

10A NCAC 13D .2001 is amended as published in 35:18 NCR 2027-2029 as follows:

SECTION .2000 – GENERAL INFORMATION

10A NCAC 13D .2001 DEFINITIONS

In addition to the definitions set forth in G.S. 131E-101, the following definitions shall apply throughout this Subchapter:

- (1) "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish.
- (2) "Accident" means an unplanned event resulting in the injury or wounding of a patient or other individual.
- (3) "Addition" means an extension or increase in floor area or height of a building.
- (4) "Administrator" as defined in G.S. 90-276(4).
- (5) "Alteration" means any construction or renovation to an existing structure other than repair, maintenance, or addition.
- (6) "Brain injury long term care" means an interdisciplinary, intensive maintenance program for patients who have incurred brain damage caused by external physical trauma and who have completed a primary course of rehabilitative treatment and have reached a point of no gain or progress for more than three consecutive months. Brain injury long term care is provided through a medically supervised interdisciplinary process and is directed toward maintaining the individual at the optimal level of physical, cognitive, and behavioral functions.
- (7) "Capacity" means the maximum number of patient or resident beds for which the facility is licensed to maintain at any given time.
- (8) "Combination facility" means a combination home as defined in G.S. 131E-101.
- (9) "Comprehensive, inpatient rehabilitation program" means a program for the treatment of persons with functional limitations or chronic disabling conditions who have the potential to achieve a significant improvement in activities of daily living, including bathing, dressing, grooming, transferring, eating, and using speech, language, or other communication systems. A comprehensive, inpatient rehabilitation program utilizes a coordinated and integrated, interdisciplinary approach, directed by a physician, to assess patient needs and to provide treatment and evaluation of physical, psychosocial, and cognitive deficits.
- (10) "Department" means the North Carolina Department of Health and Human Services.
- (11) "Director of nursing" means a registered nurse who has authority and responsibility for all nursing services and nursing care.
- (12) "Discharge" means a physical relocation of a patient to another health care setting; the discharge of a patient to his or her home; or the relocation of a patient from a nursing bed to an adult care home bed, or from an adult care home bed to a nursing bed.

- 1 (13) "Existing facility" means a facility currently ~~licensed, a proposed facility, a proposed addition to a~~
2 ~~licensed facility, or a proposed remodeled licensed facility that will be built according to design~~
3 ~~development drawings and specifications approved by the Department for compliance with the~~
4 ~~standards established in Sections .3100, .3200, and .3400 of this Subchapter, licensed and built prior~~
5 ~~to the effective date of this Rule.~~
- 6 (14) "Facility" means a nursing facility or combination facility as defined in this Rule.
- 7 (15) "Incident" means any accident, event, or occurrence that is unplanned, or unusual, and has caused
8 harm to a patient, or has the potential for harm.
- 9 (16) "Inpatient rehabilitation facility or unit" means a free-standing facility or a unit (unit pertains to
10 contiguous dedicated beds and spaces) within an existing licensed health service facility approved
11 in accordance with G.S. 131E, Article 9 to establish inpatient, rehabilitation beds and to provide a
12 comprehensive, inpatient rehabilitation program.
- 13 (17) "Interdisciplinary" means an integrated process involving representatives from disciplines of the
14 health care team.
- 15 (18) "Licensee" means the person, firm, partnership, association, corporation, or organization to whom
16 a license to operate the facility has been issued. The licensee is the legal entity that is responsible
17 for the operation of the business.
- 18 (19) "Medication error rate" means the measure of discrepancies between medication that was ordered
19 for a patient by the health care provider and medication that is administered to the patient. The
20 medication error rate is calculated by dividing the number of errors observed by the surveyor by the
21 opportunities for error, multiplied times 100.
- 22 (20) "Misappropriation of property" means the deliberate misplacement, exploitation, or wrongful,
23 temporary or permanent use of a patient's belongings or money without the patient's consent.
- 24 (21) "Neglect" means a failure to provide goods and services necessary to avoid physical harm, mental
25 anguish, or mental illness.
- 26 (22) "New facility" means a ~~proposed facility,~~ facility for which an initial license is sought, a proposed
27 addition to an existing facility, or a proposed remodeled portion of an existing facility that will be
28 built according to ~~design development drawings~~ construction documents and specifications
29 approved by the Department for compliance with the standards established in Sections .3100, .3200,
30 and .3400 of this ~~Subchapter after the effective date of this Rule.~~ Subchapter.
- 31 (23) "Nurse Aide" means a person who is listed on the N.C. Nurse Aide Registry and provides nursing
32 or nursing-related services to patients in a nursing home. A nurse aide is not a licensed health
33 professional. Nursing homes that participate in Medicare or Medicaid shall comply with 42 CFR
34 483.35, which is incorporated by reference, including subsequent amendments. The Code of Federal
35 Regulations may be accessed at <https://www.ecfr.gov>.
- 36 (24) "Nursing facility" means a nursing home as defined in G.S. 131E-101.
- 37 (25) "Patient" means any person admitted for nursing care.

- 1 (26) "Remodeling" means alterations, renovations, rehabilitation work, repairs to structural systems, and
 2 replacement of building systems at a nursing or combination facility.
- 3 (27) "Repair" means reconstruction or renewal of any part of an existing building for the purpose of its
 4 maintenance.
- 5 (28) "Resident" means any person admitted for care to an adult care home part of a combination facility.
- 6 (29) "Respite care" means services provided for a patient on a temporary basis, not to exceed 30 days.
- 7 (30) "Surveyor" means a representative of the Department who inspects nursing facilities and
 8 combination facilities to determine compliance with rules, laws, and regulations as set forth in G.S.
 9 131E-117; Subchapters 13D and 13F of this Chapter; and 42 CFR Part 483, Requirements for States
 10 and Long Term Care Facilities.
- 11 (31) "Violation" means a failure to comply with rules, laws, and regulations as set forth in G.S. 131E-
 12 117 and 131D-21; Subchapters 13D and 13F of this Chapter; or 42 CFR Part 483, Requirements for
 13 States and Long Term Care Facilities, that relates to a patient's or resident's health, safety, or welfare,
 14 or that creates a risk that death, or physical harm may occur.

15

16 *History Note:* *Authority G.S. 131E-104;*
 17 *RRC objection due to lack of statutory authority Eff. July 13, 1995;*
 18 *Eff. January 1, 1996;*
 19 *Readopted Eff. July 1, 2016;*
 20 *Amended Eff. October 1, 2021; January 1, 2021.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1109

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

NOTE: This request when viewed on computer extends several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a)(1), line 7, I take it your regulated public knows what "semi-private" means?

In (a)(5)(B), line 20, what is "visual privacy"? Does your regulated public know?

In (c)(10)(B), Page 3, lines 9 and 10, please replace "which" with "that" in both places.

Please end (c)(10)(D), line 17, with an "and"

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder
Commission Counsel
Date submitted to agency: August 25, 2021

10A NCAC 13K .1109 is readopted with changes as published in 35:18 NCR 2029-2039 as follows:

10A NCAC 13K .1109 RESIDENT CARE AREAS

(a) ~~Resident rooms shall meet the following requirements:~~ A facility shall meet the following requirements for resident bedrooms:

- (1) ~~There shall be private or semiprivate rooms;~~ private bedroom with not less than 100 square feet of floor area or semi-private bedroom with not less than 80 square feet of floor area per bed shall be provided;
- (2) ~~Infants~~ infants and small children shall not ~~be assigned to share a room~~ bedroom with an adult resident unless requested by ~~residents~~ the resident and families;
- (3) ~~Each resident room~~ each bedroom shall ~~contain at least~~ be furnished with a bed, a mattress protected by waterproof material, a mattress pad, a pillow, and ~~a chair;~~ one chair per resident;
- (4) ~~Each resident room shall have a minimum of 48 cubic feet of closet space or wardrobe for clothing and personal belongings that provides security and privacy for each resident. Each resident room shall be equipped with a towel rack for each individual;~~ each bedroom shall be provided with one closet or wardrobe per bed. Each closet or wardrobe shall have clothing storage space of not less than 48 cubic feet per bed with one-half of this space for hanging clothes;
- (5) ~~Each resident~~ each bedroom shall:
 - (A) be located at or above grade level;
 - (B) have provisions to ensure visual privacy for treatment or visiting; [be provided with a cubicle curtain enclosing each bed to ensure visual privacy;] and
 - (C) be equipped with a towel rack for each resident;
- (6) ~~Artificial lighting shall be provided sufficient~~ each bedroom shall provide lighting for treatment and non-treatment needs, ~~50 foot-candles~~ foot-candles for ~~treatment;~~ treatment needs, and 35 foot-candles foot-candles for non-treatment ~~areas;~~ needs; and
- (7) ~~A room where access is through a bathroom, kitchen or another bedroom will not be approved for a resident's bedroom. no resident bedroom shall be accessed through a bathroom, kitchen, or another bedroom.~~

(b) ~~Bathrooms shall meet the following requirements:~~ A facility shall meet the following requirements for bathrooms:

- (1) ~~Bathroom facilities~~ bathrooms shall be ~~conveniently~~ directly accessible to ~~resident rooms.~~ each resident bedroom without going through the general corridors. One bathroom may serve up to four ~~residents and staff.~~ residents. Minimum size of any bathroom shall be 18 square feet. The bathroom doorway shall be at least 32 inches wide. be a minimum 32-inch clear opening;
- (2) ~~The~~ each bathroom shall be furnished with the following:
 - (A) a toilet with grab bars;
 - (B) lavatory with four inch wrist blade controls; a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall

not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;

(C) a mirror;

(D) soap, paper towel dispensers, and waste paper receptacle with a removable impervious liner; and

~~(E)~~ water closet; and

~~(F)~~~~(E)~~ a tub or shower.

(c) ~~Space shall be provided for:~~ Each facility shall provide:

(1) ~~charting, storage of supplies and personal effects of staff;~~ an area for charting;

(2) ~~the storage of resident care equipment;~~ storage provisions for personal effects of staff;

(3) ~~housekeeping equipment and cleaning supplies;~~ storage areas for supplies and resident care equipment;

(4) ~~storage of test reagents and disinfectants distinct from medication;~~ storage area(s) for housekeeping equipment and cleaning supplies;

(5) ~~locked medication storage and preparation; and~~ a medication preparation area with a counter, a sink trimmed with valves that can be operated without hands, locked medication storage, and a double locked narcotic storage area under visual control of staff. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;

(6) ~~drugs requiring refrigeration. They may be stored in a separate locked box in the refrigerator or in a lockable drug only refrigerator, capable of maintaining a temperature range of 36 degrees F (2 degrees C) to 46 degrees F (8 degrees C). The storage and accountability of controlled substances shall be in accordance with the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes. a lockable refrigerator for drug storage only or a separate locked box in a facility refrigerator. The refrigerator must be capable of maintaining a temperature range of 36 degrees F (2 degrees C) to 46 degrees F (8 degrees C);~~

(7) a kitchen with:

(A) a refrigerator;

(B) a cooking appliance ventilated to the outside;

(C) a 42-inch minimum double-compartment sink and domestic dishwashing machine capable of sanitizing dishes with 160 degrees F water; and

(D) storage space for non-perishables;

(8) a separate dining area measuring not less than 20 square feet per resident bed;

(9) a recreational and social activities area with not less than 150 square feet of floor area exclusive of corridor traffic;

(10) a nurses' calling system shall be provided:

(A) in each resident bedroom for each resident bed. The call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of a resident lying on the bed. In rooms containing two or more call system activators, indicating lights shall be provided at each calling station;

(B) nurses' calling systems which provide two-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating;

(C) a nurses' call emergency activator shall be ~~proved~~ provided at each residents' use toilet fixture, bath, and shower. The call system activator shall be accessible to a resident lying on the floor; and

(D) calls shall register with the floor staff and shall activate a visible signal in the corridor at the resident's door. In multi-corridor units, additional visible signals shall be installed at corridor intersections;

(11) heating and air conditioning equipment that can maintain a temperature range between 68 degrees and 80 degrees Fahrenheit, even upon loss of utility power.

~~(d) Kitchen and dining areas shall have:~~

~~(1) — a refrigerator;~~

~~(2) — a cooking unit ventilated to the outside;~~

~~(3) — a 42 inch minimum double compartment sink and domestic dishwashing machine capable of sanitizing dishes with 160 degrees F. water;~~

~~(4) — dining space of 20 square feet per resident; and~~

~~(5) — storage space for non-perishables.~~

~~(e) Other areas shall include:~~

~~(1) — a minimum of 150 square feet exclusive of corridor traffic for recreational and social activities;~~

~~(2) — an audible and accessible call system furnished in each resident's room and bathroom; and~~

~~(3) — heating and air cooling equipment to maintain a comfort range between 68 degrees and 80 degrees Fahrenheit.~~

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

Eff. June 1, 1991;

Amended Eff. February 1, 1995. 1995;

Readopted Eff. October 1, 2021.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1112

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a), line 6, please insert a comma after "alterations"

On line 10, please insert a comma after "construction"

In (d), line 15, please end the sentence after "amendments"

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder
Commission Counsel

Date submitted to agency: August 25, 2021

1 10A NCAC 13K .1112 is amended as published in 35:18 NCR 2029-2039 as follows:

2
3 **10A NCAC 13K .1112 DESIGN AND CONSTRUCTION**

4 (a) ~~Hospice residences and inpatient units~~ A new facility or remodeling of an existing facility must shall meet the
5 requirements of the North Carolina State Building ~~Code~~ Codes, which are incorporated by reference, including all
6 subsequent amendments and editions, in effect at the time of licensure, construction, additions, alterations or repairs.
7 Copies of these codes may be purchased from the International Code Council online at <https://shop.iccsafe.org/> at a
8 cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at
9 <https://codes.iccsafe.org/codes/north-carolina>. Existing licensed facilities shall meet the requirements of the North
10 Carolina State Building Codes in effect at the time of licensure, construction or remodeling.

11 (b) Each facility shall be planned, constructed, and equipped to support the services to be offered in the facility.

12 (c) Any existing building converted to a hospice facility shall meet all requirements of a new facility.

13 (d) The sanitation, water supply, sewage disposal, and dietary facilities ~~must comply with the rules of the Commission~~
14 ~~for Public Health.~~ shall meet the requirements of 15A NCAC 18A .1300, which is incorporated by reference including
15 subsequent amendments and editions.

16
17 *History Note: Authority G.S. 131E-202;*

18 *Eff. June 1, 1991;*

19 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December*
20 *22, 2018; 2018;*

21 *Amended Eff. October 1, 2021.*

10A NCAC 13K .1113 is readopted as published in 35:18 NCR 2029-2039 as follows:

10A NCAC 13K .1113 PLANS AND SPECIFICATIONS

(a) When construction or remodeling of a facility is planned, final working drawings and specifications must one copy of construction documents and specifications shall be submitted by the owner or the owner's appointed representative to the Department of Health and Human Services, Division of Health Service Regulation for review and approval. Schematic design drawings and preliminary working design development drawings shall may be submitted by the owner prior to the required submission of final working drawings, for approval prior to the required submission of construction documents. The Department shall forward copies of each submittal to the Department of Insurance and Division of Environmental Health for review and approval. Three copies of the plans shall be provided at each submittal.

(b) Construction work shall not be commenced until written approval has been given by the Department. Approval of final plans construction documents and specifications shall be obtained from the Department prior to licensure. Approval of construction documents and specifications shall expire one year from the date granted unless a contract for the construction has been signed prior to the expiration date, after the date of approval unless a building permit for the construction has been obtained prior to the expiration date of the approval of construction documents and specifications.

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

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

(e) The owner or designated agent shall notify the Department when actual construction starts and at points when construction is 75 percent and 90 percent complete and upon final completion, so that periodic and final inspections can be performed. Completed construction or remodeling shall conform to the standards established in Sections .1100 and .1200 of this Subchapter. Construction documents and building construction, including the operation of all building systems, shall be approved in writing by the Department prior to licensure or patient and resident occupancy.

(f) The owner or owner's designated agent appointed representative shall submit for approval by the Department all alterations or remodeling changes which affect the structural integrity of the building, functional operation, fire safety or which add beds or facilities over those for which the facility is licensed. notify the Department in writing either by U.S. Mail or e-mail when the construction or remodeling is complete.

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

Eff. June 1, 1991;

Amended Eff. February 1, 1996. 1996;

1

Readopted Eff. October 1, 2021.

1 10A NCAC 13K .1114 is readopted as published in 35:18 NCR 2029-2039 as follows:

2
3 **10A NCAC 13K .1114 PLUMBING**

4 ~~(a) The water supply shall be designed, constructed and protected so as to assure that a safe, potable and adequate~~
5 ~~water supply is available for domestic purposes in compliance with the North Carolina State Building Code.~~

6 ~~(b) All plumbing in the residence or unit shall be installed and maintained in accordance with the North Carolina~~
7 ~~State Plumbing Code. All plumbing shall be maintained in good repair and free of the possibility of backflow and~~
8 ~~backsiphonage, through the use of vacuum breakers and fixed air gaps, in accordance with state and local codes.~~

9 ~~(c)~~ For ~~homes~~ hospice residential facilities with five or more residents, a 50-gallon quick recovery water heater is
10 required. For ~~homes~~ hospice residential facilities with fewer than five residents, a 40-gallon quick recovery water
11 heater is required.

12
13 *History Note: Authority G.S. 131E-202;*

14 *Eff. June 1, ~~1991~~, 1991;*

15 *Readopted Eff. October 1, 2021.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1115

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (b), line 7, what is the difference between "garbage" and "rubbish"?

On line 8, what are "public health nuisances"? Does your regulated public know?

On line 9, I take it your regulated public knows what "clean and in good repair" means?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

1 10A NCAC 13K .1115 is readopted as published in 35:18 NCR 2029-2039 as follows:

2
3 **10A NCAC 13K .1115 WASTE DISPOSAL**

4 (a) Sewage shall be discharged into a public sewer system, or ~~if such is not available, it in the absence of a public~~
5 ~~sewer system, sewage~~ shall be disposed of in a manner approved by the North Carolina ~~Division of Environmental~~
6 ~~Health, Department of Health and Human Services, Division of Public Health, Environmental Health Section.~~

7 (b) Garbage and rubbish shall be stored in impervious containers in ~~such~~ a manner as ~~not to become a nuisance or a~~
8 ~~health hazard, to prevent insect breeding and public health nuisances. A sufficient number of impervious~~ Impervious
9 containers with tight-fitting lids shall be provided and kept clean and in good repair. ~~Refuse~~ Garbage shall be removed
10 from the outside storage at least once a week to a disposal site approved by the local health ~~department.~~ department
11 having jurisdiction.

12 (c) The ~~home facility~~ or unit shall ~~be maintained free of infestations of insects and rodents, and all openings to the~~
13 ~~outside shall be screened.~~ take measures to keep insects, rodents, and other vermin out of the residential care facility.
14 All openings to the outer air shall be protected against the entrance of flying insects by screens, closed doors, closed
15 windows, or other means.

16
17 *History Note: Authority G.S. 131E-202;*

18 *Eff. June 1, 1991, 1991;*

19 *Readopted Eff. October 1, 2021.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1116

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

Please end (1), line 6, with a period to be consistent with the rest of the Rule.

In (4), line 23, please insert a comma after "criteria"

In (4)(a), line 27, I suggest breaking this further into a list:

- (a) the rule citation and the rule requirement that will not be met due to:*
 - (i) strict conformance... impractical;*
 - (ii) extraordinary circumstances;*
 - (iii) new programs; or*
 - (iv) unusual conditions;*

If you do not want to do that, please insert a colon after "to" on line 27 and then separate these by semicolons within the same line.

And I take it that it will be for the facility to establish impracticability, what are extraordinary circumstances, etc.?

What does "new programs" mean here?

In (5), line 32, please insert a comma after "request"

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

10A NCAC 13K .1116 is readopted as published in 35:18 NCR 2029-2039 as follows:

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

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

- (1) New construction shall comply with all the requirements of ~~Section .1100 of this Subchapter; this~~ Section;
- (2) ~~Existing~~ Except where otherwise specified, existing buildings shall meet the licensure and code requirements in effect at the time of licensure, construction, ~~alteration~~ alteration, or ~~modification;~~ modification.
- (3) ~~New additions, alterations, modifications, and repairs shall meet the technical requirements of Section .1100 of this Subchapter; however, where strict conformance with current requirements would be impracticable, the authority having jurisdiction may approve alternative measures where the facility can demonstrate to the Department's satisfaction that the alternative measures do not reduce the safety or operating effectiveness of the facility;~~
- (4)(3) Rules contained in ~~Rule .1109 of this Section~~ are minimum requirements and are not intended to prohibit buildings, ~~systems~~ systems, or operational conditions that exceed minimum ~~requirements;~~ requirements.
- (5)(4) ~~Equivalency: Alternate methods, procedures, design criteria, and functional variations from the physical plant requirements, because of extraordinary circumstances, new programs, or unusual conditions, may be approved by the authority having jurisdiction when the facility can effectively demonstrate to the Department's satisfaction that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility; and~~ The Division may grant an equivalency to allow alternate methods, procedures, design criteria or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a governing body submits a written equivalency request to the Division that states the following:
 - (a) the rule citation and the rule requirement that will not be met due to strict conformance with current requirements would be impractical, extraordinary circumstances, new programs, or unusual conditions;
 - (b) the justification for the equivalency; and
 - (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- (5) In determining whether to grant an equivalency request the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The governing body shall maintain a copy of the approved equivalence issued by the Division.
- (6) Where ~~rules or codes~~ rules, codes, or standards have any conflict, the more stringent requirement shall apply.

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

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1201

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (b), line 9, and (c), line 13, please end the sentence after "amendments"

In (b), line 10, you are deleting "1922" from the existing Code to replace it with ".1922" Please show the change.

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder
Commission Counsel

Date submitted to agency: August 25, 2021

10A NCAC 13K .1201 is readopted as published in 35:18 NCR 2029-2039 as follows:

SECTION .1200 - HOSPICE INPATIENT CARE

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

(a) Hospice inpatient facilities or units must shall conform to the rules outlined in ~~10A NCAC 13K~~ Sections .0100 through .1100 of this Subchapter and those in this Section. the rules of this Section.

(b) Hospice inpatient units located in a licensed hospital shall meet the requirements of 10A NCAC ~~13B with the exception of: 13B, which is incorporated by reference with subsequent amendments and editions except for rules: 10A NCAC 13B .1912, .1919, .1922, and .1923.~~

(c) Hospice inpatient units located in a licensed nursing facility shall meet the requirements of 10A NCAC ~~13D with the exception of: 10A NCAC 13D .0507, .0600, .0800, .0907, .1004, .1200 and .1300. 13D, which is incorporated by reference with subsequent amendments and editions.~~

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

Eff. June 1, 1991. 1991;

Readopted Eff. October 1, 2021.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1204

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (c)(1), line 29, and elsewhere the term is used, what is the "essential electrical system"? I note that you do not use this language in Rule .1109. If the intent is to refer to the term as defined in Rule .1208(2), please note that that Rule says the definition is confined to use in that Rule.

In (c)(5)(A), Page 2, line 1, I believe that the term "accessible" should be "accessibility" to be consistent with the remaining language. ("Central bathing area(s) shall be provided with the following: wheelchair and stretcher accessibility")

In (c)(5)(B), line 4, what is an "easy transfer" here? Does your regulated public know?

In (d)(3)(C), Page 3, line 17, please end the sentence after "amendments"

In (e), line 28, what are "Dietary and laundry"? Does your regulated public know? Is "dietary" the same as "dietary services" referred to in Rule .1211?

In (h), line 36, what do you mean by "if these positions are provided"? Do you mean if the positions are staffed or required?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder
Commission Counsel

Date submitted to agency: August 25, 2021

10A NCAC 13K .1204 is readopted as published in 35:18 NCR 2029-2039 as follows:

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

(a) ~~The floor area of a single bedroom shall not be less than 100 square feet and the floor area of a room for more than one bed shall not be less than 80 square feet per bed. The 80 square feet and 100 square feet requirements shall be exclusive of closets, toilet rooms, vestibules or wardrobes. A facility shall meet the following requirements for patient bedrooms:~~

- (1) private bedrooms shall be provided with not less than 100 square feet of floor area;
- (2) semi-private bedrooms with not less than 80 square feet of floor area per bed; and
- (3) floor space for closets, toilet rooms, vestibules, or wardrobes shall not be included in the floor areas required by this Paragraph.

(b) ~~The total space set aside for dining, recreation and other common uses shall not be less than 30 square feet per bed. Physical therapy and occupational therapy space shall not be included in this total. A facility shall meet the following requirements for dining, recreation, and common use areas:~~

- (1) floor space for dining, recreation, and common use shall not be less than 30 square feet per bed;
- (2) the dining, recreation, and common use areas required by this Paragraph may be combined; and
- (3) floor space for physical and occupational therapy shall not be included in the areas required by this Paragraph.

(c) ~~A toilet room shall be directly accessible from each patient room and from each central bathing area without going through the general corridor. One toilet room may serve two patient rooms but not more than eight beds. The lavatory may be omitted from the toilet room if one is provided for each 15 beds not individually served. There shall be a wheelchair and stretcher accessible central bathing area for staff to bathe a patient who cannot perform this activity independently. There shall be at least one such area per each level in a multi-level facility. A facility shall meet the following requirements for toilet rooms, tubs, showers, and central bathing areas:~~

- (1) a toilet room shall contain a toilet fixture and a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (2) if a sink is provided in each bedroom, the toilet room is not required to have a sink;
- (3) a toilet room shall be accessible from each bedroom without going through the general corridors;
- (4) one toilet room may serve two bedrooms, but not more than four beds; and
- (5) a minimum of one central bathing area. In multi-level facilities, each patient floor shall contain a minimum of one central bathing area. Central bathing area(s) shall be provided with the following:

- (A) wheelchair and stretcher accessible for staff to bathe a patient who cannot perform this activity independently;
- (B) a bathtub, a manufactured walk-in bathtub, a similar manufactured bathtub designed for easy transfer of patients and residents into the tub, or a shower designed and equipped for unobstructed ease of stretcher entry and bathing on three sides. Bathtubs shall be accessible on three sides. Manufactured walk-in bathtubs or a similar manufactured bathtub shall be accessible on two sides;
- (C) a roll-in shower designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each bedroom in the facility, the central bathing area is not required to have a roll-in shower;
- (D) toilet fixture and lavatory; and
- (E) an individual cubicle curtain enclosing each toilet, tub, and shower. A closed cubicle curtain at one of these plumbing fixtures shall not restrict access to the other plumbing fixtures.

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

- (1) ~~an adequate medication preparation area with counter, sink with four inch handles, medication refrigerator, eye level medication storage, cabinet storage, and double locked narcotic storage room, located adjacent to the nursing station or under visual control of the nursing station; a medication preparation area with:~~
 - (A) a counter;
 - (B) a double locked narcotic storage area under the visual control of nursing staff;
 - (C) a medication refrigerator;
 - (D) medication storage visible by staff standing on the floor;
 - (E) cabinet storage; and
 - (F) a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (2) ~~a clean utility room with counter, sink with four inch handles, wall and under counter storage; a clean utility room with:~~
 - (A) a counter;
 - (B) storage; and
 - (C) a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink

- 1 faucet depends on the building electrical service for operation, the faucet shall be connected
2 to the essential electrical system. If the sink has battery operated sensors, the facility shall
3 have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on
4 premises for the faucets;
- 5 (3) ~~a soiled utility room with counter, sink with four inch handles, wall and under counter storage, a~~
6 ~~flush rim clinical sink or water closet with a suitable device for cleaning bedpans and a suitable~~
7 ~~means for washing and sanitizing bedpans and other utensils; a soiled utility room with:~~
8 (A) a counter;
9 (B) storage; and
10 (C) a sink trimmed with valves that can be operated without hands. If the sink is equipped with
11 blade handles, the blade handles shall not be less than four inches in length. If the sink
12 faucet depends on the building electrical service for operation, the faucet shall be connected
13 to the essential electrical system. If the faucet has battery operated sensors, the facility shall
14 have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on
15 premises for the faucets. The soiled utility room shall be equipped for the cleaning and
16 sanitizing of bedpans as required by 15A NCAC 18A .1312, which is incorporated by
17 reference including subsequent amendments and editions;
- 18 (4) a nurses' toilet and locker space for personal belongings;
- 19 (5) an audiovisual nurse-patient call system arranged to ensure that a patient's call in the facility ~~is noted~~
20 ~~at a staffed station;~~ notifies and directs staff to the location where the call was activated;
- 21 (6) ~~a soiled linen storage area;~~ room with a hand sanitizing dispenser. If the soiled linen storage room
22 is combined with the soiled utility room, a separate soiled linen storage room is not required;
- 23 (7) ~~a clean linen storage room area; and~~ provided in one or more of the following:
24 (A) a separate linen storage room;
25 (B) cabinets in the clean utility room; or
26 (C) a linen closet; and
- 27 (8) ~~at least one~~ a janitor's closet.
- 28 (e) Dietary and laundry each ~~must~~ shall have a separate janitor's closet.
- 29 (f) Stretcher and wheelchair storage shall be provided.
- 30 (g) ~~Bulk~~ The facility shall provide storage shall be provided at the rate of not less than five square feet of floor area
31 per licensed bed. This storage space shall:
32 (1) be used by patients to store personal belongings and suitcases;
33 (2) be either in the facility or within 500 feet of the facility on the same site; and
34 (3) be in addition to the other storage space required by this Rule.
- 35 (h) Office space shall be provided for ~~persons with administrative responsibilities for the unit.~~ business transactions.
36 Office space shall be provided for persons holding the following positions if these positions are provided:
37 (1) administrator;

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

5

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

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1205

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (b)(1)(D), line 15, what is the “essential electrical system”?

Please end line 17 with an “and”

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

10A NCAC 13K .1205 is readopted as published in 35:18 NCR 2029-2039 as follows:

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

(a) ~~Handgrips shall be provided for~~ A facility shall provide handgrips at all toilet and bath facilities used by patients.

Handrails shall be provided on both sides of all corridors where corridors are defined by walls and used by patients.

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

(1) ~~a nourishment station with work space, cabinet, and refrigerated storage, a small stove or hotplate in an area physically separated from the nurses' station; and station with:~~

(A) work space;

(B) cabinets;

(C) refrigerated storage;

(D) a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;

(E) a small stove, microwave, or hot plate; and

(2) ~~one a nurses' station consisting of adequate desk space for writing, storage space for office supplies and storage space for patients' records. with:~~

(A) desk space for writing;

(B) storage space for office supplies; and

(C) storage space for patients' records.

(c) ~~Flameproof privacy screens or curtains shall be provided~~ A facility shall provide flame resistant cubicle curtains in multi-bedded rooms.

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

Eff. June 1, 1991; 1991;

Readopted Eff. October 1, 2021.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1206

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (b), line 18, what are "detailed" written plans? Will your regulated public know?

And on line 18, what are "potential" emergencies and disasters? Are you partially defining the term using the language on line 19?

In (f)(2), line 25, what is "adequate" supervision and assistance? Will this be determined on a case-by-case basis by the hospice facility, depending upon the needs of the patient?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

10A NCAC 13K .1206 is readopted as published in 35:18 NCR 2029-2039 as follows:

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

~~(a) A new facility shall meet the requirements of the current North Carolina State Building Code and the following additional requirements:~~

~~(1) Where nursing units are located on the same floor with other departments or services, the facility shall be designed to provide separation from the other departments or services with a smoke barrier.~~

~~(2) Horizontal exits are not permitted in any new facility.~~

~~(3) An addition to an existing facility shall meet the same requirements as a new facility except that in no case shall more than one horizontal exit be used to replace a required exit to the outside. For all construction, an emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system.~~

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

~~(c) The hospice shall have an acceptable written plan periodically rehearsed with staff with procedures to be followed in the event of an internal or external disaster, and for the care of casualties of patients and personnel arising from such disasters.~~

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

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

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

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

(f) The facility shall ensure that:

(1) the patients' environment remains as free of accident hazards as possible; and

(2) each patient receives adequate supervision and assistance to prevent accidents.

~~(d)(g)~~ The fire protection plan shall include:

(1) instruction for all personnel in use of alarms, ~~fire fighting~~ firefighting equipment, methods of fire containment, evacuation ~~routes and routes~~, procedures for calling the fire ~~department~~ department, and the assignment of specific tasks to all personnel in response to an alarm; and

(2) fire drills for each shift of personnel at least quarterly.

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

Eff. June 1, 1991, 1991;

Readopted Eff. October 1, 2021.

10A NCAC 13K .1207 is readopted as published in 35:18 NCR 2029-2039 as follows:

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

~~Heating and cooling systems shall meet the current American Society of Heating, Refrigeration, and Air Conditioning Engineers Guide and National Fire Protection Association Code 90A, which is hereby adopted by reference pursuant to G.S. 150B-14(e), with the following modification:~~ A facility shall provide heating and cooling systems complying with the following:

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

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

Eff. June 1, 1991; 1991;

Readopted Eff. October 1, 2021.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1208

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (2), line 21, should this definition apply to the entire Section, rather than just this Rule?

In (4), Page 2, line 13 and elsewhere this term is used, what are "vital materials"? Does your regulated public know?

In (9), Page 3, lines 27 and 29, do you mean all of Section .1200 or just this Rule?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder
Commission Counsel

Date submitted to agency: August 25, 2021

10A NCAC 13K .1208 is readopted as published in 35:18 NCR 2029-2039 as follows:

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

~~Emergency electrical service shall be provided~~ A facility shall provide an emergency electrical service for use in the event of failure of the normal electrical service. This emergency electrical service shall ~~be made up as follows:~~ consist of the following:

- (1) In any existing ~~facility, the following must be provided:~~ facility:
 - (a) type 1 or 2 emergency lights as required by the North Carolina State Building ~~Code;~~ Codes:
Electrical Code;
 - (b) additional emergency lights for all ~~nursing stations;~~ nurses' stations required by Rule .1205(b)(2) of this Section, drug medication preparation areas required by Rule .1204(d)(1) of this Section, and storage areas, and for the telephone switchboard, if applicable;
 - (c) one or more portable battery-powered lamps at each ~~nursing station;~~ nurses' station; and
 - (d) a ~~suitable~~ source of emergency power for life-sustaining ~~equipment~~ equipment, if the facility admits or cares for occupants needing such equipment, to ensure continuous operation with on-site fuel storage for a minimum of 72 hours.
- (2) ~~Any addition to an existing facility shall meet the same requirements as new construction. An emergency power generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the essential electrical system. For the purposes of this Rule, the "essential electrical system" means a system comprised of alternate sources of power and all connected distribution systems and ancillary equipment, designed to ensure continuity of electrical power to designated areas and functions of a facility during disruption of normal power sources, and also to minimize disruption within the internal wiring system as defined by the North Carolina State Building Codes: Electrical Code.~~
- (3) ~~Any conversion of an existing building such as a hotel, motel, abandoned hospital or abandoned school, shall meet the same requirements for emergency electrical services as required for new construction. Emergency electrical services shall be provided as required by the North Carolina State Building Codes: Electric Code with the following modification: Section 517.10(B)(2) of the North Carolina State Building Codes: Electrical Code shall not apply to new facilities.~~
- (4) ~~Battery powered corridor lights shall not replace the requirements for the emergency circuit nor be construed to substitute for the generator set. Sufficient fuel shall be stored for the operation of the emergency generator for a period not less than 72 hours, on a 24 hour per day operational basis. The system shall be test run for a period of not less than 15 minutes on a weekly schedule. Records of running time shall be maintained and kept available for reference.~~
- (5) ~~To ensure proper evaluation of design of emergency power systems, the owner or operator shall submit with final working drawings and specifications a letter describing the policy for admissions~~

and discharges to be used when the facility begins operations. If subsequent inspections for licensure indicate the admission policies have been changed, the facility will be required to take immediate steps to meet appropriate code requirements for continued licensure.

(6) ~~Lighting for emergency electrical services shall be provided in the following places:~~

- (a) ~~exit ways and all necessary ways of approach exits, including exit signs and exit direction signs, exterior of exits exit doorways, stairways, and corridors;~~
- (b) ~~dining and recreation rooms;~~
- (c) ~~nursing station and medication preparation area;~~
- (d) ~~generator set location, switch gear location, and boiler room, if applicable; and~~
- (e) ~~elevator, if required for emergency.~~

(7) ~~The following emergency equipment which is essential to life, safety, and the protection of important equipment or vital materials shall be provided: The following equipment, devices, and systems that are essential to life safety and the protection of important equipment or vital materials shall be connected to the equipment branch of the essential electrical system as follows:~~

- (a) nurses' calling system;
- (b) ~~alarm system, including fire alarm actuated at manual stations, water flow alarm devices of sprinkler systems if electrically operated, fire detecting and smoke detecting systems, paging or speaker systems if intended for issuing instructions during emergency conditions, and alarms required for nonflammable medical gas systems, if installed;~~
- (e)(b) fire pump, if installed;
- (d)(c) sewerage or sump lift pump, if installed;
- (e)(d) one elevator, where elevators are used for vertical transportation of patients;
- (f)(e) equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating and sterilization, if installed; and
- (g) ~~equipment necessary for maintaining telephone service.~~
- (f) task illumination of boiler rooms, if applicable.

(5) The following equipment, devices, and systems that are essential to life safety and the protection of important equipment or vital materials shall be connected to the life safety branch of the essential electrical system as follows:

- (a) alarm system, including fire alarm actuated at manual stations, water flow alarm devices of sprinkler systems if electrically operated, fire detecting and smoke detecting systems, paging or speaker systems if intended for issuing instructions during emergency conditions, and alarms required for nonflammable medical gas systems, if installed; and
- (b) equipment necessary for maintaining telephone service.

(8)(6) Where electricity is the only source of power normally used for space heating, the emergency service the heating of space, an essential electrical system shall be provided for heating of patient rooms.

Emergency heating of patient rooms ~~will~~ shall not be required in areas where the facility is supplied by at least two separate generating ~~sources~~, sources or a network distribution system with the facility feeders so routed, connected, and protected that a fault any place between the ~~generators~~ generating sources and the facility will not likely cause an ~~interruption~~. interruption of more than one of the facility service feeders.

~~(9)(7)~~ ~~The emergency~~ An essential electrical system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within ~~ten~~ 10 seconds through one or more primary automatic transfer switches to all emergency lighting, alarms, ~~nurses' call, and~~ equipment necessary for maintaining telephone service, and receptacles in patient corridors. service. All other lighting and equipment required to be connected to the ~~emergency~~ essential electrical system shall either be connected through the ~~ten~~ 10 second primary automatic transfer switching or shall be ~~subsequently~~ connected through other delayed automatic or manual transfer switching. If manual transfer switching is provided, staff of the facility shall operate the manual transfer switch. ~~Receptacles~~ Electrical outlets connected to the ~~emergency~~ essential electrical system shall be ~~distinctively~~ marked for identification.

~~(8)~~ Fuel shall be stored for the operation of the emergency power generator for a period not less than 72 hours, on a 24-hour per day operational basis with on-site fuel storage. The generator system shall be tested and maintained per National Fire Protection Association Health Care Facilities Code, NFPA 99, 2012 edition, which is incorporated by reference, including all subsequent amendments and editions. Copies of this code may be purchased at a cost of seventy-nine dollars and fifty cents (\$79.50) from the National Fire Protection Association - online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=99>. The facility shall maintain records of the generator system tests and shall make these records available to the Division for inspection upon request.

~~(9)~~ The electrical emergency service at existing facilities shall comply with the requirements established in this Section in effect at the time a license is first issued. Any remodeling of an existing facility that results in changes to the emergency electrical service shall comply with the requirements established in this Section in effect at the time of remodeling.

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

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1209

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

On lines 4, 7, 8, 9, and 11, consider replacing "must" with "shall"

In (a), line 5, what is "continuously manned"?

In (f), line 11, delete the comma after "is"

And what do you mean by "legally committed"?

On line 12, replace "in which" with "where"

On line 12, what is "direct and reliable"?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder
Commission Counsel

Date submitted to agency: August 25, 2021

1 10A NCAC 13K .1209 is amended as published in 35:18 NCR 2029-2039 as follows:

2
3 **10A NCAC 13K .1209 HOSPICE INPATIENT REQUIREMENTS FOR GENERAL ELECTRICAL**

4 (a) All main water supply shut off valves in the sprinkler system must be electronically supervised so that if any valve
5 is closed an alarm will sound at a continuously manned central station.

6 (b) No two adjacent emergency life safety branch lighting fixtures shall be on the same circuit.

7 (c) Receptacles in bathrooms must have ground fault protection.

8 (d) Each patient bed location must be provided with a minimum of ~~four~~ eight single or ~~two~~ four duplex receptacles.

9 (e) Each patient bed location must be supplied by at least two branch ~~circuits~~ circuits, one from the equipment branch
10 and one from the normal system.

11 (f) The fire alarm system must be installed to transmit an alarm automatically to the fire department that is, legally
12 committed to serve the area in which the facility is located, by the direct and reliable method approved by local
13 ordinances.

14 (g) In patient areas, fire alarms shall be gongs or chimes rather than horns or bells.

15
16 *History Note: Authority G.S. 131E-202;*

17 *Eff. June 1, 1991;*

18 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December*
19 *22, 2018; 2018;*

20 *Amended Eff. October 1, 2021.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1210

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a)(1), line 12, replace "they" with "it" since you are referring to the "activator" (singular)

In (a)(2), lines 16 and 17, replace "which" with "that"

In (b), line 23, replace "to which" with "where"

On line 24, who will make this determination? The facility?

In (c), line 25, what is "general" outdoor lighting?

And what is "adequate to illuminate"? Do you need "adequate" here at all? Wouldn't "provided to illuminate" suffice?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder
Commission Counsel

Date submitted to agency: August 25, 2021

10A NCAC 13K .1210 is amended as published in 35:18 NCR 2029-2039 as follows:

10A NCAC 13K .1210 OTHER HOSPICE INPATIENT REQUIREMENTS

(a) ~~In general patient areas, each room shall be served by at least one calling station and each bed shall be provided with a call button. Two call buttons serving adjacent beds may be served by one calling station. Calls shall register with the floor staff and shall activate a visible signal in the corridor at the patient's or resident's door. In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each station. Nurses' calling systems which provide two-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating. A nurses' call emergency button shall be provided for patients' use at each patient toilet, bath, and shower room. A nurses' calling system shall be provided:~~

- (1) in each patient bedroom for each patient bed. The call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of a patient lying on the bed. In rooms containing two or more call system activators, indicating lights shall be provided at each calling station;
- (2) nurses' calling systems which provide two-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating;
- (3) a nurses' call emergency activator shall be proved at each patients' use toilet fixture, bath, and shower. The call system activator shall be accessible to a patient lying on the floor; and
- (4) calls shall register with the floor staff and shall activate a visible signal in the corridor at the patient's door. In multi-corridor units, additional visible signals shall be installed at corridor intersections.

(b) At least one telephone shall be available in each area to which patients are admitted and additional telephones or extensions as are necessary to ensure availability in case of need.

(c) General outdoor lighting shall be provided adequate to illuminate walkways and drive.

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

Eff. June 1, 1991;

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

Amended Eff. October 1, 2021.

10A NCAC 13K .1211 is readopted as published in 35:18 NCR 2029-2039 as follows:

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

~~For inpatient units, the hot water system shall be adequate to provide:~~

	Patient Areas	Dietary	Laundry
Gallons per hour per bed	6 ½	4	4 1/2
Temperature degrees F.	110-116	140 (min)	140 (min)

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

(1) Patient Areas – 6 ½ gallons per hour per bed and at a temperature of 100 to 116 degrees F;

(2) Dietary Services – 4 gallons per hour per bed and at a minimum temperature of 140 degrees F; and

(3) Laundry Area – 4 ½ gallons per hour per bed and at a minimum temperature of 140 degrees F.

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

Eff. June 1, ~~1991~~, 1991;

Readopted Eff. October 1, 2021.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13K .1212

DEADLINE FOR RECEIPT: Thursday, September 9, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (4), line 23, please insert a comma after "criteria"

In (4)(a), line 27, I suggest breaking this further into a list:

(b) the rule citation and the rule requirement that will not be met due to:

- (v) strict conformance... impractical;*
- (vi) extraordinary circumstances;*
- (vii) new programs; or*
- (viii) unusual conditions;*

If you do not want to do that, please insert a colon after "to" on line 27 and then separate these by semicolons within the same line.

And I take it that it will be for the facility to establish impracticability, what are extraordinary circumstances, etc.?

What does "new programs" mean here?

In (5), line 32, please insert a comma after "request"

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

10A NCAC 13K .1212 is readopted as published in 35:18 NCR 2029-2039 as follows:

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

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

- (1) New construction shall comply with all the requirements of ~~Section .1200 of this Subchapter; this~~ Section.
- (2) ~~Existing~~ Except where otherwise specified, existing buildings shall meet the licensure and code requirements in effect at the time of licensure, construction, alteration, or ~~modification;~~ modification.
- (3) ~~New additions, alterations, modifications, and repairs shall meet the technical requirements of Section .1100 of this Subchapter; however, where strict conformance with current requirements would be impracticable, the authority having jurisdiction may approve alternative measures where the facility can demonstrate to the Department's satisfaction that the alternative measures do not reduce the safety or operating effectiveness of the facility;~~
- (4)(3) Rules contained in ~~Rule .1210 of this Section~~ are minimum requirements and are not intended to prohibit buildings, ~~systems~~ systems, or operational conditions that exceed minimum ~~requirements;~~ requirements.
- (5)(4) ~~Equivalency: Alternate methods, procedures, design criteria, and functional variations from the physical plant requirements, because of extraordinary circumstances, new programs, or unusual conditions, may be approved by the authority having jurisdiction when the facility can effectively demonstrate to the Department's satisfaction, that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility; and~~ The Division may grant an equivalency to allow alternate methods, procedures, design criteria or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a governing body submits a written equivalency request to the Division that states the following:
 - (a) the rule citation and the rule requirement that will not be met due to strict conformance with current requirements would be impractical, extraordinary circumstances, new programs, or unusual conditions;
 - (b) the justification for the equivalency; and
 - (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- (5) In determining whether to grant an equivalency request the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The governing body shall maintain a copy of the approved equivalence issued by the Division.
- (6) Where ~~rules or codes~~ rules, codes, or standards have any conflict, the more stringent requirement shall apply.

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