

G.S. 150B-21.3A Report for Subchapter 13G, LICENSING OF FAMILY CARE HOMES									
Agency - Medical Care Commission									
Comment Period - 5/25/18 - 7/24/18									
Date Submitted to APO - Filled in by RRC staff									
Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Implements or Conforms to Federal Regulation [150B-21.3A(e)]	Federal Regulation Citation	Public Comment Received [150B-21.3A(c)(1)]	Agency Determination Following Public Comment [150B-21.3A(c)(1)]
	SECTION .0200 - LICENSING	10A NCAC 13G .0201	DEFINITIONS	Eff. July 1, 2000	Necessary without substantive public interest	No		Yes	Necessary without substantive public interest
		10A NCAC 13G .0202	THE LICENSE	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0203	PERSONS NOT ELIGIBLE FOR NEW ADULT CARE HOME LICENSES	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
		10A NCAC 13G .0204	APPLYING FOR A LICENSE TO OPERATE A HOME NOT CURRENTLY LICENSED	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0206	CAPACITY	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0207	CHANGE OF LICENSEE	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .0208	RENEWAL OF LICENSE	Amended Eff. July 1, 2000	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .0209	CONDITIONS FOR LICENSE RENEWAL	Eff. July 1, 2000	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0211	CLOSING OF HOME	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0212	DENIAL AND REVOCATION OF LICENSE	Amended Eff. April 1, 1999	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0213	APPEAL OF LICENSURE ACTION	Amended Eff. July 1, 1990	Necessary with substantive public interest	No		No	Necessary with substantive public interest

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		10A NCAC 13G .0214	SUSPENSION OF ADMISSIONS	Amended Eff. July 1, 1990	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0215	APPEAL OF SUSPENSION OF ADMISSIONS	Amended Eff. January 4, 1994	Unnecessary	No		No	Unnecessary
	SECTION .0300 - THE BUILDING	10A NCAC 13G .0301	APPLICATION OF PHYSICAL PLANT REQUIREMENTS	Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0302	DESIGN AND CONSTRUCTION	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0303	LOCATION	Recodified from 10A NCAC 13G .0301 Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0304	LIVING ARRANGEMENT	Recodified from 10A NCAC 13G .0303 Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0305	LIVING ROOM	Recodified from 10A NCAC 13G .0304 Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0306	DINING ROOM	Recodified from 10A NCAC 13G .0305 Eff. July 1, 2005	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .0307	KITCHEN	Recodified from 10A NCAC 13G .0306 Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .0308	BEDROOMS	Recodified from 10A NCAC 13G .0307 Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0309	BATHROOM	Recodified from 10A NCAC 13G .0308 Eff. July 1, 2005	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest

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		10A NCAC 13G .0310	STORAGE AREAS	Recodified from 10A NCAC 13G .0309 Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0311	CORRIDOR	Recodified from 10A NCAC 13G .0310 Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0312	OUTSIDE ENTRANCE AND EXITS	Recodified from 10A NCAC 13G .0311 Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .0313	LAUNDRY ROOM	Recodified from 10A NCAC 13G .0312 Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0314	FLOORS	Recodified from 10A NCAC 13G .0313 Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0315	HOUSEKEEPING AND FURNISHINGS	Recodified from 10A NCAC 13G .0314 Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .0316	FIRE SAFETY AND DISASTER PLAN	Recodified from 10A NCAC 13G .0315 Eff. July 1, 2005	Necessary without substantive public interest	No		Yes	Necessary without substantive public interest
		10A NCAC 13G .0317	BUILDING SERVICE EQUIPMENT	Recodified from 10A NCAC 13G .0316 Eff. July 1, 2005	Necessary without substantive public interest	No		Yes	Necessary without substantive public interest
		10A NCAC 13G .0318	OUTSIDE PREMISES	Recodified from 10A NCAC 13G .0317 Eff. July 1, 2005	Necessary without substantive public interest	No		Yes	Necessary without substantive public interest
	SECTION .0400 – STAFF QUALIFICATIONS	10A NCAC 13G .0402	QUALIFICATIONS OF SUPERVISOR-IN-CHARGE	Amended Eff. August 1, 1991	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0403	QUALIFICATIONS OF MEDICATION STAFF	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest

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		10A NCAC 13G .0404	QUALIFICATIONS OF ACTIVITY DIRECTOR	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0405	TEST FOR TUBERCULOSIS	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0406	OTHER STAFF QUALIFICATIONS	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0407	FISCAL QUALIFICATIONS	Eff. July 1, 1990	Unnecessary	No		No	Unnecessary
	SECTION .0500 – STAFF ORIENTATION, TRAINING, COMPETENCY AND CONTINUING EDUCATION	10A NCAC 13G .0501	PERSONAL CARE TRAINING AND COMPETENCY	Amended Eff. July 1, 2000	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .0502	PERSONAL CARE TRAINING AND COMPETENCY PROGRAM APPROVAL	Amended Eff. July 1, 2000	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0503	MEDICATION ADMINISTRATION COMPETENCY EVALUATION	Eff. July 1, 2000	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0504	COMPETENCY VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT	Eff. July 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0505	TRAINING ON CARE OF DIABETIC RESIDENTS	Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0506	TRAINING ON PHYSICAL RESTRAINTS	Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0507	TRAINING ON CARDIO-PULMONARY RESUSCITATION	Eff. July 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest

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		10A NCAC 13G .0508	ASSESSMENT TRAINING	Eff. June 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0509	FOOD SERVICE ORIENTATION	Eff. June 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0512	DOCUMENTATION OF TRAINING AND COMPETENCY VALIDATION	Eff. June 1, 2004	Necessary without substantive public interest	No		Yes	Necessary without substantive public interest
	SECTION .0600 – STAFFING OF THE HOME	10A NCAC 13G .0601	MANAGEMENT AND OTHER STAFF	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0602	THE CO-ADMINISTRATOR	Amended Eff. April 1, 1984	Unnecessary	No		No	Unnecessary
	SECTION .0700 - ADMISSION AND DISCHARGE	10A NCAC 13G .0701	ADMISSION OF RESIDENTS	Amended Eff. February 1, 1993	Necessary without substantive public interest	No		Yes	Necessary without substantive public interest
		10A NCAC 13G .0702	TUBERCULOSIS TEST AND MEDICAL EXAMINATION	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0703	RESIDENT REGISTER	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0704	RESIDENT CONTRACT AND INFORMATION ON HOME	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0705	DISCHARGE OF RESIDENTS	Amended Eff. July 1, 2004	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
	SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN	10A NCAC 13G .0801	RESIDENT ASSESSMENT	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest

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		10A NCAC 13G .0802	RESIDENT CARE PLAN	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
	SECTION .0900 – RESIDENT CARE AND SERVICES	10A NCAC 13G .0901	PERSONAL CARE AND SUPERVISION	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0902	HEALTH CARE	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0903	LICENSED HEALTH PROFESSIONAL SUPPORT	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .0904	NUTRITION AND FOOD SERVICE	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .0905	ACTIVITIES PROGRAM	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .0906	OTHER RESIDENT SERVICES	Amended Eff. December 1, 1991	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0907	RESpite CARE	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .0908	COOPERATION WITH CASE MANAGERS	Eff. May 1, 1997	Unnecessary	No		No	Unnecessary
		10A NCAC 13G .0909	RESIDENT RIGHTS	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
	SECTION .1000 – MEDICATIONS	10A NCAC 13G .1001	MEDICATION ADMINISTRATION POLICIES AND PROCEDURES	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest

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		10A NCAC 13G .1002	MEDICATION ORDERS	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1003	MEDICATION LABELS	Amended Eff. April 1, 2015	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1004	MEDICATION ADMINISTRATION	Amended Eff. July 1, 2005	Necessary without substantive public interest	Select One		No	Necessary without substantive public interest
		10A NCAC 13G .1005	SELF-ADMINISTRATION OF MEDICATIONS	Eff. July 1, 2000	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .1006	MEDICATION STORAGE	Eff. July 1, 2000	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .1007	MEDICATION DISPOSITION	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1008	CONTROLLED SUBSTANCES	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1009	PHARMACEUTICAL CARE	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1010	PHARMACEUTICAL SERVICES	Amended Eff. April 1, 2015	Necessary without substantive public interest	No		No	Necessary without substantive public interest
	SECTION .1100 – MANAGEMENT OF RESIDENT'S FUNDS AND	10A NCAC 13G .1101	MANAGEMENT OF RESIDENT'S FUNDS	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1102	LEGAL REPRESENTATIVE OR PAYEE	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest

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		10A NCAC 13G .1103	ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13G .1104	REFUND POLICY	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1105	REFUND OF PERSONAL FUNDS	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1106	SETTLEMENT OF COST OF CARE	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
	SECTION .1200 – POLICIES, RECORDS AND REPORTS	10A NCAC 13G .1201	RESIDENT RECORDS	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1202	TRANSFER OF RESIDENT'S RECORDS	Amended Eff. July 1, 1990	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1203	DISPOSAL OF RESIDENT'S RECORDS	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1206	HEALTH CARE PERSONNEL REGISTRY	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1207	ADVERTISING	Amended Eff. April 1, 1984	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .1208	FACILITIES TO REPORT RESIDENT DEATHS	Eff. July 18, 2002	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .1209	DEATH REPORTING PROCEDURES	Eff. July 18, 2002	Necessary without substantive public interest	No		No	Necessary without substantive public interest



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		10A NCAC 13G .1210	DEFINITIONS APPLICABLE TO DEATH REPORTING	Eff. July 18, 2002	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1211	WRITTEN POLICIES AND PROCEDURES	Eff. June 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1212	RECORD OF STAFF QUALIFICATIONS	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1213	REPORTING OF ACCIDENTS AND INCIDENTS	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13G .1214	AVAILABILITY OF CORRECTIVE ACTION AND SURVEY REPORTS	Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
	<b>SECTION .1300 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES</b>	10A NCAC 13G .1301	USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES	Eff. June 1, 2005	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest
	<b>SECTION .1600 – RATED CERTIFICATES</b>	10A NCAC 13G .1601	SCOPE	Eff. July 3, 2008	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .1602	ISSUANCE OF RATED CERTIFICATES	Eff. July 3, 2008	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .1603	STATUTORY AND RULE REQUIREMENTS AFFECTING RATED CERTIFICATES	Eff. July 3, 2008	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .1604	RATING CALCULATION	Eff. July 3, 2008	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13G .1605	CONTENTS OF RATED CERTIFICATE	Eff. July 3, 2008	Necessary with substantive public interest	No		No	Necessary with substantive public interest

Periodic Rules Review and Expiration of Existing Rules  
Subchapter 13G – Licensing of Family Care Homes  
Public Comments and Agency Response to Comments

Rule Citation & Title	Date	Commenter	Comment	Agency Response
1) 10A NCAC 13G .0201 – Definitions	5/22/18	Erin Glendening, DHSR erin.glendening@dhhs.nc.gov	This is a test to verify that everything is working.	This rule was determined as Necessary Without Substantive Public Interest.  The comment is about the test of the electronic comment reporting system.  The Agency will not change the determination of this rule.
2) 10A NCAC 13G .0207 – Change of Licensee	5/30/18	Rosalind Dockery, Elaines Care elainescare@outlook.com	There is no need for the County Department of Social Services to be involved with a change of licensing. The owner or administrator with joint effort of the new owner, should report and discuss to the Department Heads / Supervisors in Raleigh NC . Family Care Home property / home changes should all go thru the Main Dept. of Health and Human Service Department Heads. County Social Service Adult Care Home employees do not have the knowledge or language to help an administrator / owner of such Care Home. Also, County Social Service personnel have enough work duties to fulfill. County Social Service personnel would and HAS caused much delay in such matters that belong between the owners and DHHS.	This rule was determined as Necessary With Substantive Public Interest.  Comments warrant review of rule for potential revision regarding the role of the county department of social services.  The Agency will not change the determination of this rule.
3) 10A NCAC 13G .0208 – Renewal of License	5/30/18	Rosalind Dockery, Elaines Care elainescare@outlook.com	There should be no reason on the renewal application for Family Care Homes to put the NAMES of individuals that have co-ownership or interest or that has co-signed for a loan to the business. The only name on the renewal license should be the Home owner and the Acting Administrator. There is no need for names of stakeholders, persons of interest, liens ect. on the renewal application,.	This rule was determined as Necessary Without Substantive Public Interest.  Comments warrant review of rule in conjunction with legal requirements and law.  The agency will change the determination of this rule to Necessary with Substantive Public Interest.
4) 10A NCAC 13G .0306 – Dining Room	5/30/18	Rosalind Dockery, Elaines Care elainescare@outlook.com	The square footage in homes licensed after 1984 should not have a minimum of 120 sq. ft. due to not all residents eat in the dinning room.. Nor do they do activities all together. Not all care homes are even full .. Also, having this said it could and would keep a care home from being licensed for 6 residents if the dinning area was just a foot off. I have a care home and only was allowed 5 residents do to construction section saying I was 1 square foot 119 instead of 120. No variables where given or even offered. I complained but NO ONE Answered my phone calls nor RETURNED MY CALLS.	This rule was determined as Necessary Without Substantive Public Interest.  The comment indicates an area that warrants a thoughtful review and the potential need for a revision to the existing rule. The comment recommends allowing a lower dining room square footage than the 120 square feet specified in the existing rule when residents are not expected to eat meals or do activities at the same time. The Agency has noted the comment and will take it into consideration when the rule is reviewed.

Rule Citation & Title	Date	Commenter	Comment	Agency Response
				The Agency will change the determination of this rule to Necessary With Substantive Public Interest.
5) 10A NCAC 13G .0307 – Kitchen	5/31/18	Rachel Forbes, Tower of Blessing a Refuge to Seek towerofblessing35@gmail.com	I have worked with Dementia residents who at times need a little extra protection. Due to their mind capacity some can behave like younger children. So allowing them to go into the kitchen with free access can become dangerous. I wanted to know if a baby gate could be placed on the openings of the kitchen to help protect residents from delay entering during the times where the kitchen is closed from meals or snack.	This rule was determined as Necessary With Substantive Public Interest.  The Agency has noted the comment and will take it into consideration when the rule is reviewed.  The Agency will not change the determination of this rule.
6) 10A NCAC 13G .0309 – Bathroom	5/25/18		Some facilities have sinks with a cabinet underneath. There have been residents in these facilities that are in wheelchairs and can not reach the sink. Facilities that admit residents in wheelchairs need to be accessible. The sink should be able to accommodate someone using a wheelchair. The residents in this environment can not brush their teeth unless a staff member brings a basin and a cup of water. The sink should be accessible.	This rule was determined as Necessary Without Substantive Public Interest.  The comment indicates an area that warrants a thoughtful review and the potential need for a revision to the existing rule. The comment recommends revising the rule to require accessible bathroom sinks at facilities housing residents in wheelchairs. The Agency has noted the comment and will take it into consideration when the rule is reviewed.  The Agency will change the determination of this rule to Necessary With Substantive Public Interest.
7) 10A NCAC 13G .0312 – Outside Entrance and Exits	5/25/18		We have MANY adult care homes that are admitting residents that are reliant on regular or power wheelchairs, as well as, walkers. These homes take the residents and therefore are claiming they are accessible and can meet the need. The doors to the facility however are not accessible. Residents with walkers and wheelchairs often have trouble with getting the door open and holding it open as they go in and out. They complain but the facility has not been required to provide them with handicap accessible openers. Some of the doors are so heavy and stick to the point that even a person without difficulty with ambulation can not operate. This is safety hazard both daily and in a fire and mandating doors to have an automatic opener or to be more easily accessible should be considered.	This rule was determined as Necessary With Substantive Public Interest.  The Agency has noted the comment and will take it into consideration when the rule is reviewed.  The Agency will not change the determination of this rule.
8) 10A NCAC 13G .0315 – Housekeeping and Furnishings	5/25/18	8a)	It would be desirable to add a regulation that mattresses should have a protective covering (water proof), some are supplying regular mattresses with no covering and become an infection control issue due to multiple residents with incontinence using the bed over time. Also,	This rule was determined as Necessary With Substantive Public Interest.

Rule Citation & Title	Date	Commenter	Comment	Agency Response
			we are seeing a full bed bug epidemic. There are some preventative measures that facilities should be required to take because once they are in the facility, they spread through it due to high traffic and moving of laundry. If mattresses were required to be encased it would be one step in the right direction.	The Agency has noted the comment and will take it into consideration when the rule is reviewed.  The Agency will not change the determination of this rule.
	5/30/18	8b)	.0315(b)(8) - '30 foot.candle power of illumination for reading' Surveyors do not carry light meters. Better to word it bulb wattage that can be definitive and easily defined and defended by both surveyors and facility staff.	This rule was determined as Necessary With Substantive Public Interest.  The Agency has noted the comment and will take it into consideration when the rule is reviewed.  The Agency will not change the determination of this rule.
	5/30/18	8c)	walls (including attached railings), ceilings (including ceiling vents/grates), floors (including floor vents/grates)	This rule was determined as Necessary With Substantive Public Interest.  The Agency has noted the comment and will take it into consideration when the rule is reviewed.  The Agency will not change the determination of this rule.
9) 10A NCAC 13G .0316 – Fire Safety and Disaster Plan	5/25/18		The disaster planning regulation needs to be updated to include guidance on when a facility should be required to evacuate. Facilities have become complacent with truly having an identified location to evacuate. Many will say 'we will go to our sister facility 30 miles over'. In the last several hurricanes, multiple counties in the 30 and 60 mile radius were affected and roads cut off. Many do not have generators and are serving residents with greater health needs. One particular assisted living chain stated 'we do not have a generator but our company has a contract for us to get one if end up needing it'. This was the day before the hurricane was scheduled to hit. If they did 'need it' after the hurricane, roads may be cut off and all the generators already rented. That is a huge gambled to take on behalf of the residents.	This rule was determined as Necessary Without Substantive Public Interest.  The comment requests that the rule be revised to specify when and where a family care home should evacuate prior to a natural disaster. The family care home's written disaster plan must be submitted to or be approved by the local emergency management agency, which assists the family care home with writing an effective disaster plan that includes when and where to evacuate the facility. The Agency will not make this change.  The Agency will not change the determination of this rule.
10) 10A NCAC 13G .0317 – Building	5/30/18		.0317(e)(1,2,3) - '30 foot.candle, 10-foot candle, 1 foot.candle power of illumination' Surveyors do not carry light meters. Better to word it bulb wattage that can be definitive and easily defined and defended by both surveyors and facility staff. Candle-power is an obsolete unit	This rule was determined as Necessary Without Substantive Public Interest.

Rule Citation & Title	Date	Commenter	Comment	Agency Response
Service Equipment			expression of luminous intensity. Facilities and surveyor staff can not explain this term if asked. Its subjective to the surveyor.	<p>The comment recommends that the light illumination levels for reading, general lighting, and corridor floors should be specified in terms of bulb wattage instead of foot candles. DHSR surveyors do have light meters that measure foot candle illumination levels. A foot candle level is an accepted means of measuring light illumination levels that is used by national standards. Bulb wattage is not. The Agency will continue to specify foot candle levels in this rule and will not make this change.</p> <p>The Agency will not change the determination of this rule.</p>
11) 10A NCAC 13G .0318 – Outside Premises	5/30/18		.0318(c) - '5 foot candles of light at grade level' Surveyors do not carry light meters. Better to word it bulb wattage that can be definitive and easily defined and defended by both surveyors and facility staff.	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>The comment recommends that the light illumination level at grade level should be specified in terms of bulb wattage instead of foot candles. DHSR surveyors do have light meters that measure foot candle illumination levels. A foot candle level is an accepted means of measuring light illumination levels that is used by national standards. Bulb wattage is not. The Agency will continue to specify a foot candle level in this rule and will not make this change.</p> <p>The Agency will not change the determination of this rule.</p>
12) 10A NCAC 13G .0403 – Qualifications of Medication Staff	7/23/18	Teresa Carswell, Chesterfield Adult Care Home teresagcarswell@msn.com	Six hours of continuing education annually related to medication administration for medication aides and staff should be done by the Licensed Administrator and should concentrate more on the facility where the med aide works. Things that should be taught and reviewed would be: Ordering medication for facility, what to do if resident runs out of meds, documenting med errors, PRN medication, and when to call the physician. All facilities must go by the rule book in regards to medication administration; however, every facility has its own way of medication administration and only the Administrator would know what their facility requires. As a rule, most family care homes do not have a RN on their staff, so all a RN teaches for the 6 hour review is what all medication aides learn during the 15 hr. course.	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>The comment is not acceptable to the Agency because licensed health professionals are responsible for training throughout rules related to medication administration and other health care related tasks. A licensed health professional needs to be involved in Continuing Education on medication administration since persons responsible for such duties are not licensed and medication administration relates so directly to health and safety of residents.</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
				The Agency will not change the determination of this rule.
13) 10A NCAC 13G .0501 – Personal Care Training and Competency	5/25/18		This area requires the most attention and update. Adult care homes have become homes with a wide variety of residents and conditions. This rule addresses being trained on 'behavioral interventions'. WE MUST REQUIRE AND MANDATE THAT ALL FACILITIES TRAIN ON TYPES OF MENTAL ILLNESS, SIGNS OF A MENTAL HEALTH CRISIS, AND HOW TO RESPOND TO A MENTAL HEALTH CRISIS. This should be accomplished much the same way the special care unit regs require 20 hours of dementia training BEFORE ever working. Adult care home staff are ill equipped to respond to a young person in a facility in a mental health crisis. We have a great Crisis Intervention Training program for law enforcement and first responders but are not sharing or requiring it for those that are working in the facility daily. This should be required, and doing it on a computer based program is not the answer. Classroom training with role play is key. Local Management Entities have a certification for Mental Health First Aid. This may be one place to start, but we must address this issue for the safety of every resident and staff member.	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comments warrant review of rule and consideration of changes in personal care training content.</p> <p>The Agency will not change the determination of this rule.</p>
14) 10A NCAC 13G .0512 – Documentation of Training and Competency Validation	5/30/18		replace the phrase 'such as' in all rule areas which occurs 16 times in the 10A NCAC 13G rule guide in favor for the phrase 'such as but not limited to.' This allows critical thinking for surveyors who currently interpret 'such as' to mean 'ONLY.' Example: 'infection control should be taught by a licensed professional such as a nurse, pharmacist or doctor.' Many surveyors interpret this rule to be ONLY by a nurse, pharmacist or medical doctor and will exclude as well as cite facilities having infection control taught by occupations/degreed professionals such as a physician assistants, midwives, doctorate of infectious diseases (not a medical doctor), etc.	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>The comment does not apply to this rule because there is no language in the rule to which the comment refers. However, the comment does apply to rule 10A NCAC 13G .0501 which is already determined as Necessary With Substantive Public Interest.</p> <p>The agency will not change the determination of this rule.</p>
15) 10A NCAC 13G .0701 – Admission of Residents	5/31/18	Rachel Forbes, Tower of Blessing towerofblessing35@gmail.com	I am sure that there is a good reason to why the residents have to do a two step TB test. However, some doctors are becoming more reluctant in given the exam twice especially if the TB was negative the first time. Can that rule be changed to TB testing once unless it's positive the first time.	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>The comment does not warrant review of rule because TB testing must be based on TB Control rules and guidelines as stated in current rule and those rules and guidelines call for 2-step testing for staff and employees.</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
				The agency will not change the determination of this rule.
16) 10A NCAC 13G .0705 – Discharge of Residents	5/25/18	16a)	<p>This rule currently is not being enforced for the most part or inconsistently enforced at best. The rule clearly states that when the resident has a health need that requires transfer to the hospital, the facility must provide the notice 'as soon as practicable' if they do not intend to take the resident back, however facilities are saying they are not required to do this and when the state is called or the hearing office, they both agree with the facility. This results in 'hospital dumping' of residents and the hospital is stuck trying to place the resident. If a resident does get the notice and appeals it, the facility has not been required by the local ACHS to take the resident back while the hearing is pending, even though the hospital doctor has cleared the resident for that level of care. This results in the resident being deconditioned. When the state is notified of this issue, they should act immediately. When the county is notified, they should act immediately. The rule should be enforced to allow the resident to appeal and have due process but this right has been taken by not enforcing the issuing of the notice. Also, facilities will push for an IVC and state they do not have to take the resident back. The last line of the rule clearly states that they are to take the resident back OR the discharge rules will apply, which means the resident should receive notice. This is not enforced by local or state when called. Again, the resident is being denied due process. Facilities often are not filling out a discharge destination and the form is still considered valid by the hearing office. It would seem the form should be complete with a destination, just as it is required for the nursing home level. There have been several instances in which the resident is being discharged for threatening behavior or mental health issues that happened repeatedly BUT the facility never consulted the physician, mental health, or any other professional. They just let it occur and then eventually use it for discharge. The regs state staff should be trained for this and that the facility has the responsibility to notify the physician and put mental health services in place. Facilities continue to be allowed to discharge even though their lack of response caused the situation to escalate. Facilities are not being tagged for this, the resident is being denied mental health services and then penalized. The nursing home regulations really added teeth to this area up and are enforcing it. The Adult Care Home side needs to enforce what is already written and strengthen it. It should be spelled out so the hearing office only has one set of standards. The form is clear and therefore should be completely filled out.</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>The comments warrant review of rule and potential need of rule revision following further study.</p> <p>The Agency will not change the determination of this rule.</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
	7/23/18	16b) Teresa Carswell, Chesterfield Adult Care Home teresagcarswell@msn.com	When a facility has to make the difficult decision to discharge a resident it is best for the resident and/or the facility. The last thing a facility needs and wants is the resident to have the right to appeal the decision the facility has made. It is not fair to facilities that a resident can appeal the decision that has been made. No facility wants to give a resident a discharge notice, that is literally money out of our pockets. I know when I give a resident notice, it's when every possible solution has been tried and failed, and I don't appreciate the state having the right to tell me, that my facility has to keep a resident.	This rule was determined as Necessary With Substantive Public Interest.  The comment does not warrant review of rule since G.S. 131D-21(17) states that appeal of discharge is a resident's right.  The Agency will not change the determination of this rule.
17) 10A NCAC 13G .0802 – Resident Care Plan	5/25/18		Section (f) of this rule should be studied and reviewed in a 1068 training as facilities will chart behavioral issues but not get the resident help. Also, care plans meetings with the resident should be held much the way nursing homes do on a quarterly basis. We are taking residents with more health needs and these meetings can be useful at identifying trends in falls, infections, behaviors, deconditioning etc...there are many residents discharged due to mobility needs that were never offered therapy because the facility just watched the decline and discharged. Once in the nursing home, therapy is provided and the resident is better but now has had to undergo the transition in living arrangement and medicaid status. They end up staying in the nursing home which is more costly and often not a good fit. These meetings would help notice the decline early and attempt to implement interventions	This rule was determined as Necessary With Substantive Public Interest.  The comment warrants review of rule and potential need for rule revision following further study.  The Agency will not change the determination of this rule.
18) 10A NCAC 13G .0904 – Nutrition and Food Service	7/23/18	Teresa Carswell, Chesterfield Adult Care Home teresagcarswell@msn.com	The amount of food that is required to serve residents in a family care home that is populated by the elderly is too much. The State and Burke County DSS says that I have to serve my residents the required amount, even when the resident has told staff they can't eat that much food. The State and Burke County DSS says the resident can throw away the food they don't want to eat. For residents who were taught not to waste food, this becomes a problem because they force themselves to eat more than they wanted and they often end up getting sick. If it is documented that a resident doesn't want to eat the full portion, they are maintaining their weight and are happy and satisfied with the amount of food that should be prove they are eating enough. Residents at the age of 65 and older that do very little activities do not need the food requirements set by the state.	This rule was determined as Necessary With Substantive Public Interest.  The comment warrants review of rule and potential need for rule revision following further study.  The Agency will not change the determination of this rule.
19) 10A NCAC 13G .0905 – Activities Program	5/25/18		This rule needs to be revamped and enforced. A facility that has 25 residents but has a van that seats 6, is not truly offering ALL residents the opportunity to go on an outing when only one outing is listed on the calendar. Only 6 will go that month. If a facility can not accommodate all that would like to go on the outing, multiple outings should be scheduled to allow all that want to go a chance. Many residents report not leaving the property unless they are going on a doctors visit. Facilities also often write in 'Price is Right' at 7:00 p.m. as one of the	This rule was determined as Necessary Without Substantive Public Interest.  The comment warrants review of rule and potential need for rule revision following further study.



Rule Citation & Title	Date	Commenter	Comment	Agency Response
			only two activities that day. This is simply turning on the TV and walking away. The activities program should be surveyed and turning the TV on in the living room should not count for 7 of the 14 activities listed on the calendar each week.	The Agency will change the determination of this rule to Necessary with Substantive Public Interest.
20) 10A NCAC 13G .1005 – Self-Administration of Medications	6/1/18		Most facilities and doctors interpret this to apply to prescription medications. Many over-the-counter items such as antacids (Rolaids/Tums), moisturizing creams for eczema, Alka Seltzer for indigestion, Visine eye drops, and Tylenol are not defined and often residents commonly purchase these items at the corner convenience store and do not inform the facility as the residents themselves interpret 'medications' as being from a pharmacy. The over-the-counter medications are often left on a resident's bedside table in an unlocked room where other residents have access. The facilities are held liable as Alka Seltzer contains aspirin (still over the counter) and Tylenol (acetaminophen) which while non-prescription have a maximum daily limit of intake or could conflict with other prescription drugs. Wording Proposal/Suggestion: 'Self-administration orders and policies are additionally required for non-prescription medications which appear on a facility's non-prescription standing order formulary for all residents such as but not limited to aspirin, Tylenol, stool softeners, eye drops, ear wax drops, antacids products and over-the-counter vitamins and herbs. Over-the-counter products not included in a facility's provider standing order list are permitted without the use of a self-administration order.	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>The comment warrants review of rule and potential need for rule revision following further study.</p> <p>The agency will change the determination of this rule to Necessary with Substantive Public Interest.</p>
21) 10A NCAC 13G .1102 – Legal Representative or Payee	5/25/18		Many residents sign over payee to the facility unknowingly during admission or are under the belief that it is required. In fact, a few family care home operators will not allow a resident to move in unless they agree to sign over payee first. This should be prohibited as the resident's rights states they have the right to manage their own funds. It would be ethical to create an admission document that stands out and expressly tells the resident that they are not required to sign over payee as a condition of admission and that they have the right to manage their own funds. The document the facility uses to sign over payee should clearly have a disclaimer.	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>The comment warrants review of rule and potential need for rule revision following further study.</p> <p>The agency will change the determination of this rule to Necessary with Substantive Public Interest.</p>
22) 10A NCAC 13G .1103 – Accounting for Resident's Personal Funds	5/30/18	Rosalind Dockery, Elaines Care elainescare@outlook.com	Residents accounts should not need 2 signatures. The resident his / her self should be able to sign for there own personal 66 dollars and or personal money. Residents personal money should be available NOT within 24 hours of deposit due to Holidays, Bank policies or NSF funds. This puts a burden out of good faith for the administrator. If funds are not available , then the administrator has to pay out of pocket. This is not justified... No administrator or home owner needs to handle any residents personal money, unless being a payee is absolutely needed. Incompetent residents could have there personal money	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>The comment warrants review of rule and potential need for rule revision following further study.</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
			deposited onto a non - interest cashing check card, with no fees. There are many cards to choose from now and is designed for people with out checking accounts or is too poor to have a checking account. These 'cards' can be purchased at any stores. These cards can be locked in residents personal lockable space or administrators can have a SAFE to put these in. It isn't reliable or feasible for owners/ administrators to handle residents funds for just 1 or 2 residents to open another savings or checking account just for residents.	The agency will change the determination of this rule to Necessary with Substantive Public Interest.
23) 10A NCAC 13G .1301 – Use of Physical Restraints and Alternatives	5/30/18		.1301(a): '...A family care home shall assure that a physical restraint OR A GERI CHAIR, any physical or mechanical device attached to or adjacent to the resident's bot and which restricts freedom of movement...' .1301(a)(5) 'used only after an assessment and care planning process has been completed TO DETERMINE IF THE GERI CHAIR IS FOR COMFORT MEASURES ONLY OR USED AS A RESTRAINT.'	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>The comment warrants review of rule and potential need for rule revision following further study.</p> <p>The agency will change the determination of this rule to Necessary with Substantive Public Interest.</p>

Comments Submitted for Periodic Review  
10A NCAC 13G, Licensing of Family Care Homes

Rule Title	Rule Citation	Date	First Name	Last Name	Company	Email	Zip	Comment
DEFINITIONS	10A NCAC 13G .0201	22-May-18	Erin	Glendening	DHSR	erin.glendening@dhhs.nc.gov		The comment is about the test of the electronic comment reporting system.
CHANGE OF LICENSEE	10A NCAC 13G .0207	30-May-18	Rosalind	Dockery	Elaines Care	elainescare@outlook.com		There is no need for the County Department of Social Services to be involved with a change of licensing. The owner or administrator with joint effort of the new owner, should report and discuss to the Department Heads / Supervisors in Raleigh NC . Family Care Home property / home changes should all go thru the Main Dept. of Health and Human Service Department Heads. County Social Service Adult Care Home employees do not have the knowledge or language to help an administrator / owner of such Care Home. Also, County Social Service personnel have enough work duties to fulfill. County Social Service personnel would and HAS caused much delay in such matters that belong between the owners and DHHS.
RENEWAL OF LICENSE	10A NCAC 13G .0208	30-May-18	Rosalind	Dockery	Elaines Care	elainescare@outlook.com		There should be no reason on the renewal application for Family Care Homes to put the NAMES of individuals that have co-ownership or interest or that has co-signed for a loan to the business. The only name on the renewal license should be the Home owner and the Acting Administrator.  There is no need for names of stakeholders, persons of interest, liens ect. on the renewal application,.
DINING ROOM	10A NCAC 13G .0306	30-May-18	Rosalind	Dockery	Elaines Care	elainescare@outlook.com		The square footage in homes licensed after 1984 should not have a minimum of 120 sq. ft. due to not all residents eat in the dinning room.. Nor do they do activities all together. Not all care homes are even full ..  Also, having this said it could and would keep a care home from being licensed for 6 residents if the dinning area was just a foot off. I have a care home and only was allowed 5 residents do to construction section saying I was 1 square foot 119 instead of 120. No variables where given or even offered. I complained but NO ONE Answered my phone calls nor RETURNED MY CALLS.
KITCHEN	10A NCAC 13G .0307	31-May-18	Rachel	Forbes	Tower of Blessing a Refuge to Seek	towerofblessing35@gmail.com		I have worked with Dementia residents who at times need a little extra protection. Due to their mind capacity some can behave like younger children. So allowing them to go into the kitchen with free access can become dangerous. I wanted to know if a baby gate could be placed on the openings of the kitchen to help protect residents from delay entering during the times where the kitchen is closed from meals or snack.
BATHROOM	10A NCAC 13G .0309	25-May-18						Some facilities have sinks with a cabinet underneath. There have been residents in these facilities that are in wheelchairs and can not reach the sink. Facilities that admit residents in wheelchairs need to be accessible. The sink should be able to accommodate someone using a wheelchair. The residents in this environment can not brush their teeth unless a staff member brings a basin and a cup of water. The sink should be accessible.

Comments Submitted for Periodic Review  
10A NCAC 13G, Licensing of Family Care Homes

Rule Title	Rule Citation	Date	First Name	Last Name	Company	Email	Zip	Comment
OUTSIDE ENTRANCE AND EXITS	10A NCAC 13G .0312	25-May-18						We have MANY adult care homes that are admitting residents that are reliant on regular or power wheelchairs, as well as, walkers. These homes take the residents and therefore are claiming they are accessible and can meet the need. The doors to the facility however are not accessible. Residents with walkers and wheelchairs often have trouble with getting the door open and holding it open as they go in and out. They complain but the facility has not been required to provide them with handicap accessible openers. Some of the doors are so heavy and stick to the point that even a person without difficulty with ambulation can not operate. This is safety hazard both daily and in a fire and mandating doors to have an automatic opener or to be more easily accessible should be considered.
HOUSEKEEPING AND FURNISHINGS	10A NCAC 13G .0315	25-May-18						It would be desirable to add a regulation that mattresses should have a protective covering (water proof), some are supplying regular mattresses with no covering and become an infection control issue due to multiple residents with incontinence using the bed over time. Also, we are seeing a full bed bug epidemic. There are some preventative measures that facilities should be required to take because once they are in the facility, they spread through it due to high traffic and moving of laundry. If mattresses were required to be encased it would be one step in the right direction.
HOUSEKEEPING AND FURNISHINGS	10A NCAC 13G .0315	30-May-18						.0315(b)(8) - '30 foot.candle power of illumination for reading' Surveyors do not carry light meters. Better to word it bulb wattage that can be definitive and easily defined and defended by both surveyors and facility staff.
HOUSEKEEPING AND FURNISHINGS	10A NCAC 13G .0315	30-May-18						walls (including attached railings), ceilings (including ceiling vents/grates), floors (including floor vents/grates)
FIRE SAFETY AND DISASTER PLAN	10A NCAC 13G .0316	25-May-18						The disaster planning regulation needs to be updated to include guidance on when a facility should be required to evacuate. Facilities have become complacent with truly having an identified location to evacuate. Many will say 'we will go to our sister facility 30 miles over'. In the last several hurricanes, multiple counties in the 30 and 60 mile radius were affected and roads cut off. Many do not have generators and are serving residents with greater health needs. One particular assisted living chain stated 'we do not have a generator but our company has a contract for us to get one if end up needing it'. This was the day before the hurricane was scheduled to hit. If they did 'need it' after the hurricane, roads may be cut off and all the generators already rented. That is a huge gambled to take on behalf of the residents.
BUILDING SERVICE EQUIPMENT	10A NCAC 13G .0317	30-May-18						.0317(e)(1,2,3) - '30 foot.candle, 10-foot candle, 1 foot.candle power of illumination' Surveyors do not carry light meters. Better to word it bulb wattage that can be definitive and easily defined and defended by both surveyors and facility staff.  Candle-power is an obsolete unit expression of luminous intensity. Facilities and surveyor staff can not explain this term if asked. Its subjective to the surveyor.
OUTSIDE PREMISES	10A NCAC 13G .0318	30-May-18						.0318(c) - '5 foot candles of light at grade level' Surveyors do not carry light meters. Better to word it bulb wattage that can be definitive and easily defined and defended by both surveyors and facility staff.

Comments Submitted for Periodic Review  
10A NCAC 13G, Licensing of Family Care Homes

Rule Title	Rule Citation	Date	First Name	Last Name	Company	Email	Zip	Comment
QUALIFICATIONS OF MEDICATION STAFF	10A NCAC 13G .0403	23-Jul-18	Teresa	Carswell	Chesterfield Adult Care Home	teresagcarswell@msn.com		Six hours of continuing education annually related to medication administration for medication aides and staff should be done by the Licensed Administrator and should concentrate more on the facility where the med aide works. Things that should be taught and reviewed would be: Ordering medication for facility, what to do if resident runs out of meds, documenting med errors, PRN medication, and when to call the physician. All facilities must go by the rule book in regards to medication administration; however, every facility has its own way of medication administration and only the Administrator would know what their facility requires. As a rule, most family care homes do not have a RN on their staff, so all a RN teaches for the 6 hour review is what all medication aides learn during the 15 hr. course.
PERSONAL CARE TRAINING AND COMPETENCY	10A NCAC 13G .0501	25-May-18						This area requires the most attention and update. Adult care homes have become homes with a wide variety of residents and conditions. This rule addresses being trained on 'behavioral interventions'. WE MUST REQUIRE AND MANDATE THAT ALL FACILITIES TRAIN ON TYPES OF MENTAL ILLNESS, SIGNS OF A MENTAL HEALTH CRISIS, AND HOW TO RESPOND TO A MENTAL HEALTH CRISIS. This should be accomplished much the same way the special care unit regs require 20 hours of dementia training BEFORE ever working. Adult care home staff are ill equipped to respond to a young person in a facility in a mental health crisis. We have a great Crisis Intervention Training program for law enforcement and first responders but are not sharing or requiring it for those that are working in the facility daily. This should be required, and doing it on a computer based program is not the answer. Classroom training with role play is key. Local Management Entities have a certification for Mental Health First Aid. This may be one place to start, but we must address this issue for the safety of every resident and staff member.
DOCUMENTATION OF TRAINING AND COMPETENCY VALIDATION	10A NCAC 13G .0512	30-May-18						replace the phrase 'such as' in all rule areas which occurs 16 times in the 10A NCAC 13G rule guide in favor for the phrase 'such as but not limited to.' This allows critical thinking for surveyors who currently interpret 'such as' to mean 'ONLY.'  Example: 'infection control should be taught by a licensed professional such as a nurse, pharmacist or doctor.' Many surveyors interpret this rule to be ONLY by a nurse, pharmacist or medical doctor and will exclude as well as cite facilities having infection control taught by occupations/degreed professionals such as a physician assistants, midwives, doctorate of infectious diseases (not a medical doctor), etc.
ADMISSION OF RESIDENTS	10A NCAC 13G .0701	31-May-18	Rachel	Forbes	Tower of Blessing	towerofblessing35@gmail.com		I am sure that there is a good reason to why the residents have to do a two step TB test. However, some doctors are becoming more reluctant in given the exam twice especially if the TB was negative the first time. Can that rule be changed to TB testing once unless it's positive the first time.

Comments Submitted for Periodic Review  
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DISCHARGE OF RESIDENTS	10A NCAC 13G .0705	25-May-18						This rule currently is not being enforced for the most part or inconsistently enforced at best. The rule clearly states that when the resident has a health need that requires transfer to the hospital, the facility must provide the notice 'as soon as practicable' if they do not intend to take the resident back, however facilities are saying they are not required to do this and when the state is called or the hearing office, they both agree with the facility. This results in 'hospital dumping' of residents and the hospital is stuck trying to place the resident. If a resident does get the notice and appeals it, the facility has not been required by the local ACHS to take the resident back while the hearing is pending, even though the hospital doctor has cleared the resident for that level of care. This results in the resident being deconditioned. When the state is notified of this issue, they should act immediately. When the county is notified, they should act immediately. The rule should be enforced to allow the resident to appeal and have due process but this right has been taken by not enforcing the issuing of the notice. Also, facilities will push for an IVC and state they do not have to take the resident back. The last line of the rule clearly states that they are to take the resident back OR the discharge rules will apply, which means the resident should receive notice. This is not enforced by local or state when called. Again, the resident is being denied due process. Facilities often are not filling out a discharge destination and the form is still considered valid by the hearing office. It would seem the form should be complete with a destination, just as it is required for the nursing home level. There have been several instances in which the resident is being discharged for threatening behavior or mental health issues that happened repeatedly BUT the facility never consulted the physician, mental health, or any other professional. They just let it occur and then eventually use it for discharge.
								The regs state staff should be trained for this and that the facility has the responsibility to notify the physician and put mental health services in place. Facilities continue to be allowed to discharge even though their lack of response caused the situation to escalate. Facilities are not being tagged for this, the resident is being denied mental health services and then penalized. The nursing home regulations really added teeth to this area up and are enforcing it. The Adult Care Home side needs to enforce what is already written and strengthen it. It should be spelled out so the hearing office only has one set of standards. The form is clear and therefore should be completely filled out.
DISCHARGE OF RESIDENTS	10A NCAC 13G .0705	23-Jul-18	Teresa	Carswell	Chesterfield Adult Care Home	teresagcarswell@msn.com		When a facility has to make the difficult decision to discharge a resident it is best for the resident and/or the facility. The last thing a facility needs and wants is the resident to have the right to appeal the decision the facility has made. It is not fair to facilities that a resident can appeal the decision that has been made. No facility wants to give a resident a discharge notice, that is literally money out of our pockets. I know when I give a resident notice, it's when every possible solution has been tried and failed, and I don't appreciate the state having the right to tell me, that my facility has to keep a resident.

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RESIDENT CARE PLAN	10A NCAC 13G .0802	25-May-18						Section (f) of this rule should be studied and reviewed in a 1068 training as facilities will chart behavioral issues but not get the resident help. Also, care plans meetings with the resident should be held much the way nursing homes do on a quarterly basis. We are taking residents with more health needs and these meetings can be useful at identifying trends in falls, infections, behaviors, deconditioning etc...there are many residents discharged due to mobility needs that were never offered therapy because the facility just watched the decline and discharged. Once in the nursing home, therapy is provided and the resident is better but now has had to undergo the transition in living arrangement and medicaid status. They end up staying in the nursing home which is more costly and often not a good fit. These meetings would help notice the decline early and attempt to implement interventions.
NUTRITION AND FOOD SERVICE	10A NCAC 13G .0904	23-Jul-18	Teresa	Carswell	Chesterfield Adult Care Home	teresagcarswell@msn.com		The amount of food that is required to serve residents in a family care home that is populated by the elderly is too much. The State and Burke County DSS says that I have to serve my residents the required amount, even when the resident has told staff they can't eat that much food. The State and Burke County DSS says the resident can throw away the food they don't want to eat. For residents who were taught not to waste food, this becomes a problem because they force themselves to eat more than they wanted and they often end up getting sick. If it is documented that a resident doesn't want to eat the full portion, they are maintaining their weight and are happy and satisfied with the amount of food that should be prove they are eating enough. Residents at the age of 65 and older that do very little activities do not need the food requirements set by the state.
ACTIVITIES PROGRAM	10A NCAC 13G .0905	25-May-18						<p>This rule needs to be revamped and enforced. A facility that has 25 residents but has a van that seats 6, is not truly offering ALL residents the opportunity to go on an outing when only one outing is listed on the calendar. Only 6 will go that month. If a facility can not accommodate all that would like to go on the outing, multiple outings should be scheduled to allow all that want to go a chance. Many residents report not leaving the property unless they are going on a doctors visit.</p> <p>Facilities also often write in 'Price is Right' at 7:00 p.m. as one of the only two activities that day. This is simply turning on the TV and walking away. The activities program should be surveyed and turning the TV on in the living room should not count for 7 of the 14 activities listed on the calendar each week.</p>

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SELF-ADMINISTRATION OF MEDICATIONS	10A NCAC 13G .1005	01-Jun-18						<p>Most facilities and doctors interpret this to apply to prescription medications. Many over-the-counter items such as antacids (Roloids/Tums), moisturizing creams for eczema, Alka Seltzer for indigestion, Visine eye drops, and Tylenol are not defined and often residents commonly purchase these items at the corner convenience store and do not inform the facility as the residents themselves interpret 'medications' as being from a pharmacy. The over-the-counter medications are often left on a resident's bedside table in an unlocked room where other residents have access. The facilities are held liable as Alka Seltzer contains aspirin (still over the counter) and Tylenol (acetaminophen) which while non-prescription have a maximum daily limit of intake or could conflict with other prescription drugs.</p> <p>Wording Proposal/Suggestion: 'Self-administration orders and policies are additionally required for non-prescription medications which appear on a facility's non-prescription standing order formulary for all residents such as but not limited to aspirin, Tylenol, stool softeners, eye drops, ear wax drops, antacids products and over-the-counter vitamins and herbs. Over-the-counter products not included in a facility's provider standing order list are permitted without the use of a self-administration order.</p>
LEGAL REPRESENTATIVE OR PAYEE	10A NCAC 13G .1102	25-May-18						<p>Many residents sign over payee to the facility unknowingly during admission or are under the belief that it is required. In fact, a few family care home operators will not allow a resident to move in unless they agree to sign over payee first. This should be prohibited as the resident's rights states they have the right to manage their own funds. It would be ethical to create an admission document that stands out and expressly tells the resident that they are not required to sign over payee as a condition of admission and that they have the right to manage their own funds. The document the facility uses to sign over payee should clearly have a disclaimer.</p>



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ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS	10A NCAC 13G .1103	30-May-18	Rosalind	Dockery	Elaines Care	elainescare@outlook.com		<p>Residents accounts should not need 2 signatures. The resident his / her self should be able to sign for there own personal 66 dollars and or personal money. Residents personal money should be available NOT within 24 hours of deposit due to Holidays, Bank policies or NSF funds. This puts a burden out of good faith for the administrator. If funds are not available , then the administrator has to pay out of pocket. This is not justified...</p> <p>No administrator or home owner needs to handle any residents personal money, unless being a payee is absolutely needed.</p> <p>Incompetent residents could have there personal money deposited onto a non - interest cashing check card, with no fees. There are many cards to choose from now and is designed for people with out checking accounts or is too poor to have a checking account.</p> <p>These 'cards' can be purchased at any stores. These cards can be locked in residents personal lockable space or administrators can have a SAFE to put these in.</p> <p>It isn't reliable or feasible for owners/ administrators to handle residents funds for just 1 or 2 residents to open another savings or checking account just for residents.</p>
USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES	10A NCAC 13G .1301	30-May-18						<p>.1301(a): '...A family care home shall assure that a physical restraint OR A GERI CHAIR, any physical or mechanical device attached to or adjacent to the resident's bot and which restricts freedom of movemement...'</p> <p>.1301(a)(5) 'used only after an assessment and care planning process has been completed TO DETERMINE IF THE GERI CHAIR IS FOR COMFORT MEASURES ONLY OR USED AS A RESTRAINT.'</p>