

10A NCAC 13D .2001 is amended with changes as published in 34:24 NCR 2377-2380 as follows:

## SECTION .2000 – GENERAL INFORMATION

### 10A NCAC 13D .2001 DEFINITIONS

In addition to the definitions set forth in 131E-101, the ~~The~~ following definitions ~~will~~ 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, no matter how slight,~~ 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 ~~direct~~ responsibility for all nursing services and nursing care.
- (12) "Discharge" means a physical relocation of a patient to another health care ~~setting,~~ setting; the discharge of a patient to his or her ~~home,~~ 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.

- (13) "Existing facility" means a facility currently licensed, a proposed facility, a proposed addition to a licensed facility, or a proposed remodeled licensed facility that will be built according to design development drawings and specifications approved by the Department for compliance with the standards established in Sections .3100, .3200, and .3400 of this Subchapter, to the effective date of this Rule.
- (14) "Facility" means a nursing facility or combination facility as defined in this Rule.
- (15) "Incident" means any accident, event, or occurrence that is unplanned, or unusual, and has ~~actually~~ caused harm to a patient, or has the potential for harm.
- (16) "Inpatient rehabilitation facility or unit" means a free-standing facility or a unit (unit pertains to contiguous dedicated beds and spaces) within an existing licensed health service facility approved in accordance with G.S. 131E, Article 9 to establish inpatient, rehabilitation beds and to provide a comprehensive, inpatient rehabilitation program.
- (17) "Interdisciplinary" means an integrated process involving representatives from disciplines of the health care team.
- (18) "Licensee" means the person, firm, partnership, association, corporation, or organization to whom a license to operate the facility has been issued. The licensee is the legal entity that is responsible for the operation of the business.
- (19) "Medication error rate" means the measure of discrepancies between medication that was ordered for a patient by the health care provider and medication that is ~~actually~~ administered to the patient. The medication error rate is calculated by dividing the number of errors observed by the surveyor by the opportunities for error, multiplied times 100.
- (20) "Misappropriation of property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent.
- (21) "Neglect" means a failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
- (22) "New facility" means a proposed facility, a proposed addition to an existing facility, or a proposed remodeled portion of an existing facility that will be built according to design development drawings and specifications approved by the Department for compliance with the standards established in Sections .3100, .3200, and .3400 of this Subchapter after the effective date of this Rule.
- (23) "Nurse Aide" means a person who is listed on the N.C. Nurse Aide Registry and provides nursing or nursing-related services to patients in a nursing home. A nurse aide is not a licensed health professional. Nursing homes that participate in Medicare or Medicaid shall comply with 42 CFR ~~Part 483.75(e), 483.35~~, which is incorporated by reference, including subsequent amendments. The Code of Federal Regulations may be accessed at ~~[http://www.access.gpo.gov/nara/cfr/waisidx\\_08/42cfr483\\_08](http://www.access.gpo.gov/nara/cfr/waisidx_08/42cfr483_08)~~; <https://www.ecfr.gov>.
- (24) "Nursing facility" means a nursing home as defined in G.S. 131E-101.
- (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 ~~as defined in G.S. 131E-101.~~ facility.
- 7 (29) "Respite care" means services provided for a patient on a temporary basis, not to exceed 30 days.
- 8 (30) "Surveyor" means ~~an authorized~~ a representative of the Department who inspects nursing facilities  
 9 and combination facilities to determine compliance with ~~rules~~ rules, laws, and regulations as set  
 10 forth in G.S. 131E-117; Subchapters 13D and 13F of this Chapter; and 42 CFR Part 483,  
 11 Requirements for States and Long Term Care Facilities.
- 12 ~~(31) "Ventilator dependence" means a physiological dependency by a patient on the use of a ventilator~~  
 13 ~~for more than eight hours a day.~~
- 14 ~~(32)(31)~~ (31) "Violation" means a failure to comply with ~~the regulations, standards, and requirements~~ rules, laws,  
 15 and regulations as set forth in G.S. 131E-117 and 131D-21; Subchapters 13D and 13F of this  
 16 Chapter; or 42 CFR Part 483, Requirements for States and Long Term Care Facilities, that ~~directly~~  
 17 relates to a patient's or resident's health, safety, or welfare, or ~~which that~~ creates a ~~substantial~~ risk  
 18 that death, or ~~serious~~ physical harm ~~will~~ may occur.

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20 *History Note: Authority G.S. 131E-104;*  
 21 *RRC objection due to lack of statutory authority Eff. July 13, 1995;*  
 22 *Eff. January 1, 1996;*  
 23 *Readopted Eff. July 1, 2016; 2016;*  
 24 *Amended Eff. January 1, 2021.*

10A NCAC 13D .3003 is amended with changes as published in 34:24 NCR 2377-2380 as follows:

### **10A NCAC 13D .3003 VENTILATOR ~~DEPENDENCE~~ ASSISTED CARE**

(a) ~~The general requirements in this Subchapter shall apply when applicable. In addition, facilities having patients requiring the use of ventilators for more than eight hours a day shall meet the following requirements: For the purpose of this Rule, ventilator assisted individuals, means as defined in [42 CFR Part 483.25(i), F695,] the federal State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities, herein incorporated by reference including subsequent amendments and editions. Copies of the [Code of Federal Regulations, Title 42, Public Health, Part 482 End, 2019] State Operations Manual may be accessed free of charge online at [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf).~~

(b) Facilities having patients who are ventilator assisted individuals shall:

- (1) ~~The facility shall be located within 30 minutes of an acute care facility. administer respiratory care in accordance with 42 CFR Part 483.25(i), and the federal State Operations Manual F695;~~
- (2) ~~Respiratory therapy shall be provided and supervised by a respiratory therapist currently registered by the National Board for Respiratory Care. administer respiratory care in accordance with the scope of practice for respiratory therapists defined in G.S. 90-648; and The respiratory therapist shall:~~
  - (a) ~~make, as a minimum, weekly on-site assessments of each patient receiving ventilator support with corresponding progress notes;~~
  - (b) ~~be on-call 24 hours daily; and~~
  - (c) ~~assist the pulmonologist and nursing staff in establishing ventilator policies and procedures, including emergency policies and procedures.~~
- (3) ~~Direct nursing care staffing shall be in accordance with Rule .3005 of this Section. provide pulmonary services from a physician who has training in pulmonary [medicine according to The American Board of Internal Medicine,] medicine. The physician shall be responsible for respiratory services and shall:~~
  - (A) ~~establish with the respiratory therapist and nursing staff, ventilator policies and procedures, including emergency procedures;~~
  - (B) ~~assess each ventilator assisted patient's status at least monthly with corresponding progress notes;~~
  - (C) ~~respond to emergency communications [24 hours] 24 hours a day; and~~
  - (D) ~~participate in individual care planning.~~

(c) Direct care nursing personnel staffing ratios established in Rule .2303 of this Subchapter shall not be applied to nursing services for patients who are ventilator assisted at life support settings. The minimum direct care nursing staff shall be 5.5 hours per patient day, allocated on a per shift basis as the facility chooses; however, in no event shall the direct care nursing staff fall below a registered nurse and a nurse aide I at any time during a 24-hour period.

*History Note: Authority G.S. 131E-104;*

1       *RRC objection due to lack of statutory authority Eff. July 13, 1995;*  
2       *Eff. January 1, 1996;*  
3       *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22,*  
4       *~~2015.~~ 2015.*  
5       *Amended Eff. January 1, 2021.*

10A NCAC 13K .0102 is readopted with changes as published in 34:24 NCR 2380-2383 as follows:

### 10A NCAC 13K .0102 DEFINITIONS

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

- (1) "Agency" means a licensed hospice as defined in ~~Article 10~~ G.S. 131E-201(3).
- (2) ~~"Attending Physician" means the physician licensed to practice medicine in North Carolina who is identified by the patient at the time of hospice admission as having the most significant role in the determination and delivery of medical care for the patient.~~
- (3)(2) "Care Plan" means the proposed method developed in writing by the interdisciplinary care team through which the hospice seeks to provide services ~~which~~ that meet the patient's and family's medical, ~~psychosocial~~ psychosocial, and spiritual needs.
- (4)(3) "Clergy Member" means an individual who has received a degree ~~from an~~ from a theological school and has fulfilled ~~appropriate~~ denominational seminary requirements; or an individual who, by ordination or authorization from the individual's denomination, has been approved to function in a pastoral capacity. Each hospice shall designate a clergy member responsible for coordinating spiritual care to hospice patients and families.
- (5)(4) "Coordinator of Patient Family Volunteers" means an individual on the hospice ~~staff~~ team who coordinates and supervises the activities of all patient family volunteers.
- (6)(5) "Dietary Counseling" means counseling given by a licensed ~~dietitian~~ [dietitian, licensed dietitian/nutritionist, or licensed nutritionist] dietitian/nutritionist or licensed nutritionist as defined in ~~G.S. 90-357~~ G.S. 90-352.
- (7)(6) "Director" means the person having administrative responsibility for the operation of the hospice.
- (7) "Division" means the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.
- (8) "Governing Body" means the group of persons responsible for overseeing ~~the~~ operations of the hospice, ~~specifically for~~ including the development and monitoring of policies and procedures related to all aspects of the operations of the hospice program. The governing body ensures that all services provided are consistent with accepted standards of hospice practice.
- (9) "Hospice" means a coordinated program of services as defined in G.S. ~~131E-176(13a)~~ 131E-201.
- (10) "Hospice Caregiver" means an individual on the hospice ~~staff~~ team who has completed hospice caregiver training as defined in ~~10A NCAC 13K Rule .0402 of this Subchapter~~ and is assigned to a hospice residential facility or hospice inpatient unit.
- (11) "Hospice Inpatient Facility or Hospice Inpatient Unit" means ~~a licensed facility~~ as defined in ~~G.S. 131E-201(3)~~ G.S. 131E-201(3a).

- (12) "Hospice Residential Facility" means as defined in G.S. 131E-201(5) ~~is a facility licensed to provide hospice care to hospice patients as defined in G.S. 131E-201(4) and their families in a group residential setting.~~ G.S. 131E-201(5a).
- (13) "Hospice Staff" Team means ~~members of the interdisciplinary team~~ as defined in G.S. 131E-201(7), ~~nurse aides, administrative and support personnel and patient family volunteers.~~ G.S. 131E-201(6).
- (14) "Informed Consent" means the agreement to receive hospice care made by the patient and family ~~which~~ that specifies in writing the type of care and services to be provided. The informed consent form shall be signed by the patient prior to service. If the patient's medical condition is such that a signature cannot be obtained, a signature shall be obtained from the individual having legal guardianship, applicable durable or health care power of attorney, or the family member or individual assuming the responsibility of primary caregiver.
- (15) ~~"Inpatient Beds" means beds licensed as such by the Department of Health and Human Services for use by hospice patients, for medical management of symptoms or for respite care.~~
- (16)(15) "Interdisciplinary Team" means ~~a group of hospice staff~~ as defined in G.S. 131E-201(7); G.S. 131E-201(6).
- (17)(16) "Licensed Practical Nurse" means ~~a nurse holding a valid current license as required by G.S. 90, Article 9A, as defined in G.S. 90-171.30 or G.S. 171.32.~~
- (18)(17) "Medical Director" means a physician licensed to practice medicine in North Carolina who directs the medical aspects of the hospice's patient care program.
- (18) "Nurse Practitioner" means as defined in G.S. 90-18.2(a).
- (19) "Nurse Aide" means an individual who is authorized to provide nursing care under the supervision of a licensed nurse, has completed a training and competency evaluation program or competency evaluation program and is listed on the Nurse Aide Registry, at the Division of Health Service Regulation. If the nurse aide performs Nurse Aide II tasks, ~~he or she~~ the nurse aide must shall also meet the requirements established by the N.C. Board of Nursing as defined in 21 NCAC 36 .0405- .0405, incorporated by reference including subsequent [amendments and editions. This Rule may be accessed at <http://reports.oah.state.nc.us/ncac.asp> at no charge.] amendments.
- (20) ~~"Occupational Therapist" means a person duly licensed as such, holding a current license as required by G.S. 90-270.29.~~
- (21)(20) "Patient and Family Care Coordinator" means a registered nurse designated by the hospice to coordinate the provision of hospice services for each patient and family.
- (22)(21) "Patient Family Volunteer" means an individual who has received orientation and training as defined in Rule .0402 of this Subchapter, and provides volunteer services to a patient and the patient's family in the patient's home or in a hospice inpatient facility or hospice inpatient unit, or a hospice residential facility.

~~(23)~~(22) "Pharmacist" means ~~an individual licensed to practice pharmacy in North Carolina as required in G.S. 90-85(15), as defined in G.S. 90-85.3.~~

(24) "Physical Therapist" means ~~an individual holding a valid current license as required by G.S. 90, Article 18B.~~

~~(25)~~(23) "Physician" means ~~an individual licensed to practice medicine in North Carolina, as defined in G.S. 90-9.1 or G.S. 90-9.2.~~

~~(26)~~(24) "Premises" means the location or licensed site ~~from which~~ where the agency provides hospice services or maintains patient service records or advertises itself as a hospice agency.

~~(27)~~(25) "Primary Caregiver" means the family member or other person who assumes the overall responsibility for the care of the patient in the patient's home.

~~(28)~~(26) "Registered Nurse" means ~~a nurse holding a valid current license as required by G.S. 90, Article 9A, as defined in G.S. 90-171.30 or G.S. 90-171.32.~~

~~(29)~~(27) "Respite Care" means care provided to a patient for temporary relief to family members or others caring for the patient at home.

~~(30)~~ "Social Worker" means ~~an individual who performs social work and holds a bachelor's or advanced degree in social work from a school accredited by the Council of Social Work Education or a bachelor's or an advanced degree in psychology, counseling or psychiatric nursing.~~

~~(31)~~ "Speech and Language Pathologist" means ~~an individual holding a valid current license as required by G.S. 90, Article 22.~~

~~(32)~~(28) "Spiritual Caregiver" means an individual authorized by the patient and family to provide for their spiritual ~~direction.~~ needs.

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

*Eff. November 1, 1984;*

*Amended Eff. February 1, 1996; February 1, 1995; June 1, 1991; November 1, ~~1989.~~ 1989;*

*Readopted Eff. January 1, 2021.*

10A NCAC 13K .0401 is readopted with changes as published in 34:24 NCR 2380-2383 as follows:

### SECTION .0400 - PERSONNEL

#### 10A NCAC 13K .0401 PERSONNEL

(a) Written policies shall be established and implemented by the agency regarding infection control and exposure to communicable diseases consistent with the rules set forth in 10A NCAC 41A, 41A, which is incorporated by reference, including subsequent [amendments and editions.] amendments. These policies and procedures shall include provisions for compliance with 29 CFR 1910 (~~Occupational~~ Occupational Safety and Health ~~Standards~~) Standards, which is incorporated by reference including subsequent amendments, amendments and editions. Emphasis shall be placed on compliance with These editions shall include 29 CFR 1910.1030 (~~Airborne and Bloodborne Pathogens~~). Bloodborne Pathogens. Copies of Title 29 Part 1910 can be ~~purchased from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250 7954 or by calling Washington, D.C. (202) 512 1800. The cost is twenty one dollars (\$21.00) and may be purchased with a credit card.~~ obtained online at no charge at [https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=10051&p\\_table=STANDARDS](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS).

(b) Hands-on care ~~employees must~~ team members shall have a baseline ~~skin~~ test for tuberculosis. Individuals who test positive ~~must~~ shall demonstrate non-infectious status prior to assignment in a patient's home. Individuals who have previously tested positive ~~to~~ for the tuberculosis ~~skin~~ test shall obtain a baseline and subsequent annual verification that they are free of tuberculosis symptoms. The verification shall be obtained from the local health department, a private ~~physician~~ physician, or health nurse employed by the agency. The ~~Tuberculosis Control Communicable Disease~~ Branch of the North Carolina Department of Health and Human Services, Division of Public Health, ~~1902~~ 1905 Mail Service Center, Raleigh, NC ~~27699-1902~~ 27699-1905 will ~~provide,~~ provide free of charge guidelines for conducting and verification utilizing ~~and~~ Form ~~DEHNR~~ DHHS 3405 (Record of Tuberculosis Screening). Employees identified by agency risk assessment to be at risk for exposure ~~are required to~~ shall be subsequently tested ~~at intervals prescribed by OSHA standards. in accordance with Centers for Disease Control (CDC) guidelines, which is incorporated by reference with subsequent amendments and editions. A copy of the CDC guidelines~~ can be obtained online at no charge at <https://search.cdc.gov/search/?query=TB+testing+intervals&sitelimit=&utf8=%E2%9C%93&affiliate=cdc-main>.

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

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

~~(d)(e)~~ Personnel records shall be established and maintained for ~~all hospice staff,~~ [team,] both team members, including paid and direct patient/family services volunteers. These records shall be maintained ~~at least~~ for one year

after ~~termination from agency employment.~~ employment or volunteer service ends. When ~~requested,~~ requested by the State surveyors, the records shall be available on the agency premises for inspection by the Department. The records shall include:

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

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

10A NCAC 13K .0604 is readopted with changes as published in 34:24 NCR 2380-2383 as follows:

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

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

~~(b) The notice shall include at a minimum the patient's right to:~~

- ~~(1) be informed and participate in the patient's plan of care;~~
- ~~(2) voice grievances about the patient's care and not be subjected to discrimination or reprisal for doing so;~~
- ~~(3) confidentiality of the patient's records;~~
- ~~(4) be informed of the patient's liability for payment for services;~~
- ~~(5) be informed of the process for acceptance and continuance of service and eligibility determination;~~
- ~~(6) accept or refuse services;~~
- ~~(7) be informed of the agency's on-call service;~~
- ~~(8) be advised of the agency's procedures for discharge; and~~
- ~~(9) be informed of supervisory accessibility and availability~~

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

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

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

*Eff. February 1, 1996-1996;*

*Readopted Eff. January 1, 2021.*

10A NCAC 13K .1104 is readopted with changes as published in 34:24 NCR 2380-2383 as follows:

### **10A NCAC 13K .1104 DIETARY SERVICES**

(a) The hospice shall develop and maintain written policies and procedures for dietary services.

(b) Dietary services shall be provided directly or ~~may be provided~~ through written agreement with a food service company. ~~The~~ Any written agreement, if applicable, agreement shall meet the provisions of Rule .0505 of this Subchapter.

(c) The hospice shall ~~assure that~~ offer the residents' favorite foods ~~are included~~ in their ~~diets whenever possible.~~ diets.

(d) The food service shall be planned and staffed to serve at least three balanced meals ~~at regular intervals or at a variety of times depending upon~~ throughout the day, timed to meet the needs of the residents. No more than 14 hours shall elapse between ~~a substantial~~ an evening meal which shall consist of three or more menu items, including a protein, and ~~breakfast.~~ breakfast that includes a protein.

(e) The hospice shall appoint a staff member trained or experienced in food management nutrition care services to:

(1) plan menus to meet the nutritional needs of the ~~residents.~~ residents; and

(2) supervise meal preparation and service.

(f) Therapeutic diets shall be prescribed by the physician and planned by a ~~registered dietitian.~~ licensed dietitian/nutritionist or licensed nutritionist.

(g) Between-meal snacks ~~of nourishing quality~~ from the basic food groups shall be offered and be available on a 24 ~~hour~~ 24-hour basis.

(h) The procurement, ~~storage~~ storage, and refrigeration of food, refuse ~~handling~~ handling, and pest control shall comply with ~~the most current sanitation rules~~ 15A NCAC 18A which are hereby incorporated by reference, including subsequent [amendments and editions] amendments, promulgated by the ~~Division of Environmental~~ Commission for Public Health. [These rules may be accessed at <http://reports.oah.state.nc.us/ncac.asp> free of charge.]

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

*Eff. June 1, 1994; 1996;*

*Readopted Eff. January 1, 2021.*