

REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .2111

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*Please change "must" to "shall" in (d), lines 25 and 27, (e), line 29, and (g), line 10.*

*In (f), what are the applicable rules or statutes? Is your regulated public familiar with these? If not, please indicate what the applicable rules and statutes are.*

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

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

1 10A NCAC 13D .2111 is amended as published in the N.C. Register, Volume 28, Issue 12, pp. 1297-1306 as  
2 follows:

3  
4 **10A NCAC 13D .2111 ADMINISTRATIVE PENALTY DETERMINATION PROCESS**

5 (a) The surveyor ~~or complaints investigator~~ shall identify and notify the facility of areas of noncompliance resulting  
6 from a survey ~~or investigation~~ which may be violations of patients' rights contained in G.S. 131E-117 or rules  
7 contained in this Subchapter. The facility may submit additional written information which was not available at the  
8 time of the visit for evaluation by the surveyor. ~~surveyor, investigator, or branch head~~. The surveyor ~~surveyor,~~  
9 ~~investigator or branch head~~ shall notify the facility if a decision is made, based on information received, not to  
10 recommend a penalty. If the decision is to recommend a penalty, the surveyor ~~or investigator~~ shall complete and  
11 submit a negative action an administrative penalty proposal, which includes the classification of the violation and  
12 penalty assessed in compliance with G.S. 131E-129, and recommend a penalty, by Type (A or B), to the branch  
13 head to the Nursing Home Licensure & Certification Section designee. ~~who shall~~ The designee shall make a  
14 decision on ~~determine the~~ type and amount of the penalty to be submitted for consideration. The ~~negative action~~  
15 penalty proposal shall then be submitted to the Section administrative penalty monitor for processing.

16 (b) The ~~Department~~ Nursing Home Licensure & Certification Section shall notify the licensee by certified mail  
17 within 10 working days from the time the penalty proposal is received by the Section administrative penalty monitor  
18 that an administrative penalty is being considered.

19 (c) The licensee shall have 10 working days from receipt ~~of the notification of the penalty proposal notification~~  
20 to provide the ~~Department~~ Section with any additional written information relating to the proposed administrative  
21 penalty. ~~Upon request by the licensee, the Department shall grant the licensee an extension of up to 30 days to~~  
22 ~~submit additional written information relating to the proposed administrative penalty.~~

23 (d) If the penalty recommendation is classified as a Type B violation and is not a repeat violation as defined by G.S.  
24 131E-129, the licensee shall be notified of the type and amount of penalty and may accept the recommendation  
25 instead of review by the Penalty Review Committee. If the penalty recommendation is accepted, the licensee must  
26 notify the administrative penalty monitor by certified mail within five working days following receipt of the  
27 recommendation. The licensee must include payment of the penalty with the notification. If payment is not received,  
28 the recommendation shall be forwarded to the Penalty Review Committee.

29 (e) The Penalty Review Committee must review a recommended penalty proposal ~~when: it is a Type A violation; is~~  
30 ~~a Type B violation that has been previously cited during the previous 12 months or within the time period of the~~  
31 ~~previous licensure inspection, whichever time period is longer; or is a~~ when it is a: Type A1 violation; Type A2  
32 violation that has not been corrected; Type B violation that has been cited during the previous 12 months or within  
33 the time period of the previous licensure inspection, whichever time period is longer; or a Type B violation as  
34 provided in Paragraph (d) of this Rule which is not accepted by the licensee.

35 (f) ~~A subcommittee of the Penalty Review Committee consisting of four committee members assigned by the~~  
36 ~~Penalty Review Committee chair shall meet to initially review non-repeat Type B violations. The Penalty Review~~  
37 ~~Committee chair shall appoint the subcommittee chair and shall be an ex officio member of the Penalty Review~~

1 Committee subcommittee. The surveyor or investigator recommending the penalty or a branch representative shall  
2 attend the meeting when work schedules permit. Providers, complainants, affected parties and any member of the  
3 public may also attend the meeting. The administrative penalty monitor shall be responsible for informing parties of  
4 these public meetings.

5 (g) Time shall be allowed during the Penalty Review Committee subcommittee meetings for individual  
6 presentations regarding proposed penalties. The total time allowed for presentations regarding each facility, the  
7 order in which presenters shall speak and length of presentations shall be determined by the Penalty Review  
8 Committee subcommittee chair.

9 (h) The administrative penalty monitor shall have five working days from the meeting date to notify the facility and  
10 involved parties of penalty recommendations made by the Penalty Review Committee subcommittee. These  
11 recommendations including the vote of the Penalty Review Committee subcommittee shall be submitted for review  
12 by the full Penalty Review Committee at a meeting scheduled for the following month.

13 (i) The full Penalty Review Committee shall consider Type A violations, repeat Type B violations and non repeat  
14 Type B violations referred by the Penalty Review Committee subcommittee. Providers, complainants, affected  
15 parties and any member of the public may attend full Penalty Review Committee meetings. Upon written request of  
16 any affected party for reasons of illness or schedule conflict, the Department may grant a delay until the following  
17 month for Penalty Review Committee review. The Penalty Review Committee chair may ask questions of any of  
18 these persons, as resources, during the meeting. Time shall be allowed during the meeting for individual  
19 presentations which provide pertinent additional information. The order in which presenters speak and the length of  
20 each presentation shall be at the discretion of the Penalty Review Committee chair.

21 (j) The Penalty Review Committee and Penalty Review Committee subcommittee shall have for review the entire  
22 record relating to the penalty recommendation. The Penalty Review Committee and Penalty Review Committee  
23 subcommittee shall make recommendations after review of negative action proposals, any supporting evidence, and  
24 any additional information submitted by the licensee as described in Paragraph (c) of this Rule that may have a  
25 bearing on the proposal such as documentation not available during the investigation or survey, action taken to  
26 correct the violation and plans to prevent the violation from recurring.

1 ~~(k) There shall be no taking of sworn testimony nor cross examination of anyone during the course of the Penalty~~  
2 ~~Review Committee subcommittee or full Penalty Review Committee meetings.~~

3 ~~(f)~~ (f) If the Penalty Review Committee determines that the licensee has violated applicable rules or statutes, the  
4 Penalty Review Committee shall recommend an administrative penalty type and amount for each violation pursuant  
5 to G.S. 131E- 129. Recommendations for nursing home penalties shall be submitted to the Chief of the ~~Medical~~  
6 ~~Facilities Licensure~~ Nursing Home Licensure & Certification Section who shall have five working days from the  
7 date of the Penalty Review Committee meeting to determine and impose administrative penalties for each violation  
8 and notify the licensee of his or her final decision by certified mail.

9 ~~(m)~~ (g) The licensee shall have 60 days from receipt of the notification of the Section Chief's final decision to pay  
10 the penalty as provided by G.S. 131E-129 or must file a petition for contested case with the Office of Administrative  
11 Hearings within 30 days of the mailing of the notice of penalty imposition as provided by G.S. 131E-2.

12  
13  
14 *History Note: Authority G.S. 131D-34; 131E-104; 143B-165;*  
15 *Eff. August 3, 1992;*  
16 *Amended Eff. March 1, 1995; July 1, 2014;*  
17 *Transferred and recodified from 10 NCAC 03H .0221 Eff. January 10, 1996.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .2210

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*Please move the "and" at the beginning of (d)(7) to the end of (d)(6).*

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

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

1 10A NCAC 13D .2210 is amended as published in the N.C. Register, Volume 28:07, pp. 606-607 as follows:

2

3 **10A NCAC 13D .2210 REPORTING AND INVESTIGATING ABUSE, NEGLECT OR**  
4 **MISAPPROPRIATION**

5 (a) A facility shall take measures to prevent patient abuse, patient neglect, or misappropriation of patient property,  
6 including orientation and instruction of facility staff on patients' rights, and the screening of and requesting of  
7 references for all prospective employees.

8 (b) The facility shall ensure that the Health Care Personnel Registry Section of the Division of Health Service  
9 Regulation is notified within ~~one working day~~ 24 hours of the facility's becoming aware of any allegation against  
10 health care personnel as defined in G.S. 131E-256(a)(1).

11 (c) The facility shall investigate allegations as defined in G.S. 131E-256(a)(1) and shall document all relevant  
12 information pertaining to such investigation and shall take the necessary steps to prevent further incidents of abuse,  
13 neglect or misappropriation of patient property while the investigation is in progress.

14 (d) The facility shall ensure that the report of investigation is printed or typed and postmarked to the Health Care  
15 Personnel Registry Section of the Division of Health Service Regulation within five working days of the allegation.

16 The report shall include:

- 17 (1) the date and time of the alleged incident;
- 18 (2) the patient's full name and room number;
- 19 (3) details of the allegation and any injury;
- 20 (4) names of the accused and any witnesses;
- 21 (5) names of the facility staff who investigated the allegation;
- 22 (6) results of the investigation;
- 23 (7) and any corrective action that may have been taken by the facility.

24

25

26

27 *History Note: Authority G.S. 131E-104; 131E-131; 131E-255; 131E-256;*

28 *Eff. January 1, 1996;*

29 *Amended Eff. July 1, 2014; February 1, 2013; August 1, 2008; October 1, 1998.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .3101

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*In (d), line 19, please add a comma in between "disposal" and "and dietary."*

*Are the copies referenced in (d) and (e) also available online? If so, please provide the website.*

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

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

1 10A NCAC 13D .3101 is amended as published in the N.C. Register, Volume 28:12, pp. 1297-1306 as follows:

2  
3 **SECTION .3100 - DESIGN AND CONSTRUCTION**

4  
5 **10A NCAC 13D .3101 GENERAL RULES**

6 (a) Each facility shall be planned, constructed, equipped, and maintained to provide the services offered in the  
7 facility.

8 (b) A new facility or remodeling of an existing facility shall meet the requirements of the North Carolina State  
9 Building Code Codes ~~all applicable volumes~~ which ~~is~~ are incorporated by reference, including all subsequent  
10 amendments. Copies of ~~this code~~ these codes may be purchased from the ~~Department of Insurance Engineering and~~  
11 ~~Codes Division~~ located at 410 North Boylan Avenue, Raleigh, NC 27603 at a cost of two hundred fifty dollars  
12 ~~(\$250.00)~~. International Code Council online at <http://www.iccsafe.org/Store/Pages/default.aspx> at a cost of  
13 \$527.00 or accessed electronically free of charge at  
14 [http://www.ecodes.biz/ecodes\\_support/Free\\_Resources/2012NorthCarolina/12NorthCarolina\\_main.html](http://www.ecodes.biz/ecodes_support/Free_Resources/2012NorthCarolina/12NorthCarolina_main.html). Existing  
15 licensed facilities shall meet the requirements of the North Carolina State Building Code Codes in effect at the time  
16 of construction or remodeling.

17 (c) Any existing building converted from another use to a nursing facility shall meet all requirements of a new  
18 facility.

19 (d) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the  
20 ~~Commission for Public Health~~, North Carolina Division of Public Health, Environmental Health Services Section,  
21 which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of  
22 Hospitals, Nursing Homes, Adult Care Homes and Other Institutions", 15A NCAC 18A .1300 are available for  
23 inspection at the North Carolina Department of Health and Human Services, Division of Public Health,  
24 Environmental Health Services Section 5605 Six Forks Road, Raleigh, North Carolina 27509.

25 Copies of ~~these Rules~~ may be obtained from the ~~Department of Environment and Natural Resources, Division of~~  
26 ~~Environmental Health~~, Environmental Health Services Section, 1630 1632 Mail Service Center, Raleigh, NC 27699-  
27 1630 27699-1632 at no cost.

28 (e) The adult care home portion of a combination facility shall meet the rules for a nursing facility contained in  
29 Sections .3100, .3200, ~~.3300~~, and .3400 of this Subchapter, except when separated by two-hour fire resistive  
30 construction. When separated by two-hour fire-resistive construction, the adult care home portion of the facility  
31 shall meet the rules for ~~domiciliary homes~~ adult care homes in 10A NCAC 13F, Licensing of Adult Care Homes,  
32 which are incorporated by reference, including all subsequent amendments; and ~~domiciliary adult care home~~  
33 resident areas must be located in the ~~domiciliary adult care home~~ adult care home section of the facility. Copies of 10A NCAC 13F  
34 can be obtained free of charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708  
35 Mail Service Center, Raleigh, NC 27699-2708.

36 (f) An addition to an existing facility shall meet the same requirements as a new facility.

37



1 *History Note:* *Authority ~~G.S. 131E-104~~; G.S. 131E-102; G.S. 131E-104; ~~42 U.S.C. 1396~~;*  
2 *Eff. January 1, ~~1996~~. 1996;*  
3 *Amended Eff. July 1, 2014.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .3103

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*In (3), please add a comma in between "disposal system" and "and trash disposal." Please also bring the language beginning "approved by the local health..." on line 9 to line 8. It appears as though this was intended to be one sentence.*

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

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

1 10A NCAC 13D .3103 is amended as published in the N.C. Register, Volume 28:12, pp. 1297-1306 as follows:

2

3 **10A NCAC 13D .3103 SITE**

4 The site of ~~the~~ a proposed facility must be approved by the Department prior to construction ~~and shall~~ as:

5 (1) ~~be~~ accessible by public roads; ~~and public transportation~~;

6 (2) ~~be~~ accessible to fire fighting services;

7 (3) ~~have~~ having a water supply, sewage disposal system, garbage disposal system and trash disposal  
8 system

9 approved by the local health department having jurisdiction;

10 (4) ~~meet~~ meeting all local ordinances and zoning laws; and

11 (5) ~~be~~ being free from exposure to hazards and pollutants.

12

13 *History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~*

14 *Eff. January 1, ~~1996.~~ 1996;*

15 *Amended Eff. July 1, 2014.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .3104

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*In (b), shall the approval of construction documents and specifications expire one year from approval?*

*In (c), line 18, please add "owner's" before "appointed representative" for purposes of consistency of use throughout the Rule.*

*In (d), please capitalize "Construction" on line 24. It appears as though this is the beginning of a new sentence.*

*In (f), how are the owner or owner's appointed representative to notify the Department when actual construction or remodeling is complete? Is there a specific form?*

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

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

1 10A NCAC 13D .3104 is amended as published in the N.C. Register, Volume 28:12, pp. 1297-1306 as follows:

2  
3 **10A NCAC 13D .3104 PLANS AND SPECIFICATIONS**

4 (a) When construction or remodeling of a facility is planned, one copy of final working drawings construction  
5 documents and specifications shall be submitted by the owner or his owner's appointed representative to the  
6 Department for review and approval. Schematic drawings and preliminary working drawings shall be submitted by  
7 the owner prior to the required submission of final working drawings. As a preliminary step to avoid last minute  
8 difficulty with construction documents approval, schematic design drawings and design development drawings may  
9 be submitted for approval prior to the required submission of construction documents. The Department will forward  
10 copies of each submittal to the Department of Insurance and the Division of Environmental Health for review and  
11 approval. Three copies of the plan shall be provided at each submittal.

12 (b) Approval of final plans and specifications construction documents and specifications must shall be obtained  
13 from the Department prior to licensure. Approval of plans construction documents and specifications shall expire  
14 after one year unless a building permit for the construction has been obtained prior to the expiration date of the  
15 approval of final plans construction documents and specifications.

16 (c) If an approval expires, renewed approval shall be issued by the Department, provided revised plans construction  
17 documents and specifications meeting all current regulations, codes, and the standards established in Sections .3100,  
18 .3200, and .3400 of this Subchapter are submitted by the owner or appointed representative and reviewed by the  
19 Department.

20 (d) Any changes made during construction shall require the approval of the Department in order to maintain  
21 compliance with the standards established in Sections .3100, .3200, and .3400 of this Subchapter.

22 ~~(d)~~(e) Completed construction or remodeling shall conform to the minimum standards established in Sections .3100,  
23 .3200, ~~.3300~~, and .3400 of this Subchapter. Prior to approval for licensure, one set of "as built working drawings"  
24 shall be furnished to the Department. Final working drawings construction documents and building construction  
25 including the operation of all building systems operation must shall be approved in writing by the Department prior  
26 to licensure or patient and resident occupancy.

27 ~~(e)~~(f) The owner or his designated agent owner's appointed representative shall notify the Department when actual  
28 construction or remodeling starts and at points when construction is 50 percent, 75 percent, and 90 percent complete  
29 and upon final completion is complete. New construction or remodeling must be approved in writing by the  
30 Department prior to use.

31  
32 *History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~*  
33 *Eff. January 1, ~~1996.~~ 1996;*  
34 *Amended Eff. July 1, 2014.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .3201

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*I understand pursuant to your definitions that "patient" and "resident" are two different categories; however, the terminology used is not consistent throughout creating potential confusion. Are they sometimes used interchangeably? For example, are the requirements in (k) only applicable to patients and not to residents?*

*In (a), is the word "net," located on lines 6 and 9 necessary?*

*In (a), line 8, please add a comma in between "vestibules" and "or wardrobes."*

*In (a), line 9, please change "cannot" to "shall not."*

*In (a), line 10, please change "to meet" to "as meeting."*

*In (b), please add a comma in between "activity" and "and other common use."*

*In (c), please change "at a minimum" to "with a minimum" in lines 15 and 16.*

*In (d), do the dining area/areas in line 22 have to be exactly 14 square feet and the activity areas in line 24 exactly 16 square feet? It seems as though the intended language would be "at least" instead of "at."*

*In (d), please change the semi-colon at the end of the sentence to a period.*

*In (k)(1), please add "and" to the end of the Subparagraph.*

*In (l)(1), please delete the word "a" before "sink," "medication refrigerator," and "double locked narcotic storage."*

*In (l)(3), please change the semi-colon on line 33 after "four and one half inches in length" to a period. Please change the period on line 35 after "Facilities" to a semi-colon.*

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

*In (l)(7), please change which to that on line 5. Please also add a comma in between “microwave oven” and “or hot plate.”*

*In (l)(8), please begin the sentence with a lower-case “an.” Please also make the last statement “a control point with an area for charting patient records, space for storage of emergency equipment and supplies, and nurse-patient call and alarm annunciation systems” a complete sentence or an additional Subparagraph. It seems as though it should be an additional Subparagraph.*

*In (m), please delete “or” before cabinets and “in” before “a linen closet” on line 16.*

*In (n), please add a comma in between “personal care” and “and employee facilities” on line 19. Also, is “facilities” the word you want to use given the definition in 10A NCAC 13D .2001? Would “areas” work better?*

*In (p), is bulk storage required to be exactly five square feet? If not, please add “at least” before “five square feet.” Also, in (p), did you mean “this Rule” instead of Paragraph?*

*In (q), please consider listing the positions in Subparagraph format.*

*In (r), consider changing “located to be accessible” to “in a location accessible...” Also, please be more specific with “family.” Is this the family of the patients and residents (or whatever is applicable)?*

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

1 10A NCAC 13D .3201 is amended as published in the N.C. Register, Volume 28:12, pp. 1297-1306 as follows:

2  
3 **SECTION .3200 - FUNCTIONAL REQUIREMENTS**

4  
5 **10A NCAC 13D .3201 REQUIRED SPACES**

6 (a) ~~In a facility, The~~ the net floor area of a single bedroom shall not be less than 100 square feet and the net floor  
7 area of a room for more than one bed shall not be less than 80 square feet per bed. The 80 square feet and 100  
8 square feet requirements shall be exclusive of closets, toilet rooms, vestibules or wardrobes. When a designated  
9 single room exceeds 159 net square feet in floor area, it shall remain a single bedroom and cannot be used as a

10 multi-bedroom unless approved in advance by the Division to meet the requirements of G.S. 131E, Article 9.  
11 (b) The total space set aside for dining, ~~recreation activity~~ activity and other common use shall not be less than 25 square  
12 feet per bed for a nursing facility and 30 square feet per bed for the adult care home portion of a combination  
13 facility. Physical therapy, occupational therapy and rehabilitation space shall not be included in this total.

14 (c) In nursing facilities, included in the total square footage required by ~~Rule .3201 (b) of this Section Paragraph (b)~~  
15 of this Rule, a separate dining area or areas at a minimum of 10 square feet per bed shall be provided and a separate  
16 activity area or areas at a minimum of 10 square feet per bed shall be provided. The remainder of the total ~~required~~  
17 ~~space for dining and activities~~ square footage required by Paragraph (b) of this Rule may be in a separate area or  
18 combined with either of the ~~required~~ separate dining and activity areas required by this Paragraph. If a facility is  
19 designed with patient household units for 20 or less patients, the dining and activity areas in the household units are  
20 not required to be separate.

21 (d) In combination facilities, included in the total square footage required by ~~Rule .3201(b) of this Section~~  
22 Paragraph (b) of this Rule, a separate dining area or areas at 14 square feet per adult care home bed shall be  
23 provided. The adult care home dining area or areas may be combined with the nursing facility dining area or areas.  
24 A separate activity area or areas for ~~domiciliary adult care home~~ domiciliary adult care home beds shall be provided at 16 square feet per  
25 ~~domiciliary adult care home~~ bed. The adult care home activity area ~~may~~ shall not be combined with the activity area  
26 or areas required for nursing beds;

27 (e) Dining, activity, and living space shall be designed and equipped to provide accessibility to both patients  
28 confined to wheelchairs and ambulatory patients. ~~Required dining, Dining,~~ Dining, activity, and living areas required by  
29 Paragraph (b) of this Rule shall have windows with views to the outside. ~~The glazing material for the windows. The~~  
30 gross window area shall not be less than eight percent of the floor area required for each dining, activity, or living  
31 space. The windows shall be maintained operable and shall be equipped with insect-proof screens. The window  
32 opening may be restricted to a six-inch opening to inhibit patient and resident elopement or suicide.

33 (f) Closets and storage units for equipment and supplies shall not be included as part of the ~~required~~ dining, activity,  
34 and living floor space ~~area.~~ area required by Paragraph (b) of this Rule.

35 (g) ~~Handicap accessible outdoor~~ Outdoor areas for individual and group activities shall be provided and shall be  
36 accessible to patients and residents with physical disabilities.

37 (h) For nursing beds, separate bedroom closets or wardrobes shall be provided in each bedroom to provide each



1 occupant with a minimum of 36 cubic feet of clothing storage space at least half of which is for hanging clothes.

2 (i) For adult care home beds, separate bedroom closets or wardrobes shall be provided in each bedroom to provide  
3 each adult care home resident with a minimum of 48 cubic feet of clothing storage space at least half of which is for  
4 hanging clothes.

5 (j) Some means for patients and residents to lock personal articles within the facility shall be provided.

6 (k) A toilet room shall be directly accessible from each patient room and from each central bathing area without  
7 going through the general corridor. One toilet room may serve two patient rooms but not more than eight beds. The  
8 lavatory may be omitted from the toilet room if one is provided in each patient room. One tub or shower shall be  
9 provided for each 15 beds not individually served. ~~There shall be at least one bathtub accessible on three sides and~~  
10 ~~one shower provided for each 60 beds or fraction thereof.~~

11 For each 120 beds or fraction thereof the following shall be provided:

12 (1) at least one bathtub or a manufactured walk-in bathtub or a similar manufactured bathtub designed  
13 for easy transfer of patients into the tub. All bathtubs must be accessible on three sides;

14 (2) a roll-in shower designed and equipped for unobstructed ease of shower chair entry and use.

15 (l) ~~For each nursing unit, or fraction thereof on each floor,~~ patient and resident care floor in the facility, the  
16 following shall be provided:

17 (1) a medication preparation area with a counter, a sink ~~with four inch faucet trim handles,~~ a  
18 medication refrigerator, eye level medication storage, cabinet storage and a double locked narcotic storage  
19 ~~room area located adjacent to the nursing station or under the visual control of the nursing station staff. The~~  
20 sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade  
21 handles, the blade handles shall not be less than four and one half inches in length. The handwashing sink  
22 water spout shall be mounted so that its discharge point is a minimum of five inches above the rim of the  
23 sink;

24 (2) a clean utility room with a counter, ~~sink with four inch handles, wall and under counter sink, and~~  
25 storage. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped  
26 with blade handles, the blade handles shall not be less than four and one half inches in length. The  
27 handwashing sink water spout shall be mounted so that its discharge point is a minimum of five inches  
28 above the rim of the sink;

29 (3) a soiled utility room with a counter, ~~sink with four inch handles, wall and under counter storage, a~~  
30 ~~flush rim clinical sink or water closet with a device for cleaning bedpans; and a means for washing and~~  
31 ~~sanitizing bedpans and other utensils.~~ sink, and storage. The sink shall be trimmed with valves that can be  
32 operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than  
33 four and one half inches in length; The soiled utility room shall be equipped for the cleaning and sanitizing  
34 of bedpans as required by Rule 15A NCAC 18A .1312 Toilet: Handwashing: Laundry: And Bathing  
35 Facilities.

36 (4) a nurses' toilet and locker space for ~~coats, purses, and~~ personal belongings;

37 (5) ~~an audio visual nurse patient call system arranged to ensure that a patient's call in the facility is~~

1 ~~noted at a staffed station;~~

2 ~~(6)(5) a soiled linen storage room. If the soiled linen storage room is combined with the soiled utility~~  
3 ~~room, a separate soiled linen storage room is not required;~~

4 ~~(7)(6) a clean linen storage room;~~

5 ~~(8)(7) a nourishment station in an area enclosed with walls and doors which contains work space,~~  
6 ~~cabinets and refrigerated storage, and a small stove, microwave oven or hot plate. The nourishment station~~  
7 ~~may be located in a resident food preparation area if all residents have access to this area between meals;~~  
8 ~~and~~

9 ~~(9)(8) one nurses' station consisting of desk space for writing, storage space for office supplies, storage~~  
10 ~~space for patients' records and space for nurses' call equipment. An audio-visual nurse-patient call system~~  
11 ~~arranged to ensure that a patient's call in the facility readily notifies and directs staff to the location where~~  
12 ~~the call was activated. A control point with an area for charting patient records, space for storage of~~  
13 ~~emergency equipment and supplies, and nurse-patient call and alarm annunciation systems; and~~

14 ~~(9) a janitor's closet.~~

15 (m) Clean linen storage shall be provided in a separate room from bulk supplies. Clean linen for nursing units may  
16 be stored in closed carts, or cabinets in the clean utility room, or in a linen closet on the unit floor.

17 ~~(n) A soiled linen room shall be provided.~~

18 ~~(o)(n) Each nursing unit shall be provided with at least one janitor's closet. The kitchen area and laundry area each~~  
19 ~~shall have a janitor's closet. Administration, occupational and physical therapy, recreation, personal care and~~  
20 ~~employee facilities shall be provided janitor's closets and may share one as a group.~~

21 ~~(p)(o) Stretcher and wheelchair storage shall be provided.~~

22 ~~(q)(p) Bulk storage shall be provided at the rate of five square feet of floor area per licensed bed. This storage~~  
23 ~~space shall be either in the facility or within 500 feet of the facility on the same site. This storage space shall be in~~  
24 ~~addition to the other storage space required by this Paragraph.~~

25 ~~(r)(q) Office space shall be provided for persons holding the following positions: administrator, director of nursing,~~  
26 ~~social services director, activities director and physical therapist. ~~There shall also be a business office. Office space~~~~  
27 ~~shall also be provided for business transactions.~~

28 ~~(s)(r) Each combination facility shall provide a minimum of one residential washer and residential dryer located to~~  
29 ~~be accessible by adult care home staff, residents, and family unless personal laundry service is provided by the~~  
30 ~~facility. family.~~

31  
32 *History Note:* Authority G.S. 131E-104;  
33 Eff. January 1, 1996;  
34 Amended Eff. October 1, 2008- 2008;  
35 Amended Eff. July 1, 2014.

REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .3202

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*Consider breaking (a) into two sentences. As written currently, the sentence is a bit awkward.*

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

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

1 10A NCAC 13D .3202 is amended as published in the N.C. Register, Volume 28:12, pp. 1297-1306 as follows:

2

3 **10A NCAC 13D .3202 FURNISHINGS**

4 (a) A facility shall provide ~~Handgrips~~ handgrips shall be provided for ~~at~~ at all toilet and bath facilities used by  
5 ~~patients.~~ patients and handrails shall be provided ~~on both sides of all corridors where corridors are~~  
6 defined by walls and used by patients.

7 (b) A facility shall provide ~~Flame~~ flame resistant privacy screens or curtains ~~shall be provided~~ in multi-bedded  
8 rooms.

9

10 *History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~*

11 *Eff. January 1, ~~1996.~~ 1996;*

12 *Amended Eff. July 1, 2014.*

1 10A NCAC 13D .3301 - .3302 are repealed as published in the N.C. Register, Volume 28:12, pp. 1297-1306 as  
2 follows:

3

4 **10 NCAC 13D .3301 NEW FACILITY REQUIREMENTS**

5 **10 NCAC 13D .3302 ADDITIONS**

6

7 *History Note: Authority ~~G.S. 131E-104~~; G.S. 131E-102; G.S. 131E-104;*

8 *Eff. January 1, ~~1996~~ 1996;*

9 *Repealed Eff. July 1, 2014.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .3401

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*Please add a comma in between "living spaces" and "and bedrooms."*

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

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

1 10A NCAC 13D .3401 is amended as published in the N.C. Register, Volume 28:12, pp. 1297-1306 as follows:

2  
3 **SECTION .3400 - MECHANICAL: ELECTRICAL: PLUMBING**

4  
5 **10A NCAC 13D .3401 HEATING AND AIR CONDITIONING**

6 Heating and cooling systems shall meet the American Society of Heating, Refrigerating, and Air Conditioning  
7 Engineers Inc. Guide [which is incorporated by reference, including all subsequent amendments; copies of this  
8 document may be obtained from the American Society of Heating, Refrigerating & Air Conditioning Engineers Inc.  
9 at 1791 Tullie Circle NE, Atlanta, GA 30329 at a cost of one hundred nineteen dollars (\$119.00.); and the National  
10 Fire Protection Association Code 90A, [current addition with all subsequent amendments which is adopted by  
11 reference; copies of this code may be obtained from the National Fire Protection Association, 1 Batterymarch Park,  
12 P.O. Box 9101, Quincy, MA 02269 9101 at a cost of nineteen dollars and fifty cents (\$19.50)] with the following  
13 modifications:

- 14 (1) ~~Drug rooms must have positive pressure with relationship to adjacent areas.~~  
15 (2) ~~Environmental temperature control systems shall be capable of maintaining temperatures in the~~  
16 ~~facility at 72 degrees F. minimum in the heating season and a maximum of 81 degrees F. during~~  
17 ~~the non heating season.~~  
18 (3) ~~Rooms designated for isolation shall have negative or positive pressure with relationship to~~  
19 ~~adjacent areas depending upon the type of patient to be isolated. Exhaust for isolation rooms shall~~  
20 ~~be ducted to the outdoors with exhaust fans located at the discharge end of the duct.~~

21 (a) A facility shall provide heating and cooling systems complying with the following:

- 22 (1) The American National Standards Institute and American Society of Heating, Refrigerating, and  
23 Air Conditioning Engineers Standard 170: Ventilation of Health Care Facilities, which is  
24 incorporated by reference, including all subsequent amendments and editions, and may be  
25 purchased for a cost of \$54.00 online at  
26 [http://www.techstreet.com/ashrae/lists/ashrae\\_standards.tmpl](http://www.techstreet.com/ashrae/lists/ashrae_standards.tmpl).  
27 This incorporation does not apply to Section 7.1, Table 7-1 Design Temperature for Skilled  
28 Nursing Facility. The environmental temperature control systems shall be capable of maintaining  
29 temperatures in the facility at 71 degrees F. minimum in the heating season and a maximum of 81  
30 degrees F. during the non-heating season; and  
31 (2) The National Fire Protection Association 90A: Standard for the Installation of Air-Conditioning  
32 and Ventilating Systems, which is incorporated by reference, including all subsequent  
33 amendments and editions, and may be purchased at a cost of \$39.00 from the National Fire  
34 Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of  
35 charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=90A>.

36 (b) In a facility, the windows in dining, activity and living spaces and bedrooms shall be openable from the inside.  
37 To inhibit patient and resident elopement from any window, the facility may restrict the window opening to a

1 six-inch opening.

2

3 *History Note: Authority ~~G.S. 131E-104~~; G.S. 131E-102; G.S. 131E-104;*

4 *Eff. January 1, ~~1996~~. 1996;*

5 *Amended Eff. July 1, 2014.*



REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .3402

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*In (8), change "is not required" to "shall not be required."*

*In (10), is there a particular way you want records kept or another rule dictating any requirements? Is your regulated public familiar with how this is to be done?*

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

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

1 10 NCAC 13D .3402 is amended as published in the N.C. Register, Volume 28:12, pp. 1297-1306 as follows:

2  
3 **10A NCAC 13D .3402 EMERGENCY ELECTRICAL SERVICE**

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

- 6 (1) In any existing ~~facility, the following shall be provided:~~ facility:
- 7 (a) type 1 or 2 emergency lights as required by the North Carolina State Building ~~Code,~~  
8 Codes: Electrical Code;
  - 9 (b) additional emergency lights for all ~~nursing stations~~ control points required by Rule  
10 .3201(1)(9) of this Subchapter, drug medication preparation areas required by Rule  
11 .3201(1)(1) of this Subchapter and storage areas, and for the telephone switchboard, if  
12 applicable;
  - 13 (c) one or more portable battery-powered lamps at each ~~nursing station~~ control point required  
14 by Rule .3201(1)(9) of this Subchapter; and
  - 15 (d) a ~~suitable~~ source of emergency power for life-sustaining equipment, if the facility admits  
16 or cares for occupants needing such equipment, to ensure continuous operation with on-  
17 site fuel storage for a minimum of 72 hours.
- 18 ~~(2) Any new addition to an existing facility shall meet the same requirements as new construction.~~
- 19 ~~(3) Any conversion of an existing building (hotel, motel, abandoned hospital, abandoned school, or~~  
20 ~~other building) shall meet the same requirements for emergency electrical services as required for~~  
21 ~~new construction.~~
- 22 ~~(4)~~(2) An emergency power generating set, including the prime mover and generator, shall be located on  
23 the premises and shall be reserved exclusively for supplying the emergency essential electrical  
24 system. For the purposes of this Rule, the “essential electrical system” means a system comprised  
25 of alternate sources of power and all connected distribution systems and ancillary equipment,  
26 designed to ensure continuity of electrical power to designated areas and functions of a facility  
27 during disruption of normal power sources, and also to minimize disruption within the internal  
28 wiring system as defined by the North Carolina State Building Codes: Electrical Code.
- 29 ~~(5)~~(3) Emergency electrical services shall be provided as required by Rule .3101(b) of this Subchapter  
30 with the following ~~modifications:~~ modification: Section 517.10(B)(2) of the North Carolina State  
31 Building Codes: Electrical Code shall not apply to new facilities.
- 32 ~~(a) Section (B)(2) contained in Section 517-10 of the North Carolina State Building Code,~~  
33 ~~Electrical Code shall not apply to new facilities.~~
  - 34 ~~(b) Egress lighting shall be connected to the essential electrical system at exterior of exits.~~
  - 35 ~~(c) Task illumination in the switchgear and boiler rooms shall be connected to the essential~~  
36 ~~electrical system.~~

- 1           ~~(6)~~(4) The following equipment, devices, and systems which are essential to life ~~safety~~, safety and the  
2 protection of important equipment or vital materials shall be connected to the critical branch of the  
3 emergency essential electrical system as follows:
- 4           (a) nurses' calling system;
  - 5           (b) fire ~~pump~~ pump, if installed;
  - 6           ~~(c)~~ (e) ~~sewerage lift or sump pumps if installed;~~
  - 7           ~~(d)~~(c) one elevator, where elevators are used for ~~vertical~~ the transportation of patients;
  - 8           ~~(e)~~(d) equipment such as burners and pumps necessary for operation of one or more boilers  
9 and their necessary auxiliaries and controls, required for heating and sterilization, if  
10 installed;
  - 11           ~~(f)~~(e) equipment necessary for maintaining telephone service; and
  - 12           ~~(g)~~(f) task illumination of boiler rooms, if applicable.
- 13           ~~(7)~~(5) A ~~minimum of one~~ dedicated emergency critical branch circuit per bed for ventilator-dependent  
14 patients is ~~required~~ required, in addition to the normal system receptacle at each bed location  
15 ~~required by the North Carolina State Building Code, Electrical Code.~~ This emergency critical  
16 branch circuit shall be provided with a ~~minimum of~~ two duplex receptacles identified for  
17 emergency use. ~~Additional emergency branch circuits/receptacles shall be provided where~~ When  
18 staff determines that the electrical life support needs of the patient exceed the ~~minimum~~  
19 ~~requirements stated in this Paragraph.~~ Item, additional critical branch circuits and receptacles shall  
20 be provided. ~~Each emergency circuit serving ventilator dependent patients shall be fed from the~~  
21 ~~automatically transferred critical branch of the essential electrical system.~~ For the purposes of this  
22 Rule, a "critical branch circuit" is a circuit of the critical branch subsystem of the essential  
23 electrical system which supplies energy to task lighting, selected receptacles and special power  
24 circuits serving patient care areas as defined by the North Carolina State Building Codes:  
25 Electrical Code. ~~This Paragraph shall apply~~ Item applies to both new and existing facilities.
- 26           ~~(8)~~(6) Heating equipment provided for ventilator dependent patient bedrooms shall be connected to the  
27 critical branch of the essential electrical system and arranged for delayed automatic or manual  
28 connection to the emergency power source if the heating equipment depends upon electricity for  
29 proper operation. ~~This Paragraph shall apply~~ Item applies to both new and existing facilities.
- 30           ~~(9)~~(7) Task lighting connected to the automatically transferred critical branch of the essential electrical  
31 system shall be provided for each ventilator dependent patient bedroom. For the purposes of this  
32 Item, task lighting is defined as lighting needed to carry out necessary tasks for the care of a  
33 ventilator dependent patient. ~~This Paragraph shall apply~~ Item applies to both new and existing  
34 facilities.
- 35           ~~(10)~~(8) Where electricity is the only source of power normally used for ~~space~~ the heating of space, ~~the an~~  
36 emergency service essential electrical system shall provide for heating of patient rooms.  
37 Emergency heating of patient rooms ~~will not be~~ is not required in areas where the facility is

1 supplied by at least two separate generating ~~sources,~~ sources or a network distribution system  
2 with the facility feeders so routed, connected, and protected that a fault any place between the  
3 generators generating sources and the facility will not likely cause an interruption of more than  
4 one of the facility service feeders.

5 ~~(11)(9)~~ The emergency An essential electrical system shall be so controlled that after interruption of the  
6 normal electric power supply, the generator is brought to full voltage and frequency and connected  
7 with within 10 seconds through one or more primary automatic transfer switches to all emergency  
8 lighting, alarms, nurses' call, and equipment necessary for maintaining telephone service. All  
9 other lighting and equipment required to be connected to the ~~emergency~~ essential electrical system  
10 shall either be connected through the 10 second primary automatic transfer switching or shall be  
11 subsequently connected through ~~other~~ delayed automatic or manual transfer switching. If manual  
12 transfer switching is provided, staff of the facility shall operate the manual transfer switch.  
13 Receptacles connected to the emergency system shall be distinctively marked for identification.

14 ~~(12)(10)~~ Sufficient fuel shall be stored for the operation of the emergency power generator for a period not  
15 less than 72 hours, on a 24-hour per day operational basis with on-site fuel storage. The generator  
16 system shall be tested and maintained per National Fire Protection Association (~~NFPA) code 99,~~  
17 ~~current addition with all subsequent amendments~~ ) Health Care Facilities Code, NFPA 99, which  
18 is adopted incorporated by reference, including all subsequent amendments and editions. Copies  
19 of this code may be obtained from the National Fire Protection Association ~~4 Battery March Park,~~  
20 ~~P.O. Box 9101, Quincy, MA 02269-9101 at a cost of thirty one dollars (\$31.00).~~ online at  
21 <http://www.nfpa.org/catalog/> or accessed electronically free of charge at  
22 [http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=99.](http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=99) Records of running time  
23 shall be maintained and kept available for reference. The facility shall maintain records of the  
24 generator system tests and shall make these records available to the Department for inspection  
25 upon request.

26 ~~(13)(11)~~ ~~Existing facilities shall have electrical systems~~ The electrical emergency service at existing  
27 facilities that shall comply with ~~licensure standards~~ the requirements established in Sections .3100,  
28 and .3400 of this Subchapter in effect at the time a license is first issued. Any remodeling of an  
29 existing facility that results in changes in to the emergency electrical service delivery shall comply  
30 with ~~current licensure requirements, to support the delivery of those services.~~ the requirements  
31 established in Sections .3100, and .3400 of this Subchapter in effect at the time of remodeling.

32  
33 *History Note:* Authority G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;  
34 Eff. January 1, 1996. 1996;  
35 Amended Eff. July 1, 2014.

REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .3403

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*In (a), delete or define "continuously."*

*In (f), what is meant by "the most direct and reliable method."*

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

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

1 10A NCAC 13D .3403 is amended as published in the N.C. Register, Volume 28:12, pp. 1297-1306 as follows:

2

3 **10A NCAC 13D .3403 GENERAL ELECTRICAL**

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

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

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

8 (d) Each patient bed location shall be provided with a minimum of four single or two duplex receptacles. Two  
9 single receptacles or one duplex receptacle shall be connected to the critical branch of the emergency power system  
10 at each bed location. Each patient bed location shall also be provided with a minimum of two single receptacles or  
11 one duplex receptacle connected to the normal electrical system.

12 (e) Each patient bed location shall be supplied by at least two branch circuits.

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

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

17 ~~(h) All receptacles in patient use areas must be grounded by an insulated conductor sized in accordance with Table  
18 250-95 of the North Carolina State Building Code, Electrical Code.~~

19

20 *History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~*

21 *Eff. January 1, ~~1996.~~ 1996;*

22 *Amended Eff. July 1, 2014.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: North Carolina Medical Care Commission

RULE CITATION: 10A NCAC 13D .3404

**DEADLINE FOR RECEIPT: Friday, June 13, 2014**

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In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

*In (b)(1), please add a comma in between "residents" and "and families."*

*(g) could be more clear, perhaps by moving where the applicable Section can be found to the end of the Paragraph after (1) through (4)?*

*In (g), line 16, delete "a" before "smoke compartments"*

*In (h), please add a comma in between "cook tops" and "and hot plates."*

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

Amber Cronk May  
Commission Counsel  
Date submitted to agency: June 2, 2014

1 10A NCAC 13D .3404 is amended as published in the N.C. Register, Volume 28:12, pp. 1297-1306 as follows:

2  
3 **10A NCAC 13D .3404 OTHER**

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

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

14 (1) at least one telephone located to be accessible by patients, residents and families for making local  
15 phone calls; and

16 (2) cordless telephones or telephone jacks in patient and resident rooms to allow access to a telephone  
17 by patients and residents when needed.

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

19 (d) A flow of hot water shall be within safety ranges specified as follows:

20 (1) Patient Areas - 6 1/2 gallons per hour per bed and at a temperature of 100 to 116 degrees F; and

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

22 (3) Laundry Area - 4 1/2 gallons per hour per bed and at a minimum temperature of 140 degrees F.

23 ~~(e) Plumbing systems shall meet the requirements of the North Carolina State Building Code, Plumbing Code.~~

24 ~~(f)(e)~~ If provided in a facility, Medical medical gas and vacuum systems shall be installed, tested, and maintained in  
25 accordance with the National Fire Protection Association Health Care Facilities Code, NFPA 99, Code 99 current  
26 ~~addition with all subsequent amendments, which is adopted by reference. which is incorporated by reference,~~  
27 including all subsequent amendments and editions. Copies of this code may be ~~obtained~~ purchased for a cost of  
28 \$61.50 from the National Fire Protection Association, Association online at <http://www.nfpa.org/catalog/> or  
29 accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=99>, 4  
30 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269 74719101. at a cost of thirty one dollars (\$31.00).

31 ~~(g) The Administrator shall assure that isolation facilities are available and used for any patient admitted or retained~~  
32 ~~with a communicable disease.~~

33 ~~(h)(f)~~ Each facility shall have a control ~~system or procedure~~ mechanism and staff ~~procedures to aid staff in the~~  
34 ~~supervision of~~ for monitoring and managing patients who wander or are disoriented. The control mechanism shall  
35 include egress alarms and any of the following:

36 (1) an electronic locking system;

37 (2) manual locks; and



1           (3) staff supervision.

2 This requirement ~~shall apply~~ applies to new and existing facilities.

3 (g) Sections of the National Fire Protection Association Life Safety Code, NFPA 101, 2012 edition listed in this  
4 Paragraph are adopted by reference. Copies of this code may be purchased for a cost of \$93.00 from the National  
5 Fire Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at  
6 <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=101>.

7           (1) 18.2.3.4 with requirements for projections into the means of egress corridor width of wheeled  
8 equipment and fixed furniture;

9           (2) 18.3.2.5 with requirements for the installation of cook tops, ovens and ranges in rooms and areas  
10 open to the corridors;

11           (3) 18.5.2.3(2), (3) and (4) with requirements for the installation of direct-vent gas and solid fuel-  
12 burning fireplaces in smoke compartments; and

13           (4) 18.7.5.6 with requirements for the installation of combustible decorations on walls, doors and  
14 ceilings.

15 Smoke compartments where the requirements of these Sections are applied must be protected throughout by an  
16 approved automatic sprinkler system. For the purposes of this Rule, a “smoke compartments” are spaces within a  
17 building enclosed by smoke barriers on all sides, including the top and bottom as indicated in NFPA 101, 2012  
18 edition. Where these Sections are less stringent than requirements of the North Carolina State Building Codes, the  
19 requirements of the North Carolina State Building Codes shall apply. Where these Sections are more stringent than  
20 the North Carolina State Building Codes, the requirements of these Sections shall apply.

21 (h) Ovens, ranges, cook tops and hot plates located in rooms or areas accessible by patients or residents shall not  
22 be used by patients or residents except under facility staff supervision. The degree of staff supervision shall be  
23 based on the facility's assessment of the capabilities of each patient and resident.

24  
25 *History Note:*     Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~

26                     Eff. January 1, ~~1996~~. 1996;

27                     Amended Eff. July 1, 2014.