

SUBCHAPTER 70K - RESIDENTIAL MATERNITY HOMES

SECTION .0100 - GENERAL

10A NCAC 70K .0101 DEFINITION

(a) For the purposes of the rules in this Subchapter, "residential maternity home" means a child-caring institution that provides continuing full-time care for adolescent and adult women during pregnancy and after delivery when delivery takes place in a licensed hospital. Residential maternity homes shall not hold dual licensure under G.S. 131D and G.S. 122C. A residential maternity home shall not be licensed under both 10A NCAC 70I and 10A NCAC 70K. The North Carolina Department of Health and Human Services, Division of Social Services, is the licensing authority for residential maternity homes.

(b) The "Reasonable and Prudent Parent Standard" means the term as defined in G.S. 131D-10.2A.

History Note: Authority G.S. 131D-10.2A; 131D-10.10; 143B-153;
Eff. February 1, 1986;
Amended Eff. October 1, 2008; June 1, 1990;
Readopted Eff. August 1, 2017.

10A NCAC 70K .0102 ORGANIZATION AND ADMINISTRATION

Persons licensed or seeking licensure to provide residential maternity home care shall comply with requirements as specified in 10A NCAC 70F and 10A NCAC 70K.

History Note: Authority G.S. 131D-1; 143B-153;
Eff. February 1, 1986;
Amended Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.

10A NCAC 70K .0103 LICENSING ACTIONS

(a) License.

- (1) Licensure is required in accordance with G.S. 131D-10.3 and with rules in Subchapters 70F and 70K of this Chapter.
- (2) Licenses shall be in effect for two years unless suspended or revoked. Appeal procedures specified in 10A NCAC 70L .0301 apply for persons seeking an appeal of the licensing authority's decision to deny, suspend, or revoke a license.
- (3) Residential maternity homes licensed after August 1, 2011 shall have a three year or longer accreditation from either the Council on Accreditation (COA), The Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations (TJC), The Commission on Accreditation and Rehabilitation Facilities (CARF) or The Council on Quality and Leadership (CQL).
- (4) Applicants shall inform the licensing authority of any current licenses or licenses held in the past five years for child-placing agencies, maternity homes, or residential child-care facilities in other states. Applicants shall provide written documentation from the licensing authority in other states regarding violations, penalties, or probationary status imposed in other states.

(b) Changes in any information on the license.

- (1) The licensing authority shall change a license during the period of time it is in effect if the change is in compliance with rules in Subchapters 70F and 70K of this Chapter.
- (2) A residential maternity home shall notify the licensing authority in writing of its request for a change in license, including information that is necessary to assure the change is in compliance with the rules in Subchapters 70F and 70K of this Chapter.

(c) Termination.

- (1) When a residential maternity home voluntarily discontinues operations, either temporarily or permanently, the residential maternity home shall notify the licensing authority in writing of the date, reason and anticipated length of closing.
- (2) If a license is not renewed by the end of the licensure period, the licensing authority shall automatically terminate the license.

- (3) When the license of any existing residential maternity home is terminated for more than 60 days, the home shall meet all requirements of a new facility prior to being relicensed.
 - (4) Any existing licensed residential maternity home that is closed or vacant for more than one year shall meet all requirements of a new facility prior to being relicensed.
- (d) Adverse licensure action.
- (1) The licensing authority shall deny, suspend or revoke a license when a residential maternity home is not in compliance with the rules in Subchapters 70F and 70K of this Chapter unless the residential maternity home within 10 working days from the date the maternity home initially received the deficiency report from the licensing authority submits a plan of correction. The plan of correction shall specify the following:
 - (A) the measures that will be put in place to correct the deficiency;
 - (B) the systems that will be put in place to prevent a re-occurrence of the deficiency;
 - (C) the individual or individuals who will monitor the corrective action; and
 - (D) the date the deficiency will be corrected which shall be no later than 60 days from the date the routine monitoring was concluded.
 - (2) The licensing authority shall notify a residential maternity home in writing of the decision to deny, suspend or revoke a license.
 - (3) Appeal procedures specified in 10A NCAC 70L .0301 shall be applicable for persons seeking an appeal to the licensing authority's decision to deny, suspend or revoke a license.
- (e) Licensure shall be denied when it is determined that the following conditions apply:
- (1) the applicant owns a facility or agency licensed under G.S. 122C and that facility or agency incurred a penalty for a Type A or B violation under Article 3 of G.S. 122C, or any combination thereof, and any one of the following conditions exist:
 - (A) A single violation has been assessed in the six months prior to the application.
 - (B) Two violations have been assessed in the 18 months prior to the application and 18 months have not passed from the date of the most recent violation.
 - (C) Three violations have been assessed in the 36 months prior to the application and 36 months have not passed from the date of the most recent violation.
 - (D) Four or more violations have been assessed in the 60 months prior to application and 60 months have not passed from the date of the most recent violation.
 - (2) the Department of Health and Human Services has initiated revocation or summary suspension proceedings against any facility licensed pursuant to G.S. 122C, Article 2; G.S. 131D, Articles 1 or 1A; or G.S. 110, Article 7 that was previously held by the applicant and the applicant voluntarily relinquished the license and 60 months have not passed from the date of the revocation or summary suspension;
 - (3) there is a pending appeal of a denial, revocation or summary suspension of any facility licensed pursuant to G.S. 122C, Article 2; G.S. 131D, Articles 1 or 1A; or G.S. 110, Article 7 that is owned by the applicant;
 - (4) the applicant has an individual as part of their governing body or management who previously held a license that was revoked or summarily suspended under G.S. 122C, Article 2; G.S. 131D, Articles 1 or 1A; and G.S. 110, Article 7 and the rules adopted under these laws and 60 months have not passed from the date of the revocation or summary suspension;
 - (5) the applicant is an individual who has a finding or pending investigation by the Health Care Personnel Registry in accordance with G.S. 131E-256; or
 - (6) the applicant is an individual who has a finding on the Responsible Individual's List as described in 10A NCAC 70A .0102.

History Note: Authority G.S. 131D-10.10; 143B-153;
 Eff. October 1, 2008;
 Amended Eff. August 1, 2011;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.

SECTION .0200 - MINIMUM LICENSURE STANDARDS

10A NCAC 70K .0201 PERSONNEL

(a) Staff Qualifications and Functions.

- (1) Executive Director. There shall be an executive director employed for the general management and supervision of the maternity home. The executive director shall meet the requirements of a Social Services Program Administrator I as defined by the North Carolina Office of State Human Resources, which is incorporated by reference, including subsequent amendments and editions. A copy of these requirements can be found at no cost at <http://www.oshr.nc.gov/state-employee-resources/classification-compensation/job-classification>. The college or university degree shall be from a college or university listed at the time of the degree in the Higher Education Directory, which is incorporated by reference, including subsequent amendments and editions. This information can be obtained through Higher Education Publications, Inc. at its website, www.hepinc.com at a cost of one hundred twenty-five dollars (\$125.00).
The executive director shall:
 - (A) direct the maternity home's program of care and services in accordance with policies established by the governing board and within license standards;
 - (B) recruit, employ, supervise, and discharge staff;
 - (C) provide, or cause to be provided a training program for staff;
 - (D) prepare the annual budget, supervise expenditures, and operate within the maternity home's budget;
 - (E) establish and maintain relationships with other human service agencies and represent the agency in the community; and
 - (F) delegate authority to a staff member meeting the qualifications described in this Subparagraph or Subparagraph (a)(3) of this Rule during his or her absence.
- (2) Professional Services Staff. The maternity home shall have available professional services personnel to assure appropriate services are provided for each resident identified by her case plan or out-of-home family services agreement.
- (3) Social Work Supervisor or Case Manager Supervisors. Social Work Supervisors shall be employed by the maternity home to supervise, evaluate, and monitor the work and progress of the social work staff. The Social Work Supervisor or Case Manager Supervisor shall meet the requirements of a Social Work Supervisor II as defined by the North Carolina Office of State Human Resources. The college or university degree shall be from a college or university listed at the time of the degree in the Higher Education Directory. Social work supervisors shall receive 24 hours of continuing education annually.
- (4) Social Worker or Case Manager. Social Workers or Case Managers shall be employed by the maternity home to provide intake services and social work services to the residents and their families in accordance with the case plan or out-of-home family services agreement. The Social Worker or Case Manager shall meet the requirements of a Social Worker II as defined by the North Carolina Office of State Human Resources. The college or university degree shall be from a college or university listed at the time of the degree in the Higher Education Directory. Social Workers or Case Managers shall receive 24 hours of continuing education annually.
- (5) Direct Care Staff. All direct care staff shall have a high school diploma or GED. Direct care staff shall receive 24 hours of continuing education annually.
- (6) Direct Care Supervisory Staff. All direct care supervisory staff shall have a high school diploma or GED. Direct care supervisory staff shall receive 24 hours of continuing education annually.
- (7) Staff members of the maternity home may maintain dual employment or serve as volunteers with adoption agencies or crisis pregnancy centers as long as the maternity home does not provide services to the clients of the adoption agency or crisis pregnancy center. Staff members of the maternity home may serve on the board of directors of adoption agencies or crisis pregnancy centers as long as the adoption agency or crisis pregnancy center does not provide services to the clients of the maternity home.

(b) Staffing Requirements. There shall be at least one Social Worker or Case Manager assigned for every 15 residents. Supervision of Social Workers or Case Managers shall be assigned as follows:

| Supervisors Required | Social Workers or Case Managers Employed |
|----------------------|--|
| 0 | 0-4 (the executive director serves as |

| | |
|---|-------------------------|
| | social work supervisor) |
| 1 | 5 |
| 2 | 6-10 |
| 3 | 11-15 |
| There shall be one additional supervisor for every one to five additional social workers. | |

(c) Direct Care Staff Requirements. Direct care staff shall be employed for direct care of maternity home residents, which shall include mothers and infants as well as any children or dependents of staff members who live or are cared for in the home. There shall be at least one direct care staff member assigned for every eight residents during waking hours and one direct care staff member for every twelve residents during sleeping hours. Additional direct care staff or other personnel shall be available to assist with emergency situations or special needs of the residents.

(d) Direct Care Supervisory Staff Requirements. There shall be at least one direct care supervisor for every 15 direct care staff members.

(e) Volunteers and Interns Requirements. If the maternity home uses volunteers or interns to work directly with residents, the requirements of 10A NCAC 70F .0207 apply.

(f) Additional Personnel Requirements. In addition to those requirements specified in 10A NCAC 70F .0207, the following rules are applicable to maternity home programs:

- (1) Health Examinations. All direct care staff, any food service staff, and anyone serving in those capacities shall have a medical examination completed by a physician, physician's assistant, or nurse practitioner, hereafter referred to as "licensed medical provider," within at least 12 months before beginning employment and biennially thereafter. The agency shall maintain documentation that all direct care staff and food service staff or anyone serving in those capacities have had a TB skin test or chest x-ray prior to employment unless contraindicated by a licensed medical provider. A medical history form shall be completed by all direct care staff and food service staff. The licensed medical provider shall conduct examinations that include tests necessary to determine that the staff member is able to carry out assigned duties and does not have any communicable disease or condition that poses risk of transmission in the facility. A report of each examination shall be made a part of the employee's personnel file. A medical examination report shall be completed on any adopted children or relative children of direct care staff residing in the maternity home within 12 months prior to the license date. The birth children of direct care staff who reside in the maternity home shall be tested for TB only if one or more of the parents tests positive for TB. There shall be documentation that adopted children or other relative children residing in the maternity home have had a TB skin test or chest x-ray prior to initial licensure unless contraindicated by a licensed medical provider. A medical examination and TB test, if required, shall be completed on any children or relative children of direct care staff who begin residing in the maternity home. Examinations shall include tests necessary to determine that the children or relative children of staff members who reside in the maternity home do not have any communicable diseases or conditions that pose risk of transmission in the facility. A medical history form shall be completed on any children or relative children of direct care staff who reside in the living unit. The medical history form shall be signed and dated by the staff member and contain the name, contact information, date of birth, health history, and statement of health. A copy of the medical history form ("Medical History Form" DSS-5017) can be obtained from the Division or found on the Division's website at <https://www.ncdhhs.gov/division/dss>. Medical examination reports and medical history forms of children of the residents residing in the maternity home shall be maintained in the personnel file of their parent or relative.
- (2) Staff Development. The maternity home staff shall have a written staff development plan that provides staff training in the following areas:
 - (A) medical, physical, and psychological aspects of pregnancy;
 - (B) prenatal and postnatal care;
 - (C) developmental needs of adolescents and adults;
 - (D) developmental needs of infants and toddlers;
 - (E) parenting preparation classes;
 - (F) stages of growth in infants;
 - (G) day-to-day care of infants;

- (H) disciplinary techniques;
 - (I) education planning;
 - (J) job seeking skills;
 - (K) locating housing;
 - (L) money management;
 - (M) food management;
 - (N) child care programs;
 - (O) health education;
 - (P) stress management;
 - (Q) life skills;
 - (R) decision making;
 - (S) substance abuse;
 - (T) pregnancy prevention;
 - (U) counseling skills;
 - (V) emergency medical care;
 - (W) nutrition and food preparation;
 - (X) reasonable and prudent parent standard; and
 - (Y) trauma informed care.
- (3) A residential maternity home shall ensure that a staff member trained in cardiopulmonary resuscitation (CPR) and first-aid, such as those provided by the American Red Cross, the American Heart Association, or equivalent organizations, is always available to the clients in care. Residential maternity home staff shall, within the first 30 days of employment, successfully complete certification in first-aid, CPR, and universal precautions provided by either the American Heart Association, the American Red Cross, or equivalent organizations approved by the Division of Social Services. Division staff shall determine that an organization is substantially equivalent if the organization is already approved by the Department or meets the same standard of care as the American Heart Association or the American Red Cross. First-aid, CPR, and universal precautions training shall be renewed as required by the American Heart Association, the American Red Cross, or equivalent organizations. "Successfully completed" is defined as demonstrating competency, as evaluated by the instructor who has been approved by the American Heart Association, the American Red Cross, or other organizations approved by the Division of Social Services to provide first-aid, CPR, and universal precautions training. Training in CPR shall be appropriate for the ages of children in care. Documentation of successful completion of first-aid, CPR, and universal precautions shall be maintained by the maternity home. The Division shall not accept web-based trainings for certification in first-aid, CPR, or universal precautions.

History Note: Authority G.S. 7B-505.1; 131D-10.5(7); 131D-10.10; 143B-153;
 Eff. February 1, 1986;
 Amended Eff. June 1, 1990;
 RRC Objection Eff. April 15, 1993 Due to Lack of Statutory Authority;
 Amended Eff. August 1, 2011; August 1, 2010; November 1, 2009; October 1, 2008; July 2, 1993;
 Readopted Eff. August 1, 2017.

10A NCAC 70K .0202 SERVICES

- (a) A maternity home shall have a written statement of purpose and objectives, services offered, eligibility requirements, application procedures, and procedures for implementing all services. This information shall be available to persons or agencies making inquiries about the maternity home.
- (b) Social Services. The maternity home shall provide admission, residential, and discharge services to applicants, residents in care, and their families or legal custodians, as follows:
- (1) Admission services shall include an assessment of: the individual's need for maternity home care; services for the applicant's individual needs; and a determination whether the maternity home's program of care and services can meet the applicant's needs.
 - (2) When an applicant who lives out of state is being considered for admission and the applicant is under 18 years old, the provisions of the North Carolina interstate placement laws (G.S. 7B-3800 et. seq.) shall be met.
 - (3) Staff shall be assigned the responsibility for making admission decisions.

- (4) Applicants or legal custodians shall complete a written application before or upon admission. Written agreements shall be made concerning release of information, medical care, and fees for care and services.
- (5) An applicant accepted for care shall be referred to and have a working agreement with a licensed child-placing agency or county department of social services of the applicant's choice for planning and decision making in relation to her baby. No maternity home staff member shall assume any responsibility for placement of children for adoption.
- (6) Residential services throughout the period of care shall include counseling for each resident and her family.
- (7) Each resident shall have the opportunity to talk privately with staff, family members, friends, and social workers from child-placing agencies or county departments of social services and to express grievances regarding the maternity home.
- (8) Each resident shall have assistance as requested in making the best use of her time in the maternity home, adjusting to the living situation, accessing all services needed, resolving personal and family problems, and planning for discharge.
- (9) Discharge services for residents shall include planning for living arrangements, employment, or education. For those residents planning to keep their babies, discharge services shall include preparation for parenthood and support services for single parents.

(c) Psychological and Psychiatric Services. Arrangements shall be made available for a resident to have the services of a psychologist or a psychiatrist, as well as for consultation for the staff providing care and services to the resident. Maternity homes shall request documentation regarding who has the authority to consent to psychological and psychiatric services received by the resident. Persons or entities with authority to consent may include the resident's parent, legal guardian or custodian, or county department of social services with legal custody of the resident in accordance with G.S. 7B-505.1.

History Note: Authority G.S. 7B-505.1; 131D-10.10; 143B-153; Eff. February 1, 1986; Amended Eff. October 1, 2008; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016; Amended Eff. August 1, 2017.

10A NCAC 70K .0203 CASE RECORD

A confidential case record shall be maintained for each resident which includes:

- (1) a completed application for admission and services with identifying information about the resident;
- (2) a summary of the referral source, background information about the resident, and an assessment of the services needed;
- (3) a complete medical and obstetrical history and examination before or within one week after admission to the home;
- (4) record of medical and dental services received;
- (5) authorization for medical care for minors;
- (6) authorization for receiving or sending information concerning the resident;
- (7) copy of financial agreements;
- (8) a copy of the agreement with the licensed child placing agency or county department of social services providing services to the resident;
- (9) case plan or out-of-home family services agreement;
- (10) visitation and contact plan including type, duration, location both on-site and off-site, and frequency, as well as any rationale for restrictions on family involvement; the facility shall maintain documentation of all family time;
- (11) date of admission to the maternity home and documentation of services provided including hospital care and delivery dates;
- (12) date, time and circumstances of discharge from the maternity home and the resident's plans for herself and baby; and in the case of minors the name, relationship and signature of the individual the resident was released to;
- (13) correspondence and contacts with other persons or agencies concerning the resident; and

- (14) signed acknowledgement of client rights.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. February 1, 1986;
Amended Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0204 PROGRAM OF CARE

- (a) The program of care shall be suited to the needs of adolescent and adult women experiencing an unplanned pregnancy. There shall be opportunity provided for private time, for family contacts, and for group fellowship.
- (b) The residents shall be free from duress to make their own decisions about releasing or keeping their babies.
- (c) The residents shall be provided confidentiality concerning their situations and protection from harm insofar as possible.
- (d) Educational opportunities shall be provided or arranged by the residential maternity home in accordance with the needs of individual residents and resources available in the community. For those residents who are required to attend school under the compulsory school attendance laws of North Carolina, the maternity home shall arrange for attendance in a public or a nonpublic school which is operated in accordance with the laws of North Carolina. If a school or educational program is maintained and operated by the maternity home which residents attend in lieu of attending public schools, the maternity home shall comply with the North Carolina General Statutes governing nonpublic schools. Opportunity shall be offered to residents who wish to participate in educational courses available in the community.
- (e) Health education including information about pregnancy, delivery, and family planning services shall be provided residents. Information about the care of infants shall be made available to the residents who want this information.
- (f) Recreational activities shall be provided which meet the needs of residents. Suitable space shall be provided at the maternity home for both indoor and outdoor activities. Participation in community activities shall be provided.
- (g) Work assignments in the maternity home shall be geared to the physical health and emotional well-being of the residents in care. Residents shall be given the opportunity to voluntarily seek paid employment when employment is in accordance with the recommendation of their licensed medical provider and other professional staff of the maternity home. No resident shall be required to work for the purpose of paying the maternity home for her care.
- (h) The maternity home shall define in writing and make available to applicants and residents those rules and regulations which the residents shall be expected to follow. These rules and regulations shall respect the personal freedom of the residents. These rules and regulations shall not infringe on the residents' rights to send and receive uncensored mail and for planned visits with their families and others. Visitors shall not be allowed to visit minors without prior consent of the parents or guardian, or legal custodian.
- (i) Nutritious, foods shall be provided in the variety and amounts necessary to meet the National Research Council's Recommended Daily Dietary Allowances (USDA Center for Nutrition Policy and Promotion, 1120 20th Street, NW, Suite 200N, Washington, DC 20036). Special diets shall be planned to meet the modified needs of individual residents as prescribed by a licensed medical provider. Menus shall be planned and written by, or in consultation with, a licensed dietician/nutritionist. Menus shall be planned and written at least one week in advance. Snacks shall be recorded on the regular menu.
- (j) Each resident shall be provided prenatal care and general health care by a licensed medical provider which includes:
- (1) a complete medical and obstetrical history and examination before or within one week after admission to the home;
 - (2) periodic examinations during pregnancy as outlined by the licensed medical provider;
 - (3) dental services as needed; and
 - (4) medical services as needed.
- (k) Each resident shall be provided delivery care in a licensed hospital or any facility licensed as a place for delivery of babies.
- (l) All prescription and non prescription medicines shall be stored in a locked cabinet, closet or box not accessible to residents. The agency shall have written policies and procedures regarding staff administering medications to residents that shall be discussed with each resident and their parents or guardian, or legal custodians (if resident is a minor) prior to or upon placement. These policies and procedures shall address:
- (1) medication administration;

- (2) medication dispensing;
- (3) packaging, labeling;
- (4) storage and disposal;
- (5) review;
- (6) education and training; and
- (7) documentation, including medication orders, Medication Administration Record (MAR); orders and copies of lab tests; and, if applicable, administration errors and adverse drug reactions.

The residential maternity home shall maintain a MAR for each resident that documents all medications administered. Upon discharge of a resident, the residential maternity home shall return prescription medications to the resident or person or agency legally authorized to remove the minor from residential maternity care. The residential maternity home shall provide oral or written education to the resident or person or agency legally authorized to remove the minor from residential maternity care regarding the medications. Unwanted, out-dated, improperly labeled, damaged, adulterated or discontinued prescription medications shall be returned to a pharmacy for disposal.

(m) The residential maternity home shall ensure that first aid kits are available for immediate use in each living unit, recreation area and in vehicles to transport residents. A residential maternity home shall obtain a mouthpiece and other precautionary equipment for administering CPR to the residents.

(n) When residents return to the maternity home, post delivery care shall be available to the residents in accordance with the recommendations of the resident's licensed medical provider and the professional staff of the maternity home. A resident shall not be required to remain in the maternity home after medical discharge. Referral to a licensed medical provider or medical clinic or community family planning resource shall be made if requested by the resident.

(o) A resident and her infant may be considered for aftercare if the resident was in residential care prior to delivery.

(p) The period of aftercare for the resident and her child shall not exceed 12 consecutive months, during which time a plan for independent living shall be developed with the resident and assistance provided in achieving the goal of the plan within the designated time frame.

(q) Services provided for the plan of independent living shall include:

- (1) parenting preparation classes;
- (2) stages of growth in infants, children and adolescents;
- (3) day-to-day care of infants, children and adolescents;
- (4) disciplinary techniques for infants, children and adolescents;
- (5) education planning;
- (6) job seeking skills;
- (7) locating housing;
- (8) money management;
- (9) food management;
- (10) child-care;
- (11) health education;
- (12) stress management;
- (13) life skills;
- (14) decision making;
- (15) substance abuse;
- (16) pregnancy prevention; and
- (17) other services based on the needs of the resident.

(r) A case record shall be maintained at the maternity home for each resident which includes documents concerning all social work, counseling, medical, psychological, and dental services, as well as any other services provided to each resident.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. February 1, 1986;
Amended Eff. November 1, 2009; October 1, 2008; June 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. February 1, 1986;
Amended Eff. June 1, 1990;
Repealed Eff. October 1, 2008.*

10A NCAC 70K .0206 CASE PLAN OR OUT-OF-HOME FAMILY SERVICES AGREEMENT

(a) A residential maternity home shall develop a written case plan or out of home family services agreement within 30 days of a resident's admission to the maternity home. The case plan or out of home family services agreement shall be developed in cooperation with the resident, her parents or guardian or the legal custodian. The case plan or out-of-home family services agreement shall be based upon an assessment of the needs of the resident. The case plan or out-of-home family services agreement shall include:

- (1) goals stated in specific, realistic, and measurable terms; and
- (2) plans that are action oriented, including specific responsibilities of the resident, the residential maternity home, the parents or guardians, other family members, legal custodians and other agencies that are providing services to the resident.

(b) The case plan or out-of-home family services agreement shall be reviewed within 60 days of placement, the second case plan or out-of-home family services agreement review shall occur within 90 days of the first review and subsequent reviews shall be held every six months. The resident, parents or guardians or legal custodians as well as any individual or agency providing services shall participate in the reviews to determine the resident's progress or lack of progress towards meeting the goals and objectives, and to determine changes that need to be made in the case plan or out-of-home family services agreement.

(c) If the legal custodian is a county department of social services, the residential maternity home, the department of social services, parents or guardian, and resident shall develop a single out-of-home family services agreement. The residential maternity home shall attend court reviews, child and family team meetings, agency reviews and permanency planning action team meetings. The Out-of-Home Family Services Agreement (DSS-5240 or DSS-5241) and the Transitional Living Plan (CARS Plan Review) may serve as the out-of-home family services agreement for the maternity home if the documents reflect input and participation by the maternity home. Maternity homes shall follow the same timeframes for completing these documents as described in Paragraph (b) of this Rule.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0207 CLIENT RIGHTS

(a) A residential maternity home shall develop and implement policies and procedures to protect the individual rights and dignity of residents and family members who are provided services by the agency.

(b) A residential maternity home shall have a client's rights policy, which includes that each resident has the right to:

- (1) be treated with dignity and respect;
- (2) be free from coercion and influence in deciding to parent her baby or release for adoption;
- (3) privacy;
- (4) be provided adequate food, clothing and shelter;
- (5) have access to family time and have telephone conversations with family members and other individuals, when not contraindicated in the visitation and contact plan;
- (6) have personal property and a space for storage;
- (7) express opinions on issues concerning the resident's care or treatment;
- (8) receive care in a manner that recognizes variations in cultural values and traditions;
- (9) be free from coercion by agency staff with regard to religious or cultural decisions. The agency shall have a process to assure that, whenever practical, the wishes of the resident and the parents of minors with regard to religious and cultural participation are ascertained and followed;
- (10) not be identified in connection with publicity for the agency which shall bring the resident, or resident's family embarrassment;
- (11) give written permission before pictures or other means of identifying residents are used in publicity or public relations for the maternity home (if the resident is a minor, written permission shall be obtained from the parents, guardian or the legal custodian); and

- (12) not be forced to acknowledge dependency on or gratitude to the agency.
- (c) A residential maternity home shall have a policy that prohibits direct involvement by a resident in funds solicitation for the agency.
- (d) A residential maternity home shall have a policy, which prohibits the resident's participation in any activities involving audio or visual recording and research without the voluntary signed, time-limited consent of the resident and, if applicable, the resident's parents, guardian or legal custodian.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0208 GRIEVANCE PROCEDURES

- (a) A residential maternity home shall provide to each resident, parents, guardians or legal custodians of minors, upon placement:
- (1) a written description of policies and procedures that the resident her parents, guardian or legal custodian follows to register complaints;
 - (2) information about resident's and family's' rights;
 - (3) the process for appealing a decision or action of the agency; and
 - (4) the process of resolution of a complaint.
- (b) Upon resolution of a grievance, the agency shall maintain a copy of the complaint and the resolution in the resident's case record.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0209 SEARCHES

- (a) A residential maternity home shall have written policies and procedures regarding staff conducting searches of resident's rooms and possessions that shall be discussed with each resident and, if applicable, their parents, guardians or legal custodians prior to or upon placement.
- (b) The search policies and procedures shall include:
- (1) circumstances under which searches are conducted;
 - (2) persons who are allowed to conduct searches;
 - (3) provision for removing and disposing of items seized as a result of searches; and
 - (4) provision for documenting searches.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0210 CRITICAL INCIDENTS AND CRITICAL INCIDENT REPORTS

- (a) A maternity home shall have written policies and procedures for handling and reporting critical incidents.
- (b) The maternity home shall have and follow policies and procedures for handling any suspected incidents of abuse or neglect of a resident involving staff, subcontractors, volunteers or interns in a facility supervised by the maternity home. The policies and procedures shall include:
- (1) a provision for reporting any suspicions of abuse or neglect to the appropriate county department of social services for investigation;
 - (2) a provision for recording any suspected incident of abuse or neglect and for promptly reporting it to the executive director or to the governing body;
 - (3) a provision for notifying the parents, guardian, or legal custodian, if applicable;
 - (4) a provision for preventing a recurrence of the alleged incident pending the investigative assessment;

- (5) a policy concerning personnel action to be taken when the incident involves a staff member, subcontractor, volunteer or intern;
 - (6) a provision for submitting a critical incident report to the licensing authority within 72 hours of the incident being accepted for an investigative assessment by a county department of social services; and
 - (7) a provision for submitting written notification to the licensing authority within 72 hours of the case decision by the county department of social services conducting the investigative assessment.
- (c) Critical incident reports shall be submitted to the licensing authority by the executive director or his/her designee on a form developed by the licensing authority within 72 hours of the critical incident. Critical incidents include the following of a resident in placement:
- (1) a death of a resident;
 - (2) reports of abuse and neglect;
 - (3) admission to a hospital as a result of injury or serious medical condition;
 - (4) suicide attempt;
 - (5) runaway lasting more than 24 hours; and
 - (6) arrest for violations of state, municipal, county or federal laws.
- (d) Documentation of the critical incident shall include:
- (1) name of resident or residents involved;
 - (2) date and time of incident;
 - (3) brief description of incident;
 - (4) action taken by staff;
 - (5) need for medical attention;
 - (6) name of staff involved and person completing the report;
 - (7) name of resident's parents, guardian or legal custodian, if applicable, notified and date and time of notification; and
 - (8) approval of supervisory or administrative staff reviewing the report.
- (e) When there is a death of a resident in placement the executive director or his/her designee shall notify the parents, guardian, or legal custodian, if applicable, and the licensing authority with 72 hours.
- (f) Critical incident reports shall be maintained in a manner consistent with the agency's risk management policies that include clinical decisions and activities undertaken to identify, evaluate and reduce the risk of injury to residents, staff and visitors and reduce the risk of loss to the agency and shall be made available to the licensing authority upon request..

*History Note: Authority G.S. 131D-1; 143B-153;
 Eff. October 1, 2008;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

SECTION .0300 – PHYSICAL PLANT

10A NCAC 70K .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

- (a) New construction and existing buildings proposed for use as a residential maternity home shall comply with the requirements of this Section.
- (b) Except when otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, initial licensure, change in service, change in resident capacity or evacuation capability of the residents, addition, renovation or alteration.
- (c) New additions, alterations, modifications and repairs made to the building shall meet the requirements of this Section.
- (d) A residential maternity home shall not have two different types of occupancies, as defined in the State Building Code in the same building.
- (e) Rules contained in this Section are the Physical Plant requirements and do not prohibit buildings, systems or operational conditions that exceed these requirements.
- (f) Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division of Health Service Regulation when the facility can demonstrate to the Division of Health Service Regulation's satisfaction, that the intent of the physical plant requirements are met and the variation does not reduce the safety or operational effectiveness of the facility.

(g) The facility must comply with all applicable local, state and federal regulations.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0302 DESIGN AND CONSTRUCTION

- (a) Any building licensed for the first time as a residential maternity home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the occupancy requirements of the North Carolina State Building Code as determined by the Division of Health Service Regulation, Construction Section based on the number and age of the mothers, the number of infants and any other dependents of either the expecting mothers or the live-in staff. The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments can be purchased for one hundred six dollars and twenty-five cents (\$106.25) at the following web site: (http://www.ncdoi.com/OSFM/Engineering/CodeServices/engineering_codeservices_sales.asp) or calling 919-681-6550.
- (b) Mobile homes, whether mobile or permanently situated, shall not be used for residential maternity home facilities.
- (c) Each residential maternity home shall be planned, constructed, equipped and maintained to provide the services offered in the home.
- (d) Any existing building converted from another use to a residential maternity home shall meet all the requirements of a new facility.
- (e) Any existing licensed residential maternity home when the license is terminated for more than 60 days shall meet all requirements of a new home prior to being relicensed.
- (f) Any existing licensed residential maternity home that is closed or vacant for more than one year shall meet all requirements of a new facility prior to being relicensed.
- (g) Any existing licensed residential maternity home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work.
- (h) The applicant for a residential maternity home shall consult the local code enforcement official for information on required permits and building code requirements before starting any construction or renovations.
- (i) If the building is two stories in height, and is classified as a Residential Occupancy, it shall meet the following requirements:
- (1) Infants or children less than six years old shall not be housed on any floor other than the level of exit discharge.
 - (2) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection.
- (j) The basement and the attic shall not to be used for storage or sleeping.
- (k) The ceiling shall be at least seven and one-half feet from the floor.
- (l) All windows shall be maintained operable.
- (m) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Commission for Public Health which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions", 15A NCAC 18A .1300 and the "Rules Governing Sanitation of Residential Care Facilities" 15A NCAC 18A .1600 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.
- (n) The residential maternity home shall request and obtain current inspections from the local sanitarian and the local fire inspector. Reports of such inspections shall be maintained in the facility and available for review and shall be submitted to the licensing authority with the licensure renewal application.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;*

*Amended Eff. November 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0303 LOCATION

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

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0304 LIVING ARRANGEMENT

A residential maternity home shall provide living arrangements to meet the individual needs of the residents, the live-in staff and their children or relative children. There shall be a designated room for residents to talk privately with staff and to receive visitors.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0305 LIVING ROOM

- (a) Residential maternity homes shall have a living room area of a minimum of 200 square feet for a capacity of six or fewer residents and 15 square feet per additional resident.
- (b) All living rooms shall have operable windows that meet the North Carolina State Building Code and be lighted to provide 30 foot candles of light at floor level.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0306 DINING ROOM

- (a) Residential maternity homes shall have a dining room or area of a minimum of 120 square feet for a capacity of six or fewer residents and 10 square feet per additional resident. The dining room may be used for other activities during the day.
- (b) When the dining area is used in combination with a kitchen, an area five feet wide shall be allowed as work space in front of the kitchen work areas and shall not be included in the required square footage.
- (c) The dining room shall have operable windows and be lighted to provide 30 foot candles of light at the floor level.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0307 KITCHEN

- (a) The kitchen in a residential maternity home shall be large enough to provide for the preparation and preservation of food and the washing of dishes.
- (b) The kitchen floor shall have a non-slippery, water-resistant covering.
- (c) The kitchen shall be approved by the local sanitarian for the total number of residents (mothers, infants and any other children), as well as any live-in direct care staff and their dependents.

History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Amended Eff. November 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.

10A NCAC 70K .0308 BEDROOMS

- (a) There shall be bedrooms sufficient in number and size to meet the individual needs of the maternity home residents (residents include mothers and their children), the live-in staff and their children or relative children residing in the home. Residents shall not share bedrooms with staff or the staff's children or relative children.
- (b) Only rooms authorized by the Division of Health Service Regulation, Construction Section by plan review or field inspection, shall be used for bedrooms.
- (c) A room where access is through a bathroom, kitchen or another bedroom shall not be approved for a resident's bedroom.
- (d) There shall be a minimum area of 100 square feet, excluding vestibule, closet or wardrobe space, in rooms occupied by one mother and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two mothers. There shall be additional square footage of 40 square feet for each infant and toddler, 60 square feet for each pre-school aged child and 80 square feet for each school aged child.
- (e) The total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Health Service Regulation, Construction Section, by plan review or field inspection, for that particular bedroom.
- (f) A bedroom shall not be occupied by more than two mothers along with any children or infants of those mothers.
- (g) Each resident bedroom shall have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least eight percent of the floor space. The windows shall have a maximum of 44 inch sill height. Each bedroom shall be provided with a window that meets the North Carolina State Building Code for emergency egress. These windows shall be openable without the use of keys or tools.
- (h) Bedroom closets or wardrobes shall be large enough to provide each mother with a minimum of 48 cubic feet of separate clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar. Additional closet or wardrobe space shall be provided for the children of mothers at the rate of 10 cubic feet per child.

History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.

10A NCAC 70K .0309 BATHROOMS

- (a) Residential maternity homes shall have one full bathroom for each five or fewer mothers and children, not including infants. Live-in staff shall have a separate bathroom from residents in care.
- (b) The bathrooms shall be designed to provide privacy. A bathroom with two or more water closets (commodes) shall have privacy partitions for each water closet. Each tub or shower shall have privacy partitions or curtains.
- (c) Entrance to the bathroom shall not be through a kitchen, another person's bedroom or another bathroom.
- (d) The required bathrooms of residents shall be located so there is no more than 40 feet from any resident's bedroom door.
- (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents.
- (f) Non-skid surfacing or strips shall be installed in showers and bath areas.
- (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors.

(h) The bathroom floor shall have a non-slippery, water-resistant covering.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0310 CORRIDORS

- (a) Corridors shall be a minimum clear width of three feet.
- (b) Corridors shall be lighted with night lights providing one foot candle of light at the floor.
- (c) Corridors shall be free of all equipment and other obstructions.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0311 OUTSIDE ENTRANCES AND EXITS

- (a) In residential maternity homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition.
- (b) At least one entrance and exit door shall be a minimum width of three feet and another shall be a minimum width of two feet and eight inches.
- (c) If the home has any resident who requires physical assistance with evacuation, the home shall have at least one principal outside entrance and exit for the resident's use which shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance or exit is one that is most often used by residents for vehicular access.
- (d) All exit door locks and latches shall be easily operable from the inside at all times without keys.
- (e) All entrances and exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.
- (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.
- (g) Outdoor stairways and ramps shall be illuminated by no less than five foot candles of light at grade level.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0312 LAUNDRY ROOM

Laundry facilities shall be provided. The laundry equipment shall be located out of the living, dining and bedroom areas.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0313 FLOORS

- (a) All floors shall be of smooth, non-skid material and constructed to be easily cleanable.
- (b) All floors shall be kept in good repair.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0314 HOUSEKEEPING AND FURNISHINGS

- (a) Each residential maternity home shall:
- (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
 - (2) have no chronic unpleasant odors;
 - (3) have furniture clean and in good repair;
 - (4) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;
 - (5) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets and additional coverings adequate for resident use on hand at all times;
 - (6) have television and radio, each in good working order;
 - (7) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy;
 - (8) have recreational equipment, supplies for games, books, magazines and a current newspaper available for residents; and
 - (9) have at least one telephone that does not depend on electricity or cellular service to operate. Emergency telephone numbers shall be posted at the telephone.
- (b) Each bedroom shall have the following furnishings in good repair and clean for each mother:
- (1) a bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. No day-bed, convertible sofa or other bedding of temporary nature shall be used. A water bed is allowed if requested by a resident and permitted by the home. Each bed is to have the following:
 - (A) at least one pillow with clean pillow case;
 - (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and
 - (C) clean bedspread and other clean coverings as needed;
 - (2) a bedside type table and lamp;
 - (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;
 - (4) a wall or dresser mirror that can be used by each resident;
 - (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident);
 - (6) additional chairs available, as needed, for use by visitors;
 - (7) a light overhead of each bed or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading; and
 - (8) cribs for each infant; children's beds for other children of the mothers.
- (c) The living room shall have functional living room furnishings for the comfort of maternity home residents, with coverings that are easily cleanable.
- (d) The dining room shall have the following furnishings:
- (1) tables and chairs to seat all residents eating in the dining room; and
 - (2) high chairs and booster seats for all infants and children in the home.
- (e) This Rule shall apply to new and existing homes.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0315 FIRE SAFETY AND DISASTER PLAN

- (a) Fire extinguishers shall be provided which meet these requirements in a residential maternity home:
- (1) one five-pound or larger (net charge) "A-B-C" type centrally located;
 - (2) one five-pound or larger "A-B-C" or "CO/2" type located in the kitchen; and
 - (3) any other location as determined by the code enforcement official.
- (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and heat detectors located in the attic and connected to a dedicated sounding device.
- (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met.
- (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared with a minimum of 1/8 inch high letters and posted in a central location on

each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.

(e) There shall be at least four rehearsals of the fire evacuation plan each year. A residential maternity home shall maintain records of rehearsals and copies furnished to the licensing authority upon request. The records shall include the date and time of the rehearsals, staff members present and a short description of what the rehearsal involved.

(f) Smoking is not be permitted in the residential maternity home.

(g) A written disaster plan shall be prepared and updated at least annually and shall be maintained in the home. This written disaster plan requirement shall apply to new and existing homes.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0316 BUILDING SERVICE EQUIPMENT

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

(b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected to avoid hazards to residents (mothers and children) and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited.

(c) Air conditioning or at least one fan per resident bedroom, living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).

(d) The hot water tank shall be of such size to provide hot water to the kitchen, bathrooms and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).

(e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is:

- (1) 30 foot candle of light for reading;
- (2) 10 foot candle of light for general lighting; and
- (3) one foot candle of light at the floor for corridors at night.

(f) Fireplaces, fireplace inserts and wood stoves shall be designed or installed to avoid a burn hazard to residents (mothers and children). Solid fuel burning fireplace inserts and wood stoves shall be labeled and approved by a third party testing agency accredited by the North Carolina Building Code Council for solid fuel heating equipment.

(g) Gas logs may be installed if they are of the vented type, installed according to the manufacturers' installation instructions, approved through the local building department and protected by a guard or screen to prevent residents and furnishings from burns.

(h) This rule shall apply to new and existing residential maternity homes.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0317 OUTSIDE PREMISES

(a) The outside grounds of new and existing residential maternity homes shall be maintained in a clean and safe condition.

(b) Fences shall be kept in good repair and shall not prevent residents or adult staff from exiting or entering freely or be hazardous.

(c) Outdoor stairways and ramps shall be illuminated by no less than five foot candles of light at grade level.

*History Note: Authority G.S. 131D-1; 143B-153;
Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.*

10A NCAC 70K .0318 VEHICLES USED FOR TRANSPORTATION OF RESIDENTS

(a) Vehicle Requirements for Transporting Residents.

- (1) Vehicles shall comply with all motor vehicle laws and regulations for the State of North Carolina.
- (2) Motor vehicles shall be maintained in a safe operating condition and shall be registered and inspected.
- (3) A first-aid kit shall be in all motor vehicles.
- (4) The bed of an open body or a stake bed vehicle shall not be used for transporting children.

(b) Driver Requirements. The name of and a copy of a valid driver's license for each person transporting residents shall be maintained in a separate file at the facility.

(c) Safety Practices for Transporting Residents.

- (1) The interior of each vehicle shall be maintained in a clean and safe condition with clear passage to operable doors.
- (2) The driver shall ensure that all passengers follow North Carolina laws regarding seat belt usage and shall adhere to child passenger restraint laws when transporting children.
- (3) The driver shall not transport more persons, including children and adults, than allowed by the design capacity of the vehicle.
- (4) Residents shall have at least one 30 minute rest stop for every four hours of continuous travel.
- (5) Residents shall not be transported for more than 10 hours in any 24-hour period.

(d) Transportation Records. Insurance verification and the vehicle identification certificate shall be kept in the vehicle in accordance with State law. Emergency medical information shall be kept in the vehicle for each resident occupying the vehicle.

(e) Insurance. If a residential maternity home's transportation services are provided by a private individual, a firm under contract, or by another arrangement, the facility shall maintain a file copy of the individual's or firm's insurance coverage.

(f) Emergency Transportation. A residential maternity home shall have a plan for transporting residents when emergency situations arise that includes:

- (1) the need for immediate medical care;
- (2) picking residents up at school before the end of the school day; and
- (3) transporting residents during adverse weather conditions.

History Note: Authority G.S. 131D-1; 143B-153;

Eff. November 1, 2009.

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016.