

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

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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 shall 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 shall~~ review a recommended penalty proposal when: it is a Type A
30 violation; is a Type B violation that has been previously cited during the previous 12 months or within the time
31 period of the previous licensure inspection, whichever time period is longer; or is a when it is a: Type A1 violation;
32 Type A2 violation that has not been corrected; Type B violation that has been cited during the previous 12 months
33 or within the time period of the previous licensure inspection, whichever time period is longer; or a Type B violation
34 as 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~~ shall file a petition for contested case with the Office of
11 Administrative Hearings within 30 days of the mailing of the notice of penalty imposition as provided by G.S. 131E-
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15 *History Note: Authority G.S. 131D-34; 131E-104; 143B-165;*
16 *Eff. August 3, 1992;*
17 *Amended Eff. March 1, 1995; July 1, 2014;*
18 *Transferred and recodified from 10 NCAC 03H .0221 Eff. January 10, 1996.*

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

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

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

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

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

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

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

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28 *History Note: Authority G.S. 131E-104; 131E-131; 131E-255; 131E-256;*
29 *Eff. January 1, 1996;*
30 *Amended Eff. July 1, 2014; February 1, 2013; August 1, 2008; October 1, 1998.*

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

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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. 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~~ 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~~. cost, or can accessed electronically free of charge at
28 <http://reports.oah.state.nc.us/ncac.asp?folderName=\Title 15A - Environment and Natural Resources\Chapter 18 ->
29 Environmental Health.

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

1 [charge at http://reports.oah.state.nc.us/ncac/title%2010a%20-](http://reports.oah.state.nc.us/ncac/title%2010a%20-)
2 [%20health%20and%20human%20services/chapter%2013%20-](http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2013%20-)
3 [%20nc%20medical%20care%20commission/subchapter%20d/subchapter%20d%20rules.html](http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2013%20-%20nc%20medical%20care%20commission/subchapter%20d/subchapter%20d%20rules.html).

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

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6 *History Note:* Authority ~~G.S. 131E-104~~; G.S. 131E-102; ~~G.S. 131E-104~~; 42 U.S.C. 1396;

7 Eff. January 1, 1996- 1996;

8 Amended Eff. July 1, 2014.

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

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4 **10A NCAC 13D .3103 SITE**

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

- 6 (1) ~~be~~ accessible by public roads; ~~and public transportation~~;
- 7 (2) ~~be~~ accessible to fire fighting services;
- 8 (3) ~~have~~ having a water supply, sewage disposal system, garbage disposal ~~system~~ system, and trash
9 disposal system 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.

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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.*

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

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4 **10A NCAC 13D .3104 PLANS AND SPECIFICATIONS**

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

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

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

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

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

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

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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.

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

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4 **SECTION .3200 - FUNCTIONAL REQUIREMENTS**

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6 **10A NCAC 13D .3201 REQUIRED SPACES**

7 (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
8 area of a room for more than one bed shall not be less than 80 square feet per bed. The 80 square feet and 100 square
9 feet requirements shall be exclusive of closets, toilet rooms, ~~vestibules~~ vestibules, or wardrobes. When a designated
10 single room exceeds 159 net square feet in floor area, it shall remain a single bedroom and ~~cannot~~ shall not be used
11 as a multi-bedroom unless approved in advance by the Division ~~to meet~~ as meeting the requirements of G.S. 131E,
12 Article 9.

13 (b) The total space set aside for dining, ~~recreation~~ [activity] activity, and other common use shall not be less than 25
14 square feet per bed for a nursing facility and 30 square feet per bed for the adult care home portion of a combination
15 facility. Physical therapy, occupational therapy and rehabilitation space shall not be included in this total.

16 (c) In nursing facilities, included in the total square footage required by ~~Rule .3201(b) of this Section, Paragraph (b)~~
17 of this Rule, a separate dining area or areas ~~at~~ with a minimum of 10 square feet per bed shall be provided and a
18 separate activity area or areas at a minimum of 10 square feet per bed shall be provided. The remainder of the total
19 ~~required space for dining and activities~~ square footage required by Paragraph (b) of this Rule may be in a separate
20 area or combined with either of the ~~required~~ separate dining and activity areas required by this Paragraph. If a
21 facility is designed with patient resident household units for 30 or less patients, residents, the dining and activity
22 areas in the household units are not required to be separate.

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

29 (e) Dining, activity, and living space shall be designed and equipped to provide accessibility to both ~~patients~~
30 residents confined to wheelchairs and ambulatory ~~residents.~~ patients. ~~Required dining, Dining,~~ activity, and living
31 areas required by Paragraph (b) of this Rule shall have windows with views to the outside. ~~The glazing material for~~
32 ~~the windows~~ The gross window area shall not be less than eight percent of the floor area required for each dining,
33 activity, or living space.

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

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

1 (h) For nursing beds, separate bedroom closets or wardrobes shall be provided in each bedroom to provide each
2 occupant with a minimum of 36 cubic feet of clothing storage space at least half of which is for hanging clothes.

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

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

7 (k) A toilet room shall be directly accessible from each ~~patient resident~~ room and from each central bathing area
8 without going through the general corridor. One toilet room may serve two ~~patient resident~~ rooms but not more than
9 eight beds. The lavatory may be omitted from the toilet room if one is provided in each ~~patient resident~~ room. One
10 tub or shower shall be provided for each 15 beds not individually served. ~~There shall be at least one bathtub~~
11 ~~accessible on three sides and one shower provided for each 60 beds or fraction thereof. For each 120 beds or fraction~~
12 ~~thereof the following shall be provided:~~

- 13 (1) at least one bathtub or a manufactured walk-in bathtub or a similar manufactured bathtub designed
14 for easy transfer of [patients] residents into the tub. All bathtubs must be accessible on three sides;
15 and
16 (2) a roll-in shower designed and equipped for unobstructed ease of shower chair entry and use.

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

- 18 (1) a medication preparation area with a counter, a sink, ~~sink with four inch trim handles~~, a
19 medication refrigerator, eye level medication storage, cabinet storage and a double locked narcotic
20 storage ~~room area located adjacent to~~ under the visual control of the nursing station; staff. The
21 sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with
22 blade handles, the blade handles shall not be less than four and one half inches in length. The sink
23 water spout shall be mounted so that its discharge point is a minimum of 10 inches above the
24 bottom of the sink basin;
25 (2) a clean utility room with a counter, ~~sink with four inch handles, wall and under counter sink~~, and
26 storage. ~~The sink shall be trimmed with valves that can be operated without hands. If the sink is~~
27 ~~equipped with blade handles, the blade handles shall not be less than four and one half inches in~~
28 ~~length. The sink water spout shall be mounted so that its discharge point is a minimum of 10~~
29 ~~inches above the bottom of the sink basin;~~
30 (3) a soiled utility room with a counter, ~~sink with four inch handles, wall and under counter storage, a~~
31 ~~flush rim clinical sink or water closet with a device for cleaning bedpans and a means for washing~~
32 ~~and sanitizing bedpans and other utensils. sink, and storage. The sink shall be trimmed with~~
33 ~~valves that can be operated without hands. If the sink is equipped with blade handles, the blade~~
34 ~~handles shall not be less than four and one half inches in length. The sink water spout shall be~~
35 ~~mounted so that its discharge point is a minimum of 10 inches above the bottom of the sink basin.~~
36 ~~The soiled utility room shall be equipped for the cleaning and sanitizing of bedpans as required by~~
37 ~~Rule 15A NCAC 18A .1312 Toilet: Handwashing: Laundry: And Bathing [Facilities.] Facilities;~~

- 1 (4) a nurses' toilet and locker space for ~~coats, purses, and~~ personal belongings;
- 2 ~~(5) an audio-visual nurse-patient call system arranged to ensure that a patient's call in the facility is~~
- 3 ~~noted at a staffed station;~~
- 4 ~~(6)(5) a soiled linen storage room; room. If the soiled linen storage room is combined with the soiled~~
- 5 ~~utility room, a separate soiled linen storage room is not required;~~
- 6 ~~(7) (6) a clean linen storage room;~~
- 7 ~~(8)(7) a nourishment station in an area enclosed with walls and doors which contains work space,~~
- 8 ~~cabinets and refrigerated storage, and a small stove, microwave ~~oven~~ oven, or hot ~~plate~~; and ~~plate~~.~~
- 9 ~~If a facility is designed with [patient] resident household units, a patient dietary area located within~~
- 10 ~~the [patient] resident household unit may substitute for the nourishment station. The [patient]~~
- 11 ~~resident dietary area shall include cooking equipment, a kitchen sink, refrigerated storage and~~
- 12 ~~storage areas and shall be for the use of staff, [patients] residents and families;~~
- 13 ~~(9)(8) one nurses' station consisting of desk space for writing, storage space for office supplies, storage~~
- 14 ~~space for patients' records and space for nurses' call equipment. An an audio-visual nurse-patient~~
- 15 ~~call system arranged to ensure that a [patient's] resident's call in the facility readily notifies and~~
- 16 ~~directs staff to the location where the call was activated.~~
- 17 ~~(9) a control point with an area for charting [patient] resident records, space for storage of emergency~~
- 18 ~~equipment and supplies, and nurse-patient call and alarm annunciation systems; and~~
- 19 ~~(10) a janitor's closet.~~

20 (m) Clean linen storage shall be provided in a separate room from bulk supplies. Clean linen for nursing units may

21 be stored in closed carts, ~~or~~ cabinets in the clean utility room, or ~~in~~ a linen closet on the unit floor.

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

23 ~~(o)(n) Each nursing unit shall be provided with at least one janitor's closet. The kitchen area and laundry area each~~

24 ~~shall have a janitor's closet. Administration, occupational and physical therapy, recreation, personal ~~care~~ care, and~~

25 ~~employee ~~facilities~~ areas shall be provided janitor's closets and may share one as a group.~~

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

27 ~~(q) (p) Bulk storage shall be provided at the rate of at least five square feet of floor area per licensed bed. This~~

28 ~~storage space shall be either in the facility or within 500 feet of the facility on the same site. This storage space shall~~

29 ~~be in addition to the other storage space required by this Rule. [Paragraph.]~~

30 ~~(r) (q) Office space shall be provided for persons holding the following positions: administrator, director of nursing,~~

31 ~~social services director, activities director and physical therapist. There shall also be a business office. Office space~~

32 ~~shall also be provided for business transactions. Office space shall be provided for persons holding the following~~

33 ~~positions:~~

34 ~~(1) administrator;~~

35 ~~(2) director of nursing;~~

36 ~~(3) social services director;~~

37 ~~(4) activities director; and~~

1 (5) physical therapist.

2 (↔) (r) Each combination facility shall provide a minimum of one residential washer and residential dryer in a
3 location accessible by ~~located to be accessible by~~ adult care home staff, residents, ~~and family unless personal~~
4 ~~laundry service is provided by the facility. and family.~~ and residents' families.

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

7 *Eff. January 1, 1996;*

8 *Amended Eff. October 1, ~~2008.~~ 2008;*

9 *Amended Eff. July 1, 2014.*

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

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4 **10A NCAC 13D .3202 FURNISHINGS**

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

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

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

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

13 *Amended Eff. July 1, 2014.*

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

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4 **SECTION .3400 - MECHANICAL: ELECTRICAL: PLUMBING**

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6 **10A NCAC 13D .3401 HEATING AND AIR CONDITIONING**

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

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

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

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

1 (b) In a facility, the windows in dining, activity and living [spaces] spaces, and bedrooms shall be openable from
2 the inside. To inhibit patient and resident elopement from any window, the facility may restrict the window opening
3 to a
4 six-inch opening.

5
6 *History Note: Authority ~~G.S. 131E-104~~; G.S. 131E-102; G.S. 131E-104;*
7 *Eff. January 1, ~~1996~~; 1996;*
8 *Amended Eff. July 1, 2014.*

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

3
4 **10A NCAC 13D .3402 EMERGENCY ELECTRICAL SERVICE**

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

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

1 facility is supplied by at least two separate generating ~~sources,~~ sources or a network distribution
2 system with the facility feeders so routed, connected, and protected that a fault any place between
3 the ~~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.

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

3
4 **10A NCAC 13D .3403 GENERAL ELECTRICAL**

5 (a) In a facility, All all main water supply shut off valves in the sprinkler system shall be electronically supervised
6 so that if any valve is closed an alarm will sound at a central station manned 24 hours per day, seven days per week.
7 continuously manned central station.

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

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

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

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

15 (f) The fire alarm system shall be installed to transmit an alarm automatically to the fire department that is legally
16 committed to serve the area in which the facility is located. The alarm shall be transmitted either to a fire
17 department or to a third-party service that shall transmit the alarm to the fire department. The method used to
18 transmit the alarm shall be approved by local ordinances. ~~located, by the most direct and reliable method approved~~
19 ~~by local~~
20 ~~ordinances.~~

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

22 ~~(h) All receptacles in patient use areas must be grounded by an insulated conductor sized in accordance with Table~~
23 ~~250-95 of the North Carolina State Building Code, Electrical Code.~~

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.*

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

3
4 **10A NCAC 13D .3404 OTHER**

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

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

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

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

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

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

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

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

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

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

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

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

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

37 (1) an electronic locking system;

1 (2) manual locks; and

2 (3) staff supervision.

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

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

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

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

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

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

16 Smoke compartments where the requirements of these Sections are applied must be protected throughout by an
17 approved automatic sprinkler system. For the purposes of this Rule, [a] “smoke compartments” are spaces within a
18 building enclosed by smoke barriers on all sides, including the top and bottom as indicated in NFPA 101, 2012
19 edition. Where these Sections are less stringent than requirements of the North Carolina State Building Codes, the
20 requirements of the North Carolina State Building Codes shall apply. Where these Sections are more stringent than
21 the North Carolina State Building Codes, the requirements of these Sections shall apply. Copies of this code may be
22 purchased for a cost of \$93.00 from the National Fire Protection Association online at <http://www.nfpa.org/catalog/>
23 or accessed electronically free of charge at [http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=101.](http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=101)

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

27
28 *History Note:* Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~
29 Eff. January 1, ~~1996~~. 1996;
30 Amended Eff. July 1, 2014.

