

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13D .2001

DEADLINE FOR RECEIPT: Friday, June 10, 2016

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.

Line 6, add a comma after "pain"

Lines 15 thru 17 appears to be unnecessary language that is verbatim of the intended cited General Statute. Please delete the proposed amendment and merely state "Administrators as defined in G.S. 90-276(4)."

Line 19, please note the citation to the General Statutes is incorrect. The suggested revision above corrects the citation.

Line 30, add a comma after "cognitive"

Page 2, line 4, add a comma after "language"

Page 2, line 4, add the term "inpatient" between "comprehensive, rehabilitation" to be consistent with the term being defined.

Page 2, line 7, add a comma after "psychosocial"

Page 3, line 25, add a comma after "corporation"

Page 4, line 4, add a comma after "anguish"

Page 4, line 5, add a comma after "facility"

Page 4, line 15, add a comma after "483.75(e)"

Page 6, line 2, please clarify the use of "not to exceed 30 days," in light of G.S. 131D-6.1(c).

Abigail M. Hammond
Commission Counsel
Date submitted to agency: Thursday, May 26, 2016

Page 6, lines 21 and 30, consider changing the commas after “131E-117” to semicolons to help clarify the information being listed

Page 6, lines 22 and 31, consider changing the commas after “of this Chapter” to semicolons to help clarify the information being listed

Page 6, line 25, replace “is defined as” to “means a”

Page 6, line 29, add a comma after “standards”

Page 6, line 30, delete “or” after “131D-21”

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

Abigail M. Hammond
Commission Counsel
Date submitted to agency: Thursday, May 26, 2016

1 10A NCAC 13D .2001 is readopted as published in NCR 30:12, pp. 1271-1279, follows:

2
3 **10A NCAC 13D .2001 DEFINITIONS**

4 The following definitions will apply throughout this Subchapter:

- 5 (1) "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation or
6 punishment with resulting physical harm, pain or mental anguish.
- 7 (2) "Accident" means an unplanned ~~or unwanted~~ event resulting in the injury or wounding, no matter
8 how slight, of a patient or other individual.
- 9 ~~(3) "Accredited medical record technician" means a person trained in record maintenance and~~
10 ~~preservation, and accredited by the American Health Information Management Association.~~
- 11 (3) "Addition" means an extension or increase in floor area or height of a building.
- 12 ~~(4) "Adequate" means, when applied to various services, that the services are at least satisfactory in~~
13 ~~meeting a referred to need when measured against contemporary professional standards of practice.~~
- 14 ~~(5)~~ (4) "Administrator" means a person licensed by the North Carolina State Board of Examiners for
15 Nursing Home Administrators who administers, manages, supervises, or is in general administrative
16 charge of a nursing home, without regard to whether such individual has an ownership interest in
17 such home or whether his or her functions and duties are shared with one or more individuals as
18 defined in accordance with G.S. 90-276, Article 20, and who has authority for and is responsible for
19 the overall operation of a facility. G.S. 90-274(4).
- 20 (5) "Alteration" means any construction or renovation to an existing structure other than repair,
21 maintenance, or addition.
- 22 ~~(6) "Appropriate" means right, suitable or proper for the specified use or purpose, suitable or proper,~~
23 ~~when used as an adjective. When used as a transitive verb it means to set aside for some specified~~
24 ~~exclusive use.~~
- 25 ~~(7)~~ (6) "Brain injury long term care" means an interdisciplinary, intensive maintenance program for patients
26 who have incurred brain damage caused by external physical trauma and who have completed a
27 primary course of rehabilitative treatment and have reached a point of no gain or progress for more
28 than three consecutive months. ~~Services are~~ Brain injury long term care is provided through a
29 medically supervised interdisciplinary process and ~~are~~ is directed toward maintaining the individual
30 at the optimal level of physical, cognitive and behavioral functions.
- 31 ~~(8)~~ (7) "Capacity" means the maximum number of patient or resident beds for which the facility is licensed
32 to maintain at any given time.
- 33 ~~(9) "Case manager" means the individual responsible for the coordination of services, for a given~~
34 ~~patient, between disciplines so that the patient may reach optimal rehabilitation through the~~
35 ~~judicious use of resources.~~
- 36 ~~(10)~~ (8) "Combination facility" means a combination home as defined in G.S. 131E-101.

- (11) (9) "Comprehensive, inpatient rehabilitation program" means a program for the treatment of persons with functional limitations or chronic disabling conditions who have the potential to achieve a significant improvement in activities of daily ~~living~~, living, including bathing, dressing, grooming, transferring, eating, and using speech, language or other communication systems. A comprehensive, rehabilitation program utilizes a coordinated and integrated, interdisciplinary approach, directed by a physician, to assess patient needs and to provide treatment and evaluation of physical, psychosocial and cognitive deficits.
- ~~(12) "Convalescent care" means care given for the purpose of assisting the patient or resident to regain health or strength.~~
- ~~(13) (10) "Department" means the North Carolina Department of Health and Human Services.~~
- ~~(14) "Dietitian" means a person who is licensed according to G.S. 90, Article 25, or is registered by the Commission on Dietetic Registration (CDR) of the American Dietetic Association (ADA) according to the standards and qualifications as referenced in the second edition of the "Accreditation/Approval Manual for Dietetic Education Program," "The Registration Eligibility Application for Dietitians" and the "Continuing Professional Education" which are hereby incorporated by reference, including subsequent amendments and editions. Copies of the manual may be purchased from ADA Sales Order Department, 216 W. Jackson Blvd., Chicago, IL 60606-6995 for twenty one dollars and ninety five cents (\$21.95), plus three dollars (\$3.00) shipping and handling.~~
- (15) (11) "Director of nursing" means a registered nurse who has authority and direct responsibility for all nursing services and nursing care.
- ~~(16) (12) "Discharge" means a patient who physically relocates~~ physical relocation of a patient to another health care setting setting, or is discharged home the discharge of a patient to his or her home, or relocated the relocation of a patient from a nursing bed to an adult care home bed bed, or from an adult care home bed to a nursing bed.
- ~~(17) "Drug" means substances:~~
- ~~(a) recognized in the official United States Pharmacopoeia, official National Formulary, or any supplement to any of them;~~
 - ~~(b) intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;~~
 - ~~(c) intended to affect the structure or any function of the body of man or other animals, i.e., substances other than food; and~~
 - ~~(d) intended for use as a component of any article specified in Subitems (a), (b), or (c) of this Subparagraph.~~
- ~~(18) (13) "Existing facility" means a facility currently licensed~~ licensed, or a proposed facility, a proposed addition to a licensed facility facility, or a proposed remodeled licensed facility that will be built according to plans design development drawings and specifications which have been approved by

the Department ~~through the design development drawings stage~~ for compliance with the standards established in Sections .3100, .3200, and .3400 of this Subchapter, prior to the effective date of this Rule.

~~(19) "Exit conference" means the conference held at the end of a survey or investigation between the Department's representatives and the facility administration representative.~~

~~(20)~~ (14) "Facility" means a nursing facility or combination facility as defined in this Rule.

~~(21) "Finding" (when used in conjunction with the Nurse Aide program) means a determination by the Department that an allegation of patient abuse or neglect, or misappropriation of patient property has been substantiated.~~

~~(22) "HIV Unit" means designated areas dedicated to patients or residents known to have Human Immunodeficiency Virus disease.~~

~~(23)~~ (15) "Incident" means any ~~happening, accident, event~~ event, or occurrence ~~which that~~ which ~~is~~ is unplanned, ~~or unusual~~ unusual, ~~or unwanted~~ and has actually caused harm to a ~~patient~~ patient, or has the potential for harm.

~~(24)~~ (16) "Inpatient rehabilitation facility or unit" means a free-standing facility or a unit (unit pertains to contiguous dedicated beds and spaces) within an existing licensed health service facility approved in accordance with G.S. 131E, Article 9 to establish inpatient, rehabilitation beds and to provide a comprehensive, inpatient rehabilitation program.

~~(25)~~ (17) "Interdisciplinary" means an integrated process involving ~~a representative~~ representatives from appropriate disciplines of the health care team.

~~(26) "Licensed" means holding a current and valid license as required under the General Statutes of North Carolina.~~

~~(27) "Licensed practical nurse" means a nurse who is licensed as a practical nurse under G.S. 90, Article 9A.~~

~~(28)~~ (18) "Licensee" means the person, firm, partnership, association, corporation or organization to whom a license to operate the facility has been issued. The licensee is the legal entity ~~which that~~ which is responsible for the operation of the business.

~~(29) "Medical consultations" means consultations which the rehabilitation physician, the attending physician or other authorized persons determine are necessary to meet the acute medical needs of the patient and do not include routine medical needs.~~

~~(30) "Medication" means drug as defined in Item (17) of this Rule.~~

~~(31)~~ (19) "Medication error rate" means ~~a discrepancy between what~~ the measure of discrepancies between medication that was ordered for a patient by the health care provider and what medication that is actually administered. ~~administered to the patient. It~~ The medication error rate is calculated by dividing the number of errors observed ~~divided by the surveyor by the opportunities for error~~ error, multiplied times 100.

- (32) (20) "Misappropriation of property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent.
- (33) (21) "Neglect" means a failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.
- (34) (22) "New facility" means a proposed facility, a proposed addition to an existing facility or a proposed remodeled portion of an existing facility that ~~is constructed~~ will be built according to ~~plans~~ design development drawings and specifications approved by the Department ~~subsequent to~~ for compliance with the standards established in Sections .3100, .3200, and .3400 of this Subchapter after the effective date of this Rule. If determined by the Department that more than half of an existing facility is remodeled, the entire existing facility shall be considered a new facility.
- (35) (23) "Nurse Aide" means a person who is listed on the N.C. Nurse Aide Registry and ~~is in compliance with 42 CFR Part 483 which is incorporated by reference, including subsequent amendments.~~ provides nursing or nursing-related services to patients in a nursing home. A nurse aide is not a licensed health professional. Nursing homes that participate in Medicare or Medicaid shall comply with 42 CFR Part 483.75(e) which is incorporated by reference, including subsequent amendments. ~~Copies of the Code of Federal Regulations may be purchased from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15202-7954 for thirty eight dollars (\$38.00) and may be purchased with a credit card by a direct telephone call to the G.P.O. at (202) 512-1800. The Code of Federal Regulations may be accessed at http://www.access.gpo.gov/nara/cfr/waisidx_08/42cfr483_08.~~
- (36) "Nurse aide trainee" means a person who has not completed an approved nurse aide training course and competency evaluation and is demonstrating knowledge, while performing tasks for which they have been found proficient by an instructor. ~~These tasks shall be performed under the direct supervision of a registered nurse. The term does not apply to volunteers.~~
- (37) (24) "Nursing facility" means a nursing home as defined in G.S. 131E-101.
- (38) "Nurse in charge" means the licensed nurse to whom duties for a specified number of patients and staff for a specified period of time have been delegated, such as for Unit A on the 7-3 or 3-11 shift.
- (39) "Occupational therapist" means a person licensed in the State of North Carolina as an occupational therapist in accordance with the provisions of G.S. 90, Article 18D.
- (40) "Occupational therapist assistant" means a person licensed in the State of North Carolina as an occupational therapist assistant in accordance with the provisions of G.S. 90, Article 18D.
- (41) "On duty personnel" means personnel who are responsive to patient needs and physically present in the facility performing assigned duties.
- (42) (25) "Patient" means any person admitted for nursing care.
- (43) "Pharmaceutical care" means the provision of drug therapy and other pharmaceutical care services to achieve intended medication outcomes and minimize negative effects of drug therapy.
- (44) "Pharmacist" means a person who is licensed to practice pharmacy in North Carolina.

- (45) ~~"Physician" means a person licensed under G.S. 90, Article 1 to practice medicine in North Carolina.~~
- (46) ~~"Proposal" means a Negative Action Proposal containing information that may ultimately be classified as violations.~~
- (47) ~~"Provisional License" means an amended license recognizing significantly less than full compliance with the licensure rules.~~
- (48) ~~"Psychologist" means a person licensed as a practicing psychologist in accordance with G.S. 90, Article 18A.~~
- (49) ~~"Physiatrist" means a licensed physician who has completed a physical medicine and rehabilitation residency training program approved by the Accreditation Council of Graduate Medical Education or the American Osteopathic Association.~~
- (50) ~~"Physical therapist" means a person licensed in the State of North Carolina as a physical therapist in accordance with the provisions of G.S. 90, Article 18B.~~
- (51) ~~"Physical therapist assistant" means a person licensed in the State of North Carolina as a physical therapist assistant in accordance with the provisions of G.S. 90-270.24, Article 18B.~~
- (52) ~~"Recreational therapist" means a person certified by the State of North Carolina Therapeutic Recreational Certification Board.~~
- (53) ~~"Registered Nurse" means a nurse who is licensed as a registered nurse under G.S. 90, Article 9A.~~
- (54) ~~"Registered Records Administrator" means a person who is registered by the American Health Information Management Association.~~
- (55) ~~"Rehabilitation nurse" means a registered nurse licensed in North Carolina, with training, either academic or on the job, in physical rehabilitation nursing and at least one year experience in physical rehabilitation nursing.~~
- (56) ~~"Rehabilitation aide" means an unlicensed assistant who works under the supervision of a registered nurse, licensed physical therapist or occupational therapist in accordance with the appropriate occupational licensure laws governing his or her supervisor and consistent with staffing requirements as set forth in Rule .3027 of this Subchapter. Any rehabilitation aide, who works in a nursing department and is under the supervision of a registered nurse, shall be listed on the North Carolina Nurse Aide Registry and have received additional staff training as listed in Rule .3028 of this Subchapter.~~
- (57) ~~"Rehabilitation physician" means a physiatrist or a physician who is qualified, based on education, training and experience, regardless of specialty, to provide medical care to rehabilitation patients.~~
- (58)(26) "Remodeling" means alterations, renovations, rehabilitation work, repairs to structural systems, and replacement of building systems at a nursing facility or combination facility.
- (27) "Repair" means reconstruction or renewal of any part of an existing building for the purpose of its maintenance.
- (59) (28) "Resident" means any person admitted for care to an adult care home part of a combination facility as defined in G.S. 131E-101.

- (60) (29) "Respite care" means services provided for ~~persons admitted to a nursing facility~~ a patient on a temporary basis, not to exceed 30 days.
- (61) ~~"Significant medication error" means an error which causes the patient discomfort or jeopardizes the health and safety of the patient. Factors to consider when determining significance of error include the patient's condition, the drug category (need titration of blood levels, etc.) and frequency of the error.~~
- (62) ~~"Single unit or unit dose package" means each dose of medication is individually packaged in a properly sealed and properly labeled container in accordance with the U.S. Pharmacopeia and professional standards.~~
- (63) ~~"Sitter" means an employee or volunteer who provides companionship and social interaction to a particular patient, usually on a private duty basis.~~
- (64) ~~"Social worker" means a person who meets the qualifications set forth in Rule .2802 of this Subchapter.~~
- (65) ~~"Speech and language pathologist" means a person licensed in the State of North Carolina as a speech and language pathologist in accordance with the provisions of G.S. 90, Article 22.~~
- (66) ~~"Supervisor in charge" (adult care home) means any employee to whom supervisory duties for the adult care home portion of a combination home have been delegated by either the administrator or director of nursing.~~
- (67) (30) "Surveyor" means an authorized representative of the Department who inspects nursing facilities and combination facilities to determine compliance with rules as set forth in ~~G.S. 131E-117 and applicable state and federal laws, rules and regulations.~~ G.S. 131E-117, Subchapters 13D and 13F of this Chapter, and 42 CFR Part 483, Requirements for States and Long Term Care Facilities.
- (68) ~~"Unit dose system" means a drug distribution system in which each dose of medication is contained in, and administered from, single unit or unit dose packages.~~
- (69) (31) "Ventilator dependence" is defined as physiological dependency by a patient on the use of a ventilator for more than eight hours a day.
- (70) (32) "Violation" means a ~~finding which directly relates to a patient's or resident's health, safety or welfare, or which creates a substantial risk that death or serious physical harm will occur. It is determined to be an infraction of~~ failure to comply with the regulations, standards and requirements set forth in G.S. 131E - 117 and 131D - 21 or applicable state and federal laws, rules and regulations. Subchapters 13D and 13F of this Chapter, or 42 CFR Part 483, Requirements for States and Long Term Care Facilities, that directly relates to a patient's or resident's health, safety, or welfare, or which creates a substantial risk that death, or serious physical harm will occur.

History Note: Authority G.S. 131E-104;
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996. 1996;

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13D .2210

DEADLINE FOR RECEIPT: Friday, June 10, 2016

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.

Line 12, what is meant by "relevant"? Please clarify the term

Line 13, add a comma after "neglect"

Line 13, this Rule address "abuse, neglect, or misappropriation," but what about the other types of potential harm listed in G.S. 131E-256(a)(1), specifically diversion of drugs and fraud?

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

Abigail M. Hammond
Commission Counsel
Date submitted to agency: Thursday, May 26, 2016

1 10A NCAC 13D .2210 is readopted as published in NCR 30:12, pp. 1271-1279, 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,~~ rights and the screening of and requesting of
7 references for all prospective employees.

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

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

15 (d) ~~The A~~ facility shall ensure that the report of investigation is printed or typed and ~~postmarked~~ sent to the ~~Health~~
16 ~~Care Personnel Registry Section of the~~ Division of Health Service Regulation within five working days of the
17 allegation. 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) any corrective action that ~~may have been~~ was taken by the facility.

25
26 *History Note: Authority G.S. 131E-104; 131E-131; 131E-255; 131E-256;*
27 *Eff. January 1, 1996;*
28 *Amended Eff. July 1, 2014; February 1, 2013; August 1, 2008; October 1, 1998. 1998;*
29 *Readopted Eff. July 1, 2016.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13D .2303

DEADLINE FOR RECEIPT: Friday, June 10, 2016

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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.

Line 4 references "nursing personnel" and line 10 references "nursing staff." Are these terms different and is the different use intentional? Please clarify

Lines 17 and 18, uncapitalize the terms beginning the clauses

Line 17, replace the period at the end of the clause with a semicolon

Line 17, add an "and" after the semicolon at the end of the clause

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

Abigail M. Hammond
Commission Counsel
Date submitted to agency: Thursday, May 26, 2016

1 10A NCAC 13D .2303 is readopted as published in NCR 30:12, pp. 1271-1279, as follows:

2
3 **10A NCAC 13D .2303 NURSE STAFFING REQUIREMENTS**

4 (a) ~~The A~~ facility shall provide licensed nursing personnel ~~consistent with applicable occupational regulations and~~
5 sufficient to accomplish the following:

- 6 (1) patient needs assessment;
7 (2) patient care planning; and
8 (3) supervisory functions in accordance with the levels of patient care advertised or offered by the
9 facility.

10 (b) ~~The A~~ facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the
11 physical, mental, and psychosocial well-being of each patient, as determined by patient assessments and individual
12 plans of care.

13 (c) A multi-storied facility shall have at least one ~~direct care staff member~~ nurse aide on duty on each patient care
14 floor at all times.

15 (d) Except for designated units with higher staffing requirements noted elsewhere in this Subchapter, daily direct
16 patient care nursing staff, licensed and unlicensed, shall include:

- 17 (1) At least one licensed nurse on duty for direct patient care at all times.
18 (2) A registered nurse for at least eight consecutive hours a day, seven days a week. This coverage ~~can~~
19 may be spread over more than one shift if such a need exists. The director of nursing may be counted
20 as meeting the requirements for both the director of nursing and patient staffing for facilities with a
21 total census of 60 nursing beds or less.

22
23 *History Note: Authority G.S. 131E-104; 131E-114.1;*
24 *Eff. January 1, 1996;*
25 *Amended Eff. January 1, 2013, 2013;*
26 *Readopted Eff. July 1, 2016.*

1 10A NCAC 13D .2402 is readopted as published in NCR 30:12, pp. 1271-1279, as follows:

2
3 **10A NCAC 13D .2402 PRESERVATION OF MEDICAL RECORDS**

4 (a) A facility shall keep medical records on file for five years following the discharge of an adult patient.

5 (b) Notwithstanding Paragraph (c) of this Rule, if the patient is a minor when discharged from the nursing facility,
6 ~~then~~ the records shall be kept on file until his or her 19th birthday and for the ~~timeframe~~ additional time specified in
7 G.S. 1-17(b) for commencement of an action on behalf of a minor.

8 (c) If a facility discontinues operation, the licensee shall inform the Division of Health Service Regulation where its
9 records are stored. ~~Records shall be stored with a business offering medical record storage and retrieval services for~~
10 ~~five years after the closure date.~~ For five years after a facility discontinues operations, records shall be stored with a
11 business offering medical record storage and retrieval services.

12 (d) All medical records are confidential. ~~The~~ A facility shall ~~be compliant~~ comply with 42 CFR Parts 160, 162 and
13 164 of the Health Insurance Portability and Accountability Act.

14 (e) At the time of the inspection, ~~the~~ a facility shall inform the surveyor of the name of any patient who has denied
15 the Department access to his or her medical record pursuant to G.S. 131E-105.

16
17 *History Note: Authority G.S. 131E-104; 131E-105;*

18 *Eff. January 1, 1996.*

19 *Amended Eff. November 1, ~~2014~~. 2014;*

20 *Readopted Eff. July 1, 2016.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13D .2503

DEADLINE FOR RECEIPT: Friday, June 10, 2016

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Line 12, add a comma after "procedures"

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

Abigail M. Hammond
Commission Counsel
Date submitted to agency: Thursday, May 26, 2016

1 10A NCAC 13D .2503 is readopted as published in NCR 30:12, pp. 1271-1279, as follows:

2
3 **10A NCAC 13D .2503 USE OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS**

4 (a) Any facility that employs nurse practitioners or physician assistants shall maintain the following information for
5 each nurse practitioner and physician assistant:

6 (1) verification of current approval to practice as a nurse practitioner by the Medical Board and Board
7 of Nursing for each practitioner, or verification of current approval to practice as a physician
8 assistant by the Medical Board for each physician assistant; and

9 (2) a copy of ~~instructions or written protocols~~ the job description or contract signed by the nurse
10 practitioner or physician assistant and the supervising physicians.

11 (b) The privileges of the nurse practitioner or physician assistant shall be defined by the facility's policies and
12 procedures and shall be limited to those privileges authorized in 21 NCAC ~~32M and 21 NCAC 36 .0800~~ 36 .0802 and
13 .0809 for the nurse practitioner or 21 NCAC 32S .0212 for the physician assistant.

14
15 *History Note: Authority G.S. 131E-104;*

16 *Eff. January 1, 1996;*

17 *Amended Eff. November 1, ~~2014~~. 2014;*

18 *Readopted Eff. July 1, 2016.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13D .3201

DEADLINE FOR RECEIPT: Friday, June 10, 2016

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Lines 12, 13, 15, 17, 22, 28, and 35, consider uncapitalizing the terms beginning the clauses

Line 22, add a comma after "vestibules"

Line 27, add a comma after "activity"

Page 2, lines 3, 4, 7, 10, 12, and 15, consider uncapitalizing the terms beginning the clauses

Page 2, line 7, add a comma after "occupational"

Page 3, line 18, add a comma after "showers"

Page 3, lines 19, 21, 22, 23, and 24, consider uncapitalizing the terms beginning the clauses

Page 3, line 22, add a comma after "bedrooms"

Page 3, line 34, add a comma after "tub"

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

Abigail M. Hammond
Commission Counsel
Date submitted to agency: Thursday, May 26, 2016

10A NCAC 13D .3201 is readopted as published in NCR 30:12, pp. 1271-1279, follows:

SECTION .3200 - FUNCTIONAL REQUIREMENTS

10A NCAC 13D .3201 REQUIRED SPACES

(a) ~~In a facility, the floor area of a single bedroom shall not be less than 100 square feet and the floor area of a room for more than one bed shall not be less than 80 square feet per bed. The 80 square feet and 100 square feet requirements shall be exclusive of closets, toilet rooms, vestibules, or wardrobes. When a designated single room exceeds 150 net square feet in floor area, it shall remain a single bedroom and shall not be used as a multi bedroom unless approved in advance by the Division as meeting the requirements of G.S. 131E, Article 9. A facility shall meet the following requirements for bedrooms:~~

- (1) Single bedrooms shall be provided with not less than 100 square feet of floor area;
- (2) Bedrooms with more than one bed shall be provided with not less than 80 square feet of floor area per bed;
- (3) Bedrooms shall have windows with views to the outdoors. The gross window area shall not be less than eight percent of the bedroom floor area required by Subparagraphs (1) and (2) of this Paragraph;
- (4) Each bedroom shall be provided with one closet or wardrobe per bed. In nursing facilities and the nursing home portion of combination facilities, the closet or wardrobe shall have clothing storage space of not less than 36 cubic feet per bed with one-half of this space for hanging clothes. In the adult care home portion of a combination facility, the closet or wardrobe shall have clothing storage space of not less than 48 cubic feet per bed with one-half of this space for hanging clothes; and
- (5) Floor space for closets, toilet rooms, vestibules or wardrobes shall not be included in the areas required by this Subparagraph.

~~(b) The total space set aside for dining, activity, and other common use shall not be less than 25 square feet per bed for a nursing facility and 30 square feet per bed for the adult care home portion of a combination facility. Physical therapy, occupational therapy and rehabilitation space shall not be included in this total. A facility shall meet the following requirements for dining, activity and common use areas:~~

- (1) Nursing facilities and the nursing home portion of combination facilities shall have:
 - (A) a separate area or areas set aside for dining, measuring not less than 10 square feet per bed;
 - (B) a separate area or areas set aside for activities, measuring not less than 10 square feet per bed; and
 - (C) an additional dining, activity and common use area or areas, measuring not less than 5 square feet per bed. This area may be in a separate area or combined with the separate dining and activity areas required by Part (A) and (B) of this Subparagraph.
- (2) The adult care home portion of combination facilities shall have:
 - (A) a separate area or area set aside for dining, measuring not less than 14 square feet per bed;
 - and

- (B) a separate area or areas set aside for activities, measuring not less than 16 square feet per bed.
- (3) The dining room area or areas required by this Paragraph may be combined.
- (4) The activity area or areas in nursing facilities and the nursing home portion of combination facilities shall not be combined with the activity area or areas in the adult care home portion of combination facilities.
- (5) Floor space for physical, occupational and rehabilitation therapy shall not be included in the areas required by this Paragraph. Closets and storage units for equipment and supplies shall not be included in the areas required by this Paragraph.
- (6) Dining, activity, and common use areas shall be designed and equipped to provide accessibility to both patients and residents confined to wheelchairs and ambulatory patients or residents.
- (7) Dining, activity, and common use areas required by this Paragraph shall have windows with views to the outdoors. The gross window area shall not be less than eight percent of the required floor area required by Subparagraphs (1) and (2) of this Paragraph.
- (8) For facilities designed with household units for 30 or fewer patients or residents, the dining and activity areas may be combined.
- ~~(c) In nursing facilities, included in the total square footage required by Paragraph (b) of this Rule, a separate dining area or areas with a minimum of 10 square feet per bed shall be provided and a separate activity area or areas with a minimum of 10 square feet per bed shall be provided. The remainder of the total required space for dining and activities square footage required by Paragraph (b) of this Rule may be in a separate area or combined with either of the separate dining and activity areas required by this Paragraph. If a facility is designed with patient and resident household units for 30 or less patients and residents, the dining and activity areas in the household units are not required to be separate.~~
- ~~(d) In combination facilities, included in the total square footage required by Paragraph (b) of this Rule, a separate dining area or areas with at least 14 square feet per adult care home bed shall be provided. The adult care home dining area or areas may be combined with the nursing facility dining area or areas. A separate activity area or areas for adult care home beds shall be provided with at least 16 square feet per adult care home bed. The adult care home activity area shall not be combined with the activity area or areas required for nursing beds.~~
- ~~(e) Dining, activity, and living space shall be designed and equipped to provide accessibility to both patients or residents confined to wheelchairs and ambulatory patients or residents. Dining, activity, and living areas required by Paragraph (b) of this Rule shall have windows with views to the outside. The gross window area shall not be less than eight percent of the floor area required for each dining, activity, or living space.~~
- ~~(f) Closets and storage units for equipment and supplies shall not be included as part of the dining, activity, and living floor space area required by Paragraph (b) of this Rule.~~
- ~~(g) (c)~~ Outdoor areas for individual and group activities shall be provided and shall be accessible to patients and residents with physical disabilities. In the adult care portion of a combination facility, a nursing unit with a control

mechanism and staff procedures as required by Rule .3404(f) of this Subchapter shall have direct access to an outdoor area.

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

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

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

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

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

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

(e) A facility shall meet the following requirements for toilet rooms, tubs, showers and central bathing areas:

(1) A toilet room shall contain a toilet and lavatory. If a lavatory is provided in each bedroom, the toilet room is not required to have a lavatory.

(2) A toilet room shall be accessible from each bedroom without going through the general corridor.

(3) One toilet room may serve two bedrooms but not more than eight beds.

(4) One tub or shower shall be provided for each 15 beds not individually served by a tub or shower.

(5) For each 120 beds or fraction thereof, a central bathing area shall be provided with the following:

(A) a bathtub or a manufactured walk-in bathtub or a similar manufactured bathtub designed for easy transfer of patients and residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in bathtubs or a similar manufactured bathtubs shall be accessible on two sides;

(B) a roll-in shower designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each bedroom in the facility, the central bathing area is not required to have a roll-in shower;

(C) a toilet and lavatory; and

(D) a cubicle curtain enclosing the toilet, tub and shower. A closed cubicle curtain at one of these plumbing fixtures shall not restrict access to the other plumbing fixtures.

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

- (1) ~~a medication preparation area with a counter, a sink, a medication refrigerator, eye level medication storage, cabinet storage and a double locked narcotic storage area under the visual control of nursing staff. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of 10 inches above the bottom of the sink basin; with:~~
- ~~(A) a counter;~~
 - ~~(B) a double locked narcotic storage area under the visual control of nursing staff;~~
 - ~~(C) a medication refrigerator;~~
 - ~~(D) eye-level medication storage;~~
 - ~~(E) cabinet storage; and~~
 - ~~(F) a sink. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of 10 inches above the bottom of the sink basin;~~
- (2) ~~a clean utility room with a counter, sink, and storage. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of 10 inches above the bottom of the sink basin; with:~~
- ~~(A) a counter;~~
 - ~~(B) storage; and~~
 - ~~(C) a sink. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of 10 inches above the bottom of the sink basin;~~
- (3) ~~a soiled utility room with a counter, sink, and storage. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of 10 inches above the bottom of the sink basin. The soiled utility room shall be equipped for the cleaning and sanitizing of bedpans as required by 15A NCAC 18A .1312 Toilet: Handwashing: Laundry: And Bathing Facilities. with:~~
- ~~(A) a counter;~~
 - ~~(B) storage; and~~
 - ~~(C) a sink. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of 10 inches above the bottom of the sink basin. The soiled utility room shall~~

1 be equipped for the cleaning and sanitizing of bedpans as required by 15A NCAC 18A
2 .1312 Toilet: Handwashing: Laundry: And Bathing Facilities:

- 3 (4) a nurses' toilet and locker space for personal belongings;
- 4 (5) a soiled linen storage room. If the soiled linen storage room is combined with the soiled utility
5 room, a separate soiled linen storage room is not required;
- 6 (6) ~~a clean linen storage room;~~ provided in one or more of the following:
- 7 (A) a separate linen storage room;
- 8 (B) cabinets in the clean utility room; or
- 9 (C) a linen closet;
- 10 (7) a nourishment station in an area enclosed with walls and doors ~~which contains work space, cabinets~~
11 ~~and refrigerated storage, and a small stove, microwave oven, or hot plate. If a facility is designed~~
12 ~~with patient and resident household units, a patient and resident dietary area located within the~~
13 ~~patient and resident household unit may substitute for the nourishment station. The patient and~~
14 ~~resident dietary area shall include cooking equipment, a kitchen sink, refrigerated storage and~~
15 ~~storage areas and shall be for the use of staff, patients, residents, and families; with:~~
- 16 (A) work space;
- 17 (B) cabinets;
- 18 (C) refrigerated storage; and
- 19 (D) a small stove, microwave, or hot plate;
- 20 (8) an audio-visual nurse-patient call system arranged to ensure that a patient's or resident's call in the
21 facility ~~readily~~ notifies and directs staff to the location where the call was ~~activated.~~ activated;
- 22 (9) a control point located no more than 150 feet from the furthest patient or resident bedroom door
23 ~~with an area for charting patient and resident records, space for storage of emergency equipment~~
24 ~~and supplies, and nurse patient call and alarm annunciation systems; and with:~~
- 25 (A) an area for charting patient and resident records;
- 26 (B) space for storage of emergency equipment and supplies; and
- 27 (C) nurse patient call and alarm annunciation systems; and
- 28 (10) a janitor's closet.

29 (g) If a facility is designed with patient or resident household units, a patient and resident dietary area located within
30 the patient or resident household unit may substitute for the nourishment station. The patient or resident dietary area
31 shall be for the use of staff, patients, residents, and families. The patient or resident dietary area shall contain:

- 32 (1) cooking equipment;
- 33 (2) a kitchen sink;
- 34 (3) refrigerated storage; and
- 35 (4) storage areas.

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

~~(h)~~ (i) The kitchen area and laundry area each shall have a janitor's closet. Administration, occupational and physical therapy, recreation, personal care, and employee areas shall be provided janitor's closets and may share one as a group.

~~(h)~~ (j) Stretcher and wheelchair storage shall be provided.

~~(p)~~ (k) ~~Bulk~~ The facility shall provide patient and resident storage shall be provided at the rate of at least not less than five square feet of floor area per licensed bed. ~~This storage space shall be either in the facility or within 500 feet of the facility on the same site. This storage space shall be in addition to the other storage space required by this Rule.~~

This storage space shall:

(1) be used by patients and residents to store out-of-season clothing and suitcases;

(2) be either in the facility or within 500 feet of the facility on the same site; and

(3) be in addition to the other storage space required by this Rule.

~~(h)~~ (l) Office space shall be provided for business transactions. Office space shall be provided for persons holding the following positions:

(1) administrator;

(2) director of nursing;

(3) social services director;

(4) activities director; and

(5) physical therapist.

~~(h)~~ (m) Each combination facility shall provide a minimum of one residential washer and residential dryer in a location accessible by adult care home staff, residents, and residents' families.

History Note: Authority G.S. 131E-104; 42 CFR 483.70;

Eff. January 1, 1996;

Amended Eff. August 1, 2014; October 1, ~~2008~~. 2008;

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