF TRAINING

*History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Repealed Eff. February 1, 2016.*

SECTION .3700 - CRITERIA AND STANDARDS FOR POSITRON EMISSION TOMOGRAPHY SCANNER

10A NCAC 14C .3701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved PET scanner" means a positron emission tomography (PET) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (2) "Existing PET scanner" means a PET scanner that is being used to provide services as of the application deadline for the review period.
- (3) "Fixed PET scanner" means a PET scanner that is not mobile.
- (4) "Fixed PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (5) "Host site" means the location where the mobile PET scanner provides services.
- (6) "Mobile PET scanner" means a PET scanner that is moved weekly to provide services at two or more host sites.
- (7) "Mobile PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (8) "Positron emission tomography scanner" shall have the same meaning as defined in G.S. 131E-176(19a).
- (9) "Proposed PET scanner" means the PET scanner proposed in the application under review.

*History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Temporary Amendment Eff. January 1, 2001;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. August 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective August 1, 2002;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. August 1, 2004; April 1, 2003;
Readopted Eff. January 1, 2022.*

10A NCAC 14C .3702 INFORMATION REQUIRED OF APPLICANT

*History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Temporary Amendment Eff. January 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces a permanent rulemaking originally proposed to be effective August 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008;
Repealed Eff. February 1, 2016.*

10A NCAC 14C .3703 PERFORMANCE STANDARDS

(a) An applicant proposing to acquire a fixed PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
- (2) identify the approved fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
- (3) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed fixed PET scanner service area during the 12 months before the application deadline for the review period;
- (4) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed fixed PET scanner service area;
- (5) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner during each of the first three full fiscal years of operation following completion of the project;
- (6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph; and
- (7) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.

(b) An applicant proposing to acquire a mobile PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed mobile PET scanner service area during the 12 months before the application deadline for the review period;
- (2) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed mobile PET scanner service area during the first three full fiscal years following completion of the project;
- (3) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
- (4) identify the approved fixed PET scanners owned and operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
- (5) identify the existing and proposed host sites for each mobile PET scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile PET scanner;
- (6) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner during each of the first three full fiscal years of operation following completion of the project;
- (7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph; and

- (8) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Temporary Amendment Eff. January 1, 2002; January 1, 2001;
Amended Eff. August 1, 2002;
Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective August 1, 2002;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. August 1, 2004; April 1, 2003;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Readopted Eff. January 1, 2022.

10A NCAC 14C .3704 SUPPORT SERVICES
10A NCAC 14C .3705 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. September 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. January 4, 1994;
Temporary Amendment Eff. January 1, 2002;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. February 1, 2006;
Amended Eff. November 1, 2006;
Repealed Eff. February 1, 2016.

SECTION .3800 - CRITERIA AND STANDARDS FOR ACUTE CARE HOSPITAL BEDS

10A NCAC 14C .3801 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Applicant hospital" means the hospital where the applicant proposes to develop the new acute care beds and includes all campuses on one license.
- (2) "Approved beds" means acute care beds in a hospital that were issued a certificate of need but are not licensed as of the application deadline for the review period.
- (3) "Average daily census (ADC)" means the total number of acute care days of care provided during a full fiscal year of operation divided by 365 days.
- (4) "Existing beds" means acute care beds in a hospital that are licensed as of the application deadline for the review period.
- (5) "Hospital system" means all hospitals in the proposed service area owned or operated by the applicant or a related entity.
- (6) "Occupancy rate" means the ADC divided by the total number of existing, approved, and proposed acute care hospital beds expressed as a percentage.
- (7) "Proposed beds" means the acute care beds proposed to be developed in a hospital in the application under review.
- (8) "Qualified applicant" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (9) "Service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2004;
Eff. August 1, 2004;
Readopted Eff. January 1, 2023.

10A NCAC 14C .3802 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Temporary Adoption Eff. January 1, 2004;
Eff. August 1, 2004;
Temporary Amendment Eff. January 1, 2005;
Amended Eff. November 1, 2005;
Repealed Eff. February 1, 2016.

10A NCAC 14C .3803 PERFORMANCE STANDARDS

An applicant proposing to develop new acute care beds in a hospital pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) document that it is a qualified applicant;
- (2) provide projected utilization of the existing, approved, and proposed acute care beds for the applicant hospital during each of the first three full fiscal years of operation following completion of the project;
- (3) project an occupancy rate of the existing, approved, and proposed acute care beds for the applicant hospital during the third full fiscal year of operation following completion of the project that equals or exceeds the target occupancy percentage;
- (4) provide projected utilization of the existing, approved, and proposed acute care beds for the hospital system during each of the first three full fiscal years of operation following completion of the project;
- (5) project an average occupancy rate of the existing, approved, and proposed acute care beds for the hospital system during the third full fiscal year of operation following completion of the project that equals or exceeds the target occupancy percentage of:
 - (a) 66.7 percent if the ADC is less than 100;
 - (b) 71.4 percent if the ADC is 100 to 200;
 - (c) 75.2 percent if the ADC is 201 to 399; or
 - (d) 78.0 percent if the ADC is greater than 400; and
- (6) provide the assumptions and methodology used to project the utilization and occupancy rates required in Items (2), (3), (4), and (5) of this Rule.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2004;
Eff. August 1, 2004;
Readopted Eff. January 1, 2023.

10A NCAC 14C .3804 SUPPORT SERVICES

10A NCAC 14C .3805 STAFFING AND STAFF TRAINING

History Note: Authority G.S. 131E-177(1); 131E-183;
Temporary Adoption Eff. January 1, 2004;
Eff. August 1, 2004;
Repealed Eff. February 1, 2016.

SECTION .3900 - CRITERIA AND STANDARDS FOR GASTROINTESTINAL ENDOSCOPY PROCEDURE ROOMS IN LICENSED HEALTH SERVICE FACILITIES

10A NCAC 14C .3901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved gastrointestinal (GI) endoscopy rooms" means GI endoscopy rooms that were approved for a certificate of need by the CON Section prior to the date the application was submitted but that are not licensed as of the date the application is submitted.
- (2) "Existing GI endoscopy rooms" means GI endoscopy rooms that were licensed prior to the beginning of the review period.
- (3) "GI endoscopy procedure" means each upper endoscopy, esophagoscopy, or colonoscopy procedure performed on a patient during a single visit to the licensed health service facility.
- (4) "Licensed health service facility" means either a hospital as defined in G.S. 131E-176(13) or an ambulatory surgical facility as defined in G.S. 131E-176(1b).
- (5) "New GI endoscopy room" means a GI endoscopy room that is not included in the inventory of GI endoscopy rooms in the State Medical Facilities Plan as of the date the application is submitted.
- (6) "Service area" means the county where the proposed GI endoscopy room will be developed.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. February 1, 2006;
Eff. November 1, 2006;
Readopted Eff. January 1, 2021.

10A NCAC 14C .3902 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177; 131E-183(b);
Temporary Adoption Eff. February 1, 2006;
Eff. November 1, 2006;
Repealed Eff. February 1, 2016.

10A NCAC 14C .3903 PERFORMANCE STANDARDS

An applicant proposing to develop a new GI endoscopy room in a licensed health service facility shall:

- (1) identify the proposed service area;
- (2) identify all existing and approved GI endoscopy rooms owned or operated by the applicant or a related entity located in the proposed service area;
- (3) provide projected utilization for each of the first three full fiscal years of operation following completion of the project for all GI endoscopy rooms identified in Item (2) of this Rule;
- (4) project to perform an average of at least 1,500 GI endoscopy procedures per GI endoscopy room during the third full fiscal year of operation following completion of the project in the GI endoscopy rooms identified in Item (2) of this Rule; and
- (5) provide the assumptions and methodology used to project the utilization required by this Rule.

History Note: Authority G.S. 131E-177; 131E-183(b);
Temporary Adoption Eff. February 1, 2006;
Eff. November 1, 2006;
Readopted Eff. January 1, 2021.

10A NCAC 14C .3904 SUPPORT SERVICES

10A NCAC 14C .3905 STAFFING AND STAFF TRAINING

10A NCAC 14C .3906 FACILITY

History Note: Authority G.S. 131E-177; 131E-183(b);
Temporary Adoption Eff. February 1, 2006;
Eff. November 1, 2006;
Repealed Eff. February 1, 2016.

SECTION .4000 - CRITERIA AND STANDARDS FOR HOSPICE INPATIENT FACILITIES AND HOSPICE RESIDENTIAL CARE FACILITIES

10A NCAC 14C .4001 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Approved beds" means hospice inpatient facility or hospice residential care facility beds that were issued a certificate of need but are not licensed as of the application deadline for the review period.
- (2) "Average daily census (ADC)" means the total number of days of care provided in the hospice inpatient facility or hospice residential care facility beds during a full fiscal year of operation divided by 365 days.
- (3) "Existing beds" means hospice inpatient facility or hospice residential care facility beds that are licensed as of the application deadline for the review period.
- (4) "Hospice inpatient facility beds" means inpatient beds in a facility licensed in accordance with the rules in Subchapter 10A NCAC 13K which are hereby incorporated by reference including subsequent amendments.
- (5) "Hospice residential care facility beds" means group residential care beds in a facility licensed in accordance with the rules in Subchapter 10A NCAC 13K.
- (6) "Occupancy rate" means the ADC divided by the total number of existing, approved, and proposed hospice inpatient facility or hospice residential care facility beds expressed as a percentage.
- (7) "Proposed beds" means the hospice inpatient facility or hospice residential care facility beds proposed in the application under review.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. February 1, 2006;
Eff. November 1, 2006;
Readopted Eff. January 1, 2023.

10A NCAC 14C .4002 INFORMATION REQUIRED OF APPLICANT

History Note: Authority G.S. 131E-177(1); 131E-183;
Temporary Adoption Eff. February 1, 2006;
Eff. November 1, 2006;
Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008;
Repealed Eff. February 1, 2016.

10A NCAC 14C .4003 PERFORMANCE STANDARDS

- (a) An applicant proposing to develop new hospice inpatient facility beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) provide projected utilization of all existing, approved, and proposed hospice inpatient facility beds on the license during each of the first three full fiscal years of operation following completion of the project;
 - (2) project that the occupancy rate for all existing, approved, and proposed hospice inpatient facility beds on the license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.
- (b) An applicant proposing to develop new hospice residential care facility beds shall:
- (1) provide projected utilization of all existing, approved, and proposed hospice residential care facility beds on the license during each of the first three full fiscal years of operation following completion of the project;
 - (2) project that the occupancy rate for all existing, approved, and proposed hospice residential care facility beds on the license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

History Note: Authority G.S. 131E-177(1); 131E-183(b);
Temporary Adoption Eff. February 1, 2006;
Eff. November 1, 2006;

*Temporary Amendment Eff. February 1, 2008;
Amended Eff. November 1, 2008;
Readopted Eff. January 1, 2023.*

10A NCAC 14C .4004 SUPPORT SERVICES
10A NCAC 14C .4005 STAFFING AND STAFF TRAINING

*History Note: Authority G.S. 131E-177(1); 131E-183;
Temporary Adoption Eff. February 1, 2006;
Eff. November 1, 2006;
Repealed Eff. February 1, 2016.*

10A NCAC 14C .4006 FACILITY

*History Note: Authority G.S. 131E-177(1); 131E-183;
Temporary Adoption Eff. February 1, 2008;
Eff. November 1, 2008;
Repealed Eff. February 1, 2016.*

SUBCHAPTER 14D - OVERNIGHT RESPITE IN CERTIFIED ADULT DAY CARE PROGRAMS

SECTION .0100 – SCOPE AND DEFINITIONS

10A NCAC 14D .0101 SCOPE

*History Note: Authority S.L. 2011-104; S.L. 2015-52;
Temporary Adoption Eff. January 1, 2012;
Eff. October 1, 2012;
Repealed Eff. November 1, 2015.*

SUBCHAPTER 14D - OVERNIGHT RESPITE IN CERTIFIED ADULT DAY CARE PROGRAMS

SECTION .0100 – SCOPE AND DEFINITIONS

10A NCAC 14D .0102 DEFINITIONS

*History Note: Authority S.L. 2011-104; S.L. 2015-52;
Temporary Adoption Eff. January 1, 2012;
Eff. October 1, 2012;
Repealed Eff. July 1, 2017.*

SECTION .0200 – PHYSICAL PLANT RULES

**10A NCAC 14D .0201 SUBMISSION OF INFORMATION TO THE DIVISION OF HEALTH SERVICE
REGULATION CONSTRUCTION SECTION**

- 10A NCAC 14D .0202 CAPACITY**
- 10A NCAC 14D .0203 DESIGN AND CONSTRUCTION**
- 10A NCAC 14D .0204 LOCATION**
- 10A NCAC 14D .0205 LIVING ARRANGEMENT**
- 10A NCAC 14D .0206 LIVING ROOM**
- 10A NCAC 14D .0207 DINING ROOM**
- 10A NCAC 14D .0208 KITCHEN**
- 10A NCAC 14D .0209 BEDROOMS**
- 10A NCAC 14D .0210 BATHROOM**
- 10A NCAC 14D .0211 STORAGE AREAS**

10A NCAC 14D .0212 **CORRIDOR**
10A NCAC 14D .0213 **OUTSIDE ENTRANCE AND EXITS**
10A NCAC 14D .0214 **LAUNDRY ROOM**
10A NCAC 14D .0215 **FLOORS**
10A NCAC 14D .0216 **HOUSEKEEPING AND FURNISHINGS**
10A NCAC 14D .0217 **FIRE SAFETY AND DISASTER PLAN**
10A NCAC 14D .0218 **BUILDING SERVICE EQUIPMENT**
10A NCAC 14D .0219 **OUTSIDE PREMISES**

History Note: *Authority S.L. 2011-104; S.L. 2015-52;*
Temporary Adoption Eff. January 1, 2012;
Eff. October 1, 2012;
Repealed Eff. July 1, 2017.

SECTION .0300 - PROGRAM MANAGEMENT

10A NCAC 14D .0301 **PLANNING PROGRAM ACTIVITIES**
10A NCAC 14D .0302 **ADMINISTRATOR**
10A NCAC 14D .0303 **SUPERVISOR IN CHARGE**

History Note: *Authority S.L. 2011-104; S.L. 2015-52;*
Temporary Adoption Eff. January 1, 2012;
Eff. October 1, 2012;
Repealed Eff. July 1, 2017.

SECTION .0400 – ENROLLMENT TO OVERNIGHT RESPITE SERVICES

10A NCAC 14D .0401 **ENROLLMENT OF RESIDENTS**
10A NCAC 14D .0402 **PLANNING SERVICES FOR INDIVIDUAL RESIDENTS**

History Note: *Authority S.L. 2011-104; S.L. 2015-52;*
Temporary Adoption Eff. January 1, 2012;
Eff. October 1, 2012;
Repealed Eff. July 1, 2017.

SECTION .0500 – STAFFING

10A NCAC 14D .0501 **STAFFING**
10A NCAC 14D .0502 **STAFF**

History Note: *Authority S.L. 2011-104; S.L. 2015-52;*
Temporary Adoption Eff. January 1, 2012;
Eff. October 1, 2012;
Repealed Eff. July 1, 2017.

SECTION .0600 - MEDICATION ADMINISTRATION

10A NCAC 14D .0601 **MEDICATION ADMINISTRATION**
10A NCAC 14D .0602 **MEDICATION ADMINISTRATION COMPETENCY EVALUATION**
10A NCAC 14D .0603 **MEDICATION ADMINISTRATION POLICIES AND PROCEDURES**

History Note: *Authority S.L. 2011-104; S.L. 2015-52;*
Temporary Adoption Eff. January 1, 2012;
Eff. October 1, 2012;
Repealed Eff. July 1, 2017.

SECTION .0700 – NUTRITION AND FOOD SERVICE

10A NCAC 14D .0701	FOOD PROCUREMENT AND SAFETY
10A NCAC 14D .0702	FOOD PREPARATION AND SERVICE
10A NCAC 14D .0703	MENUS
10A NCAC 14D .0704	FOOD REQUIREMENTS
10A NCAC 14D .0705	THERAPEUTIC DIETS
10A NCAC 14D .0706	FEEDING ASSISTANCE
10A NCAC 14D .0707	ACCOMMODATION OF RESIDENT NEEDS AND PREFERENCES

History Note: Authority S.L. 2011-104; S.L. 2015-52;
Temporary Adoption Eff. January 1, 2012;
Eff. October 1, 2012;
Repealed Eff. July 1, 2017.

SECTION .0800 - PROGRAM ACTIVITIES

10A NCAC 14D .0801 ACTIVITIES PROGRAM

History Note: Authority S.L. 2011-104; S.L. 2015-52;
Temporary Adoption Eff. January 1, 2012;
Eff. October 1, 2012;
Repealed Eff. July 1, 2017.

SUBCHAPTER 14E - LICENSURE OF SUITABLE FACILITIES FOR THE PERFORMANCE OF SURGICAL ABORTIONS

SECTION .0100 – LICENSURE PROCEDURE

10A NCAC 14E .0101 DEFINITIONS

The following definitions will apply throughout this Subchapter:

- (1) "Abortion" means the termination of a pregnancy as defined in G.S 90-21.81(1c).
- (2) "Clinic" means a freestanding facility neither physically attached nor operated by a licensed hospital for the performance of abortions completed during the first 12 weeks of pregnancy.
- (3) "Division" means the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.
- (4) "Gestational age" means the length of pregnancy as indicated by the date of the first day of the last normal monthly menstrual period, if known, or as determined by ultrasound.
- (5) "Governing authority" means the individual, agency, group, or corporation appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the abortion clinic is vested pursuant to Rule .0318 of this Subchapter.
- (6) "Health Screening" means an evaluation of an employee or contractual employee, including tuberculosis testing, to identify any underlying conditions that may affect the person's ability to work in the clinic.
- (7) "New clinic" means one that is not certified as an abortion clinic by the Division as of July 1, 2023, and has not been certified or licensed within the previous six months of the application for licensure.
- (8) "Registered Nurse" means a person who holds a valid license issued by the North Carolina Board of Nursing to practice professional nursing in accordance with the Nursing Practice Act, G.S. 90, Article 9A.

History Note: Authority G.S. 131E-153.2;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;

Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989; June 30, 1980;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Temporary Adoption Eff. October 27, 2023;
Eff. September 1, 2024.

10A NCAC 14E .0102 CONFERENCE

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Emergency Rule Expired Eff. October 13, 2023.

10A NCAC 14E .0103 CHANGES

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0104 PLANS

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0105 APPROVAL

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. December 1, 1989;
Readopted Eff. February 1, 2021;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0106 APPLICATION

- (a) Prior to the admission of patients, an applicant for a new clinic shall submit an application for licensure and receive approval from the Division.
- (b) Application forms may be obtained by contacting the Division at 2712 Mail Service Center Raleigh, NC 27699-2712.
- (c) The application form shall set forth:
- (1) Legal identity of the applicant;
 - (2) The name or names under which the facility or services are advertised or presented to the public;
 - (3) The facility's mailing address;
 - (4) The facility's physical address;
 - (5) The ownership of the facility, including a description of the legal character of the operating ownership;
 - (6) The owner of the premises from which services are offered including the name and address of the owner of the premises if different from the owner of the facility;
 - (7) If the facility is operated under a management contract, the name and address of the building's management company;
 - (8) A description of the arrangements that have been made for the disposal of pathological waste, products of conception, and sharps, and the name and address of the provider of such services if not performed by the facility;
 - (9) The name, specialty, board certifications, and medical license number of the Medical Director;
 - (10) The name, specialty, board certifications, and medical license number of each member of the medical staff;
 - (11) The name, nursing certificate number, and renewal number of the Director of Nursing;
 - (12) The name, nursing certificate number, and renewal number of each nursing staff member; and
 - (13) The name of the consulting pathologist, the name of the consulting pathologist's laboratory, and the address of the laboratory.
- (d) After construction requirements in 10A NCAC 13S .0200 have been met and the application for licensure has been received and approved, the Division shall conduct an on-site, licensure survey.

*History Note: Authority G.S. 131E-153.2;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. July 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Temporary Adoption Eff. December 22, 2023;
Eff. September 1, 2024.*

10A NCAC 14E .0107 ISSUANCE OF LICENSE

- (a) The Division shall issue a license if it finds the facility can comply with all requirements described in this Subchapter and 10A NCAC 13S.
- (b) Each license shall be issued only for the premises and persons or organizations named in the application and shall not be transferable.
- (c) The governing authority shall notify the Division in writing, within 10 working days, of any change in the name of the facility or change in the name of the administrator.
- (d) The facility shall report to the Division all incidents, within 10 working days, of vandalism to the facility such as fires, explosions, or other action that prevent a facility from providing abortion services.

*History Note: Authority G.S. 131E-153.2;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. July 1, 1994;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Temporary Adoption Eff. December 22, 2023;
Eff. September 1, 2024.

10A NCAC 14E .0108 POSTING

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Emergency Rule Expired Eff. October 13, 2023.

10A NCAC 14E .0109 RENEWAL

- (a) Each license shall be renewed at the beginning of each calendar year on the renewal application forms provided by the Department.
- (b) The renewal application form shall set forth:
 - (1) Legal identity of the applicant;
 - (2) The name or names under which the facility or services are advertised or presented to the public;
 - (3) The facility's mailing address;
 - (4) The facility's physical address;
 - (5) The ownership of the facility, including a description of the legal character of the operating ownership;
 - (6) The owner of the premises from which services are offered including the name and address of the owner of the premises if different from the owner of the facility;
 - (7) If the facility is operated under a management contract, the name and address of the building's management company;
 - (8) A description of the arrangements that have been made for the disposal of pathological waste, products of conception, and sharps, and the name and address of the provider of such services if not performed by the facility;
 - (9) The name, specialty, board certifications, and medical license number of the Medical Director;
 - (10) The name, specialty, board certifications, and medical license number of each member of the medical staff;
 - (11) The name, nursing certificate number, and renewal number of the Director of Nursing;
 - (12) The name, nursing certificate number, and renewal number of each nursing staff member;
 - (13) The name of the consulting pathologist, the name of the consulting pathologist's laboratory, and the address of the laboratory,
 - (14) The number of abortion procedures performed since initial licensure or the most recent licensure renewal, whichever is later; and
 - (15) The number of patients that were transferred to a hospital since initial licensure or the most recent licensure renewal, whichever is later.
- (c) Upon the filing of a renewal application, the clinic must pay a non-refundable renewal fee as defined in G.S. 131E-153.2.
- (d) An application for renewal of licensure must be filed with the Division at least 30 days prior to the date of expiration. Renewal application forms shall be furnished by the Division.
- (e) Failure to file a renewal application shall result in expiration of the license to operate.

History Note: Authority G.S. 131E-153.2;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Temporary Adoption Eff. December 22, 2023;
Eff. September 1, 2024.

10A NCAC 14E .0110 REVOCATION

History Note: Authority G.S. 131E-153.2; 143B-10; 150B-23; S.L. 2023-14, s. 2.4;
Eff. February 1, 1976;
Amended Eff. December 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Emergency Rule Expired Eff. October 17, 2023.

10A NCAC 14E .0111 INSPECTIONS

- (a) Any clinic licensed by the Division to perform abortions shall be inspected by representatives of the Division annually and as it may deem necessary as a condition of holding such license. An inspection may be conducted whenever the Division receives a complaint alleging the clinic is not in compliance with the rules of the Subchapter.
- (b) Representatives of the Division shall make their identities known to the clinic staff prior to inspection of the clinic.
- (c) Representatives of the Division may review any records in any medium necessary to determine compliance with the rules of this Subchapter. The Department shall maintain the confidentiality of the complainant and the patient, unless otherwise required by law.
- (d) The clinic shall allow the Division to have immediate access to its premises and the records necessary to conduct an inspection and determine compliance with the rules of this Subchapter.
- (e) A clinic shall file a written plan of correction for cited deficiencies within 10 business days of receipt of the report of the survey. The Division shall review and respond to a written plan of correction within 10 business days of receipt of the corrective action plan.

History Note: Authority G.S. 131E-153.6;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; July 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Temporary Adoption Eff. October 27, 2023;
Eff. September 1, 2024.

10A NCAC 14E .0112 ALTERATIONS

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. December 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0113 CHANGES

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Rule Eff. July 18, 2023;
Emergency Rule Expired Eff. October 13, 2023.

10A NCAC 14E .0114 APPROVAL

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

SECTION .0200 - MINIMUM STANDARDS FOR CONSTRUCTION AND EQUIPMENT

10A NCAC 14E .0201 BUILDING CODE REQUIREMENTS

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0202 SANITATION

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. August 1, 2019; October 1, 2015; July 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0203 ELEVATOR

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0204 CORRIDORS

History Note: Authority G.S. 14-45.1(a);
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. July 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0205 DOORS

History Note: Authority G.S. 14-45.1(a);
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. July 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0206 ELEMENTS AND EQUIPMENT

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0207 AREA REQUIREMENTS

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; December 24, 1979;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0208 SHARED SERVICES

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0209 ELEVATOR

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0210 CORRIDORS

History Note: Authority S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0211 DOORS

History Note: Authority S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0212 ELEMENTS AND EQUIPMENT

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0213 SHARED SERVICES

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Rule Eff. July 18, 2023;
Emergency Rule Expired Eff. October 13, 2023.

SECTION .0300 – GOVERNING AUTHORITY

10A NCAC 14E .0301 OWNERSHIP

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0302 GOVERNING AUTHORITY

History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; December 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0303 POLICIES AND PROCEDURES AND ADMINISTRATIVE RECORDS

History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366 s. 4(c);
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; July 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0304 ADMISSION AND DISCHARGE

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; July 1, 1995; July 1, 1994; December 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0305 MEDICAL RECORDS

History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0306 PERSONNEL RECORDS

History Note: Authority G.S. 14-45.1(a); 14-45.1(a1); 143B-10; S.L. 2013-366, s. 4(c);
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; July 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0307 NURSING SERVICE

History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; December 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0308 QUALITY ASSURANCE

History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);
Eff. October 1, 2015;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0309 LABORATORY SERVICES

History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989; October 28, 1981;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0310 EMERGENCY BACK-UP SERVICES

History Note: Authority G.S. 14-45.1(a); 143B-10; S.L. 2013-366, s. 4(c);
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; July 1, 1994; December 24, 1979;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0311 SURGICAL SERVICES

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989; November 1, 1984; September 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0312 MEDICATIONS AND ANESTHESIA

History Note: Authority G.S. 14-45.1(a); 14-45.1(g); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Readopted Eff. February 1, 2021;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0313 POST-OPERATIVE CARE

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. October 1, 2015; December 24, 1979;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0314 CLEANING OF MATERIALS AND EQUIPMENT

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0315 HOUSEKEEPING

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. August 1, 2019; October 1, 2015; December 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Codifier determined that agency's findings of need did not meet criteria for emergency rule on June 22, 2023;
Emergency Rule Eff. June 30, 2023;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0316 FOOD SERVICE

History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. January 1, 1990;
Readopted Eff. February 1, 2021;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.

10A NCAC 14E .0317 OWNERSHIP

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Rule Eff. July 18, 2023;
Emergency Rule Expired Eff. October 13, 2023.

10A NCAC 14E .0318 GOVERNING AUTHORITY

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0319 POLICIES AND PROCEDURES AND ADMINISTRATIVE RECORDS

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0320 ADMISSION AND DISCHARGE

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0321 MEDICAL RECORDS

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0322 PERSONNEL RECORDS

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0323 NURSING SERVICE

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0324 QUALITY ASSURANCE

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0325 LABORATORY SERVICES

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0326 EMERGENCY BACK-UP SERVICES

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0327 SURGICAL SERVICES

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0328 MEDICATIONS AND ANESTHESIA

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0329 POST-OPERATIVE CARE

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0330 CLEANING OF MATERIALS AND EQUIPMENT

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;
Emergency Rule Expired Eff. November 16, 2023.

10A NCAC 14E .0331 FOOD SERVICE

History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Adoption Eff. July 18, 2023;

Emergency Rule Expired Eff. November 16, 2023.

SECTION .0400 - MEDICAL STAFF

10A NCAC 14E .0401 QUALIFICATIONS

*History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.*

10A NCAC 14E .0402 FILE

*History Note: Authority G.S. 14-45.1(a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 24, 2019;
Repealed Eff. July 1, 2023 pursuant to G.S. 150B-21.7.*

10A NCAC 14E .0403 QUALIFICATIONS

*History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Rule Eff. July 18, 2023;
Emergency Rule Expired Eff. October 13, 2023.*

10A NCAC 14E .0404 FILE

*History Note: Authority G.S. 143B-10; S.L. 2023-14, s. 2.4;
Emergency Rule Eff. July 18, 2023;
Emergency Rule Expired Eff. October 13, 2023.*

SUBCHAPTER 14F- CERTIFICATION OF CARDIAC REHABILITATION PROGRAMS

SECTION .0100 – RESERVED FOR FUTURE CODIFICATION

SECTION .0200 – RESERVED FOR FUTURE CODIFICATION

SECTION .0300 – RESERVED FOR FUTURE CODIFICATION

SECTION .0400 – RESERVED FOR FUTURE CODIFICATION

SECTION .0500 – RESERVED FOR FUTURE CODIFICATION

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SECTION .0700 – RESERVED FOR FUTURE CODIFICATION

SECTION .0800 – RESERVED FOR FUTURE CODIFICATION

SECTION .0900 – RESERVED FOR FUTURE CODIFICATION

SECTION .1000 – RESERVED FOR FUTURE CODIFICATION

SECTION .1100 – GENERAL INFORMATION: DEFINITIONS

10A NCAC 14F .1101 DEFINITIONS

The following definitions shall apply throughout this Subchapter:

- (1) "ACLS-trained" means training that is current in Advanced Cardiac Life Support, by the American Heart Association and who has appropriate licensure to administer advanced cardiac life support.
- (2) "ACSM" means the American College of Sports Medicine.
- (3) "Article" means Article 8 of G.S. 131E.
- (4) "Cardiac Rehabilitation Program" has the same meaning as the definition in the Article.
- (5) "Certification" has the same meaning as the definition in the Article.
- (6) "DVRS" means the Division of Vocational Rehabilitation Services, North Carolina Department of Health and Human Services.
- (7) "Department" means the North Carolina Department of Health and Human Services.
- (8) "Division" means the Division of Health Service Regulation, North Carolina Department of Health and Human Services.
- (9) "ECG" means electrocardiogram.
- (10) "Graded exercise test" (GXT) means a multistage test that determines a person's physiological response to different intensities of exercise or the person's peak aerobic capacity.
- (11) "Maximal oxygen consumption" means the highest rate of oxygen transport and oxygen use that can be achieved at a person's maximal physical exertion, or functional capacity. This is usually expressed in METs.
- (12) "MET" means "metabolic equivalent," a measure of functional capacity, or maximal oxygen consumption. One MET represents the approximate rate of oxygen consumption by a seated individual at rest: approximately 3.5 ml/kg/min. METs during exercise are determined by dividing metabolic rate during exercise by the metabolic rate at rest.
- (13) "Nurse Practitioner" means a currently licensed registered nurse approved by the NC Board of Nursing and NC Medical Board to practice medicine as a nurse practitioner under the supervision of a physician licensed by the Board.
- (14) "Owner" means the legal owner of the certified cardiac rehabilitation program.
- (15) "Physician" means an individual who is licensed according to G.S. 90, Article 1, by the NC Medical Board to practice medicine.
- (16) "Physician Assistant" means an individual who is licensed and registered according to G.S. 90, Article 1, by the NC Medical Board to practice medicine under the supervision of a physician licensed by the Board.
- (17) "Premises" means "site."
- (18) "Program" means "Cardiac Rehabilitation Program."
- (19) "Risk stratification model" means a method of categorizing patients according to their risk of acute cardiovascular complications during exercise as well as their overall prognosis. Risk status is related primarily to the type and severity of cardiovascular disease. This rating takes into account how well the heart pumps, the presence of heart pain symptoms and/or changes in the electrocardiogram during exercise. Guidelines concerning medical supervision of patients in cardiac rehabilitation programs which are based on risk stratification models are provided by: the American College of Cardiology, the American College of Physicians, the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Heart Association, and the North Carolina Cardiopulmonary Rehabilitation Association.
- (20) "Simple spirometry" means an analysis of air flow which provides information as to the degree and severity of airway obstruction, and serves as an index of dynamic lung function. It must include, at a minimum, Forced Vital Capacity and Forced Expiratory Volume in 1 second.
- (21) "Site" means the facility in which the cardiac rehabilitation program is held.
- (22) "Supervising physician" means a physician who is on-site during the operation of the cardiac rehabilitation program.
- (23) "Symptom-limited heart rate reserve" means the difference between the symptom-limited maximal heart rate and the resting heart rate.
- (24) "Vocational Questionnaire" means the document used for vocational assessment.

- (25) "Vocational Rehabilitation Counselor" means an individual who provides vocational rehabilitation counseling services.

History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

SECTION .1200 – CERTIFICATION

10A NCAC 14F .1201 CERTIFICATE

The named person(s) and the street address of the named premises shall appear on the certificate.

History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 14F .1202 CERTIFICATION PROCESS

(a) To initiate the certification process, an application for certification shall be filed with the Department by the owner of the cardiac rehabilitation services.

(b) Application forms shall be available from the Department, and each application shall contain at least the following information:

- (1) legal identity of the owner-applicant;
- (2) name or names under which the facility or services are advertised or presented to the public;
- (3) program mailing address;
- (4) program exercise site;
- (5) program telephone number;
- (6) ownership disclosure;
- (7) name of program director;
- (8) name of medical director; and
- (9) program hours of operation.

(c) No applicant shall offer any cardiac rehabilitation services described or represented as a "Certified Cardiac Rehabilitation Program," unless the services have been certified in accordance with the provisions of this Subchapter.

(d) Except as otherwise provided in this Section, the Department shall inspect and evaluate the program and premises identified in the application and shall thereafter issue a certificate upon its determination that the applicant has substantially complied with, and the program and the services at the premises substantially met, the provisions of the Article and this Subchapter.

History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 14F .1203 CERTIFICATE RENEWAL

(a) A certificate issued pursuant to G.S. 131E-167 and this Subchapter shall expire one year after the effective date of the certificate, but may be renewed upon the re-evaluation of the program. To initiate the renewal process, an application for certification shall be filed in accordance with Rule .1202 of this Subchapter.

(b) Determination of compliance with the provisions of G.S. 131E-167 and this Subchapter for purposes of certificate renewal may be based upon an inspection or upon review of requested information submitted by a program to the Department in accordance with Rule .1205 of this Subchapter.

History Note: Authority G.S. 131E-167; 131E-169;
Eff. July 1, 2000;
Readopted Eff. June 1, 2018.

10A NCAC 14F .1204 CERTIFICATION FOLLOWING PROGRAM CHANGES

(a) The Department shall be notified, in writing, at least 30 days prior to the effective date, of any expected occurrences of the following:

- (1) change in program ownership;
- (2) change in program name;
- (3) change of the premises in which a program is conducted; and
- (4) the replacement or termination of employment of the program director.

(b) If a 30-day advanced written notification of any occurrence enumerated in Paragraph (a) of this Rule is not possible, the Department shall be notified immediately, by any reasonably reliable means of notification, of such expected or completed occurrence, and written notification shall follow immediately thereafter.

(c) Upon the occurrences enumerated in Subparagraphs (a)(1), (2), and (3) of this Rule, the owner of the program shall file with the Department an application for certification, which, at a minimum, shall contain the information specified in Rule .1202(b) of this Subchapter, and shall provide such other documentation and information as requested by the Department.

(d) The revised program shall be evaluated for compliance with the provisions of the Article and this Section. Evaluation may be based upon inspection of the program or upon review of requested information submitted by a program to the Department. After a determination by the Department that the program substantially complies with the provisions of the Article and this Subchapter, a new certificate shall be issued.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

10A NCAC 14F .1205 INSPECTIONS

(a) In accordance with G.S. 131E-167(c), inspection(s) shall be made by the Department before a program is issued its initial certification as a program defined in the Article.

(b) The Department shall make or cause to be made such other inspections of a program as it deems necessary in accordance with the Article. Circumstances which may be deemed to necessitate an inspection include, but are not limited to:

- (1) change in program ownership;
- (2) change in program name;
- (3) change of the premises in which a program is conducted;
- (4) the replacement or termination of employment of the program director; and
- (5) investigation of complaints.

(c) Inspections shall be announced or unannounced and may be conducted any time during program business hours. The purpose of any inspection shall be discussed with the Program Director or designee during an entrance conference.

(d) Information deemed necessary by the Department to evaluate compliance with the Article and this Subchapter, shall be made available for inspection. The information may include medical records, personnel files, policies and procedures, program records, interviews with program staff, interviews with patients, observation of the program in operation, and any other information necessary to determine compliance.

(e) Following completion of an inspection, an exit conference shall be conducted with one or more representatives of the program's management. An oral summary of the findings shall be presented at the exit conference. The Department shall provide the program with a written report of the findings. The program shall have 10 working days from the receipt of the report to respond with a plan of correction which describes the corrective actions planned and taken to correct any cited deficiency(ies), the date each deficiency was or will be corrected, and the date the program expects to be in compliance with the provisions of the Article and this Subchapter.

*History Note: Authority G.S. 131E-169; 131E-170;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

10A NCAC 14F .1206 ADVERSE ACTION

- (a) Upon a determination that there has been a substantial failure to comply with the provisions of the Article or the rules contained in this Subchapter, the Department may, at its discretion, deny a new or renewal certificate, suspend or revoke an existing certificate, or, as enumerated in Paragraph (c) of this Rule, issue a provisional certificate.
- (b) Substantial noncompliance which has endangered, or has a potential to endanger the health, safety, or welfare of any patient, shall be cause for the denial, revocation, or suspension of a certificate.
- (c) Substantial noncompliance which does not endanger the health, safety, or welfare of the patients being served may, at the discretion of the Department, result in the issuance of a provisional certificate for a period not to exceed six months.

*History Note: Authority G.S. 131E-168; 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

SECTION .1300 – ADMINISTRATION

10A NCAC 14F .1301 STAFF REQUIREMENTS AND RESPONSIBILITIES

- (a) Each program shall be conducted utilizing an interdisciplinary team composed of a program director, medical director, nurse, program staff, mental health professional, dietitian or nutritionist, supervising physician, physician assistant or nurse practitioner, and a DVRS or other vocational rehabilitation counselor. The program may employ (full-time or part-time), or contract for the services of team members. Program staff shall be available to patients to perform initial assessments and to implement each patient's cardiac rehabilitation care plan.
- (b) Individuals may perform multiple team functions listed in this Rule, if within their scope of practice as determined by their respective occupational licensing board:
- (1) Program Director - supervises program staff and directs all facets of the program.
 - (2) Medical Director - physician who provides medical assessments and is responsible for supervising all clinical aspects of the program and for assuring the availability of emergency procedures, equipment, testing equipment, and personnel.
 - (3) Nurse - provides nursing assessments and services.
 - (4) Program Staff - provides an exercise assessment and plans and evaluates exercise therapies in consultation with the medical director.
 - (5) Mental Health Professional - directly provides or assists the interdisciplinary team in completion of the mental health screening and referral, if further mental health services are necessary.
 - (6) Dietitian or Nutritionist - directly provides or assists the interdisciplinary team in completion of the nutrition assessment and referral, if further nutrition services are necessary.
 - (7) Supervising Physician, Physician Assistant, or Nurse Practitioner - medical person who is on-site during the hours of operation of programs that are not located within a hospital.
 - (8) DVRS or other Vocational Rehabilitation Counselor - screens patients who may be eligible for and interested in vocational rehabilitation services, develops assessment and intervention strategies, and provides other services to meet the vocational goal(s) of those patients.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Readopted Eff. June 1, 2018.*

10A NCAC 14F .1302 POLICIES AND PROCEDURES

The program director shall assure that written policies and procedures are adopted by the program, approved by the medical director, and available to and implemented by staff. At a minimum, these policies and procedures shall include the following areas:

- (1) admission of patients and orientation to the program;
- (2) patient assessment, care planning, and implementation of therapies;
- (3) patient follow-up evaluations, including progress toward cardiac rehabilitation goals;
- (4) patient discharge;
- (5) medical records, in accordance with Rule .2002 of this Subchapter;
- (6) orientation of all program personnel;

- (7) maintenance of personnel records which include job descriptions, verification of credentials, continuing education and current competencies;
- (8) use and orientation of volunteers;
- (9) communication with patient's referral and personal physicians;
- (10) provisions for reporting and investigating complaints and accidental events regarding patients, visitors and personnel (incidents) and corrective action taken;
- (11) emergency procedures;
- (12) a preventative maintenance program to assure all equipment is maintained in safe and proper working order and in accordance with the manufacturer's recommendations; and
- (13) quality improvement program.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

10A NCAC 14F .1303 CONTINUOUS QUALITY IMPROVEMENT

- (a) The cardiac rehabilitation program shall have an ongoing Continuous Quality Improvement (CQI) program which identifies quality deficiencies and addresses them with corrective plans of action, as indicated.
- (b) The CQI program shall evaluate the appropriateness, effectiveness, and quality of the cardiac rehabilitation program, with findings used to verify policy implementation, to identify problems, and to establish problem resolution and policy revision as necessary.
- (c) The CQI program shall consist of an overall policy and administration review, including admission and discharge policies, emergency care, patient records, personnel qualifications and program evaluation. Data to be assessed shall include, at a minimum, the following:
 - (1) number of patients in the program;
 - (2) average length (weeks) patients are in the program;
 - (3) patient clinical outcomes;
 - (4) adequacy of staff to meet program/patient needs;
 - (5) reasons for discharge; and
 - (6) untoward events.
- (d) A sample of active and closed records shall be reviewed at least semi-annually to assure program policies are followed and the program is in compliance with the Article and the rules contained in this Subchapter.
- (e) Documentation of the CQI program shall include the criteria and methods used to collect and analyze data, identification of quality deficiencies, and any action(s) taken by the cardiac rehabilitation program as a result of CQI findings.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

SECTION .1400 – PATIENT RIGHTS

10A NCAC 14F .1401 PATIENT RIGHTS

- (a) Prior to or at the time of admission, the program shall provide each patient with a written notice of the patient's rights and responsibilities. The program shall maintain documentation at least five years showing that patients have been informed of their rights and responsibilities.
- (b) Each patient's rights and responsibilities shall include the right to:
 - (1) be informed of and participate in developing the patient's plan of care;
 - (2) file a grievance about the care provided, and not be subjected to discrimination or reprisal for doing so;
 - (3) have his or her records kept confidential;
 - (4) be informed with notice of the patient's liability for payment for services;
 - (5) be informed of the process for acceptance and continuation of service and eligibility determination;

- (6) accept or refuse services; and
- (7) be advised of the program's procedures for discharge.
- (c) The program shall provide patients with a telephone number for information, questions, or complaints about services provided by the program. The program shall also provide the telephone number for the Complaint Intake of the Division: 1-800-624-3004 and 919-855-4500 (within North Carolina).
- (d) The program shall investigate complaints within seven days of receipt by the program from the patient, the patient's family, or domestic partner, and shall document the existence of the complaint, the resolution of the complaint, and retain documents in the records for five years from date of resolution.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016;
Amended Eff. June 1, 2018.*

SECTION .1500 – ADMISSION AND DISCHARGE

10A NCAC 14F .1501 ADMISSION AND DISCHARGE

- (a) All patients admitted to the program shall have a referral from a physician.
- (b) Prior to discharging a patient, the interdisciplinary team shall develop a discharge plan. At a minimum, the discharge plan shall include instructions as to how to achieve or maintain the goals established in the cardiac rehabilitation care plan.
- (c) Upon discharge from the program, a discharge summary as outlined in Rule .2002(a)(10) of this Subchapter, shall be sent to the personal or referring physician.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

SECTION .1600 – PATIENT ASSESSMENT

10A NCAC 14F .1601 PATIENT ASSESSMENT

- (a) Within five weeks of a patient's admission to the program, the interdisciplinary team shall complete and document a cardiac rehabilitation assessment. At a minimum, the assessment shall include the components specified in this Rule.
- (b) Medical Assessment shall include:
 - (1) cardiovascular evaluation as to present diagnosis, therapy, and a discharge summary of the patient's last hospitalization; or
 - (2) statement by referring physician as to present diagnosis, and therapy;
 - (3) resting 12-lead ECG;
 - (4) medical record documentation prior to or during the first exercise session of ECG, hemodynamic data, and the presence or absence of symptoms, preferably determined by a graded exercise test. A graded exercise test shall not be required when deemed unnecessary by the patient's attending or personal physician or the program's medical director;
 - (5) fasting blood chemistry, as indicated, to include total cholesterol, high density lipoprotein (HDL) cholesterol, low density lipoprotein (LDL) cholesterol, triglycerides, and other comparable measures; and
 - (6) simple spirometry, if clinically indicated.
- (c) Physical Assessment shall include:
 - (1) functional capacity as determined by measured or predicted equivalents (METs);
 - (2) height, weight, or other anthropometric measures (i.e., body mass index, percent body fat, waist-to-hip ratio, girth measurements);
 - (3) current and past exercise history; and
 - (4) physical limitations and disabilities that may impact rehabilitation.
- (d) Nursing Assessment shall include:

- (1) coronary risk profile;
 - (2) current symptoms such as angina or dyspnea, and recovery from recent cardiac events;
 - (3) presence of comorbidities;
 - (4) assessment of medications; and
 - (5) educational needs.
- (e) Nutrition Assessment shall include:
- (1) review of medical history;
 - (2) eating patterns as measured by a food diary or food frequency questionnaire;
 - (3) fasting blood chemistries as described in Subparagraph (b)(5) of this Rule;
 - (4) anthropometric measures as described in Subparagraph (c)(2) of this Rule;
 - (5) behavioral patterns; and
 - (6) identification of nutritional goals.
- (f) Mental Health Assessment shall include:
- (1) past history of mental illness including depression, anxiety, or hostility or anger; and
 - (2) present mental health functioning and need for referral to a mental health professional.
- (g) Vocational Assessment shall include:
- (1) vocational questionnaire to determine current vocational status, description of physical requirements of job, working conditions, psychological demands as perceived by the patient; and
 - (2) the need for vocational rehabilitation services.

History Note: Authority G.S. 131E-169;
 Eff. July 1, 2000;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

SECTION .1700 – CARE PLANNING AND FOLLOW-UP EVALUATION

10A NCAC 14F .1701 CARE PLANNING

- (a) Within five weeks of a patient's admission to the program, the interdisciplinary team shall develop a cardiac rehabilitation care plan for the patient based upon assessments completed as required under Section .1600 of this Subchapter.
- (b) The cardiac rehabilitation care plan, at a minimum, shall include:
- (1) the patient's exercise therapy;
 - (2) nutrition services, if indicated;
 - (3) mental health services, if indicated;
 - (4) vocational services if, indicated;
 - (5) educational counseling;
 - (6) cardiac rehabilitation goals; and
 - (7) discharge planning.
- (c) Within six weeks of the patient's admission to the program, a copy of the cardiac rehabilitation care plan shall be sent to the patient's personal and referring physicians.

History Note: Authority G.S. 131E-169;
 Eff. July 1, 2000;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 14F .1702 FOLLOW-UP EVALUATION

- (a) The interdisciplinary team members shall attend monthly meetings for follow-up evaluation of patients' progress toward cardiac rehabilitation goals. Changes to each patient's cardiac rehabilitation care plan shall be made as needed based on continued evaluations. Any changes made in the patient's cardiac rehabilitation care plan shall be recorded in the medical record and sent to the patient's personal and referring physician(s).
- (b) If any staff member cannot attend, the reason for the absence and the means of communicating information prior to and after the meeting shall be documented.
- (c) The personal and referring physician(s) shall be informed of any complication or change in patient status while in the program.

(d) Progress notes shall be recorded in the patient's medical record evaluating progress toward goals established from the plan of care.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

SECTION .1800 – PROVISION OF SERVICES

10A NCAC 14F .1801 PERSONNEL

- (a) At least one ACLS trained and one other staff member shall be present at the site during all program hours.
- (b) For cardiac rehabilitation programs that are not located within a hospital or a hospital emergency resuscitation team is not available to respond in an emergency, a supervising physician, physician assistant, or nurse practitioner shall be on-site during all program hours.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

10A NCAC 14F .1802 EXERCISE THERAPY

- (a) The medical director, in consultation with program staff, shall establish staff to patient ratios for exercise therapy sessions based on medical acuity, utilizing an acceptable risk stratification model.
- (b) The patient's first exercise session shall include an objective initial assessment of hemodynamic data, ECG, and symptom response data.
- (c) The patient's exercise therapy shall be developed based on needs identified by the initial assessment. Guidelines regarding exercise testing and prescription for exercise therapy are identified in the American College of Sports Medicine 10th edition, incorporated herein by reference including subsequent amendments and editions. Copies of the American College of Sports Medicine guidelines are available from <http://www.acsmstore.org/ProductDetails.asp?ProductCode=9781496339072> at a cost of forty seven dollars and ninety nine cents (\$47.99). The following chapters of these guidelines apply to the cardiac rehabilitation program:
- (1) Chapters 3 through 7 that describe the "Pre-exercise Evaluation," "Health-Related Physical Fitness Testing and Interpretation," "Clinical Exercise Testing and Interpretation," "General Principles of Exercise Prescription," and "Exercise Prescription for Healthy Populations with Special Considerations;" and
 - (2) Chapter 9 that describes "Exercise Prescription for Patients with Cardiac, Peripheral, Cerebrovascular and Pulmonary Disease."
- (d) The patient shall be monitored through the use of electrocardiography during each exercise therapy session. The frequency of the monitoring, continuous or intermittent, shall be based on medical acuity and risk stratification.
- (e) At two week intervals, the patient's adherence to the cardiac rehabilitation care plan and progress toward goals shall be monitored by an examination of exercise therapy records and documented in accordance with hospital or cardiac rehabilitation program policy.
- (f) The program staff shall be responsible for consultation with the medical director or the patient's personal physician concerning changes in the patient's treatment plan. Feedback concerning changes in the patient's treatment plan shall be discussed with the patient and documented.
- (g) Diabetic patients who are taking insulin or oral hypoglycemic agents for control of diabetes shall have blood sugars monitored for at least the first week of cardiac therapy sessions in order to establish the patient's level of control and subsequent response to exercise. Cardiac rehabilitation staff shall record blood sugar measurements pre- and post-exercise. Patients whose blood sugar values are considered abnormal per hospital or cardiac rehabilitation program policy shall be monitored. A carbohydrate source shall be available in case of a hypoglycemic response.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Readopted Eff. June 1, 2018.*

10A NCAC 14F .1803 NUTRITION SERVICES

If indicated, based on the nutrition assessment and cardiac rehabilitation care plan, each patient's program shall include the following nutrition services:

- (1) interpretation and feedback on the patient's eating patterns, blood chemistries, anthropometrics, and behavioral patterns;
- (2) identification of a therapeutic diet plan to determine, at a minimum, a reasonable body weight, caloric, and fat intake;
- (3) patient counseling or behavior modification based on the therapeutic diet plan and goals.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

10A NCAC 14F .1804 MENTAL HEALTH SERVICES

If indicated, based on the mental health assessment and cardiac rehabilitation care plan, each patient's program shall include the following mental health services:

- (1) feedback from mental health assessment to the patient; and
- (2) present mental health functioning and need for referral to a mental health professional for evaluation or treatment.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

10A NCAC 14F .1805 VOCATIONAL REHABILITATION COUNSELING AND SERVICES

(a) The cardiac rehabilitation program shall have a written agreement, with the local DVRS office or other vocational rehabilitation counselor/services, which specifies the following:

- (1) The program shall administer a Vocational Questionnaire to patients.
- (2) After administering the Vocational Questionnaire, the program shall refer to the DVRS or other vocational rehabilitation counselor/services patients who may be eligible for and desire services.
- (3) The DVRS or other vocational rehabilitation counselor shall provide feedback to the cardiac rehabilitation program regarding the eligibility for DVRS or other vocational services of referred patients.
- (4) The DVRS or other vocational rehabilitation counselor shall provide progress reports for patients who are receiving DVRS or other vocational rehabilitation services.
- (5) The DVRS or other vocational rehabilitation counselor shall attend monthly staff meetings in which eligible vocational rehabilitation clients are discussed. If the counselor cannot attend, the reason for the absence and the means of communicating information prior to and after the meeting shall be documented and attached to the staffing report.

(b) The cardiac rehabilitation program must have written documentation that feedback as described in Subparagraph (a)(3) of this Rule and progress reports as described in Subparagraph (a)(4) of this Rule have been communicated to the cardiac rehabilitation program by the DVRS or other counselor and, if not, the reason(s) why.

(c) If the program is not able to complete a written agreement with the local office of DVRS or other vocational rehabilitation counselor as outlined in Paragraph (a) of this Rule, the program shall have documentation that specifies why such an agreement was not completed.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

10A NCAC 14F .1806 PATIENT EDUCATION

(a) Each patient's cardiac rehabilitation care plan shall include participation in the program's basic education plan. At a minimum, the education plan shall include the following topics:

- (1) basic anatomy, physiology, and pathophysiology of the cardiovascular system;
 - (2) risk factor reductions, including smoking cessation and management of blood pressure, lipids, diabetes, and obesity;
 - (3) principles of behavior modification including nutrition, exercise, stress management and other lifestyle changes;
 - (4) relaxation training offered at least once per week by staff trained in relaxation techniques;
 - (5) cardiovascular medications including compliance, interactions, and side effects;
 - (6) basic principles of exercise physiology, guidelines for safe and effective exercise therapy, and guidelines for vocational/recreational exertional activities;
 - (7) recognition of cardiovascular signs, symptoms and management; and
 - (8) environmental considerations such as exercise in hot or cold climates.
- (b) The educational program shall include individual or group sessions utilizing written, audio, or visual educational materials as deemed appropriate and necessary by program staff.
- (c) Each session shall be documented and presented on a rotating basis such that each patient has access to all materials and classes offered.
- (d) Documentation shall be included in each patient's medical record to indicate which educational programs the patient attended.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

SECTION .1900 – EMERGENCIES

10A NCAC 14F .1901 EMERGENCY PLAN

The facility shall establish and maintain a written plan signed and approved by the medical director to address emergencies occurring on site while cardiac rehabilitation services are being provided. All areas of the premises necessary for program operation shall be included. The plan shall address the assignment of personnel and availability of equipment required in an emergency.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Readopted Eff. June 1, 2018.*

10A NCAC 14F .1902 EMERGENCY EQUIPMENT

The following equipment and supplies must be available and operable in the event of an emergency and must be maintained according to manufacturer's recommendations:

- (1) suction equipment (portable);
- (2) defibrillator (portable);
- (3) intubation equipment;
- (4) medications;
- (5) oxygen tank supply;
- (6) regulator and mask for nasal cannula; and
- (7) communication system to access emergency medical services.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

10A NCAC 14F .1903 EMERGENCY DRILLS

- (a) Quarterly patient emergency drills shall be conducted by the cardiac rehabilitation program each year when patients are on site and shall be documented by the program director or designee.
- (b) Drill sites shall be rotated through all locations used by patients while participating in program activities.

(c) The drill documentation and results of emergency drills shall be reviewed, signed, and dated by the medical director or supervising physician in accordance with hospital or cardiac rehabilitation program policy.

History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Readopted Eff. June 1, 2018.

SECTION .2000 – MEDICAL RECORDS

10A NCAC 14F .2001 POLICIES AND PROCEDURES FOR MEDICAL RECORDS

The program shall develop and implement policies and procedures to include at least the following:

- (1) maintenance of a complete, accurate, and organized medical record for each patient admitted to the program;
- (2) confidentiality of records;
- (3) accessibility of medical record information to the patient, program staff, and non-employees; and
- (4) authentication of entries in medical records including hard copy records and those kept in electronic medium such as computerized records.

History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 14F .2002 CONTENT OF MEDICAL RECORDS

(a) The medical record shall contain at least the following information:

- (1) patient identification data;
- (2) medical history and, when applicable, hospital discharge summary;
- (3) graded exercise data, if available;
- (4) resting 12-lead ECG;
- (5) signed physician referral;
- (6) records of blood chemistry analyses;
- (7) signed informed consent to participate in the program;
- (8) progress notes and response to the cardiac rehabilitation care plan;
- (9) all records of each discipline's participation in the patient's cardiac rehabilitation care plan;
- (10) a discharge summary which describes the patient's progress while in the program, reason(s) for discharge, the post-discharge plan, and follow-up as indicated;
- (11) miscellaneous clinical records developed pursuant to the patient's course of treatment.

(b) In the case of hard copy medical records, the following shall apply:

- (1) the patient's name must be recorded on each page of the record;
- (2) all entries in the records shall be legible and authenticated with a signature, title, and date by the individual making the entry; and
- (3) faxed entries, including orders, are acceptable as long as a hard copy is incorporated in the medical record (note: thermal paper faxes are not acceptable).

(c) At its option, the program may maintain all or part of its medical records in a form other than hard copy, such as electronic medium. Entries in such a record shall be authenticated according to program policies and may include authentication measures such as personal computer entry codes or electronic signatures. However, when requested by the Division or other State officials, the program must be able to produce a hard copy printout of the record.

(d) Medical record information may be stored, such as when records are thinned or patients are discharged, in a form other than hard copy, but the program must be able to produce a hard copy printout of the record if requested by the Division or other State officials.

History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

SECTION .2100 – FACILITIES AND EQUIPMENT

10A NCAC 14F .2101 PHYSICAL ENVIRONMENT AND EQUIPMENT

- (a) The program shall provide a clean and safe environment. For the purposes of this Rule, "clean and safe" means visibly free of soil, and other debris, and maintained in an orderly condition where there are no obstacles that would present risks to the individuals at the facility.
- (b) Equipment and furnishings shall be cleaned between patients in accordance with manufacturer's instructions and the cardiac rehabilitation program's procedures for infection control and universal precautions.
- (c) A written and documented preventative maintenance program shall be established to ensure that all equipment is calibrated and maintained in safe and proper working order in accordance with manufacturers' recommendations.
- (d) There shall be emergency access to all areas a patient may enter, and floor space shall allow access of personnel and equipment.
- (e) Exit signs and an evacuation plan shall be posted and clearly visible to program patients, staff, and visitors. The evacuation plan shall detail evacuation routes for patients, staff, and visitors in case of fire or other emergency.
- (f) No smoking shall be permitted in the facility.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Readopted Eff. June 1, 2018.*

10A NCAC 14F .2102 GRADED EXERCISE TESTING LABORATORY

If the program performs graded exercise testing, the following facilities and equipment shall be available:

- (1) space for physical examination which allows for visual privacy;
- (2) adequate space and temperature and humidity controls for exercise as described under Rule .2101 of this Subchapter;
- (3) 12-lead ECG equipment for recording the ECG during exercise testing;
- (4) oscilloscope for ECG monitoring or continuous recording;
- (5) treadmill, bicycle ergometer, or arm crank ergometer;
- (6) blood pressure cuff and stethoscope;
- (7) emergency procedures, equipment, and supplies as described in Section .1900 of this Subchapter; and
- (8) access to spirometer for pulmonary function testing.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

10A NCAC 14F .2103 EXERCISE THERAPY

The following equipment shall be available and operable for the provision of exercise assessment and therapy:

- (1) ECG and oscilloscope;
- (2) blood pressure cuff and stethoscope;
- (3) large clock with sweep second hand;
- (4) blood glucose testing equipment; and
- (5) equipment for the performance of anthropometric measurements such as skinfold caliper, stadiometer, tape measure, and physician's scale.

*History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.*

10A NCAC 14F .2104 NUTRITION SERVICES

If provided on site, the following facilities and equipment shall be available for the provision of nutrition services:

- (1) space that allows for confidential interviewing and counseling;
- (2) nutrition guidelines and means of nutrient analysis; and

- (3) educational materials, as deemed appropriate by the program's dietitian/nutritionist, for patient distribution and use during nutrition therapy counseling.

History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 14F .2105 MENTAL HEALTH SERVICES

If provided on site, space shall be available for the provision of the mental health services to allow for confidential interviewing and counseling.

History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 14F .2106 VOCATIONAL REHABILITATION SERVICES

If provided on site, space shall be available for the provision of vocational rehabilitation services to allow for confidential interviewing and counseling.

History Note: Authority G.S. 131E-169;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

SUBCHAPTER 14G - EXEMPTIONS FROM PROHIBITIONS OF SELF-REFERRALS BY HEALTH CARE PROVIDERS FOR UNDERSERVED AREAS

SECTION .0100 – GENERAL INFORMATION

10A NCAC 14G .0101 DEFINITIONS

History Note: Authority G.S. 90-408;
Eff. April 1, 1995;
Repealed Eff. November 1, 2019.

10A NCAC 14G .0102 APPLICATION

- (a) The terms defined in G.S. 90-405 shall have the same meaning in this Rule.
- (b) "Applicant" means a health care provider that submits an application to the Director of the Division of Health Service Regulation requesting an exemption from G.S. 90-406.
- (c) The application shall include the following information:
 - (1) the name, mailing address, email address, and telephone number of the applicant;
 - (2) a list of the designated health care services provided or to be provided by the applicant;
 - (3) the name, mailing address, email address, and telephone number of the manager of the entity to which the applicant wants to make referrals;
 - (4) a list of the owners of the entity to which the applicant wants to make referrals;
 - (5) a list of the types of designated health care services provided or to be provided by the entity to which the applicant wants to make referrals;
 - (6) evidence that there is a need for the proposed designated health care services in the county where the entity is or will be located;
 - (7) evidence that alternative financing is not available from other sources to develop the entity to which the applicant wants to make referrals; and

- (8) a statement affirming that all health care providers located in the county where the entity is or will be located shall be offered access to the entity.
- (d) Applications shall be:
- (1) mailed to the Office of the Director, Division of Health Service Regulation, Department of Health and Human Services, 2701 Mail Service Center, Raleigh, NC 27699-2701; or
 - (2) delivered in person to the Office of the Director, Division of Health Service Regulation, Department of Health and Human Services, 809 Ruggles Drive, Raleigh, NC 27603.

History Note: Authority G.S. 90-408;
Eff. April 1, 1995;
Readopted Eff. November 1, 2019.

10A NCAC 14G .0103 CRITERIA FOR AN UNDERSERVED AREA EXEMPTION - NEW ENTITY
10A NCAC 14G .0104 CRITERIA FOR AN UNDERSERVED AREA EXEMPTION - EXISTING ENTITY

History Note: Authority G.S. 90-408;
Eff. April 1, 1995;
Repealed Eff. November 1, 2019.

SUBCHAPTER 14H – CERTIFICATION OF STATEWIDE DATA PROCESSORS

SECTION .0100 - CERTIFICATION OF STATEWIDE DATA PROCESSOR

10A NCAC 14H .0101 PURPOSE

This Section sets forth the process and requirements for obtaining certification as a statewide data processor.

History Note: Authority G.S. 131E-214.1(6);
Temporary Adoption effective October 1, 1995 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

10A NCAC 14H .0102 DEFINITIONS

- (a) The definitions set forth in G.S. 131E-214.1 shall apply to this Section.
- (b) As used in this Section:
- (1) "Applicant" means a party applying to the Division for certification as a statewide data processor.
 - (2) "HCFA" means the Health Care Financing Administration of the U.S. Department of Health and Human Services, or any successor agency.
- (c) All references in this Section to the "HCFA 1500" and "HCFA 1450" claim forms, include references to their successor forms that are developed pursuant to federal law under the auspices of HCFA, the National Uniform Billing Committee, or the North Carolina State Uniform Billing Committee.

History Note: Authority G.S. 131E-214.1(6);
Temporary Adoption effective October 1, 1995 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

10A NCAC 14H .0103 REQUIREMENTS FOR CERTIFICATION

A party desiring to be certified as a statewide data processor shall make a written application to the Division that complies with the following requirements:

- (1) The applicant must make a satisfactory showing that it is capable of making available annually to the Division, at no charge, a report which compares the 35 most frequently reported charges of the hospitals and freestanding ambulatory surgical facilities reporting patient data to the applicant during the calendar year. Each annual report shall be due to the Division within 180 days after the end of the calendar year.
- (2) The applicant must make a satisfactory showing that it is capable of receiving from hospitals and freestanding ambulatory surgical facilities throughout the State the patient data elements specified in Items (3) through (5) of this Rule.
- (3) With regard to patient data concerning inpatients discharged by hospitals, the applicant must make a satisfactory showing that is capable of compiling and maintaining a uniform set of data from the patient data which shall include the following HCFA 1450 (UB-92) data elements for every inpatient discharged regardless of payor:

	DATA ELEMENT	DESCRIPTION
(1)	Patient Control Number	Form Locator 3 - As stated in the North Carolina HCFA 1450 Manual
(2)	Bill Type	Form Location 4 - As Stated in the North Carolina HCFA 1450 Manual
(3)	Provider Identification	
(A)	Medicaid Base Provider Number	The number assigned to the provider by Medicaid or as assigned by the certified statewide data processor (for batching only)
(B)	Federal Tax Number	Form Locator 5 - As stated in the North Carolina HCFA 1450 Manual
(4)	Zip Code of Patient Address	Form Locator 13 - Only the zip code portion of this field is required. Code as stated in the North Carolina HCFA 1450 Manual
(5)	Patient Birth Date	Form Locator 14 - As stated in the North Carolina HCFA 1450 Manual
(6)	Patient Sex	Form Locator 15 - As stated in the North Carolina HCFA 1450 Manual
(7)	Admission Date	Form Locator 17 - As stated in the North Carolina HCFA 1450 Manual
(8)	Admission Type	Form Locator 19 - As stated in the North Carolina HCFA 1450 Manual
(9)	Source of Admission	Form Locator 20 - As stated in the North Carolina HCFA 1450 Manual
(10)	Patient Status	Form Locator 22 - As stated in the North Carolina HCFA 1450 Manual
(11)	Discharge Date (Statement Covers Period)	Form Locator 6 - As stated in the North Carolina HCFA 1450 Manual
(12)	All Revenue Codes and Associate Charges	Forms Locators 42 and 47 - As stated in the North Carolina HCFA 1450 Manual
(13)	Payer Identification	Form Locator 50a - Classifications code and specific carrier identification code for primary payer
(14)	Certificate/Social Security/Health	Form Locator 60a - As stated in the Insurance Claim/Identification Number North Carolina HCFA 1450 Manual
(15)	Insurance Group Number	Form Locator 62a - As stated in the

	DATA ELEMENT	DESCRIPTION
		North Carolina HCFA 1450 Manual
(16)	Principal Diagnosis	Form Locator 67 - As stated in the North Carolina HCFA 1450 Manual
(17)	Other Diagnoses 8	Form Locators 68-75 - As stated in the North Carolina HCFA 1450 Manual
(18)	External Cause of Injury Code (E Code)	Form Locator 77 - As stated in the North Carolina HCFA 1450 Manual/whenever the principal diagnosis is an injury, poisoning or adverse effect
(19)	Principal Procedure and Date	Form Locator 80 - As stated in the North Carolina HCFA 1450 Manual
(20)	Other Procedures and Dates	Form Locator 81a-e - As stated in the North Carolina HCFA 1450 Manual
(21)	Attending Physician Identification	Form Locator 82 - Only the UPIN is required. Code as stated in the North Carolina HCFA 1450 Manual
(22)	Other Physician Identification	Form Locator 83 - Only the UPIN is required. Code as stated in the North Carolina HCFA 1450 Manual

- (4) With regard to patient data concerning ambulatory surgery patients released from hospitals and freestanding ambulatory surgical facilities, the applicant must make a satisfactory showing that it is capable of compiling and maintaining a uniform set of data from the patient data which shall include the following HCFA 1450 (UB-92) data elements for every ambulatory surgical patient released regardless of payor:

	DATA ELEMENT	DESCRIPTION
(1)	Patient Control Number	Form Locator 3 - As stated in the North Carolina HCFA 1450 Manual
(2)	Bill Type	Form Locator 4 - As stated in the North Carolina HCFA 1450 Manual
(3)	Provider Identification	
(A)	Medicaid Base Provider Number	The number assigned to the provider by Medicaid or as assigned by the certified statewide data processor (for batching only)
(B)	Federal Tax Number	Form Locator 5 - As stated in the North Carolina HCFA 1450 Manual
(4)	Zip Code of Patient Address	Form Locator 13 - Only the zip code portion of this field is required. Code as stated in the North Carolina HCFA 1450 Manual
(5)	Patient Birth Date	Form Locator 14 - As stated in the North Carolina HCFA 1450 Manual
(6)	Patient Sex	Form Locator 15 - As stated in the North Carolina HCFA 1450 Manual
(7)	Admission Date	Form Locator 17 - As stated in the North Carolina HCFA 1450 Manual
(8)	Admission Type	Form Locator 19 - As stated in the North Carolina HCFA 1450 Manual
(9)	Source of Admission	Form Locator 20 - As stated in the North Carolina HCFA 1450 Manual

	DATA ELEMENT	DESCRIPTION
(10)	Patient Status	Form Locator 22 - As stated in the North Carolina HCFA 1450 Manual
(11)	Discharge Date (Statement Covers Period)	Form Locator 6 - As stated in the North Carolina HCFA 1450 Manual
(12)	All Revenue Codes and Associated Charges	Form Locators 42 and 47 - As stated in the North Carolina HCFA 1450 Manual
(13)	Payer Identification	Form Locator 50a - Classification code and specific carrier identification
(14)	Certificate/Social Security/Health	Form Locator 60a - As stated in the Insurance Claim/Identification Number North Carolina HCFA 1450 Manual
(15)	Insurance Group Number	Form Locator 62a - As stated in the North Carolina HCFA 1450 Manual
(16)	Principal Diagnosis	Form Locator 67 - As stated in the North Carolina HCFA 1450 Manual
(17)	Other Diagnoses	8 Form Locators 68-75 - As stated in the North Carolina HCFA 1450 Manual
(18)	External Cause of Injury Code (E-Code)	Form Locator 77 - As stated in the North Carolina HCFA 1450 Manual/whenever the principal diagnosis is an injury, poisoning or adverse effect
(19)	Principal Procedure and Date	Form Locator 80 - As stated in the North Carolina HCFA 1450 Manual
(20)	Other Procedures and Dates	Form Locators 81a-e - As stated in the North Carolina HCFA 1450 Manual
(21)	Attending Physician Identification	Form Locator 82 - Only the UPIN is required. (Code as stated in the North Carolina HCFA 1450 Manual
(22)	Other Physician Identification	Form Locator 83 - Only the UPIN is required. Code as stated in the North Carolina HCFA 1450 Manual

- (5) With regard to patient data concerning ambulatory surgery patients released from hospitals and freestanding ambulatory surgical facilities, the application must make a satisfactory showing that it is capable of compiling and maintaining a uniform set of data from the patient data which shall include the following HCFA 1500 data elements for every ambulatory surgical patient released regardless of payor:

(1)	Payer Identification
(2)	Insured's ID Number
(3)	Patient's Date of Birth
(4)	Gender of Patient
(5)	Zip Code of Patient Address
(6)	Diagnosis or Nature of Illness or Injury (1-4)
(7)	Dates of Service
(8)	Place of Service
(9)	Type of Service
(10)	Procedures, Services, and Supplies (including modifiers if applicable)
(11)	Charges

(12)	Days or Units
(13)	Federal Tax ID
(14)	Patient's Account Number
(15)	Total Charge
(16)	Attending Physician's UPIN Number
(17)	Medicaid Base Provider Number or Number Assigned by Certified Statewide Data Processor

- (6) The applicant must make a satisfactory showing that it is capable of examining the patient data it receives for accuracy, informing the hospital or freestanding ambulatory surgical facility submitting the patient data of all potential errors in the patient data which are discovered as a result of the examination for accuracy, and correcting the patient data as directed by the hospital or freestanding ambulatory surgical facility. An applicant shall be deemed to have satisfactorily shown that it is capable of examining patient data for accuracy if the applicant has made a satisfactory showing that it is capable of designating a record as an error record when:
- (a) A record reported on a HCFA 1450 (UB-92) form contains an invalid or all-blank field for any of the following HCFA 1450 (UB-92) data elements: Patient Control Number, Bill Type, Federal Tax I.D., Zip Code, Date of Birth, Sex, Admission Date, Admission Type, Source of Admission, Patient Status, Statement Covers Period, Revenue Codes and Charges, Primary Payer, Principal Diagnosis, Attending Physician Identification.
 - (b) A record reported on a HCFA 1500 form contains an invalid or all-blank field for any of the following HCFA 1500 data elements: Payor Identification, Insured's I.D. Number, Federal Tax I.D., Zip Code, Date of Birth, Sex, Dates of Service, Place of Service, Type of Service, Procedures Defined with CPT-HCPCS Code with Modifiers, Principal Diagnosis Codes, Principal and Secondary Surgical Procedure, Patient's Account Number, Attending Physician Identification.
 - (c) The sum indicated by the data element concerning total charges does not equal the sum of all other charges reported on the record.
 - (d) An inpatient record reported on a HCFA 1450 (UB-92) contains any of the following data elements which contain an invalid code: Other Diagnoses, Principal Procedure Code and Date, Other Procedure Codes and Dates, External Cause of Injury Code, Other Physician Identification (if a procedure was performed).
 - (e) An ambulatory surgical patient record reported on a HCFA 1450 (UB-92) form contains any of the following data elements which contain an invalid code: Other Diagnoses, Other Procedure Codes and Dates, External Cause of Injury Code.
- (7) The applicant shall make satisfactory showing that it is capable of:
- (a) compiling reports from patient data which shall further the purposes of the Medical Care Data Act, as set forth in G.S. 131E-214(b), such as reports enabling a review and comparison of charges, utilization patterns, and quality of medical services;
 - (b) producing such reports at least on a calendar quarter basis, with reports concerning patients discharged or released during a specific calendar quarter being published at least within 180 days after the end of said calendar quarter;
 - (c) making such reports available upon request to all interested persons at a reasonable charge.
- (8) The applicant shall make a satisfactory showing that it is capable of ensuring that adequate measures will be taken to provide system security for all data and information received from hospitals and freestanding ambulatory surgical facilities.
- (9) The applicant shall make a satisfactory showing that it is capable of protecting the confidentiality of patient records and complying with applicable laws and regulations concerning patient confidentiality, including the confidentiality of patient-identifying information, and that it shall not disclose patient-identifying information unless:
- (a) the information was originally submitted by the party requesting disclosure; or
 - (b) the State Health Director requests specific individual records for the purpose of protecting and promoting the public health under G.S. 130A, and the disclosure is not otherwise prohibited by federal law or regulation.

The applicant shall also make a satisfactory showing that it shall make such records available to the State Health Director at a reasonable charge.

History Note: Authority G.S. 131E-214.1(6);
Temporary Adoption effective October 1, 1995 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

10A NCAC 14H .0104 APPLICATION REVIEW

The Division shall notify each applicant of the Division's decision concerning the applicant's request for certification as a statewide data processor within 90 days after the Division has received the applicant's written application unless the Division notifies the applicant that the review has been extended. If any portion of an application lacks certain information or is unclear, the Division may request additional information or clarification from the applicant during the review period; provided, however, that the Division is not required to request such additional information or clarification, and the Division may deny certification on the basis that the application lacks information or is unclear.

History Note: Authority G.S. 131E-214.1(6);
Temporary Adoption effective October 1, 1995 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

10A NCAC 14H .0105 PERIOD OF CERTIFICATION

An applicant who demonstrates through its application that it presently is performing each of the requirements specified in 10A NCAC 14H .0103 (with the exception of the requirement of making annual reports to the Division found in 10A NCAC 14H .0103(1), and the requirement of disclosing data to the State Health Director found in 10A NCAC 14H .0103(9), for which requirements the applicant needs only to make a satisfactory showing that it is capable of performing the requirements), shall be certified as a statewide data processor for a period of three years. An applicant who demonstrates through its application that it is capable of performing each of the requirements specified in 10A NCAC 14H .0103 but who presently is not performing each of the requirements specified in 10A NCAC 14H .0103(2)-(9)(excluding the requirement in 10A NCAC 14H .0103(9) to disclose data to the State Health Director), shall be granted a certificate for a one year period. If within that one year period the applicant makes a satisfactory showing to the Division by written application that it then is performing all of the requirements specified in 10A NCAC 14H .0103, the applicant shall be granted certification as a statewide data processor for an additional two year period.

History Note: Authority G.S. 131E-214.1(6);
Temporary Adoption effective October 1, 1995 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

10A NCAC 14H .0106 STANDARDS FOR REFUSAL, SUSPENSION OR REVOCATION OF CERTIFICATION

A certificate applied for or issued under this Chapter may be refused, suspended, or revoked by the Division if the Division determines that the applicant or statewide data processor cannot or does not perform the requirements specified in 10A NCAC 14H .0103 and G.S. 131E-214.4.

History Note: Authority G.S. 131E-214.1(6);
Temporary Adoption effective October 1, 1995 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1996;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

10A NCAC 14H .0107 FAILURE TO TIMELY RENEW

A certificate issued under this Chapter shall be automatically suspended by the Division after a failure to renew the certificate for a period of more than three months after the renewal date.

*History Note: Authority G.S. 131E-214.1(6);
Temporary Adoption effective October 1, 1995 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

10A NCAC 14H .0108 PROCEDURE

Except as otherwise provided in this Chapter, the procedure for revocation, suspension, or refusal of certification shall be in accordance with the provisions of G.S. 150B.

*History Note: Authority G.S. 131E-214.1(6);
Temporary Adoption effective October 1, 1995 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. February 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

SUBCHAPTER 14I - CERTIFICATE OF PUBLIC ADVANTAGE

SECTION .0100 – CERTIFICATE OF PUBLIC ADVANTAGE PROGRAM

10A NCAC 14I .0101 CERTIFICATE OF PUBLIC ADVANTAGE

10A NCAC 14I .0102 APPLICATION FILING FEE

10A NCAC 14I .0103 FILING FEE – PERIODIC REPORTS

10A NCAC 14I .0104 PUBLIC HEARING

*History Note: Authority G.S. 131E-192.11;
Temporary Adoption Eff. October 25, 1993 for a Period of 180 days or until the Permanent Rule becomes effective, whichever is sooner;
Eff. March 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest eff. March 22, 2015;
Repealed Eff. September 30, 2016 pursuant to G.S. 150B-21.7.*

SUBCHAPTER 14J – JAILS, LOCAL CONFINEMENT FACILITIES

SECTION .0100 - DEFINITIONS AND APPLICABILITY FOR JAILS

10A NCAC 14J .0101 DEFINITIONS

In addition to the definitions of G.S. 153A-217, the following definitions shall apply throughout Sections .0100 through .1300 of this Subchapter:

- (1) "Addition" means an extension or increase in floor area or height of a building or structure.
- (2) "Alteration" means any change or modification in construction or use.

- (3) "Booking area" means an area where a person is admitted to a jail and procedures such as searching, fingerprinting, photographing, health screening, and collecting personal history data occur.
- (4) "Cell" means any confinement unit, except a dormitory.
- (5) "Cellblock" means a separate and identifiable grouping of cells.
- (6) "Communicable disease or condition" means an illness or condition as defined in G.S. 130A-2.
- (7) "Control center" means a room where jail personnel control the safety and security functions of the jail through the monitoring and operation of equipment that includes the communication systems, security systems, electronic surveillance systems, fire alarm system, and electronic door locking systems.
- (8) "Confinement unit" means a single segregation cell, a single cell, a multiple occupancy cell, or a dormitory, but shall not include a padded cell.
- (9) "Construction Section" means the Construction Section of the Division of Health Service Regulation.
- (10) "Contraband" means any item that a person is not authorized to possess in the jail because it is a violation of G.S. 14-258.1 and G.S. 14-258.2 or it is not allowed by the sheriff or regional jail administrator.
- (11) "Dayroom" means an area accessible to a single cell or a multiple occupancy cell with access from the cell and space for activities such as dining, showers, physical exercise, and recreation.
- (12) "Department" means as defined in G.S. 153A-217.
- (13) "Direct two-way voice communication" means the monitoring of inmate activity by an officer who is located within a cellblock, dayroom, or dormitory and who has oral communications with inmates without the use of a remote two-way voice communication system.
- (14) "Direct visual observation" means the monitoring of inmate activity by an officer who has a direct visual view of the inmates without the use of video surveillance. A jail shall locate an officer either within the cellblock, dayroom, and dormitory or outside of the cellblock, dayroom, and dormitory separated by barriers with view panels. If the officer is separated by barriers from the cell block, dayroom, or dormitory, the view panels in the barriers shall be sized and located to provide the officer with a view into the interior of the cells. The front of these cells shall have bars or doors with view panels.
- (15) "Disaster plan" means an individual jail's plan with written policies and procedures that states what, how, and when actions shall be taken by a jail to maintain the security, welfare, and safety of inmates, staff, officers, and the public before and after the occurrence of an emergency event at the jail. This plan is created and written by the sheriff, regional jail administrator, or their designees.
- (16) "District confinement facility" means a building operated by two or more units of local government for the confinement of inmates as provided in G.S. 153A-219.
- (17) "Division" means the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.
- (18) "Dormitory" means an area designed to house inmates that combines dayroom space with sleeping space.
- (19) "Emergency event" means an event caused by the occurrence of an emergency as defined by G.S. 166A-19.3(6) or the loss of a jail's utility service that includes electricity, water, gas, or communications.
- (20) "Emergency medical need" means a medical condition that requires medical treatment as soon as noticed and that may not be deferred until the next scheduled sick call or clinic.
- (21) "Fire evacuation training" means instructing officers and jail staff in procedures related to the evacuation or relocation of building occupants when there is a fire in the jail. The instruction shall simulate an actual fire and a rehearsal of actions needed by officers and jail staff for the evacuation or relocation of building occupants but may not require the actual relocation of inmates within the jail or to the outdoors. The local fire marshal and the sheriff or regional jail administrator shall determine whether the rehearsal shall include the actual relocation of inmates within the jail or to the outdoors.
- (22) "Footcandle" means the amount of light thrown on a surface one foot away from the light source. It is a unit for measuring the intensity of illumination.

- (23) "Flushing rim floor drain" means a plumbing fixture that uses water activated by a flushometer valve to flush sanitary waste from the fixture to a sanitary drainage system. It shall be mounted flush to the floor.
- (24) "Glazing" means any infill material in a window or view panel that includes transparent or translucent glass, polycarbonate, or a combination of glass and polycarbonate.
- (25) "Governing body" means as defined in G.S. 153A-217.
- (26) "Holding area" means a place where inmates are held while awaiting processing, booking, court appearance, discharge, or transfer to a confinement unit.
- (27) "Holdover facility" means a facility as defined in G.S. 7B-1501.
- (28) "Inmate" means any person, whether pretrial, unsentenced, or sentenced, who is confined in a jail, a district confinement facility, or a county satellite jail/work release unit.
- (29) "Inmate processing area" means a location in a jail where the booking area and release functions for persons committed to the jail are performed.
- (30) "Interlocking security feature" means an electronic locking interface between two or more doors in a security vestibule that unlocks and opens one door while at the same time locking the other doors.
- (31) "Jail" means a building or part of a building operated by a county or group of counties for the confinement of inmates that includes county jails and district confinement facilities. It shall not include a county satellite jail/work release unit governed by Part 3 of Article 10 of Chapter 153A of the General Statutes.
- (32) "Means of egress" means an unobstructed path of vertical and horizontal egress travel from any occupied portion of a building or structure to the outside of the building.
- (33) "Medical personnel" means persons who provide medical care to inmates. Medical personnel shall include a physician, Registered Nurse, and Licensed Practical Nurse.
- (34) "Medical record" means a record of medical problems, examinations, diagnoses, and treatments.
- (35) "Mental health personnel" means persons who provide mental health services to inmates. Mental health personnel shall include a psychiatrist, psychologist, Registered Nurse, and social worker.
- (36) "Multiple occupancy cell" means a cell designed to house more than one inmate.
- (37) "Officer" means a person, whether sworn or unsworn, who is involved in the supervision, control, or custody of inmates.
- (38) "Operations manual" means a set of written policies and procedures for the operation of a jail in compliance with the standards set forth in Sections .0100 through .1100 and Section .1300 of this Subchapter.
- (39) "Program area" means a common area or room of a jail used by inmates, officers, or visitors for religious, education, training, or recreation activities.
- (40) "Program services" means activities provided to inmates by the jail that includes jail orientation, academic and vocational training, problem solving and recreational skills, and life skills in parenting and maintaining employment after release from jail.
- (41) "Regional jail administrator" means a person who manages a local district confinement facility on behalf of two or more units of local government as provided in G.S. 153A-219.
- (42) "Remote two-way voice communication" means the monitoring of inmate activity with a two-way voice intercom system installed between a confinement unit and a 24-hour officer staffed location away from the confinement unit.
- (43) "Repair" means reconstruction or renewal of any part of an existing building for the purpose of its maintenance.
- (44) "Routine care" means medical care that includes physical examinations, health screenings, diagnostic testing, and treatment for an illness, a medical condition, or a mental health condition that is not an emergency medical need.
- (45) "Sally port" means an enclosed entry and exit area used either for vehicular or pedestrian traffic with gates or doors at both ends, only one of which opens at a time.
- (46) "Satellite jail/work release unit" means a unit as defined in G.S. 153A-230.1.
- (47) "Screenings of inmates" means a procedure for each newly-admitted inmate that combines visual observation with an interview to obtain information about the inmate prior to the inmate's placement in the general population of the jail. The procedure is set forth in Rule .1002 of this Subchapter.
- (48) "Secretary" means as defined in G.S. 153A-217.

- (49) "Security perimeter" means the outer portion of a jail that provides for the confinement of inmates and that prevents the entry of persons not authorized by the sheriff or regional jail administrator.
- (50) "Security-type" means a designation by a manufacturer that indicates the product is designed to withstand damage and destruction by inmates.
- (51) "Security vestibule" means a space that provides security by using two or more doors, with each door able to operate independently, and that permits an officer to observe those who pass through the space.
- (52) "Single cell" means a cell designed to house one inmate.
- (53) "Single segregation cell" means a cell designed to house one inmate who has been removed from the general inmate population for administrative segregation, disciplinary segregation, or protective custody.
- (54) "Special inmates" means an inmate that includes a geriatric inmate, an inmate with a mental health disorder, developmental disability, intellectual disability, or substance use disorder, and an inmate with a physical disability.
- (55) "Special watch rounds" means an in-person check of an inmate by an officer at time intervals set forth in Rule .0601(c) of this Subchapter.
- (56) "Supervision rounds" means an in-person check of inmates by an officer entering and walking through a cellblock, dayroom, or dormitory. For a cellblock or dayroom, the officer shall walk past and view into each cell and observe the inmate within the cell. If during the supervision rounds inmates are located in the dayroom and not in their cells, the officer shall observe each of the inmates located in the dayroom. For a dormitory, the officer shall walk through the dormitory and observe each inmate. An officer shall conduct the in-person check at time intervals specified in Rule .0601(a) of this Subchapter.
- (57) "Tamper-resistant" means a designation by a manufacturer that indicates the product is designed to withstand dismantling of the product, removal of the product, or interference with the operation of the product by inmates.
- (58) "Total design capacity" means the maximum number of inmates that can be housed in the confinement units of the jail based on the standards contained in Rule .0103 of this Section and Section .1200 of this Subchapter.
- (59) "Unit of local government" means as defined in G.S. 153A-217.
- (60) "Video surveillance" means the monitoring of inmate activity by a video camera installed in a cell block, dayroom, or dormitory with views of the confinement units. An officer in a location remote from the cell block, dayroom, or dormitory shall observe a live video image created by the video camera on a television monitor or computer monitor.
- (61) "View panel" means a transparent panel.
- (62) "Visitation area" means an area where inmates are permitted to receive visitors according to the jail's policies and procedures that govern visitation.
- (63) "Work release" means the release of a convicted inmate for employment in the community and the return to custody of the convicted inmate during nonworking hours.

History Note: Authority G.S. 153A-217; 153A-221;
 Eff. June 1, 1990;
 Readopted Eff. September 4, 2020.

10A NCAC 14J .0102 APPLICABILITY - OPERATIONS AND ENFORCEMENT AND INCORPORATION BY REFERENCE

- (a) The standards established in Section .0100 through .1100 and Section .1300 of this Subchapter shall apply to all jails.
- (b) For the purposes of the rules in this Subchapter, the following Codes, Rule, and standard are incorporated herein by reference including all subsequent amendments and editions. Copies of these Codes, Rule, and standard may be obtained or accessed from the online addresses listed:
 - (1) All volumes of the North Carolina State Building Codes. Copies of all volumes of the North Carolina State Building Code may be purchased from the International Code Council online at www.iccsafe.org at a cost of six hundred seventeen dollars (\$617.00) or accessed electronically free of charge at www.iccsafe.org;
 - (2) 15A NCAC 18A .1517; and

- (3) the National Fire Protection Association, National Fire Alarm and Signaling Code, NFPA 72. Copies may be purchased from the National Fire Protection Association online at http://catalog.nfpa.org/NFPA-72-National-Fire-Alarm-and-Signaling-Code-2016-Edition-P1198.aspx?order_src=C900&gclid=CJH4hoSFis8CFdQvgQod_y8Dig for a cost of ninety-six dollars and fifty cents (\$96.50) or accessed electronically free of charge at <http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards?mode=code&code=72>.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .0103 APPLICABILITY – CONSTRUCTION

- (a) A new jail or an addition or alteration to an existing jail I and II shall meet the requirements of the North Carolina State Building Codes.
- (b) An existing jail I and II shall meet the requirements of the North Carolina State Building Codes in effect at the time of construction, addition, alteration, or repair.
- (c) New jail construction or any additions or alterations to an existing jail I and II that have construction documents approved by the Construction Section on or after the readopted effective date of this Rule shall meet the requirements of this Rule and the rules of Section .1200 of this Subchapter.
- (d) Existing jail I construction is a jail that has construction documents approved by the Construction Section prior to June 1, 1990 and shall meet the requirements of this Rule and the rules of Section .1500 of this Subchapter.
- (e) Existing jail II construction is a jail that has construction documents approved by the Construction Section on or after June 1, 1990 and prior to the readopted effective date of this Rule and shall meet the requirements of:
- (1) this Rule; and
 - (2) Rules .1202 through .1226 of this Subchapter that were in effect at the time the construction documents were approved by the Construction Section.
- (f) Previous versions of the rules of Section .1200 of this Subchapter can be accessed online at <https://www2.ncdhhs.gov/dhsr/jail/index.html>.
- (g) A jail that is closed and later reopened shall meet the requirements of Paragraph (c) of this Rule. A jail is not closed if within the same 12-month period of time the jail has either:
- (1) housed inmates; or
 - (2) been inspected by the Construction Section as required by G.S. 153A-222.
- (h) Any existing building converted from another use to a new jail shall meet the requirements of Paragraph (c) of this Rule.
- (i) Prior to changing a jail's total design capacity by the addition or removal of bunks, the alteration of rooms, or a change in use of space, the governing body shall submit a written request of the change to the Construction Section and obtain a written approval of the change from the Construction Section. For a new jail or an existing jail I, changes to their total design capacity shall comply with the requirements for a new jail as set forth in Paragraph (c) of this Rule. For an existing jail II, changes to its total design capacity shall comply with the requirements of Paragraph (e) of this Rule.
- (j) This Rule and the rules contained in Sections .1200, .1500, .1600, and .1700 of this Subchapter are minimum requirements and are not intended to prohibit jail construction, systems, or operational conditions that exceed these minimum requirements.
- (k) The Division may grant an equivalency to allow an alternate design or functional variation from the requirements of this Rule and the rules contained in Sections .1200, .1500, .1600, and .1700 of this Subchapter. The equivalency may be granted by the Division when a governing body submits a written equivalency request to the Division that states the following:
- (1) the rule citation and the rule requirement that will not be met;
 - (2) the justification for the equivalency; and
 - (3) how the proposed equivalency meets the intent of the corresponding rule requirement.
- In determining whether to grant an equivalency request the Division shall consider whether the request will reduce the safety and operational effectiveness of the jail design and layout. The governing body shall maintain a copy of the approved equivalence issued by the Division.
- (l) If the rules, codes, or standards contained in this Subchapter conflict, the most restrictive requirement shall apply.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

SECTION .0200 - OPERATIONS MANUAL FOR JAILS

10A NCAC 14J .0201 REQUIREMENT FOR OPERATIONS MANUAL

The sheriff or the regional jail administrator shall develop an operations manual that meets the requirements of this Section.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. June 1, 1991;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .0202 PURPOSE OF OPERATIONS MANUAL

The purpose of the operations manual is to ensure the smooth and efficient operation of the jail, and therefore it shall be detailed enough to guide officers in completing their assigned duties. The operations manual shall be available to all officers, and each officer shall be familiar with the manual.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .0203 CONTENTS OF OPERATIONS MANUAL

- (a) The operations manual shall include written policies and procedures that address the following areas:
- (1) administration and management of inmates;
 - (2) admissions, transportation, and release;
 - (3) classification for the placement and housing of inmates, as set forth in Rule .0301(a) of this Subchapter;
 - (4) security and supervision;
 - (5) inmate rules and discipline;
 - (6) management of special inmates;
 - (7) legal rights of inmates;
 - (8) health, mental health, developmental disability, intellectual disability, and substance use disorder services;
 - (9) food services;
 - (10) program services;
 - (11) work release;
 - (12) opportunities for exercise;
 - (13) access to legal assistance or legal materials;
 - (14) grievance procedures;
 - (15) visitation and mail policies;
 - (16) religious activities;
 - (17) sanitation procedures that comply with Rule .0701 of this Subchapter;
 - (18) emergency plans for a fire or an emergency situation that includes rioting, bomb threats, escapes, and the taking of hostages;
 - (19) a disaster plan as required by Rule .0403(d) of this Subchapter;
 - (20) a suicide prevention program that includes identifying suicidal inmates, supervising suicidal inmates, and reviewing procedures and debriefing officers after an inmate suicide;
 - (21) waiving any medical fees for indigent inmates, as required by G.S. 153A-225;
 - (22) use of force; and
 - (23) use of restraints.

(b) In compliance with G.S. 153A-220(1), the Construction Section shall provide consultation and technical assistance to a jail upon request.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .0204 REVIEW OF MANUAL

The sheriff or regional jail administrator shall review and approve the operations manual in writing annually beginning on January 1. If the operations manual has changed, it shall be updated during the review. The date of the most recent review and approval shall be stated in the operations manual. The operations manual and the written approval shall be made available to the Construction Section during an inspection upon request.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

SECTION .0300 - CLASSIFICATION AND HOUSING

10A NCAC 14J .0301 CLASSIFICATION SYSTEM AND TOTAL DESIGN CAPACITY

(a) Each jail shall have a written classification procedure for the placement and housing of inmates. The procedure shall include the following criteria for inmate placement:

- (1) the medical care needed by the inmate as required by Rules .1001 and .1003 of this Subchapter;
- (2) the level of supervision needed by the inmate related to the inmate's assaultive or non-assaultive behavior toward officers and other inmates;
- (3) the level of security needed by the inmate to prevent the inmate's escape; and
- (4) other criteria as determined by the sheriff or regional jail administrator.

(b) When a jail exceeds its total design capacity, the sheriff, regional jail administrator, or their designees shall relocate inmates to another jail or prison to bring the number of inmates confined into compliance with the total design capacity.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .0302 SEPARATION OF MALE AND FEMALE INMATES

Pursuant to G.S. 153A-228, the jail shall not house female and male inmates in the same confinement unit, dayroom, dormitory, or program area. Inmates shall be housed in the jail where they cannot converse with, see, or be seen by inmates of the opposite sex.

*History Note: Authority G.S. 153A-221; 153A-228;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .0303 CONFINEMENT OF INMATES UNDER 18 YEARS OF AGE

Inmates under 18 years of age shall be confined in separate cells from inmates who are 18 years of age and older during sleeping hours.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .0304 CONFINEMENT OF JUVENILES UNDER AGE 16

Any juvenile under age 16 who is transferred to superior court for trial as an adult and who is ordered held in the jail pursuant to G.S. 7A-611 shall be confined in a holdover facility where the juvenile cannot converse with, see, or be seen by the adult inmates.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .0305 DISCRIMINATION IN HOUSING ASSIGNMENTS

Housing assignments shall not be made on the basis of race, color, creed, national origin, or political belief.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

SECTION .0400 - FIRE SAFETY

10A NCAC 14J .0401 EXITS

Each jail shall have readily accessible emergency exits in compliance with the North Carolina State Building Code in order to permit the prompt evacuation of inmates and staff during an emergency. Egress doors in jails which are classified as "Residential Occupancy" by the North Carolina State Building Code shall remain unlocked at all times thereby permitting free movement to the building exterior from occupied areas.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .0402 PORTABLE FIRE EXTINGUISHERS

Each jail shall provide portable fire extinguishers that meet the requirements of the North Carolina State Fire Prevention Code.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .0403 FIRE PLAN, FIRE EVACUATION TRAINING, AND DISASTER PLAN

- (a) Each jail shall have a written plan for the evacuation and control of inmates in the event of a fire.
- (b) Jail staff shall receive fire evacuation training as required by Section 405 of the North Carolina State Fire Prevention Code. The evacuation routes used in the fire evacuation training shall be posted in the jail for viewing by officers. The sheriff or regional jail administrator shall maintain written documentation of the fire evacuation training. The sheriff or regional jail administrator shall make this documentation available to the Construction Section during an inspection upon request.
- (c) If the local fire department or fire marshal has not inspected the jail and approved the fire plan within 12 months of the date of their last inspection, the sheriff or regional jail administrator shall request in writing an inspection and approval of the plan from the local fire department or fire marshal. The sheriff or regional jail administrator shall maintain written documentation of either the inspection and the approved fire plan, or the written request for inspection and approval of the plan. The sheriff or regional jail administrator shall make this documentation available to the Construction Section during an inspection upon request.
- (d) Each jail shall have a disaster plan that shall be documented as having been submitted to the local emergency management agency. The sheriff or regional jail administrator shall review the disaster plan in writing not less than once each year beginning on January 1. If the plan has changed, it will be updated during the review. The date of the

most recent review shall be stated in the plan. The disaster plan shall be maintained at the jail and shall be made available to the Construction Section during an inspection upon request.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .0404 MATTRESSES

Mattresses shall meet the requirements of the North Carolina State Fire Prevention Code.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .0405 KEYS

(a) Each jail that is classified as an Institutional Group I-3 occupancy shall have a key control system. For the purposes of this Rule, "Institutional Group I-3 occupancy" means an occupancy classification as defined in the North Carolina State Building Code.

(b) The key control system shall include the following elements:

- (1) a key control center that is inaccessible to unauthorized persons at all times;
- (2) a set of duplicate keys for emergency use stored outside the security perimeter of the jail in a location that is inaccessible to unauthorized persons at all times and accessible to emergency personnel at all times;
- (3) an accounting procedure for issuing and returning keys; and
- (4) a system of keys and matching locks that are color-coded and marked for identification by touch on both sides of doors installed in a means of egress.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

SECTION .0500 - SECURITY

10A NCAC 14J .0501 GENERAL SECURITY REQUIREMENTS

Each jail shall meet the following security requirements:

- (1) provide for the confinement of inmates from the time of their passage through the security perimeter until release;
- (2) provide for the locked storage of firearms before persons enter the security perimeter;
- (3) prevent the passage of contraband;
- (4) prevent contact between inmates and persons from outside the jail, unless authorized by the sheriff, regional jail administrator, or their designees;
- (5) provide a ground-level perimeter exterior that is lighted; and
- (6) provide a communications link with outside agencies for use in emergencies.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Readopted Eff. September 4, 2020.*

SECTION .0600 - SUPERVISION

10A NCAC 14J .0601 SUPERVISION

(a) A jail shall have an officer make supervision rounds and observe each inmate at least two times within a 60 minute time period on an irregular basis with not more than 40 minutes between rounds. Supervision rounds shall be conducted 24 hours a day, 7 days per week. The supervision rounds shall be documented and maintained as written or electronic records. These records shall be made available to the Construction Section during an inspection upon

request. The supplemental methods of supervision specified in Paragraph (b) of this Rule shall not substitute for supervision rounds.

(b) A jail shall utilize one or more supplemental methods of supervision 24 hours a day, 7 days a week. The supplemental methods of supervision are:

- (1) direct two-way voice communication;
- (2) remote two-way voice communication;
- (3) direct visual observation; and
- (4) video surveillance.

(c) While an inmate is on special watch, as specified by this Paragraph, the jail shall have an officer conduct special watch rounds and observe the inmate not less than four times within a 60 minute period on an irregular basis with not more than 20 minutes between rounds. Special watch shall be conducted 24 hours a day, 7 days a week. The special watch rounds shall be documented. The jail shall maintain written or electronic records of the special watch rounds and shall make these records available to the Construction Section during an inspection upon request. The supplemental methods of supervision specified in Paragraph (b) of this Rule shall not substitute for a special watch. Special watch shall be used for the following reasons:

- (1) an inmate with a medical record maintained and preserved by the jail as required by Rule .1001(b)(7) of this Subchapter that indicates the inmate has attempted suicide at a previous time, unless the inmate is seen by a physician who determines a special watch is not needed;
- (2) an inmate who reports a previous suicide attempt or threatens to commit suicide during their initial screening upon admission required by Rule .1001(b)(1) of this Subchapter, unless the inmate is seen by a physician who determines a special watch is not needed;
- (3) an inmate who has been assigned to special watch by medical or mental health personnel of the jail or an officer;
- (4) an inmate who displays any of the following behavior:
 - (A) physically hitting or trying to hit an officer;
 - (B) verbal abuse of other people;
 - (C) threatening other people, or threatening to or engaging in self-injury;
 - (D) screaming, crying, laughing uncontrollably, or refusing to talk; and
- (5) an inmate who is intoxicated by alcohol or drug use as determined at intake by one of the following:
 - (A) a blood alcohol content level of .15 or greater as measured;
 - (B) use of slurred speech; or
 - (C) the inability to control body movement.

(d) A jail shall make sure that officers remain awake at all times while on duty.

(e) An officer or officers assigned to supervise inmates as required by Paragraph (a) and (c) of this Rule may be assigned other tasks if those tasks do not interfere with the completion of supervision and special watch rounds or are not performed at the same time as supervision and special watch rounds. These other tasks may include:

- (1) delivering food to inmates;
- (2) preparing inmates for and transporting inmates to court;
- (3) escorting inmates to medical appointments;
- (4) performing inmate booking and release functions;
- (5) supervising inmates working in the jail; and
- (6) exchanging inmate's soiled clothing, bed sheets, and blankets with clean clothing, bed sheets, and blankets.

(f) A jail shall have female officers on duty when female inmates are confined.

(g) The sheriff or the regional jail administrator shall develop contingency personnel plans for the supervision and control of inmates during a fire, an emergency event, or an emergency situation that includes rioting, bomb threats, escapes, and the taking of hostages. The contingency personnel plans shall provide for the availability of extra personnel. A contingency personnel plan shall be included in the emergency plans required by Rule .0203(18) of this Subchapter and the disaster plan required by Rule .0403(d) of this Subchapter.

(h) A jail shall not allow an inmate to supervise or assume control over other inmates.

*History Note: Authority G.S. 153A-221;
Eff. October 1, 1990;
Amended Eff. June 1, 1992;
Readopted Eff. September 4, 2020.*

SECTION .0700 - SANITATION AND PERSONAL HYGIENE

10A NCAC 14J .0701 SANITATION

Each jail shall comply with the North Carolina Commission for Public Health rules governing sanitation as codified in Title 15A Chapter 18A Section .1500 and which are hereby adopted by reference pursuant to G.S. 150B-14(c).

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .0702 MATTRESSES AND BEDDING

(a) Mattresses, sheets, and blankets that are clean and are capable of being used for their intended purpose shall be supplied to inmates who are housed overnight. Clean sheets shall be issued at least once a week.

(b) Mattresses shall:

- (1) comply with G.S. 106.65.95 through 106.107 and the requirements of 15A NCAC 18A .1517;
- (2) not be less than four inches thick;
- (3) be the same length and width as the jail bunks;
- (4) not have any metal, plastic, or other rigid framing component; and
- (5) have ticking that is water repellent.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.

10A NCAC 14J .0703 SHAVING

Each inmate detained over 24 hours shall be provided with individual shaving supplies, except when security considerations dictate otherwise, and inmates shall not be allowed to share razors.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .0704 SHOWERS AND TOILETS

Inmates shall have access to showers a minimum of three times per week. Inmates on work release shall have daily access to showers. Bath towels and soap shall be provided. Inmates shall have unrestricted access to toilets while confined.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. March 1, 1992; December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .0705 PERSONAL HYGIENE ITEMS

(a) Every inmate detained over 24 hours shall be issued without charge the following items:

- (1) toothbrush;
- (2) toothpaste or tooth powder;
- (3) comb;
- (4) feminine hygiene products, if appropriate;
- (5) deodorant; and
- (6) shampoo.

(b) After an inmate has exhausted his or her initial supply of personal hygiene items listed in Paragraph (a) of this Rule, each jail shall make these items available either for inmate purchase or without charge, as determined by the jail.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. January 1, 1992;
Readopted Eff. September 4, 2020.

SECTION .0800 - COMMISSARY OR CANTEEN SERVICES

10A NCAC 14J .0801 AVAILABILITY OF SERVICES

Each jail shall make commissary or canteen items, including snacks and personal care products, available for purchase by inmates. The items shall be available either directly from officers or through contract vending. The price of these items shall be no higher than local retail prices. Snacks and personal care products do not have to be made available for purchase if they are provided without charge.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

SECTION .0900 - FOOD

10A NCAC 14J .0901 FOOD SERVICE

- (a) In jails that purchase meals from an outside provider, a written contract shall require the provider to meet the applicable standards in this Section.
- (b) Inmates who assist with the preparation or service of any meal shall be supervised at all times.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .0902 MEAL SERVICE

- (a) Each jail shall provide at least three meals for inmates, two of which must be hot, at regular times during each 24-hour period. There shall be not more than 14 hours between the evening meal and breakfast.
- (b) Food shall be served to inmates on individual serving trays. Eating utensils, consistent with security considerations, and condiments shall be provided.
- (c) While food is being transported, either from inside or outside the jail it shall be covered to prevent contamination. Food must be maintained at appropriate serving temperatures as specified in Commission for Public Health Rule 15 NCAC 18A .1522.
- (d) Food shall never be used as a reward or punishment.
- (e) Each jail shall keep a daily record of the number of meals served.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .0903 FOOD AND NUTRIENT REQUIREMENTS

- (a) The average nutrient content of weekly menus shall meet the Recommended Dietary Allowances of the National Academy of Sciences which are hereby adopted by reference pursuant to G.S. 150B-14(c).
- (b) Daily menus shall include the following:

- (1) Milk Group: Two servings;
- (2) Fruit Group: Two servings, one of which shall be citrus;
- (3) Vegetable Group: Three servings;
- (4) Meat or Protein Group: Two servings;
- (5) Cereal or Bread Group: Four servings of whole grain or enriched products; and
- (6) Calories: 2,100 - 2,500.

(c) For all pregnant women and inmates under age 18, the milk group shall include four servings per day.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .0904 MENUS

- (a) A jail shall prepare menus in consultation with a dietitian or nutritionist.
- (b) Menus shall be written and portion sizes shall be specified within the menu.
- (c) Menus shall be dated and posted in the jail one week in advance of serving a meal.
- (d) Menus shall be served to inmates as written, unless a substitution of comparable nutritional value is served as determined by the dietitian or nutritionist. Substitutions to the menu shall be made in consultation with a dietitian or nutritionist.
- (e) The same menu shall not be served at lunch and dinner on the same day.
- (f) Dated menus and records of any substitutions shall be retained for three years by the jail or the jail's food vendor, either at the jail or at a remote location.
- (g) If requested during a Construction Section inspection, the jail shall make dated menus and records of substitutions available to the Construction Section within 30 days of the request.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .0905 MODIFIED DIETS

- (a) Modified diets shall be provided if prescribed by appropriate medical or dental personnel.
- (b) Modified diets shall be provided when reasonably possible to accommodate the sincerely held religious beliefs of an inmate.
- (c) Written menus for modified diets shall be prepared in consultation with a registered dietitian.
- (d) Modified diets shall be served as written. Any necessary substitutions shall be of comparable nutritional value, and a written record of substitutions shall be kept. Dated menus of modified diets and records of any substitutions shall be retained for three years.
- (e) Each jail shall maintain a current list of inmates requiring modified diets, and it shall be posted for use by staff.
- (f) Each jail shall record the number of modified diets served at each meal, along with the name of each inmate and the type of modified diet that he or she received.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

SECTION .1000 - HEALTH CARE OF INMATES AND EXERCISE

10A NCAC 14J .1001 MEDICAL PLAN

- (a) A governing body shall develop and adopt a written medical plan in compliance with G.S. 153A-225. The medical plan shall be available for reference by jail personnel. The medical plan shall include a description of the health services available to inmates.
- (b) The written plan shall include policies and procedures that address the following areas:
 - (1) screening of inmates upon admission as set forth in Rule .1002(a) of this Section;
 - (2) handling routine medical care;

- (3) handling routine care for an inmate's needs related to:
 - (A) mental health;
 - (B) a developmental or intellectual disability; and
 - (C) a substance use disorder;
 - (4) the handling of inmates with chronic illnesses or communicable diseases or conditions;
 - (5) administration, dispensing, and control of prescription and non-prescription medications;
 - (6) handling emergency medical needs, including dental care, substance use disorder, pregnancy, and mental health;
 - (7) maintenance, preservation, and confidentiality of medical records; and
 - (8) privacy during medical examinations and conferences with medical or mental health personnel.
- (c) Inmates shall be provided an opportunity each day to communicate their health complaints to medical personnel, mental health personnel, or an officer. Medical personnel or mental health personnel shall be available to evaluate the needs of inmates related to medical care, mental health care, a substance use disorder, and a developmental or intellectual disability. A jail shall maintain a written record of an inmate's health complaints and the action taken by the jail. The jail shall make these records available to the Construction Section during an inspection upon request.
- (d) Inmates shall not render medical care or routine care for mental health, substance use disorders, and developmental or intellectual disabilities to anyone in the jail.
- (e) The local or district health director shall review the medical plan to determine if it needs to be updated not less than once each year beginning on January 1. If so, he or she shall update the medical plan in writing in accordance with G.S. 153A-225. The date of the most recent review shall be stated in the plan. The medical plan shall be maintained at the jail and shall be made available to the Construction Section during an inspection upon request.

History Note: Authority G.S. 153A-221; 153A-225;
 Eff. June 1, 1990;
 Amended Eff. December 1, 1991;
 Readopted Eff. September 4, 2020.

10A NCAC 14J .1002 SCREENING OF INMATES

- (a) Medical personnel, mental health personnel, or an officer shall conduct and document screenings of each inmate upon admission for the following:
- (1) medical care needs;
 - (2) mental health care needs;
 - (3) developmental and intellectual disabilities;
 - (4) substance use disorders; and
 - (5) risk of suicide.
- (b) Medical personnel or mental health personnel shall maintain a record of the screening in each inmate's medical record. In compliance with G.S. 153A-222, documentation of the screening shall be made available to the Construction Section during an inspection upon request.
- (c) Officers may access or use information from the screening in accordance with the confidentiality policy and procedures for medical records that is required by Rule .1001(b)(7) of this Section.

History Note: Authority G.S. 153A-221;
 Eff. June 1, 1990;
 Amended Eff. December 1, 1991;
 Readopted Eff. September 4, 2020.

10A NCAC 14J .1003 MEDICAL ISOLATION

Each jail shall separate inmates who require medical isolation from other inmates, either by housing them in a separate area of the jail or by transferring them to another facility.

History Note: Authority G.S. 153A-221;
 Eff. June 1, 1990;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1004 EXERCISE

After the fourteenth consecutive day of confinement, each inmate shall be provided opportunities for physical exercise at least three days weekly for a period of one hour each of the days. Physical exercise shall take place either in the confinement unit if it provides adequate space or in a separate area of the jail that provides adequate space. The opportunity for physical exercise shall be documented.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

SECTION .1100 - REPORTS

10A NCAC 14J .1101 MONTHLY REPORT FOR JAILS

The sheriff or the administrator of a regional jail shall complete a monthly report on Form DHR-JDS-1 and send it to the Section no later than the tenth day of the following month.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1102 REPORT OF DEATH

The report of an inmate death required by G.S. 153A-225 shall be submitted to the Section within five days.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. June 1, 1993;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

SECTION .1200 - STANDARDS FOR NEW JAIL DESIGN AND CONSTRUCTION

10A NCAC 14J .1201 APPLICABILITY - CONSTRUCTION

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. June 1, 1992;
Repealed Eff. September 4, 2020.

10A NCAC 14J .1202 CONSULTATION AND TECHNICAL ASSISTANCE

In compliance with G.S. 153A-220(1), the Construction Section shall provide consultation and technical assistance to a governing body in the planning and construction of a new jail or an addition, alteration, or repair of an existing jail I and II.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.

10A NCAC 14J .1203 COMPLIANCE REVIEW AND APPROVAL

(a) Prior to the construction of a new jail or the construction of an addition or alteration to an existing jail I and II, the governing body shall submit the following to the Construction Section for review and approval:

- (1) two sets of schematic drawings and outline specifications;
- (2) two sets of preliminary working drawings or design development drawings and outline specifications; and
- (3) two sets of construction documents and specifications.

The Construction Section shall review one set of these drawings, documents, and specifications for compliance with the standards established in this Section and Rule .0103 of this Subchapter. The Construction Section shall have 45 days from receipt of these drawings, documents, and specifications to complete its review.

(b) Upon receipt of the drawings, documents, and specifications required by Paragraph (a) of this Rule, the Construction Section shall send one set to the North Carolina Department of Insurance for plan review to confirm compliance with the North Carolina State Building Codes. The Construction Section's approval shall be contingent upon the approval by the North Carolina Department of Insurance and the local building code official.

(c) During its review, the Construction Section shall determine the total design capacity of the confinement units in the jail. The Construction Section's approval letter required by Paragraph (g) of this Rule shall state the total design capacity of the jail with a breakdown of the total design capacity as follows:

- (1) total capacity of confinement units designed for male inmates who are 18 years of age or older;
- (2) total capacity of confinement units designed for male inmates who are under 18 years of age;
- (3) total capacity of confinement units designed for female inmates who are 18 years of age or older; and
- (4) total capacity of confinement units designed for female inmates who are under 18 years of age.

(d) In order to maintain compliance with the standards established in this Section and Rule .0103 of this Subchapter, the governing body shall obtain written approval from the Construction Section for any changes made during the construction of the jail in the same manner as set forth in Paragraph (a) of this Rule.

(e) Two weeks prior to the anticipated construction completion date, the governing body shall notify the Construction Section of the anticipated construction completion date in writing either by U.S. Mail at the Division of Health Service Regulation, Construction Section, 2705 Mail Service Center, Raleigh, NC, 27699-2705 or by e-mail at DHSR.Construction.Admin@dhhs.nc.gov.

(f) Prior to inmate occupancy of the jail, the governing body shall obtain written approval of the completed construction from the Construction Section.

(g) When the Construction Section approves the construction documents and specifications, it shall provide the governing body with an approval letter. The Construction Section's approval of the construction documents and specifications shall expire 24 months after the issuance of the approval letter, unless the governing body has obtained a building permit for construction. If the Construction Section's approval has expired, the governing body may obtain a renewed approval of the construction documents and specifications from the Construction Section as follows:

- (1) If the standards established in this Section and Rule .0103 of this Subchapter have not changed, the governing body shall request a renewed approval of the construction documents and specifications from the Construction Section.
- (2) If the standards established in this Section and Rule .0103 of this Subchapter have changed, the governing body shall:
 - (A) submit revised construction documents and specifications meeting the current standards established in this Section and Rule .0103 of this Subchapter to the Construction Section; and
 - (B) receive written approval of the revised construction documents and specifications from the Construction Section.

The Construction Section shall have 45 days from receipt of a request for a renewed approval to complete its review of the request.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. June 1, 1992;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .1204 SPECIFIC CONSTRUCTION REQUIREMENTS

(a) Jails that restrain inmates under lock and key within a building shall meet the requirements of the North Carolina State Building Code for "Institutional Occupancy - Restrained" and the additional security requirements imposed by Rule .1220.

(b) Jails that do not restrain inmates within a building by lock and key shall meet the requirements of the North Carolina State Building Code for "Residential Occupancy".

(c) The construction materials in all jails shall be sufficient to provide the degree of security required for the area in which they are used.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1205 RESERVED FOR FUTURE CODIFICATION

10A NCAC 14J .1206 ELEVATORS

Elevators that open into the jail shall be secure and shall be under the control and observation of officers.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1207 INMATE PROCESSING AREA AND PADDED CELL

(a) Each jail that performs a booking and release function shall have an inmate processing area that includes the following:

- (1) a separate inmate entrance;
- (2) a holding area with seating and access to a toilet, lavatory, drinking fountain, and a shower;
- (3) a booking area that includes space for photographing and fingerprinting inmates;
- (4) a telephone for making local and collect long-distance calls; and
- (5) a sobriety testing area.

(b) A holding area may have a cell but it shall not be used as a confinement unit.

(c) The inmate processing area may have a padded cell. The padded cell may be located in the medical area that is required by Rule .1209 of this Section. The padded cell shall:

- (1) be limited to one inmate;
- (2) contain a flushing rim floor drain that:
 - (A) is capable of accepting solid waste;
 - (B) has its flushing control located outside of the cell; and
 - (C) has a tamper-resistant cover as rated by the manufacturer;
- (3) be located to allow observation of the cell by an officer 24 hours a day 7 days per week;
- (4) have not less than 50 square feet of floor area with no one floor dimension being less than seven feet;
- (5) have not less than an eight feet clear ceiling height;
- (6) provide a food pass with a lockable shutter;
- (7) have a door with a view panel large enough to permit observation of the entire cell or meet the requirements of Paragraph (f) of this Rule;
- (8) be equipped with a fire sprinkler rated as tamper resistant by the manufacturer;
- (9) have remote two-way voice communication;
- (10) be padded with padding material that meets the requirements of Paragraph (d) of this Rule;
- (11) be separated from the remainder of the jail as required by Paragraph (e) of this Rule; and
- (12) have a water hose connection outside the cell that is not accessible to an inmate.

(d) Cell padding shall meet the requirements of the North Carolina State Fire Prevention Code. Cell padding shall be:

- (1) not less than ½ inch thick;
- (2) of a unitary or laminated construction designed to prevent destruction by teeth, hand tearing, or small metal objects;
- (3) bonded to surfaces to prevent tearing or ripping; and
- (4) without exposed seams that can be ripped open.

(e) A padded cell shall be separated from the remainder of the jail with a 1-hour fire-resistance-rated fire barrier and a fire door with a fire protection rating of not less than 45 minutes as required by the North Carolina State Building Code.

(f) If the padded cell has a video camera that monitors the inmate, the door's view panel may have a cover. The video camera shall be inaccessible to the inmate. An officer at the remote location from the padded cell shall

observe a live video image created by the video camera on a television monitor or computer monitor. The television monitor or computer monitor shall have live video images from not more than six padded or holding cells.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .1208 VISITATION AREAS

- (a) Each jail shall provide an area for visitation.
- (b) If provided, noncontact visitation areas shall:
 - (1) provide seating for the inmate and visitors;
 - (2) provide a view panel with minimum dimensions of 1' x 1' between the inmate and visitors;
 - (3) provide a telephone communication system or equivalent audio link between the inmate and visitors;
 - (4) permit visual and auditory observation by officers; and
 - (5) prevent the passage of contraband.
- (c) If provided, contact visitation areas shall:
 - (1) provide seating for the inmate and visitors; and
 - (2) permit visual and auditory observation by officers.
- (d) Confidential attorney visitation areas shall:
 - (1) permit contact between the inmate and attorney;
 - (2) be separate and distinct from the general visitation area;
 - (3) provide seating and a writing table for the inmate and attorney;
 - (4) permit only visual monitoring by the officers;
 - (5) provide a way for the attorney to contact officers if needed; and
 - (6) provide a minimum of 30 footcandles of artificial light.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1209 MEDICAL AREA

- (a) Each jail shall have a medical area that provides the following:
 - (1) a door that may be locked;
 - (2) locked storage for equipment, supplies, medications and medical records;
 - (3) an examination table and a handicapped-accessible sink, toilet and shower;
 - (4) a work station for the doctor and nurse;
 - (5) a telephone; and
 - (6) direct voice contact with officers.
- (b) If a county or a region has more than one jail, it shall be required to provide only one medical area if that area meets the medical needs of the inmates in all of the jails.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1210 OTHER AREAS

- (a) Each jail that does not contract for meals shall have a kitchen. However, if a county or a region has more than one jail, it shall be required to provide only one kitchen if that kitchen meets the needs of the inmates in all of the jails.
- (b) Each jail that does not contract for laundry services shall have a laundry. However, if a county or a regional jail has more than one jail, it shall be required to provide only one laundry if that laundry meets the needs of the inmates in all of the jails.

(c) Each jail shall have indoor and outdoor physical exercise areas. The indoor and outdoor exercise areas shall meet the following requirements:

- (1) An outdoor exercise area or areas shall:
 - (A) be 15 square feet per inmate for the maximum number of inmates expected to use an exercise area at one time, as determined by the jail;
 - (B) be not less than 100 square feet for each individual exercise area serving one inmate;
 - (C) be not less than 300 square feet for each individual exercise area serving more than one inmate;
 - (D) have a hard surface for the floor;
 - (E) be enclosed by physical barriers that prevent inmate escape;
 - (F) be out of sight from the public; and
 - (G) if covered by a roof, be covered by noncombustible roof construction.
- (2) An indoor exercise area or areas shall:
 - (A) be located in the dayroom, cellblock, dormitory, or a separate room located near the dayroom, cellblock, or dormitory.
 - (B) be 15 square feet per inmate for the maximum number of inmates expected to use an exercise area at one time, as determined by the jail;
 - (C) be not less than 100 square feet for each individual exercise area serving one inmate;
 - (D) be not less than 300 square feet for each individual exercise area serving more than one inmate; and
 - (E) if the exercise area is located in a dayroom or dormitory, be in addition to the floor area required by Rules .1225 and .1226 of this Section.

(d) Each jail shall provide areas with shelves that meet its storage needs.

(e) Each jail shall have a cleaning area that is equipped with a sink and that provides for the storage of cleaning supplies and equipment in a locked area.

(f) Each jail shall provide a separate locked storage area or areas for the storage of inmate personal property that includes storage for those inmates who are placed on work release.

(g) A control center shall have:

- (1) a security vestibule at its entrance; and
- (2) a room with a toilet and sink that is contiguous to the control room.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .1211 ADMINISTRATIVE FACILITIES

Each jail shall provide space at some location for the following administrative activities:

- (1) Secretarial support;
- (2) Record storage;
- (3) Training materials and resources;
- (4) Mailboxes and bulletin boards for officers;
- (5) In-service training;
- (6) Office space for jail supervisors.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1212 FLOORS, CEILINGS, AND WALLS

(a) Ceilings and walls in confinement units, cellblocks, dayrooms, the inmate processing area, and the medical area shall have a finished surface that is cleanable, nontoxic, and of light colors.

(b) Floors in confinement units, cellblocks, dayrooms, the inmate processing area, and the medical area shall have a finished surface that is cleanable and nontoxic.

History Note: Authority G.S. 153A-221;

Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Readopted Eff. September 4, 2020.

10A NCAC 14J .1213 SHOWERS AND PLUMBING FIXTURES

- (a) Each jail shall provide at least one shower for every eight inmates.
- (b) A shower stall floor shall be sloped to a floor drain that prevents water from draining outside the shower stall. The floor used to access the shower stall that is outside of the stall but contiguous to the shower stall floor shall be sloped to a floor drain.
- (c) In inmate accessible areas, the shower fixture and floor drain cover shall be security-type and tamper-resistant as rated by the manufacturer.
- (d) In inmate accessible areas, plumbing fixtures shall be made of stainless steel or other similar materials that are rated as security-type and tamper-resistant by the manufacturer.
- (e) All privacy partitions in showers and bathrooms shall be high enough to allow limited privacy for the inmates while still allowing supervision of the inmates by officers.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.

10A NCAC 14J .1214 WINDOWS AND GLAZING

- (a) If glazing affords persons from outside of the jail a view of inmates inside the jail, the glazing shall:
 - (1) admit natural light into the confinement unit or dayroom;
 - (2) be diffused or obscured to prevent persons from outside the jail from observing inmates inside the jail.
- (b) A view panel used to observe a confinement unit shall have an area that permits observation of the entire unit.
- (c) For a single segregation cell, a window to the outdoors shall be provided either in the cell or in the corridor that is contiguous to the cell. If the window is provided in the cell, it shall have a gross window area measuring not less than three square feet. If the window is provided in the corridor that is contiguous to the cell, the gross window area of the corridor shall be equivalent to the sum of two square feet per inmate whose segregation cell is contiguous to the corridor or 48 square feet, whichever is greater. The cell door shall have a window area measuring not less than 96 square inches.
- (d) Unless natural light is provided to a single cell or multiple occupancy cell from a dayroom as set forth in Paragraph (e) of this Rule, a cell shall have windows to the outdoors. The windows shall comply with the following:
 - (1) a single cell shall have a gross window area measuring not less than three square feet;
 - (2) a multiple occupancy cell with two inmates shall have a gross window area measuring not less than three square feet; and
 - (3) a multiple occupancy cell with three or more inmates shall have a gross window area measuring not less than five square feet.
- (e) Unless natural light is provided to a single cell or multiple occupancy cell as set forth in Paragraph (d) of this Rule, a dayroom contiguous to the single cell or multiple occupancy cell shall have windows to the outdoors. The gross window area of the dayroom shall be equivalent to the sum of two square feet per inmate whose single cell or multiple occupancy cell is contiguous to the dayroom or 48 square feet, whichever is greater. Unless the front of the cell has metal bars, each cell door of the dayroom shall have a view panel with:
 - (1) an area measuring not less than three square feet; and
 - (2) transparent glazing.
- (f) A dormitory shall have windows to the outdoors with a gross window area measuring not less than two square feet per inmate or 48 square feet, whichever is greater.
- (g) An exterior window that is less than 18 feet above finished floor in a room or area where inmates are located shall be designed and constructed with either the height or width of its framed or barred opening not more than 5 inches in length. For the purposes of this Paragraph, a "framed or barred opening" means the area available for escape after glazing is broken and removed from a window.
- (h) Windows, skylights, or a combination of windows and skylights may be used in dormitories and dayrooms to comply with the requirements of this Rule.

(i) A solar tubular skylight shall not be used to comply with this Rule. For the purposes of this Rule, a "solar tubular skylight" means a tubular daylighting device that delivers natural light from the outdoors to an interior space that is unreachable by a window and skylight installed in an exterior wall or roof.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .1215 DOORS, BUNKS, LOCKS, AND FASTENERS

- (a) A jail shall provide doors, locks, and detention hardware that are rated by the manufacturer as security-type and as acceptable for use in correctional facilities.
- (b) Fasteners used in inmate accessible areas shall be rated by the manufacturer as security-type and tamper-resistant.
- (c) Doors to confinement units, cellblocks, inmate accessible corridors, and dayrooms shall have view panels.
- (d) A security vestibule and a sally port shall have:
- (1) one or more interior doors or gates and an entrance door or gate;
 - (2) doors or gates provided with an interlocking security feature;
 - (3) interior doors or gates arranged to be locked and unlocked by means located outside of the security vestibule, sally port, dormitory, dayroom, and cellblock; and
 - (4) doors or gates provided with override capability to unlock all doors or gates in the event of an emergency.
- (e) Doors and locks that are electronically controlled shall be equipped with manual override.
- (f) Food passes in doors, if used, shall have openings large enough to permit the passage of a food tray.
- (g) Single segregation cells and single cells shall have a single bunk. Multiple occupancy cells and dormitories shall have single bunks or double bunks. A bunk shall:
- (1) have dimensions large enough to accommodate a detention mattress;
 - (2) be anchored not less than 15 inches above the floor, if a single bunk or a lower bunk of a double bunk;
 - (3) be anchored not less than 50 inches above the floor, if an upper bunk of a double bunk;
 - (4) be anchored flush to the wall;
 - (5) have a lip to hold the mattress in place; and
 - (6) have tamper-resistant construction.
- (h) Cells required to be accessible for persons with disabilities as required by the North Carolina State Building Code shall not have an upper bunk.
- (i) Inmate accessible areas of the jail shall be equipped or furnished in a manner that decreases suicide hazards within the jail. Jails shall provide items to reduce suicide hazards for inmates, including the following:
- (1) handrails or grab bars with a closure plate that is installed between the wall and the handrail or grab bar;
 - (2) exposed door hinges with a sloped top and bottom;
 - (3) non-vertical surfaces of door hardware with a slope;
 - (4) holes in the bunk mattress platform that are no more than 1/8 inch in diameter;
 - (5) shower heads that are not hand-held with a hose; and
 - (6) heating, ventilating, and air conditioning supply and return grilles with openings not more than 3/16 inches wide, if the supply and return grilles are located in a cell used to house inmates on special watch.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .1216 SAFETY EQUIPMENT

In each jail the safety equipment, including intercoms, fire extinguishers, smoke detectors, and sprinkler heads, shall be tamper-resistant if necessary for security. Two-way voice communications shall comply with Rule .0601 of this Subchapter.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. June 1, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1217 MECHANICAL SYSTEMS

- (a) Each jail shall have heating, ventilation, and air conditioning systems that are capable of maintaining temperatures in confinement units at not less than 68 degrees Fahrenheit during the heating season and not more than 85 degrees Fahrenheit during the cooling season.
- (b) The master controls for the system shall be located outside the confinement units and shall be accessible to officers during an emergency.
- (c) The ducts for the systems shall be designed to prevent the escape of inmates and the passage of contraband, and they shall be designed to inhibit their use for attempted suicide.
- (d) The ventilation system shall provide a minimum of ten cubic feet per minute of fresh or purified air for each inmate.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1218 PLUMBING SYSTEMS

- (a) A jail shall have a hot water supply for lavatories and showers designed to meet the needs of the number of inmates confined in the jail, as determined by the governing body. The hot water temperature at lavatories and showers used by inmates shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).
- (b) A jail shall not locate the following valves of the water supply system in rooms or areas accessible by inmates:
 - (1) a shut-off valve for a supply branch line serving plumbing fixtures;
 - (2) a shut-off valve for a riser pipe serving plumbing fixtures; and
 - (3) a shut-off valve to a plumbing fixture.
- (c) The shut-off valves listed in Paragraph (b) of this Rule shall be accessible to officers.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. June 1, 1992;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .1219 ELECTRICAL SYSTEMS

- (a) Each jail shall have an electrical system that provides artificial lighting of not less than:
 - (1) 30 footcandles of light at floor level in confinement units and dayrooms that can be reduced during sleeping hours; and
 - (2) 20 footcandles of light at floor level in corridors.
- (b) In inmate accessible areas, lighting fixtures shall be security-type and tamper-resistant as rated by the manufacturer.
- (c) In inmate accessible areas, a fire alarm system notification appliance shall be rated as tamper-resistant by the manufacturer or enclosed in a metal guard. For the purposes of this Rule, "notification appliance" means a component of the fire alarm system as defined by the National Fire Protection Association, National Fire Alarm and Signaling Code, NFPA 72.
- (d) A jail shall provide an electrical connection and an antenna or cable connection for a television in its dayroom areas.
- (e) The main electrical distribution panel and electrical subpanels shall not be located in areas accessible by inmates and shall be accessible to officers during an emergency.
- (f) A jail shall provide emergency power to areas, equipment, and systems as required by the North Carolina State Building Codes. A jail may provide additional emergency power to maintain jail operations and functions needed

during a power outage. If the following functions are not provided with emergency power, the disaster plan required by Rule .0403 of this Subchapter shall indicate how these functions will be maintained during a power outage:

- (1) operating equipment and systems located in the control center;
- (2) heating, ventilation, and air conditioning of the jail;
- (3) heating of hot water for inmate lavatories and showers; and
- (4) preparing and cooking of inmate meals, if meals are prepared in the jail.

(g) If the fire alarm control panel is not located in the control center, a jail may install a remote annunciator panel in the control center to provide officers with fire alarm status information from the fire alarm control panel. For the purposes of this Rule, the terms "fire alarm control panel" and "remote annunciator panel" mean a component of the fire alarm system as defined by the National Fire Protection Association, National Fire Alarm and Signaling Code, NFPA 72.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Readopted Eff. September 4, 2020.

10A NCAC 14J .1220 ADDITIONAL SECURITY REQ/ "INSTITUTIONAL OCCUPANCY-RESTRAINED" JAILS

Each jail that is required to meet the "Institutional Occupancy - Restrained" requirements of the North Carolina State Building Code shall also meet the following security requirements:

- (1) Each jail shall have a separate entrance for inmates, and all entrances to the jail shall be controlled and visually and audibly monitored.
- (2) Each jail shall have security perimeter walls that are provided with a separate and complete security vestibule, sally port, security window, security door, or other security device at each wall opening.
- (3) Clothing or towel hooks shall not be used.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. June 1, 1993;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1221 CONFINEMENT UNITS

The governing body shall decide what confinement unit or combination of confinement units it will include in its jail: single segregation cells, single cells, multiple occupancy cells, or dormitories provided each county or region has the means to protect or isolate an inmate, when necessary, in a cell with a toilet, a sink, a drinking fountain and a security mirror.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1222 STANDARDS FOR SINGLE SEGREGATION CELLS

Each single cell used for segregation shall have:

- (1) a shower or access to a shower;
- (2) a telephone jack or other telephone arrangement;
- (3) a food pass;
- (4) a minimum floor space of 70 square feet, a minimum floor dimension of 7 feet, a toilet, a sink, a drinking fountain and a security mirror.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1223 STANDARDS FOR SINGLE CELLS

Each single cell shall have:

- (1) a minimum floor space of 50 square feet;
- (2) a minimum floor dimension of 7 feet;
- (3) a toilet, a sink, a drinking fountain and a security mirror; and
- (4) access to a dayroom.

The requirements of Paragraph (3) of this Rule shall be satisfied if inmates have unrestricted access, except during emergencies, to a dayroom that includes one toilet per eight inmates, one sink with a security mirror per eight inmates and one water fountain.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1224 STANDARDS FOR MULTIPLE OCCUPANCY CELLS

Each multiple occupancy cell shall house no more than four inmates and shall have:

- (1) a minimum floor space of 50 square feet for the first inmate and 35 square feet of floor space for each additional inmate;
- (2) a minimum floor dimension of seven feet;
- (3) a toilet, a sink, a drinking fountain and a security mirror; and
- (4) access to a dayroom.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1225 STANDARDS FOR DAYROOMS

Each dayroom shall have:

- (1) a security vestibule at its entrance;
- (2) a floor space of not less than 105 square feet or 35 square feet per inmate, whichever is greater;
- (3) seating for the capacity of the cellblock;
- (4) table space for the capacity of the cellblock, unless each inmate has unrestricted access to their cell with a table and chair, in which case the dayroom shall have table space for 70 percent of the capacity of the cellblock;
- (5) a telephone jack or access to a telephone provided within the dayroom;
- (6) a way for officers to observe the entire area;
- (7) one toilet, sink, and security mirror per eight inmates, unless the inmates have unrestricted access to their cell with a toilet, sink, and security mirror; and
- (8) one drinking fountain, unless the inmates have unrestricted access to their cell with a drinking fountain.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. June 1, 1993; December 1, 1991;
Readopted Eff. September 4, 2020.*

10A NCAC 14J .1226 STANDARDS FOR DORMITORIES

A dormitory shall meet the requirements of G.S. 153A-221(d).

History Note: Authority G.S. 153A-221;

Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Readopted Eff. September 4, 2020.

SECTION .1300 - INSPECTION AND ENFORCEMENT OF MINIMUM STANDARDS

10A NCAC 14J .1301 INSPECTIONS

All jails shall be visited and inspected at least twice each year, but a jail shall be inspected more frequently if the Department considers it necessary or if it is required by an agreement of correction pursuant to 10A NCAC 14 .1304.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1302 REPORT OF INSPECTION

(a) The procedures contained in G.S. 153A-222 shall govern all inspections except those that find noncompliance with one or more of the provisions listed in Paragraph (b) of this Rule.

(b) The inspector shall forward a copy of the inspection report to the Secretary within ten days after the inspection if there are findings of noncompliance with any of the following standards contained in 10A NCAC 14J or the following statutes:

- (1) Classification; Section .0300;
- (2) Fire Safety; Section .0400;
- (3) Supervision; Section .0600;
- (4) Sanitation and Personal Hygiene; Section .0700;
- (5) Food; Section .0900;
- (6) Medical Care of Inmates; Section .1000;
- (7) G.S. 153A-224, Supervision of Jails; or
- (8) G.S. 153A-226(b), Disapproval for Public Health Purposes.

(c) The inspector at the same time shall submit to the Secretary a written description of the conditions that caused noncompliance and a preliminary determination of whether those conditions jeopardize the safe custody, safety, health or welfare of the inmates confined in the jail.

(d) The inspection report shall be submitted to the local officials responsible for the jail within 30 days after the inspection as required by G.S. 153A-222, and it shall include a notice that the facility was not in compliance with one or more of the provisions listed in Paragraph (b) of this Rule. The notice shall state that the report has been submitted to the Secretary on a designated date for a final determination of whether conditions at the jail jeopardize the safe custody, safety, health or welfare of its inmates. The notice shall state that local officials will be mailed a final determination within 45 days of the designated date.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Amended Eff. October 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1303 DETERMINATION THAT CONDITIONS JEOPARDIZE INMATES

(a) The Secretary shall determine whether conditions in the jail jeopardize the safe custody, safety, health or welfare of its inmates within 30 days after receipt of the inspection report and the supporting materials.

(b) The Secretary may determine that noncompliance with any of the provisions listed in 10A NCAC 14 .1302(b) jeopardizes the safe custody, safety, health or welfare of inmates confined in the jail.

(c) Although noncompliance with other specific standards or statutes may be found to jeopardize inmate or staff safe custody, safety, health or welfare, the Secretary shall determine that noncompliance with any of the following provisions contained in 10A NCAC 14J jeopardizes the safe custody, safety, health or welfare of inmates confined in the jail:

- (1) Mattress flame retardant requirements; Rule .0404;

- (2) Emergency exits; Rule .0401;
- (3) Fire plan; Rule .0403;
- (4) Fire equipment; Rule .0402;
- (5) Separation of male and female inmates; Rule .0302;
- (6) Separation of males under age 18; Rule .0303;
- (7) Medical plan; Rule .1001;
- (8) Disapproval for public health purposes; G.S. 153A-226(b).

(d) The Secretary shall notify the local officials responsible for the jail within 15 days of his final determination if he concludes that the conditions in the jail jeopardize the safe custody, safety, health or welfare of the inmates. The Secretary shall order corrective action, order the jail closed, or enter into an agreement of correction with local officials pursuant to 10A NCAC 14J .1304.

(e) The Secretary shall notify the local officials responsible for the jail within 15 days of his final determination if he concludes that the conditions in the jail do not jeopardize the safe custody, safety, health or welfare of the inmates. The notice shall direct local officials to consider the inspection report and initiate corrective action pursuant to the provisions of G.S. 153A-222.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1304 AGREEMENT OF CORRECTION

(a) Before ordering corrective action or ordering the jail closed, the Secretary may direct the governing body to enter into an agreement of correction. If the Secretary chooses this option, he shall require the governing body to enter into a written agreement within 30 days after it receives notice that conditions in the jail jeopardize the safe custody, safety, health or welfare of the inmates.

(b) The agreement of correction at a minimum shall indicate the specific areas of noncompliance with the standards or statutes, the governing body's intent to remedy noncompliance, a plan for remedying the noncompliance, a definite and reasonable number of days within which the jail will be brought into compliance, and a schedule of inspections to monitor compliance.

(c) The agreement of correction may be extended once for a period not to exceed 60 days if the time period in the initial agreement expires before the jail is brought into compliance, but only if the governing body is making a good faith effort to achieve compliance.

(d) If the jail is not brought into compliance within the time period required by Paragraph (c) of this Rule, the Secretary shall order corrective action or order the jail closed.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1305 ORDER OF CORRECTIVE ACTION OR ORDER OF CLOSURE

If the Secretary determines that an agreement of correction is not appropriate, or if he determines that a jail is not brought into compliance within the time period required by an agreement of correction, the Secretary shall order corrective action or order the jail closed. Notice of the action taken shall be given to local officials responsible for the jail as provided by G.S. 153A-223(1). Local officials may contest the Secretary's order according to the procedures outlined in G.S. 153A-223.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1306 DESIGNATION BY SECRETARY

The Secretary may designate a person to act for him with respect to matters covered by this Section. The designation shall be in writing and it shall be on file with the Section.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

SECTION .1400 - SATELLITE JAIL/WORK RELEASE UNITS

10A NCAC 14J .1401 APPLICABILITY

The standards for definitions, operations, construction and enforcement contained in Sections .0100 - .1300 that apply to jails shall also apply to satellite jail/work release units.

*History Note: Authority G.S. 153A-230.4;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

SECTION .1500 - CONSTRUCTION STANDARDS FOR EXISTING FACILITIES

10A NCAC 14J .1501 DEFINITIONS

The following definitions shall apply in 10A NCAC 14J .1500:

- (1) "County jail" is a detention facility designated for the confinement of persons for varying periods of time including persons awaiting adjudication and short-term sentences as well as persons serving sentences while on work release. The facility is authorized, maintained and administered by officials at the county level.
- (2) "Municipal jail" is a facility designated for the confinement of persons for periods not to exceed 24 hours, pending release or transfer to county jail. The facility is authorized, maintained and administered by officials at the municipal level.
- (3) "Local lock-up" is a facility designated for the temporary confinement of persons not to exceed six hours pending either release or transfer to a county jail. The facility is authorized, maintained and administered by officials at the municipal level.
- (4) "Regional or district jail" is a facility designated for the identical purpose as a county jail except authorization, maintenance and administration is under the control of a joint governing body comprised of authorized representatives for the participating counties.
- (5) Because of current changes from the traditional in terminology associated with the confinement setting, the following comparison of a limited number of terms is included:
 - (a) "Terminology used in standards" is the same as "traditional or approximate synonym".
 - (b) "Single sleeping room" is the same as "single cell".
 - (c) "Multiple sleeping room" is the same as "multiple (four-man) cell".
 - (d) "Isolation room" is the same as "solitary cell".
 - (e) "Dayroom" is the same as "cell run-around".
 - (f) "Confinement unit" is the same as "cell-block".
 - (g) "Holding area" is the same as "bull pen".
 - (h) "Sally port" is the same as "yard gate" (for vehicles).

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1502 BUILDING MATERIALS AND CONSTRUCTION REQUIREMENTS

- (a) The walls and roof shall be made of:
 - (1) reinforced concrete that complies with the North Carolina State Building Code, or
 - (2) masonry that complies with approved plans and specifications, or
 - (3) other materials that comply with the North Carolina State Building Code.
- (b) The interior walls in security areas shall be made of:

- (1) reinforced concrete that is at least four inches thick and finished smooth, or
 - (2) cement masonry (CMU) and brick that is at least eight inches thick, or
 - (3) approved steel as specified in Rule .1513 of this Section.
- (c) Interior floors shall be made of concrete that is finished smooth, terrazzo, quarry tile, or other approved material.
- (d) Interior ceilings shall be made of:
- (1) reinforced concrete that is finished smooth, or
 - (2) approved steel as specified in Rule .1513 of this Section, or
 - (3) other approved material.
- (e) Grating fronts and grating doors for single and multiple rooms shall be made of tool-resisting steel, as specified in Rule .1513(1)(a) of this Section, unless enclosed in a tool resisting perimeter.
- (f) Safety vestibule grating and interior grating doors shall be made of tool-resisting steel, as specified in Rule .1513(1)(a) of this Section.
- (g) Materials shall be non-combustible and shall have fire-resistive ratings if required by the North Carolina State Building Code.
- (h) A local confinement facility shall not be located in or attached to buildings with less than fire-resistive construction, unless the confinement area is separated by an approved masonry firewall.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1503 DOORS

- (a) All doors that open into booking or control areas of jails shall be security doors as specified in Rules .1514 and .1515 of this Section, unless other exterior security is provided, including either a sally port, a controlled gate, or fencing.
- (b) Exit doors shall be security type doors and they shall be keyed to both sides.
- (c) The number of exits, the width and location of exit doors, and the swing of exit doors shall comply with North Carolina State Building Code.
- (d) Sally port doors shall be of the security type and shall be installed in accordance with approved plans and specifications.
- (e) Swinging plate doors of approved type as specified in Rule .1515(a) to (c) of this Section shall be provided with a speaking panel and an observation port when employed on safety vestibules and in other locations as may be approved in plans and specifications.
- (f) Swinging plate doors with a prison type lock or hollow metal doors of approved types with an observation port shall be used at entrances to inspection corridors. Hollow metal doors shall have heavy-duty lock with multiple tumblers.
- (g) An approved grill, a hollow metal security door, or a plate security door shall be used at all entrances to security areas (see Rule .1515 of this Section).
- (h) Grill doors to individual rooms shall be made of open hearth steel only if it is enclosed in a tool-resisting perimeter.
- (i) Pipe chase access doors or plates shall be made of approved security-type plate or hollow metal (Rule .1516 of this Section) according to approved plans and specifications.
- (j) Access doors in all inmate occupied areas shall be equipped with observation ports and food passes according to approved plans and specifications.
- (k) In all areas occupied by female inmates, observation ports shall be equipped with an operating hatch that may be closed from the outside and secured to provide privacy.
- (l) If electro-mechanical capability is used in a security door installation within the confinement area, the control box shall provide a mechanical over-ride in the event of power failure.
- (m) All door-locking mechanisms shall be of the approved type (see Rule .1517 of this Section) and installed according to approved plans and specifications.
- (n) Elevator doors opening into jail areas shall be secure and located so as to be under observation and control of officers.
- (o) The controls for sally port doors shall be located within the booking control area to provide constant surveillance by supervisory personnel.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1504 WINDOWS AND SECURITY SCREENING

- (a) All windows shall open and close to provide ventilation unless mechanical cooling or forced air circulation is provided.
- (b) Windows shall be constructed of such material to contain persons within the enclosed area and to provide security from without.
- (c) Windows in inspection corridors shall be designed to maximum security specifications using tool-resistant steel bars or members (equivalent to Bayley AN-1, SG-1, or SN-1, or Southern Steel Co. Type AST or SST) unless the confinement unit has a tool-resisting steel grating enclosure.
- (d) Windows in the inspection corridor shall be designed to moderate security detention using mild steel bars and members (equivalent to Bayley SG-1, AN-2 or SN-2) if the confinement unit has a tool-resisting grating enclosure.
- (e) Local lockups are the only exception to (c) and (d) if the windows are fixed, inaccessible, or they otherwise present no threat to safety or security.
- (f) Windows shall have protective or security screening to prevent the passing of contraband except where approved exterior fencing is provided.
- (g) Security screening shall be of a type to protect glass from damage and prevent the passage of contraband if inmates have access to windows (see Rule .1529 and .1530 of this Section).
- (h) Windows shall be glazed with diffused or obscured glass or an approved synthetic material which admits light to all confinement areas if they afford a view into the confinement area from outside.
- (i) Skylights shall meet the same requirements for light transmission and security windows, except that skylights need not be ventilating units.
- (j) Windows in the booking area shall be of an approved type and construction to provide security and protection for the area.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1505 SINGLE ROOM REQUIREMENTS

- (a) Single room areas shall be a minimum of five feet by seven feet by eight feet.
- (b) The room shall have a combination lavatory, commode and drinking fountain (see Rule .1534 of this Section).
- (c) Isolation rooms shall have hot and cold water.
- (d) Except for local lockups, a shower with hot water shall be provided for each area of isolation rooms.
- (e) An approved mirror shall be installed (see Rule .1521 of this Section).
- (f) No more than one approved stationary steel bunk shall be installed in the room (see Rule .1522 of this Section).
- (g) Natural light shall be admitted to the room in compliance with the North Carolina State Building Code.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1506 MULTIPLE ROOM REQUIREMENTS

- (a) The capacity of multi-room units shall not exceed four inmates.
- (b) The minimum room area shall be nine feet by seven feet by eight feet.
- (c) The room shall have a combination lavatory, commode and drinking fountain (see Rule .1534 of this Section).
- (d) The room shall have hot and cold water unless it is contained in a confinement unit with a dayroom that has hot and cold water.
- (e) Except for local lockups, each room shall have a shower with hot and cold water.
- (f) An approved mirror shall be installed (see Rule .1521 of this Section).
- (g) No more than four approved stationary steel bunks shall be installed within each room.

(h) Natural light shall be admitted to the room in compliance with the North Carolina State Building Code.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1507 DORMITORY AREA REQUIREMENTS IN JAILS

- (a) The capacity of dormitories shall not exceed 16.
- (b) The minimum room area for each inmate shall be 50 square feet and 400 cubic feet per inmate.
- (c) Each dormitory shall have one combination commode, drinking fountain, and lavatory with hot and cold water for every eight inmates.
- (d) Each dormitory shall have one shower.
- (e) Each dormitory shall have an approved mirror for every eight inmates (see Rule .1521 of this Section).
- (f) Each dormitory shall have a table and bench (see Rule .1523 of this Section).
- (g) Natural light shall be admitted to the dormitory in compliance with North Carolina State Building Code.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1508 DORMITORY AREA REQUIREMENTS IN COUNTY JAIL ANNEXES

Dormitory areas in county jail annexes must not exceed the rated capacity as approved by the Section.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1509 DAYROOM AND SAFETY VESTIBULE REQUIREMENTS: COUNTY JAIL

- (a) Confinement units with a capacity of over four persons, except for dormitories, shall provide a dayroom of equal area to the sleeping areas.
- (b) The dayroom area shall have an approved shower with hot and cold water for every 16 inmates (see Rule .1524 of this Section), and it shall have a commode, drinking fountain, and lavatory with hot and cold water.
- (c) Each dayroom shall have an approved steel bench and table (see Rule .1523 of this Section) that will accommodate all of the inmates in the confinement unit.
- (d) Confinement units with a capacity of over four persons, except for dormitories, shall have a safety vestibule that permits one door to be locked before the other is opened.
- (e) A combination of single rooms and four-man rooms may share a common dayroom, but the capacity of a dayroom shall not exceed 24 inmates.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1510 HOLDING AREAS

- (a) Each facility with a capacity of 30 or more inmates shall have a secure holding area adjacent to the booking area where inmates can be held pending their commitment.
- (b) The holding area shall be under observation by administrative jail personnel.
- (c) The holding area shall be constructed of approved grill steel.
- (d) The holding area shall have an approved bench and combination lavatory, commode, and drinking fountain.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1511 OTHER AREAS

- (a) Each facility shall have sufficient storage space.
- (b) Each county jail shall have a medical examining room that at least is equipped with an examining table and a lavatory.
- (c) Each jail with a capacity of more than 20 inmates shall have secure conference areas, and the areas shall not have recording or listening devices.
- (d) All confinement areas shall have adequate floor drains in accordance with approved plans and specifications (see Rule .1535 of this Section).

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1512 LIGHTING AND VENTILATION

- (a) Lighting fixtures in sleeping rooms and dayrooms shall provide at least 30 footcandles of artificial light, and they shall have diffusers designed to illuminate a horizontal area from a ceiling or wall position.
- (b) Artificial lighting in the inspection and control corridors shall be at least 20 footcandles.
- (c) The artificial lighting at night in the sleeping rooms shall not exceed two footcandles.
- (d) The lighting levels in the non-domiciliary portions of the jail shall be within ranges recommended by the I.E.S. (Illumination Engineering Society) for the particular activity.
- (e) Lighting fixtures in the inmate-occupied areas shall be of the security type, and the wiring controls and fixtures shall be inaccessible to inmates (see Rule .1527 of this Section).
- (f) Confinement areas shall be heated within a range of not less than 70 degrees nor more than 75 degrees. Confinement areas shall not have a heater or furnace that burns liquid or solid fuel.
- (g) Wiring, temperature controls, and heat distribution equipment shall be inaccessible to inmates.
- (h) Each facility shall provide adequate air circulation and ventilation of confinement areas in compliance with the North Carolina State Building Code.
- (i) Confinement areas shall be cooled within a range of not less than 75 degrees nor more than 85 degrees.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1513 WALLS

Walls and partitions shall be made of either reinforced concrete or masonry or the following materials:

- (1) Steel grating of either tool-resisting steel or open hearth steel as specified in the plans:
 - (a) Tool-resisting steel grating shall meet the following construction requirements:
 - (i) Seven-eighths of an inch or one inch diameter vertical double-ribbed round bars spaced not over four inches on center, passing through and interlocking at each intersection with 3/8 inch x 2-1/4 inches or 3/8 inch x 2-1/2 inches tool-resisting flat bars spaced on 12 inch centers for 7/8 inch bars and on 18 inch centers for one inch bars;
 - (ii) Vertical framing bars shall be 3/8 inch x 2-1/4 inches or 3/8 inch x 2-1/2 inches tool-resisting flat bars.
 - (b) Open hearth steel grating shall meet the following construction requirements:
 - (i) Seven-eighths of an inch or one inch diameter vertical double-ribbed round bars spaced not over four inches on center, passing through and interlocking at each intersection with 3/8 inch x 2-1/4 inches or 3/8 inch x 2-1/2 inches horizontal flat bars spaced on 12 inch centers for 7/8 inch bars and on 18 inch centers for one inch bars;

- (ii) Vertical framing bars shall be 3/8 inch x 2-1/4 inches or 3/8 inch x 2-1/2 inches open hearth flat bars.
- (2) Steel plate used in a wall or ceiling shall meet the following construction requirements:
 - (a) not less than 3/16 inch open hearth steel, or
 - (b) not less than 1/4 inch tool-resisting steel.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1514 SLIDING DOORS

- (a) Sliding doors shall be made of the same weight and quality of grating or plate as the confinement area fronts or wall in which they are installed.
- (b) Sliding doors shall be approximately two feet x six feet, three inches, and shall be hung from the top by a plate door carriage.
- (c) The door carriage shall have two hardened steel spindles on which will be mounted two needle-bearing or two S.K.F. or approved equal ball-bearing solid steel machined wheels.
- (d) The door carriage shall be enclosed in a covered box of the prescribed type.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1515 SWINGING DOORS

- (a) Plate doors installed in plate walls shall be made of steel that is at least the same quality and thickness as specified for the wall in which the door opening is installed.
- (b) Plate doors installed in concrete or masonry walls shall be made of material not lighter than 3/16 inch thick open hearth steel plate framed and stiffened with angles, bars, or other shapes and securely hung to door frames made of structural or bent plate channel at least 3/16 inch thick.
- (c) The depth of plate door frame shall equal the thickness of the wall.
- (d) Grating doors installed either in grating, plate walls, or concrete or masonry walls shall be constructed of tool-resisting steel or open-hearth steel as specified by the plans.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1516 ACCESS DOORS AND PANELS

- (a) Swinging access doors to pipe and utility spaces shall be at least one foot, eight inches x four feet in size and made of 3/16 inch steel plate.
- (b) Removable access panels shall be made of 3/16 inch open-hearth steel plate and shall be large enough to permit entrance.
- (c) Access panels shall be secured to the wall either by 3/8 inch hex-head screws tapped into the panel opening frame and spaced not more than eight inches on center, or they shall be secured by metal lugs at the bottom of the panel and a deadlock at the top, both of which shall be mounted at the back side of the panel to provide further security.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1517 PRISON KEY-OPERATED LOCKS

- (a) Locking swinging doors shall use prison deadlocks with heavy multiple tumblers. The lock mechanism shall be housed in a lock case made of forged steel not less than 5-1/2 inches x 1-3/8 inches in size.
- (b) Manually-operated sliding doors shall be locked by a heavy multiple tumbler that uses a snap and automatic deadlock. The lock mechanism shall be housed in a lock case made either of strong steel or malleable iron or steel not less than 10 inches x 3-1/2 inches x 1-3/8 inches in size.
- (c) Food passes and shutters, where specified, shall be locked by a heavy multiple tumbler that uses a prison type snap or spring. The food pass lock shall be mounted to prevent food or other matter from coming in contact with the lock.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1518 HINGES

Swinging doors shall be hung on hinges designed for jail use.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1519 OBSERVATION AND SPEAKING PANELS

- (a) Observation and speaking panels shall be mounted in plate or masonry walls where shown on plans, and they shall be designed to prevent the passage of contraband.
- (b) Observation and speaking panels shall be made either of polished stainless steel, chromium plated steel, brass, or aluminum.
- (c) Glass in observation panels shall be bullet-proof and at least 7/8 inch thick.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1520 FOOD PASSES

- (a) The food pass in plate walls shall be approximately 12 inches wide x 4-1/2 inches high. Hinged food pass shutters shall be about 13 inches wide and six inches high and they shall be made of 3/16 inch open-hearth steel plate. The shutter shall form a shelf when in open position and it shall overlap the opening around the edges.
- (b) The food pass in grating walls shall be approximately 12 inches wide x 4-1/2 inches high, and a shelf 5 inches x 12 inches shall be riveted or welded to the bottom of the opening to facilitate the passage of food.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1521 MIRRORS

- (a) Mirrors shall be approximately 8 inches x 9-1/2 inches in size when provided.
- (b) Mirrors shall be highly polished stainless steel or chrome plated steel, and they shall be attached securely to the wall.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1522 BUNKS

- (a) Bunks shall be six feet, three inches long and not less than two feet, one inch nor more than two feet, three inches wide.
- (b) The bottoms of bunks shall be 16-gauge sheet steel perforated with one inch to two inch holes for ventilation.
- (c) Bunks shall be framed on the long side by angles not less than 1-1/2 inches x 2 inches x 3/16 inch in size and on the ends by 3/16 inch bent plate brackets.
- (d) The required parts shall be welded together to form a one-piece bunk assembly with end brackets.
- (e) The bunk brackets shall be securely fastened to cell walls.
- (f) When one bunk is placed above another, the lower bunk shall be approximately 15 inches and the upper bunk approximately 50 inches above the floor.
- (g) In dormitories, double bunks with approved bottoms and frames shall be securely attached either to the floor or the wall.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1523 TABLES, BENCHES AND SEATS

- (a) One-piece bench and table units shall be installed as shown on the plans, and they shall be welded securely to an adjacent steel wall and anchored securely to the floor.
- (b) The tops of tables and benches shall be made of at least 10-gauge sheet steel neatly flanged around the edges.
- (c) Table legs and other supports shall be made of properly designed and reinforced materials.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1524 SHOWER STALLS

- (a) The dimensions of showers shall be at least 30 inches x 30 inches x 7 feet.
- (b) Shower stalls shall be constructed of either concrete, masonry, at least 1/8 inch galvanized steel plate, heavy gauge aluminum plate, or heavy gauge stainless steel according to approved plans and specifications.
- (c) The shower stall shall be attached to the wall of the dayroom.
- (d) The floor of the shower stall shall be approximately eight inches above floor level and it shall slope to the floor shower drain.
- (e) A curb that is approximately four inches above the shower floor shall extend across the front of the shower stall. The top of the curb shall have a smooth edge.
- (f) The shower head and the push-button valve assembly shall be vandal proof, and the metering valve and temperature balance mechanism shall be concealed.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1525 REMOTE CONTROL LOCKING MECHANISMS

- (a) Remote control locking and operating mechanisms for fully selective sliding doors shall be electric, electrical-mechanical, mechanical, or gang locking.
- (b) Remote control locking mechanisms shall be designed and manufactured specifically for corrections use and shall be installed according to plans.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1526 MATERIAL TESTS

(a) Tool-resisting materials that are included in jail equipment shall withstand the following tests:

- (1) A load test of not less than 6,000 lbs. applied at the midpoint of heat-treated 7/8 inch or one inch diameter double-ribbed round tool-resisting bar resting horizontally on two supports spaced 12 inches apart. The load shall be applied with a blunt-end rounded to a radius of approximately 1/4 inch on the edge which is in contact with the tested bar. The bar shall not assume a permanent set in excess of 1/4 inch and it shall not break under the load.
- (2) Tool-resisting 7/8 inch or one inch steel bars shall not be severed within six hours by using six hacksaw blades, and it shall not be pierced by using six 1/8 inch bits, used either in a hand-operated or motor-driven drill. The hacksaw blades and bits in this test shall be the standard type found in institutions.

(b) Open-hearth steel shall be the type produced for corrections use and it shall have a chemical composition that is within the limits adopted by the Association of American Steel Manufacturers for open-hearth bars and shapes.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1527 PROTECTION EQUIPMENT FOR ELECTRICAL LIGHTS

- (a) Each facility shall adequately protect electric lights in cells from damage by inmates.
- (b) Fittings shall be either covered with 3/8 inch tempered lenses for diffusing light or protected with steel wire.
- (c) Steel plate brackets shall be provided for mounting light receptacles.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1528 DOOR PULLS

- (a) Swinging plate security doors shall have at least six inch loop pulls of polished aluminum alloy, polished bronze or chrome plated bronze.
- (b) Door pulls shall be secured to doors by security-type patch head screws, spanner screws, or hexagon nuts.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1529 WIRE WINDOW GUARDS

- (a) Wire window guards shall cover windows as called for in the plans.
- (b) Window guards shall be made of 11-gauge steel mesh, woven three mesh to the inch, and they shall be framed with flat steel bars.
- (c) Hinges, padlocks, hasps, and staples shall be furnished for window guards.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1530 SECURITY SCREENS

Security screens shall be installed as indicated on the construction plans, and they shall be made of steel, stainless steel, or extruded aluminum.

History Note: Authority G.S. 153A-220; 153A-221;

Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1531 INSECT SCREENS AND DOORS

Insect screens and doors shall be provided as indicated on the plans, and they shall be made of extruded aluminum, stainless steel, bronze, or steel.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1532 KEY CABINET

- (a) A secure key cabinet shall be provided as shown on the plans, and it shall be made of not less than 10-gauge open-hearth steel plate.
- (b) The door to the key cabinet shall be hung securely on two steel pin hinges and locked with a heavy multiple tumbler security-type deadlock.
- (c) The key cabinet shall have shelves, gun racks, and key hooks as required.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1533 PLUMBING

All plumbing shall be in accordance with the North Carolina State Plumbing Code and the approved plans in effect at time of construction.

History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1534 PLUMBING FIXTURES

- (a) Plumbing fixtures shall be furnished and installed as specified on the approved plans.
- (b) The plumbing construction shall withstand damage attempted without tools, and the plumbing materials shall offer maximum resistance to wear while providing sanitation in the area used.
- (c) Vitreous china lavatories shall have an integral spout and drinking nozzle with a mouth guard.
- (d) Lavatories shall have an integral soap dish and outlet.
- (e) Lavatories shall have self-closing operating buttons.
- (f) Vitreous china water closets shall be floor mounted and shall have an integral seat and base with a 1-1/2 inch back spud.
- (g) The flush valve shall be tamper proof and self-closing, and siphon jet action shall be used.
- (h) Commode, lavatory and drinking fountain combination units shall be made of welded stainless steel or cast aluminum except that galvanized steel shall be allowed for cabinet reinforcement.
- (i) The fixture shall have tamper-proof, chrome-plated self-closing valves and a combination filler, drinking bubbler with a mouth guard and vacuum flow control.
- (j) The water closet bowl shall have an integral seat and back outlet.
- (k) The lavatory top, bowl, and closet bowl in the stainless steel fixture shall be 16-gauge or heavier with an 11-gauge or heavier liner.
- (l) Surfaces in the stainless steel unit shall be satin finish, except the bowl shall have a high luster finish.
- (m) The fixture shall be anchored through the wall with concealed bolts.
- (n) A vacuum breaker shall be incorporated and a water shutoff shall be installed outside the room or dayroom.

(o) The fountain bubbler shall produce a water flow on a jet angle and the protector shall be above the water outlet to prevent the mouth from touching it. The protector shall be strong enough that the average person cannot change its configuration without tools.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1535 FLOOR DRAINS

Floor drains that are accessible to inmates shall be fitted with tamper-resistant covers.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1536 GENERAL PROVISIONS REGARDING EQUIPMENT INSTALLATION

(a) All steel equipment, except tool-resisting bars embedded in concrete floors and other such parts that are enameled or plated, shall have a prime coat applied in the fabricating shop.

(b) Paint shall be of good metallic grade.

(c) All riveting and welding connected with the installation of security equipment shall meet specifications indicated by the architect.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

SECTION .1600 - CONSTRUCTION STANDARDS FOR EXISTING STATE-FUNDED SATELLITE JAIL/WORK RELEASE UNITS

10A NCAC 14J .1601 APPLICABILITY

Existing state-funded satellite jail/work release units shall continue to be governed by the existing construction standards which are now in this Section. These same standards shall apply to new satellite jail/work release units which have had final working drawings approved by the Section prior to the effective date of this Rule. Existing state-funded satellite jail/work release units or new state-funded satellite jail/work release units which have had final working drawings approved by the Section prior to the effective date of this Rule may choose to comply with any of the new construction standards in Section .1200 as a substitute for existing standards on the same subject in Section .1500.

*History Note: Authority G.S. 153A-230.4;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1602 CONFINEMENT UNIT

Each satellite jail/work release unit shall include:

- (1) No more than 24 inmates per sleeping area;
- (2) No less than 35 square feet per inmate devoted to sleeping area only;
- (3) One shower per 10 inmates, one water closet per six inmates, one sink per six inmates and one water fountain per 10 inmates. Showers and toilet facilities shall be designed to provide maximum privacy (line of sight) while not interfering with the capability of the jail staff to complete supervision rounds;
- (4) A telephone hookup or other arrangements provided within the area;

- (5) A dayroom/activity room for each unit separated from the sleeping area and of a size to provide a minimum of 15 square feet per inmate;
- (6) A dayroom/activity room designed to allow a variety of activities to take place and have:
 - (a) sufficient seating and tables for each inmate in each confinement unit;
 - (b) natural light;
 - (c) artificial lighting at 30 footcandles in reading areas which may be reduced during sleeping hours;
 - (d) access to toilet, sink with hot and cold water, and drinking fountain;
 - (e) visual control by staff to observe entire area from point of entrance;
 - (f) direct voice contact with continuously staffed post or central control center.
- (7) Single occupancy sleeping areas when called for in the design. Each single occupancy area shall have:
 - (a) a minimum of 35 square feet of floor space;
 - (b) a minimum floor dimension of seven feet;
 - (c) a toilet, sink, and drinking fountain;
 - (d) a bed frame;
 - (e) artificial lighting of 30 footcandles which can be reduced during sleeping hours;
 - (f) natural light provided by window with exterior exposure;
 - (g) direct voice contact with staff post or central control center.

*History Note: Authority G.S. 153A-230.4;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1603 PROGRAMMING AREAS

Each satellite jail/work release unit, when located in a separate facility from a maximum confinement unit shall have:

- (1) A general visitation area with:
 - (a) a public entrance to the facility;
 - (b) an entry located to permit direct observation and control by staff;
 - (c) storage facilities for visitors' coats and packages;
 - (d) a sufficient number of stations to accommodate visitation needs;
 - (e) seating for both inmates and visitors.
- (2) A confidential attorney visitation area that:
 - (a) is separate and distinct from the general visitation area;
 - (b) permits passage of papers and documents;
 - (c) provides seating with a table or desk for writing for visitors and inmates;
 - (d) provides artificial lighting of 30 footcandles;
 - (e) permits contact visiting;
 - (f) provides for visual monitoring, but not hearing by staff;
 - (g) provides for visitors to contact staff if needed.
- (3) If the facility is not a "work release" only facility, a medical area designed:
 - (a) to prohibit access by unauthorized personnel;
 - (b) to have locked storage for equipment, supplies, medications, and records;
 - (c) for equipment approved by the jail physician including a sink, toilet, shower, examining table, nurses and physicians work station, telephone, and direct contact with the central control area.
- (4) A food service that meets the sanitation requirements of the Commission for Public Health Title 15A Chapter 18A Section .1500, with adequate storage and food preparation areas.
- (5) A laundry service (either contracted for or on premises).
- (6) In a facility which is not a "work release" only facility, recreational facilities with:
 - (a) an area designed for vigorous physical activities, such as volleyball, basketball, etc.;
 - (b) equipment storage area;
 - (c) staff observation post for all areas;
 - (d) access to areas controlled by staff.

- (7) A commissary through contract services or built on premises.

*History Note: Authority G.S. 153A-230.4;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1604 ADMINISTRATION AREA

Each satellite jail/work release unit shall have an administrative area which shall provide:

- (1) adequate space for administrative offices accessible to the public;
- (2) clerical support areas;
- (3) record storage areas;
- (4) space for information resources, report writing, and training materials;
- (5) conference or training area;
- (6) space for unit administrator and support staff personnel.

*History Note: Authority G.S. 153A-230.4;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1605 CONSTRUCTION MATERIALS FOR SATELLITE JAIL/WORK RELEASE UNITS

Traditional building materials may be used where safety will not be jeopardized, taking into consideration the type and level of security described in the operations program developed by the local authorities.

*History Note: Authority G.S. 153A-230.4;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1606 MECHANICAL SYSTEMS

Mechanical systems shall:

- (1) Provide heating, ventilation, and air conditioning to meet the requirements of the N.C. Building Code;
- (2) Have master controls for electrical, plumbing, heating, and air conditioning, that are inaccessible to inmates;
- (3) Have master cutoff controls for electrical and water supplies to each confinement area (either single cells or dormitory type areas);
- (4) Have capability of maintaining temperatures in the confinement areas within 68 degrees Fahrenheit minimum in the heating season and a maximum of 85 degrees Fahrenheit during the non-heating season.

*History Note: Authority G.S. 153A-230.4;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1607 GENERAL REQUIREMENTS

In addition to the rules in this Section, the minimum secure unit shall be designed to:

- (1) allow access for emergency equipment (e.g., fire hoses, stretchers) provided at appropriate entrances;
- (2) have auxiliary power and emergency lighting available;
- (3) have vehicle parking for both public and facility staff and be so designed to prevent unauthorized persons from entering the security perimeter.

*History Note: Authority G.S. 153A-230.3; 153A-230.4;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

SECTION .1700 - MUNICIPAL LOCKUPS

10A NCAC 14J .1701 DEFINITIONS

The following definitions shall apply in 10A NCAC 14J .1700:

- (1) "Addition" is an extension or increase in floor area or height of a building or structure.
- (2) "Alteration" is any change or modification in construction or use.
- (3) "Booking area" is a secure area where a person is admitted to a jail and procedures such as searching, fingerprinting, photographing, health screening, and collecting personal history data occur.
- (4) "Section" is the Jail and Detention Section of the Division of Health Service Regulation, Department of Health and Human Services.
- (5) "Cell" is any confinement unit.
- (6) "Cellblock" is a separate and identifiable grouping of cells.
- (7) "Communicable disease or condition" is an illness or condition as defined in G.S. 130A-133 which is hereby adopted by reference pursuant to G.S. 150B-14(c).
- (8) "Confinement unit" is a single segregation cell, a single cell, a multiple occupancy cell or a dormitory.
- (9) "Contraband" is any item that a person is not authorized to possess in the lockup because it is a violation of law or a violation of rules.
- (10) "Department", unless otherwise specified, is the North Carolina Department of Health and Human Services.
- (11) "Division", unless otherwise specified, is the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.
- (12) "Emergency medical problem" is a serious medical need, including severe bleeding, unconsciousness, serious breathing difficulties, head injury, severe pain, suicidal behavior or severe burns, that requires immediate medical attention and that cannot be deferred until the next scheduled sick call or clinic.
- (13) "Footcandle" is the amount of light thrown on a surface one foot away from the light source. It is a unit for measuring the intensity of illumination.
- (14) "Governing body" refers to the governing body of a municipal government.
- (15) "Health screening" is a procedure for each newly-admitted inmate that combines visual observation with an interview to obtain relevant information about the inmate's physical and mental health.
- (16) "Inmate" is any person, whether pretrial, unsentenced, or sentenced, who is confined in a lockup.
- (17) "Inmate processing area" is a secure area through which inmates enter and exit, and it may be combined with the booking area.
- (18) "Institutional-Restrained" is a Building Code occupancy classification used for buildings in which persons are restrained under lock and key or other security measures which render them incapable of self-preservation due to the security measures not being under their direct control.
- (19) "Medical record" is a record of medical problems, examinations, diagnoses and treatments.
- (20) "Multiple occupancy cell" is a cell designed to house up to four inmates.
- (21) "Municipal lockup" is a facility designated for the confinement of persons for periods not to exceed 24 hours, pending release or transfer to the county jail. The facility is authorized, maintained, and administered by municipal officials.
- (22) "Officer" is a person, whether sworn or unsworn, who is involved in the supervision, control, or custody of inmates.
- (23) "Operations manual" is a set of written policies and procedures for the operation of a lockup in compliance with state and federal law and the minimum standards for the operation of municipal lockups.

- (24) "Qualified medical personnel" are persons who provide medical services to inmates and who are licensed, certified, registered, or approved, in accordance with state law. It includes persons who provide limited medical services under supervision as permitted by law.
- (25) "Registered dietitian" is a specialist in the field of nutrition, dietetics and food system management who maintains current registration with the Commission on Dietetic Registration of the American Dietetic Association.
- (26) "Repair" is reconstruction or renewal of any part of an existing building for the purpose of its maintenance.
- (27) "Residential" is a Building Code occupancy classification used for buildings which provide sleeping accommodations for the occupants and in which the egress doors are unlocked at all times thereby providing free movement to the building exterior from occupied areas.
- (28) "Sally port" is an enclosed entry and exit area used either for vehicular or pedestrian traffic with gates or doors at both ends, only one of which opens at a time.
- (29) "Secretary", unless otherwise specified, is the Secretary of Department of Health and Human Services.
- (30) "Security perimeter" is the outer portion of a lockup that provides for the secure confinement of inmates and that prevents the entry of unauthorized persons or contraband.
- (31) "Security vestibule" is a defined space that provides security by using two or more doors, with each door able to operate independently, and that permits an officer to observe those who pass through the space.
- (32) "Single cell" is a cell designed to house one inmate.
- (33) "Tamper resistant" means designed to prevent damage, destruction or interference by inmates.
- (34) "View panel" is a transparent panel.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1702 APPLICABILITY - CONSTRUCTION

- (a) New Municipal Lockups - The construction standards established in this Section shall apply to all municipal lockup construction for which the final working drawings are approved by the Branch after the effective date of this Rule.
- (b) Existing Municipal Lockups - Existing municipal lockups shall continue to be governed by the existing construction standards which are now in Section .1500 of this Subchapter and the same standards shall apply to new municipal lockups which have had final working drawings approved by the Section prior to the effective date of this Rule. Existing municipal lockups or new municipal lockups which have had final drawings approved by the Section prior to the effective date of this Rule may choose to comply with any of the new construction standards in Section .1200 as a substitute for existing standards on the same subject in Section .1500.
- (c) Additions - The construction standards established in this Section shall apply to any construction that adds square footage to the building and for which the final working drawings are approved after the effective date of this Rule.
- (d) Alterations or Repairs - When alterations or repairs are made to an existing municipal lockup building which affect its structural strength, exits, fire hazards, electrical systems, mechanical systems, or sanitary conditions, such alterations or repairs shall comply with the standards for new construction established in this Section. Unaltered portions of the building shall be required to comply with the new construction standards indicated in this Section only under the circumstances specified in Paragraphs (e) - (g) of this Rule.
- (e) Extensive Annual Alterations or Repairs - If, within any 12 month period, alterations or repairs costing in excess of 50 percent of the then physical value of the building are made to an existing municipal lockup, the entire municipal lockup shall conform to the construction standards for new municipal lockups established in this Section.
- (f) Reconstruction After Damage - If an existing municipal lockup is damaged by fire or otherwise in excess of 50 percent of the then physical value of the building at the time of damage, the municipal lockup shall be reconstructed in conformance with the construction standards for new municipal lockups established in this Section.
- (g) Physical Value - For the purpose of this Rule, the physical value of the municipal lockup building shall be determined by the local building inspection department.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1703 REQUIREMENT FOR OPERATIONS MANUAL

Within 12 months after the effective date of this Rule, the chief of police or his designee responsible for operating the municipal lockup shall develop written policies and procedures that describe how the lockup will be operated.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1704 PURPOSE OF OPERATIONS MANUAL

The purpose of the operations manual is to ensure the smooth and efficient operation of the municipal lockup, and therefore it shall be detailed enough to guide officers in completing their assigned duties. The operations manual shall be available to all officers, and each officer shall be familiar with the manual.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1705 CONTENTS OF OPERATIONS MANUAL

(a) The operations manual shall include written policies and procedures that address the following areas:

- (1) administration and management;
- (2) admissions, transportation and release;
- (3) classification;
- (4) security and supervision;
- (5) inmate rules and discipline;
- (6) management of special inmates;
- (7) legal rights of inmates;
- (8) health, mental health, mental retardation and substance abuse services;
- (9) food services;
- (10) access to legal representation;
- (11) sanitation; and
- (12) emergency plans.

(b) The most recent editions of the following references are available as guides for developing policies and procedures:

- (1) Appalachian State University, Model Policies and Procedures Manual for North Carolina Jails;
- (2) American Correctional Association, Standards for Adult Local Detention Facilities;
- (3) American Correctional Association, Standards for Small Jails;
- (4) National Commission on Correctional Health Care, Standards for Health Services in Jails.

These references shall be available for inspection or loan from the Section. Consultation and technical assistance shall be available from the Section. The Section can also provide information regarding outside agencies with additional resources for developing policies and procedures.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1706 REVIEW OF MANUAL

The operations manual shall be reviewed and updated at least once each year by the police chief.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1707 CLASSIFICATION SYSTEM

Each municipal lockup shall have a written classification procedure for the placement and housing of inmates. Within the limitations imposed by the design and capacity of the lockup, the procedure shall assign inmates to confinement units that best meet their individual needs and that reasonably protect the inmate, other inmates, the jail staff, and the public.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1708 FEMALE INMATES

Male and female inmates shall not be placed in the same confinement unit, dayroom or other living area and, in addition, female inmates shall be housed out of sight of male inmates.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1709 CONFINEMENT OF MALES UNDER 18 YEARS OF AGE

Male inmates under 18 years of age shall be confined in separate cells from adult inmates during sleeping hours.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1710 DISCRIMINATION IN HOUSING ASSIGNMENTS

Housing assignments shall not be made on the basis of race, color, creed, national origin, or political belief.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1711 EXITS

Each municipal lockup shall have readily accessible emergency exits in compliance with the North Carolina State Building Code in order to permit the prompt evacuation of inmates and staff during an emergency. Egress doors in jails which are classified as "Residential Occupancy" by the N.C. State Building Code shall remain unlocked at all times thereby permitting free movement to the building exterior from occupied areas.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1712 FIRE EQUIPMENT

Each municipal lockup shall provide the following emergency fire equipment:

- (1) fire extinguishers that meet all of the requirements in National Fire Prevention Association pamphlet number 10 which is hereby adopted by reference pursuant to G.S. 150B-14(c), and
- (2) smoke detection equipment that meets the requirements of the North Carolina State Building Code.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1713 FIRE PLAN

- (a) Each municipal lockup shall have a written plan for the evacuation and control of inmates in the event of a fire. The plan shall include at least quarterly fire drills, and records shall be made of the fire drills and retained. The actual movement of inmates to other areas or outside the building is not required.
- (b) Evacuation routes shall be posted or otherwise clearly marked throughout the municipal lockup.
- (c) The police chief shall request in writing that the local fire department or fire marshall inspect the municipal lockup and review the fire plan at least once each year.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1714 MATTRESSES

Mattresses shall be of fire resistive and nontoxic construction.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1715 KEYS

Each municipal lockup shall have a key control system that includes the following elements:

- (1) a key control center that is secure and inaccessible to unauthorized persons at all times;
- (2) a set of duplicate keys to be stored in a safe place that is inaccessible to unauthorized persons at all times;
- (3) an accounting procedure for issuing and returning keys; and
- (4) a system of keys and matching locks that are color-coded and marked for identification by touch.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1716 GENERAL SECURITY REQUIREMENTS

Each municipal lockup shall meet the following security requirements:

- (1) provide for the secure confinement of inmates from the time of their passage through the security perimeter until release;
- (2) prevent the passage of contraband;
- (3) prevent unauthorized contact between inmates and person from outside the lockup;
- (4) provide a ground-level perimeter exterior that is well lighted; and
- (5) provide a communications link with outside agencies for use in emergencies.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1717 SUPERVISION

- (a) Officers shall make supervision rounds and directly observe each inmate in person at least twice per hour on an irregular basis. The supervision rounds shall be documented. If remote electronic monitoring is used to supplement supervision, it shall not be substituted for supervision rounds and direct visual observation.
- (b) Officers shall maintain voice or visual contact with all inmates at all times, and it shall be through either direct observation or by means of electronic surveillance.
- (c) Their shall be more frequent observation of inmates who are assaultive, suicidal, intoxicated, mentally ill or who have other special needs or problems.
- (d) Officers shall remain awake at all times.
- (e) Officers shall not be assigned other duties that would interfere with the continuous supervision, custody or control of inmates.
- (f) Female officers shall be on duty when female inmates are confined.
- (g) The police chief shall develop a contingency plan for the supervision and control of inmates during an emergency, and it shall provide for the ready availability of extra personnel.
- (h) Inmates shall not be allowed to supervise or assume any control over other inmates.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1718 SANITATION AND TOILETS

Each municipal lockup shall comply with the North Carolina Commission for Public Health rules governing sanitation as codified in Title 15A Chapter 18A Section .1500 and which are hereby adopted incorporated by reference, including subsequent amendments and editions of the reference materials. A copy of this material can be obtained free of charge from the State Division of Health Services, Environmental Health Section, Post Office Box 27687, Raleigh, North Carolina 27611-7687. Inmates shall have unrestricted access to toilets.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1719 MATTRESSES AND BEDDING

Mattresses, sheets, and blankets that are clean and in good repair shall be supplied to all inmates except those not housed overnight. Sheets shall be exchanged at least once a week. Mattresses shall meet the following requirements:

- (1) Mattresses shall comply with Commission for Public Health rules on sanitation, Title 15A Chapter 18B .0201 - .0215 and G.S. Chapter 130A-273 which are hereby adopted by reference pursuant to G.S. 150B-14(c).
- (2) Mattresses shall not be less than four inches thick and shall be the same length and width as the lockup bunks.
- (3) Mattresses shall not have any metal, plastic, or other rigid framing component.
- (4) Mattress ticking shall be durable and water repellent.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1720 FOOD SERVICE

- (a) In municipal lockups that purchase meals from an outside provider, a written contract shall require the provider to meet the applicable standards in this Section.
- (b) Inmates shall not be used as the sole source of personnel for the preparation or service of any meal.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1721 MEAL SERVICE

- (a) Each municipal lockup shall provide at least three meals for inmates, two of which must be hot, at regular times during each 24-hour period. There shall be not more than 14 hours between the evening meal and breakfast. An inmate shall be provided a meal if he is in the municipal lockup during a normal meal hour.
- (b) Food shall be served to inmates on individual serving trays. Eating utensils, consistent with security considerations, and condiments shall be provided.
- (c) While food is being transported, either from inside or outside the jail, it shall be covered to prevent contamination. Food must be maintained at appropriate serving temperatures as specified in Commission for Health Service Rule 15A NCAC 18A .1522.
- (d) Food shall never be used as a reward or punishment.
- (e) Each municipal lockup shall keep a daily record of the number of meals served.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1722 FOOD AND NUTRIENT REQUIREMENTS

- (a) The average nutrient content of weekly menus shall meet the Recommended Dietary Allowances of the National Academy of Sciences which are hereby adopted by reference pursuant to G.S. 150B-14(c).
- (b) Daily menus shall include the following:
 - (1) Milk Group: Two servings;
 - (2) Fruit Group: Two servings, one of which shall be citrus;
 - (3) Vegetable Group: Three servings;
 - (4) Meat or Protein Group: Two servings;
 - (5) Cereal or Bread Group: Four servings of whole grain or enriched products; and
 - (6) Calories: 2,100 - 2,500.
- (c) For all pregnant women and inmates under age 18, the milk group shall include four servings per day.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1723 MENUS

- (a) Menus shall be prepared in consultation with a registered dietitian.
- (b) Menus shall be written and portion sizes shall be specified.
- (c) Menus shall be dated and posted one week in advance.
- (d) Menus shall be served as written to inmates in the municipal lockup. Any necessary substitutions shall be of comparable nutritional value, and a written record of substitutions shall be kept.
- (e) The same menu shall not be served at lunch and dinner on the same day.
- (f) Dated menus and records of any substitutions shall be retained for three years.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1724 MODIFIED DIETS

- (a) Modified diets shall be provided if prescribed by appropriate medical or dental personnel.
- (b) Modified diets shall be provided when reasonably possible to accommodate the sincerely held religious beliefs of an inmate.
- (c) Written menus for modified diets shall be prepared in consultation with a registered dietitian.
- (d) Modified diets shall be served as written. Any necessary substitutions shall be of comparable nutritional value, and a written record of substitutions shall be kept. Dated menus of modified diets and records of any substitutions shall be retained for three years.
- (e) Each municipal lockup shall maintain a current list of inmates requiring modified diets, and it shall be posted for use by staff.
- (f) Each municipal lockup shall record the number of modified diets served at each meal, along with the name of each inmate and the type of modified diet that he or she received.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1725 MEDICAL PLAN

- (a) A written medical plan shall be developed in compliance with G.S. 153A-225 and it shall be available for ready reference by municipal lockup personnel. The medical plan shall include a description of the health services available to inmates.
- (b) The written plan shall include policies and procedures that address the following areas:
 - (1) Health screening of inmates upon admission;
 - (2) Routine medical care;
 - (3) The handling of inmates with chronic illnesses or known communicable diseases or conditions;
 - (4) Administration, dispensing and control of prescription and non-prescription medications;
 - (5) Handling emergency medical problems, including but not limited to emergencies involving dental care, chemical dependency, pregnancy and mental health;
 - (6) Maintenance and confidentiality of medical records; and
 - (7) Privacy during medical examinations and conferences with qualified medical personnel.
- (c) Inmates must be provided an opportunity each day to communicate their health complaints to a health professional or to an officer. Qualified medical personnel shall be available to evaluate the medical needs of inmates. A written record shall be maintained of the request for medical care and the action taken.
- (d) Inmates shall not perform any medical functions in the lockup.
- (e) The medical plan shall be reviewed annually.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1726 HEALTH SCREENING FORM

The health screening form completed upon admission by an officer shall be available to municipal lock-up officers, and a copy of the form shall be kept in any medical file that is maintained for inmates. The form shall be reviewed for the presence of confidential information which cannot be made available to municipal lock-up officers.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1727 LOGS OF ADMISSIONS AND RELEASES

Municipal lockups shall keep a log that contains at least the following information on each inmate admitted:

- (1) Inmate name,
- (2) Date and time inmate is admitted and released,
- (3) Charge,
- (4) Condition of release, and
- (5) If not released, place to which inmate was transferred.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1728 MONTHLY REPORT OF MUNICIPAL LOCKUPS

The police chief shall complete a monthly report on Form DHR-JDS-1 and send it to the Section no later than the tenth day of the following month.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1729 REPORT OF DEATH

The report of an inmate death required by G.S. 153A-225 shall be submitted to the Section.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1730 CONSULTATION AND TECHNICAL ASSISTANCE

Consultation and technical assistance in planning a new municipal lockup shall be available through the Section.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1731 COMPLIANCE REVIEW AND APPROVAL

(a) The governing body shall submit copies of the following to the Section before it begins construction of a new municipal lockup and before it makes additions or alterations to an existing municipal lockup as defined by the North Carolina State Building Code:

- (1) three sets of schematic drawings and outline specifications;
- (2) three sets of preliminary working drawings or design development drawings and outline specifications;
- (3) three sets of completed final working drawings and specifications.

(b) Upon receipt of the drawings and specifications at each stage, the Section shall send one set each to the following for their review and approval: the Department of Insurance to insure compliance with the North Carolina State Building Code, and the Division of Environmental Health in the Department of Environment and Natural Resources to insure compliance with the rules governing sanitation as codified in Title 15A Chapter 18A Section .1500 and which are hereby adopted by reference pursuant to G.S. 150B-14(c). The Section shall keep one set for its own review and approval to insure compliance with the minimum standards for the operation and construction of municipal lockups as contained in this Subchapter. Review and comment on the drawings and specifications at each stage shall be made no later than 30 days after receipt by the Section.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1732 SPECIFIC CONSTRUCTION REQUIREMENTS

- (a) Municipal lockups restrain inmates under lock and key within a building and therefore shall meet the requirements of the North Carolina State Building Code for "Institutional Occupancy - Restrained".
- (b) The construction materials in all municipal lockups shall be sufficient to provide the degree of security required for the area in which they are used.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1733 CENTRAL CONTROL STATION

In municipal lockups that have a central control station, the station shall:

- (1) be strategically located and equipped to regulate and monitor the movement of inmates and officers;
- (2) have a security vestibule at its entrance;
- (3) have direct two-way voice communication with all confinement units;
- (4) have direct two-way voice communication with all officers as needed to maintain safety and security;
- (5) be equipped with a release mechanism to open all confinement unit doors in an emergency;
- (6) have a toilet and sink.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1734 ELEVATORS

Elevators that open into the municipal lockup shall be secure and shall be under the control and observation of officers.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1735 INMATE PROCESSING AREA

Each municipal lockup that performs a booking and release function shall have an inmate processing area with access to the following:

- (1) a booking area that includes space for photographing and fingerprinting inmates and a telephone for making local and collect long-distance calls; and
- (2) a sobriety testing area.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1736 VISITATION AREAS

Each municipal lockup shall provide a confidential attorney visitation area that shall:

- (1) permit contact between the inmate and attorney;

- (2) provide seating and a writing table for the inmate and attorney;
- (3) permit only visual monitoring by the officers;
- (4) provide a way for the attorney to contact officers if needed; and
- (5) provide a minimum of 30 footcandles of artificial light.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1737 OTHER AREAS

Each municipal lockup that does not contract for meals shall have a kitchen.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1738 FLOORS, CEILINGS, AND WALLS

All ceilings, walls, and floors in confinement units shall have a finished surface that is easily cleaned, nontoxic, and predominantly of light colors.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1739 SHOWERS AND PLUMBING FIXTURES

- (a) If provided, each municipal lockup shall have at least one shower for every eight inmates.
- (b) If provided, showers shall have drains that prevent water from draining outside the shower, and the shower fixtures and drains shall be tamper-resistant if necessary for security.
- (c) Plumbing fixtures shall be made of stainless steel or other suitable materials as necessary for security.
- (d) Drinking fountains shall be equipped with mouth guards.
- (e) All privacy partitions in showers and bathrooms shall be high enough to allow limited privacy for the inmates while still allowing adequate supervision by officers.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1740 WINDOWS AND GLAZING

- (a) Windows and window framing, including glazing, shall be made of materials necessary to provide the degree of security required for the area in which they are used.
- (b) Glazing shall be diffused or obscured if it affords a view into confinement units from outside the municipal lockup.
- (c) View panels shall be made of materials necessary to provide the degree of security required for the area in which they are used, and those used for confinement units shall have a minimum area of 180 square inches and permit observation of the entire unit.
- (d) Natural light shall be admitted into all confinement units either directly or indirectly.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1741 DOORS, BUNKS AND LOCKS

- (a) Doors, locks and detention hardware shall be made of materials necessary to provide the degree of security required for the area in which they are used.
- (b) Doors to all confinement units shall have view panels.
- (c) Doors shall operate independently of each other, and the cell doors in a cellblock shall be capable of simultaneous release during an emergency.
- (d) Doors and locks that are electronically controlled shall be equipped with manual override.
- (e) Food passes, if used, shall have openings large enough to permit the passage of a food tray.
- (f) Bunks shall have dimensions necessary to accommodate a standard detention mattress and they shall be securely anchored at least 15 inches above the floor. When one bunk is placed above another, the lower bunk shall be approximately 15 inches and the upper bunk approximately 50 inches above the floor.
- (g) Doors, locks, detention hardware and bunks shall be designed to inhibit their use for an attempted suicide.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1742 SAFETY EQUIPMENT

In each municipal lockup the safety equipment, including intercoms, fire extinguishers, smoke detectors, and sprinkler heads, shall be tamper-resistant if necessary for security.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1743 MECHANICAL SYSTEMS

- (a) Each municipal lockup shall have heating, ventilation, and air conditioning systems that are capable of maintaining temperatures in confinement units not less than 68 degrees Fahrenheit during the heating season and not more than 85 degrees Fahrenheit during the cooling season.
- (b) The master controls for the system shall be located outside the confinement units and shall be accessible to officers during an emergency.
- (c) The ducts for the systems shall be designed to prevent the escape of inmates and the passage of contraband, and they shall be designed to inhibit their use for attempted suicide.
- (d) The ventilation system shall provide a minimum of ten cubic feet per minute of fresh or purified air for each inmate.

*History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1744 PLUMBING SYSTEMS

- (a) Each municipal lockup shall have a plumbing system that complies with the Commission for Public Health Rules Title 15A Chapter 18A and the North Carolina State Plumbing Code, both of which are hereby adopted by reference pursuant to G.S. 150B-14(c).
- (b) Each municipal lockup shall have a hot water supply for inmate lavatories, if provided, and showers designed to meet the usual needs of the number of inmates confined in the municipal lockup.
- (c) The master control valves for the plumbing system shall be located outside the confinement units and shall be accessible to officers during an emergency.

History Note: Authority G.S. 153A-221;

Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1745 ELECTRICAL SYSTEMS

- (a) Each municipal lockup shall have an electrical system that provides artificial lighting in the confinement units of at least 30 foot-candles and that can be reduced during sleeping hours.
- (b) Artificial lighting in the corridors shall be at least 20 footcandles.
- (c) Lighting fixtures shall be made of materials necessary to provide the degree of security required for the area in which they are used.
- (d) The master controls and circuit breakers shall be located outside the confinement units and shall be accessible to officers during an emergency.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1746 CLOTHING AND TOWEL HOOKS

Clothing and towel hooks shall not be used.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1747 CONFINEMENT UNITS

The governing body shall decide what confinement unit or combination of confinement units it will include in its municipal lockup: single cells and multiple occupancy cells.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1748 STANDARDS FOR SINGLE CELLS

Each single cell shall have:

- (1) a minimum floor space of 50 square feet;
- (2) a minimum floor dimension of seven feet;
- (3) a toilet, a sink and a drinking fountain.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1749 STANDARDS FOR MULTIPLE OCCUPANCY CELLS

Each multiple occupancy cell shall house no more than four inmates and shall have:

- (1) a minimum floor space of 50 square feet for the first inmate and 35 square feet of floor space for each additional inmate;
- (2) a minimum floor dimension of seven feet;
- (3) a toilet, a sink and a drinking fountain.

History Note: Authority G.S. 153A-221;
Eff. June 1, 1990;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

10A NCAC 14J .1750 INSPECTIONS

All municipal lockups shall be visited and inspected at least twice each year, but a lockup shall be inspected more frequently if the Department considers it necessary or if it is required by an agreement of correction pursuant to Rule .1753 of this Subchapter.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1751 REPORT OF INSPECTION

(a) The procedures contained in G.S. 153A-222 shall govern all inspections except those that find noncompliance with one or more of the provisions listed in Paragraph (b) of this Rule.

(b) The inspector shall forward a copy of the inspection report to the Secretary within ten days after the inspection if there are findings of noncompliance with any of the following standards contained in 10A NCAC 14J or the following statutes:

- (1) Classification; Rules .1707-.1709;
- (2) Fire Safety; Rules .1711-.1715;
- (3) Supervision; Rule .1717;
- (4) Sanitation and Personal Hygiene; Rules .1718-.1719;
- (5) Food; Rules .1720-.1724;
- (6) Medical Care of Inmates; Rules .1725-.1726;
- (7) G.S. 153A-224, Supervision of Lockups; or
- (8) G.S. 153A-226(b), Disapproval for Public Health Purposes.

(c) The inspector at the same time shall submit to the Secretary a written description of the conditions that caused noncompliance and a preliminary determination of whether those conditions jeopardize the safe custody, safety, health or welfare of the inmates confined in the municipal lockup.

(d) The inspection report shall be submitted to the local officials responsible for the municipal lockup within 30 days after the inspection as required by G.S. 153A-222, and it shall include a notice that the facility was not in compliance with one or more of the provisions listed in Paragraph (b) of this Rule. The notice shall state that the report has been submitted to the Secretary on a designated date for a final determination of whether conditions at the municipal lockup jeopardize the safe custody, safety, health or welfare of its inmates. The notice shall state that local officials will be mailed a final determination within 45 days of the designated date.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1752 DETERMINATION THAT CONDITIONS JEOPARDIZE INMATES

(a) The Secretary shall determine whether conditions in the municipal lockup jeopardize the safe custody, safety, health or welfare of its inmates within 30 days after receipt of the inspection report and the supporting materials.

(b) The Secretary may determine that noncompliance with any of the provisions listed in 10A NCAC 14J .1751(b) jeopardizes the safe custody, safety, health or welfare of inmates confined in the lockup.

(c) Although noncompliance with other specific standards or statutes may be found to jeopardize inmate or staff safe custody, safety, health or welfare, the Secretary shall determine that noncompliance with any of the following provisions contained in 10A NCAC 14J jeopardizes the safe custody, safety, health or welfare of inmates confined in the lockup:

- (1) Mattress flame retardant requirements; Rule .1711;
- (2) Emergency exits; Rule .1713;
- (3) Fire plan; Rule .1713;
- (4) Fire equipment; Rule .1712;
- (5) Separation of male and female inmates; Rule .1708;

- (6) Separation of males under age 18; Rule .1709;
- (7) Medical plan; Rule .1725;
- (8) Disapproval for public health purposes; G.S. 153A-226(b).

(d) The Secretary shall notify the local officials responsible for the municipal lockup within 15 days of his final determination if he concludes that the conditions in the lockup jeopardize the safe custody, safety, health or welfare of the inmates. The Secretary shall order corrective action, order the municipal lockup closed, or enter into an agreement of correction with local officials pursuant to 10A NCAC 14J .1753.

(e) The Secretary shall notify the local officials responsible for the lockup within 15 days of his final determination if he concludes that the conditions in the lockup do not jeopardize the safe custody, safety, health or welfare of the inmates. The notice shall direct local officials to consider the inspection report and initiate corrective action pursuant to the provisions of G.S. 153A-222.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1753 AGREEMENT OF CORRECTION

(a) Before ordering corrective action or ordering the lockup closed, the Secretary may direct the governing body to enter into an agreement of correction. If the Secretary chooses this option, he shall require the governing body to enter into a written agreement within 30 days after it receives notice that conditions in the lockup jeopardize the safe custody, safety, health or welfare of the inmates.

(b) The agreement of correction at a minimum shall indicate the specific areas of noncompliance with the standards or statutes, the governing body's intent to remedy noncompliance, a plan for remedying the noncompliance, a definite and reasonable number of days within which the lockup will be brought into compliance, and a schedule of inspections to monitor compliance.

(c) The agreement of correction may be extended once for a period not to exceed 60 days if the time period in the initial agreement expires before the lockup is brought into compliance, but only if the governing body is making a good faith effort to achieve compliance.

(d) If the lockup is not brought into compliance within the time period required by Paragraph (c) of this Rule, the Secretary shall order corrective action or order the lockup closed.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1754 ORDER OF CORRECTIVE ACTION OR ORDER OF CLOSURE

If the Secretary determines that an agreement of correction is not appropriate, or if he determines that a lockup is not brought into compliance within the time period required by an agreement of correction, the Secretary shall order corrective action or order the lockup closed. Notice of the action taken shall be given to local officials responsible for the lockup as provided by G.S. 153A-223(1). Local officials may contest the Secretary's order according to the procedures outlined in G.S. 153A-223.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.*

10A NCAC 14J .1755 DESIGNATION BY SECRETARY

The Secretary may designate a person to act for him with respect to matters covered by this Section. The designation shall be in writing and it shall be on file with the Section.

*History Note: Authority G.S. 153A-220; 153A-221;
Eff. June 1, 1990;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016.

SUBCHAPTER 14K - PREADMISSION SCREENING FOR ADULT CARE HOME RESIDENTS

SECTION .0100 - PREADMISSION SCREENING FOR ADULT CARE HOME RESIDENTS

10A NCAC 14K .0101 PREADMISSION SCREENING

*History Note: Authority S.L. 2012-142;
Temporary Adoption Eff. March 1, 2013;
Temporary Adoption Expired November 26, 2013.*

SUBCHAPTER 14L – STROKE CENTER DESIGNATION

SECTION .0100 – DEFINITIONS

10A NCAC 14L .0101 DEFINITIONS

The following definitions apply throughout this Subchapter:

- (1) "Acute Stroke Care" means the process for the assessment and treatment of patients experiencing an acute cerebrovascular accident.
- (2) "Acute Stroke Ready" means a hospital that has satisfied all requirements for certification as an acute stroke ready hospital from a nationally recognized hospital accrediting organization.
- (3) "Catchment Area" means the geographical area from which a hospital's patients are drawn.
- (4) "Comprehensive Stroke Care" means care provided by hospitals that meet or exceed the requirements put forward by nationally-recognized hospital accrediting organizations and have developed the infrastructure, staff, and training necessary to receive and treat patients with the most complex stroke cases, including advanced imaging capabilities, 24 hours per day, seven days per week, with availability of specialized treatments, and staff with the unique education and competencies to care for complex stroke patients through the certification process required by accrediting organizations.
- (5) "Comprehensive Stroke Center" means a hospital that has satisfied all requirements for certification from a nationally recognized hospital certifying organization for the provision of comprehensive stroke care.
- (6) "Conditional Designation" means a hospital that is pursuing certification but has not satisfied all certification requirements of the national accrediting body to qualify for Comprehensive Stroke Center or Primary Stroke Center or Acute Stroke Ready Hospital designation.
- (7) "Department" means the Department of Health and Human Services.
- (8) "Designated Stroke Center" means a hospital that has presented evidence to the Department of current certification by a national accrediting organization as a Comprehensive Stroke Center or Primary Stroke Center or Acute Stroke Ready Hospital.
- (9) "Designation" means the recognition by the Department of a hospital's certification by a nationally recognized hospital certifying organization for the provision of stroke care as set forth in Items (2), (5), and (13) of this Rule.
- (10) "EMS System" means those entities that are approved by the Department in accordance with 10A NCAC 13P .0201 of the EMS and Trauma rules.
- (11) "EMS Provider" means those entities defined in G.S. 131E-155(13a) that hold a current license issued by the Department pursuant to G.S. 131E-155.1.
- (12) "Office of Emergency Medical Services (OEMS)" means a section of the Division of Health Service Regulation of the North Carolina Department of Health and Human Services located at 1201 Umstead Drive, Raleigh, North Carolina 27603.

- (13) "Primary Stroke Center" means a hospital that has satisfied all requirements for certification from a nationally recognized hospital accrediting organization for the provision of acute stroke care.

*History Note: Authority G.S. 143B-10; 131E-78.5;
Eff. February 1, 2015.*

SECTION .0200 –STROKE CENTER DESIGNATION

10A NCAC 14L .0201 STROKE CENTER DESIGNATION REQUIREMENTS

(a) The Department shall designate hospitals licensed by the Division of Health Service Regulation pursuant to G.S. 131E-78.5 as certified "Designated Stroke Centers," as defined in Rule .0101(8) of this Subchapter, upon receipt of evidence provided by the hospital as defined in Paragraph (b) of this Rule that the hospital has received Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready certification by any of the following:

- (1) "The Joint Commission" (TJC), "American Heart Association" (AHA), and "American Stroke Association" (ASA) Comprehensive Stroke Center, Disease Specific Certification Program;
- (2) "Healthcare Facilities Accreditation Program" (HFAP);
- (3) "Det Norske Veritas" (DNV); or
- (4) other nationally recognized accrediting body that requires conformance to best practices for stroke care.

(b) Hospitals designated as a Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready Hospital shall notify the Office of Emergency Medical Services of the following information within 90 days of certification:

- (1) the name of the accrediting organization issuing certification to the hospital;
- (2) the date of certification;
- (3) the level of certification (Primary, Comprehensive or Acute Stroke Ready);
- (4) the date of renewal of the certification; and
- (5) the name and phone number of the primary contact person at the hospital who is responsible for obtaining the certification.

(c) The Department shall maintain a list of all Primary Stroke Centers, Comprehensive Stroke Centers and Acute Stroke Ready Hospitals on its website at <https://info.ncdhhs.gov/dhsr/ahc/listings.html>.

(d) Each designated Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready Hospital shall coordinate the provision of acute stroke care with other hospitals in their catchment area through written agreements that address the following minimum requirements:

- (1) transportation of acute stroke patients to the designated Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready Hospital; and
- (2) acceptance of patients initially treated at hospitals incapable of providing management of the acute stroke patient.

(e) The Office of Emergency Medical Services shall provide written notification annually through email to the medical directors of each EMS system and EMS provider a list of all Primary Stroke Centers, Comprehensive Stroke Centers and Acute Stroke Ready Hospitals contained on the Department's website.

(f) Hospitals shall notify the Office of Emergency Medical Services in writing within 30 days of any change to the hospital's Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready certification.

(g) Hospitals that have received a conditional certification are ineligible for designation by the Department as a Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready Hospital until the hospital receives Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready certification by the accrediting body issuing the certification.

(h) Hospitals that fail to maintain certification shall be removed from the Department's website by the Office of Emergency Medical Services within 30 days following receipt of written notification from the affected hospital.

(i) Non-certified hospitals shall not advertise or utilize signage representing the hospital as a Primary Stroke Center or Comprehensive Stroke Center or Acute Stroke Ready Hospital if the hospital has not received that designation by the Department.

*History Note: Authority G.S. 143B-10; 131E-78.5;
Eff. February 1, 2015;
Amended Eff. August 1, 2019.*

