

G.S. 150B-21.3A Report for 10A NCAC 13F, LICENSING OF ADULT CARE HOMES OF SEVEN OR MORE BEDS									
Agency - Medical Care Commission									
Comment Period - 5/26/17-7/25/17									
Date Submitted to APO - Filled in by RRC staff									
Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Implements or Conforms to Federal Regulation [150B-21.3A(e)]	Federal Regulation Citation	Public Comment Received [150B-21.3A(c)(1)]	Agency Determination Following Public Comment [150B-21.3A(c)(1)]
	SECTION .0200 – LICENSING	10A NCAC 13F .0201	DEFINITIONS	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		Yes	Necessary without substantive public interest
		10A NCAC 13F .0202	THE LICENSE	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0203	PERSONS NOT ELIGIBLE FOR NEW ADULT CARE HOME LICENSES	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0204	APPLYING FOR A LICENSE TO OPERATE A FACILITY NOT CURRENTLY LICENSED	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0206	CAPACITY	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0207	CHANGE OF LICENSEE	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .0208	RENEWAL OF LICENSE	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0209	CONDITIONS FOR LICENSE RENEWAL	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0211	NOTIFICATION ABOUT CLOSING OF HOME	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0212	DENIAL OR REVOCATION OF LICENSE	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0213	APPEAL OF LICENSURE ACTION	Amended Eff. July 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0214	SUSPENSION OF ADMISSIONS	Eff. January 1, 1982	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
	SECTION .0300 - PHYSICAL PLANT	10A NCAC 13F .0301	APPLICATION OF PHYSICAL PLANT REQUIREMENTS	Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0302	DESIGN AND CONSTRUCTION	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .0303	LOCATION	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0304	PLANS AND SPECIFICATIONS	Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0305	PHYSICAL ENVIRONMENT	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest

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		10A NCAC 13F .0306	HOUSEKEEPING AND FURNISHINGS	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0307	FIRE ALARM SYSTEM	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0308	FIRE EXTINGUISHERS	Recodified from Rule .0306 Eff. July 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0309	PLAN FOR EVACUATION	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .0310	ELECTRICAL OUTLETS	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0311	OTHER REQUIREMENTS	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
	SECTION .0400 - STAFF QUALIFICATIONS	10A NCAC 13F .0402	QUALIFICATIONS OF ADMINISTRATOR-IN-CHARGE	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0403	QUALIFICATIONS OF MEDICATION STAFF	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0404	QUALIFICATIONS OF ACTIVITY DIRECTOR	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0405	QUALIFICATIONS OF FOOD SERVICE SUPERVISOR	Amended Eff. April 1, 1987	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0406	TEST FOR TUBERCULOSIS	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0407	OTHER STAFF QUALIFICATIONS	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
	SECTION .0500 - STAFF ORIENTATION,	10A NCAC 13F .0501	PERSONAL CARE TRAINING AND COMPETENCY	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0502	PERSONAL CARE TRAINING CONTENT AND INSTRUCTORS	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0503	MEDICATION ADMINISTRATION COMPETENCY	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0504	COMPETENCY VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT TASKS	Eff. July 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest

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		10A NCAC 13F .0505	TRAINING ON CARE OF DIABETIC RESIDENTS	Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0506	TRAINING ON PHYSICAL RESTRAINTS	Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0507	TRAINING ON CARDIO-PULMONARY RESUSCITATION	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0508	ASSESSMENT TRAINING	Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0509	FOOD SERVICE ORIENTATION	Eff. June 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0512	DOCUMENTATION OF TRAINING AND COMPETENCY VALIDATION	Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
	SECTION .0600 - STAFFING	10A NCAC 13F .0601	MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF SEVEN TO THIRTY RESIDENTS	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .0602	MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF 31 TO 80 RESIDENTS	Eff. July 1, 2000	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .0603	MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF 81 OR MORE RESIDENTS	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .0604	PERSONAL CARE AND OTHER STAFFING	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .0605	STAFFING OF PERSONAL CARE AIDE SUPERVISORS	Eff. July 1, 2000	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .0606	STAFFING CHART	Eff. July 1, 2000	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
	SECTION .0700 - ADMISSION AND DISCHARGE	10A NCAC 13F .0701	ADMISSION OF RESIDENTS	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0702	DISCHARGE OF RESIDENTS	Amended Eff. July 1, 2004	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0703	TUBERCULOSIS TEST, MEDICAL EXAMINATION AND IMMUNIZATIONS	Eff. June 1, 2004	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .0704	RESIDENT CONTRACT, INFORMATION ON HOME AND RESIDENT REGISTER	Eff. July 1, 2005	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest

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	SECTION .0800 - RESIDENT ASSESSMENT AND	10A NCAC 13F .0801	RESIDENT ASSESSMENT	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .0802	RESIDENT CARE PLAN	Amended Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
	SECTION .0900 – RESIDENT CARE AND SERVICES	10A NCAC 13F .0901	PERSONAL CARE AND SUPERVISION	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10a NCAC 13F .0902	HEALTH CARE	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0903	LICENSED HEALTH PROFESSIONAL SUPPORT	Amended Eff. June 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0904	NUTRITION AND FOOD SERVICE	Amended Eff. June 1, 2004	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .0905	ACTIVITIES PROGRAM	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0906	OTHER RESIDENT CARE AND SERVICES	Amended Eff. July 1, 2004	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0907	RESPIRE CARE	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .0908	COOPERATION WITH CASE MANAGERS	Amended Eff. June 1, 2004	Unnecessary	No		Yes	Unnecessary
		10A NCAC 13F .0909	RESIDENT RIGHTS	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
	SECTION .1000 - MEDICATIONS	10A NCAC 13F .1001	MEDICATION ADMINISTRATION POLICIES AND PROCEDURES	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1002	MEDICATION ORDERS	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1003	MEDICATION LABELS	Amended Eff. April 1, 2015	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1004	MEDICATION ADMINISTRATION	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1005	SELF-ADMINISTRATION OF MEDICATIONS	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10a NCAC 13F .1006	MEDICATION STORAGE	Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest

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		10A NCAC 13F .1007	MEDICATION DISPOSITION	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1008	CONTROLLED SUBSTANCES	Eff. July 1, 2005	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .1009	PHARMACEUTICAL CARE	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1010	PHARMACEUTICAL SERVICES	Amended Eff. April 1, 2015	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest
	SECTION .1100 – RESIDENT’S FUNDS AND REFUNDS	10A NCAC 13F .1101	MANAGEMENT OF RESIDENTS FUNDS	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1102	REFUND POLICY	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1103	LEGAL REPRESENTATIVE OR PAYEE	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1104	ACCOUNTING FOR RESIDENT’S PERSONAL FUNDS	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1105	REFUND OF PERSONAL FUNDS	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1106	SETTLEMENT OF COST OF CARE	Eff. July 1, 2005	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
	SECTION .1200 – POLICIES, RECORDS AND REPORTS	10A NCAC 13F .1201	RESIDENT RECORDS	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1202	DISPOSAL OF RESIDENT RECORDS	Amended Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1205	HEALTH CARE PERSONNEL REGISTRY	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1206	ADVERTISING	Amended Eff. July 1, 2004	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .1207	FACILITIES TO REPORT RESIDENT DEATHS	Eff. July 18, 2002	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1208	DEATH REPORTING REQUIREMENTS	Eff. July 18, 2002	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1209	DEFINITIONS APPLICABLE TO DEATH REPORTING	Eff. July 18, 2002	Necessary without substantive public interest	No		No	Necessary without substantive public interest



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		10A NCAC 13F .1210	RECORD OF STAFF QUALIFICATIONS	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1211	WRITTEN POLICIES AND PROCEDURES	Eff. June 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1212	REPORTING OF ACCIDENTS AND INCIDENTS	Eff. July 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1213	AVAILABILITY OF CORRECTIVE ACTION AND SURVEY REPORTS	Eff. July 1, 2005	Necessary with substantive public interest	No		No	Necessary with substantive public interest
	SECTION .1300 - SPECIAL CARE UNITS FOR ALZHEIMER	10A NCAC 13F .1301	DEFINITIONS APPLICABLE TO SPECIAL CARE UNITS	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1302	SPECIAL CARE UNIT DISCLOSURE	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1303	LICENSURE OF FACILITIES WITH SPECIAL CARE UNITS	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1304	SPECIAL CARE UNIT BUILDING REQUIREMENTS	Eff. July 1, 2000	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .1305	SPECIAL CARE UNIT POLICIES AND PROCEDURES	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1306	ADMISSION TO THE SPECIAL CARE UNIT	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1307	SPECIAL CARE UNIT RESIDENT PROFILE AND CARE PLAN	Eff. July 1, 2000	Necessary without substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .1308	SPECIAL CARE UNIT STAFFING	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1309	SPECIAL CARE UNIT STAFF ORIENTATION AND TRAINING	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
		10A NCAC 13F .1310	OTHER APPLICABLE RULES FOR SPECIAL CARE UNITS	Eff. July 1, 2000	Necessary without substantive public interest	No		No	Necessary without substantive public interest
	SECTION .1400 – SPECIAL CARE UNITS FOR MENTAL	10A NCAC 13F .1401	DEFINITIONS APPLICABLE TO SPECIAL CARE UNITS	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
		10A NCAC 13F .1402	SPECIAL CARE UNIT DISCLOSURE	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
		10A NCAC 13F .1403	LICENSURE OF FACILITIES WITH SPECIAL CARE UNITS	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary

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		10A NCAC 13F .1404	SPECIAL CARE UNIT BUILDING REQUIREMENTS	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
		10A NCAC 13F .1405	SPECIAL CARE UNIT POLICIES AND PROCEDURES	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
		10A NCAC 13F .1406	ADMISSION TO THE SPECIAL CARE UNIT	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
		10A NCAC 13F .1407	SPECIAL CARE UNIT RESIDENT PROFILE AND CARE PLAN	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
		10A NCAC 13F .1408	SPECIAL CARE UNIT STAFFING	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
		10A NCAC 13F .1409	SPECIAL CARE UNIT STAFF ORIENTATION AND TRAINING	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
		10A NCAC 13F .1410	RESIDENTS' RIGHTS	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
		10A NCAC 13F .1411	OTHER APPLICABLE RULES FOR SPECIAL CARE UNITS	Eff. July 1, 2000	Unnecessary	No		No	Unnecessary
	SECTION .1501 - USE OF PHYSICAL RESTRAINTS AND	10A NCAC 13F .1501	USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES	Eff. June 1, 2005	Necessary without substantive public interest	No		No	Necessary without substantive public interest
	SECTION .1600 – RATED CERTIFICATES	10A NCAC 13F .1601	SCOPE	Eff. July 3, 2008	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .1602	ISSUANCE OF RATED CERTIFICATES	Eff. July 3, 2008	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .1603	STATUTORY AND RULE REQUIREMENTS AFFECTING RATED CERTIFICATES	Eff. July 3, 2008	Necessary with substantive public interest	No		No	Necessary with substantive public interest
		10A NCAC 13F .1604	RATING CALCULATION	Eff. July 3, 2008	Necessary with substantive public interest	No		Yes	Necessary with substantive public interest
		10A NCAC 13F .1605	CONTENTS OF RATED CERTIFICATE	Eff. July 3, 2008	Necessary with substantive public interest	No		No	Necessary with substantive public interest
	SECTION .1700 –ADMINISTRATOR CERTIFICATION AND	10A NCAC 13F .1701	CERTIFICATION OF ADMINISTRATOR	Transferred and Recodified from 10A NCAC 13F .0401 Eff. February 29, 2016	Necessary without substantive public interest	No		No	Necessary without substantive public interest

Periodic Rules Review and Expiration of Existing Rules  
Subchapter 13F – Licensing of Adult Care Homes of Seven or More Beds  
Public Comments and Agency Response to Comments

Rule Citation & Title	Date	Commenter	Comment	Agency Response
1) 10A NCAC 13F .0201 – Definitions	5/23/17	Erin Glendening, DHSR erin.glendening@dhhs.nc.gov	This is a test of the system.	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>The comment is about the test of the electronic comment reporting system.</p> <p>The Agency will not change the determination of this rule.</p>
2) 10A NCAC 13F .0207 – Change of Licensee	5/30/17		When NC DHSR grants the change in licensee, the local Department of Social Services shall be notified immediately, receiving the copy of the new license, with the effective date of the license. This has not been happening and has caused local issues in determining who has care and responsibility of the residents in the transition process. Notification needs to happen prior to 12 noon so if consultation is needed with NC DHSR, contact can be made.	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will not change the determination of this rule.</p>
3) 10A NCAC 13F .0214 – Suspension of Admissions	5/26/17	Belinda Wilson, bwilson777@msn.com	This rule should not be a reference rule but actually promulgated from Sub chapter 13F	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Agreed that rule should not be cross-referenced but stand alone with 13F codification.</p> <p>The agency will not change the determination of this rule.</p>
4) 10A NCAC 13F .0302 – Design and Construction	5/26/17		If a facility is an existing and operating nursing home but wishes to be licensed for the first time as an adult care home, must the facility be brought up to current building codes?	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>This comment is related to the application of current and past editions of the North Carolina State Building Codes (NCSBC), which is not within the jurisdiction of the</p>



Rule Citation & Title	Date	Commenter	Comment	Agency Response
				<p>Agency. The authority for the NCSBC is the local code enforcement official or the North Carolina Department of Insurance. Therefore, this rule cannot be changed to specify, which version of the NCSBC is applicable when a nursing home is converted to an adult care home. However, there are other technical changes not related to this comment that must be made to this rule.</p> <p>The Agency will not change the determination of this rule.</p>
5) 10A NCAC 13F .0305 – Physical Environment	6/19/17	5a) Chris Parker, Vienna Village, Inc. chris@viennavillage.com	10A NCAC 13F .0305 PHYSICAL ENVIRONMENT Current: '(m)(3)Outdoor walkways and drives shall be illuminated by no less than five foot candles of light at ground level.' Proposed change: '(m)(3)Emergency egress including direct walkways to parking areas shall be illuminated by no less than five foot candles of light at ground level.'	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>This comment is related to requiring a foot-candle illumination level only at specific outdoor walkways and driveways used to access the public way (a safe location outside of the building for building occupants). This comment will be evaluated and taken into consideration when this rule is revised.</p> <p>The Agency will not change the determination of this rule.</p>
	7/11/17	5b) Frances Messer, NC Assisted Living Association frances@ncala.org	<p>Nonskid surfacing or strips shall be installed in showers and bath areas</p> <p>Recommend adding phrase 'according to manufacturer's recommendations'</p> <p>Rationale behind request for change: A new community was built in Durham County and had nonskid surfaces from the manufacturer and the Durham County DSS adult home specialist required the new community add sticky</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>This comment will be evaluated and taken into consideration when this rule is revised.</p> <p>The Agency will not change the determination of this rule.</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
			strips on top of the surface despite coating applied at manufacturer.	
	7/11/17	5c) Frances Messer, NCALA frances@ncala.org	<p>- Proposal 1 - In homes with at least one resident who is determined by a physician or primary care provider to be at risk for wandering, the home shall have in place a plan for alarming doors to alert staff and protect the individual from elopement. The plan shall incorporate all exits accessible to the individual. Any control panels in use for door alarms should be in areas accessible only by staff and should be of sufficient volume to be heard by staff.</p> <p>Proposal 2 - In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented to 'place' or determined to be a 'wanderer', each exit door accessible by residents shall be equipped with a sounding or alerting device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. A paging device with audible alerts to the staff pager is considered an acceptable device providing the location of the door activation is clearly noted. Frances asked Lauren to rewrite with alternative new technologies such as Wonder Guard, etc....Chris brought up what is the definition of elopement? All locked doors infringe on Resident Rights for those residents who do not need to be in a locked unit. Needs to be forward-thinking to include future widespread technologies such as GPS.</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>The first comment is not acceptable to the Agency because it allows a home to house a resident who wanders in the home before exit doors are alarmed, which may result in the resident leaving the home undetected by staff. Under existing rule 10A NCAC 14F .0301(7), a home may request an alternate means of temporarily keeping residents safe from elopement until exit doors are equipped with alarms. However, the second comment relates to the use of new technologies used nationally to safeguard wanderers in social and healthcare facilities. This comment will be evaluated and taken into consideration when this rule is revised.</p> <p>The Agency will not change the determination of this rule.</p>
6) 10A NCAC 13F .0309 – Plan for Evacuation	5/26/17	6a) Catherine Goldman, Wake County Human Services Catherine.Goldman@wakegov.com	<p>10A NCAC 13F .0309 PLAN FOR EVACUATION (d) A written disaster plan, which has the written approval of or has been documented as submitted to the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the facility.</p> <p>To Whom It May Concern, In having the privilege to work with Wake County Emergency Management, I have learned that they are the safety net for our licensed adult</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will not change the determination of this rule.</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
			<p>and family care homes without a specific and approved plan when having to implement disaster preparedness during extreme weather, and emergency events. Simply submitting a written disaster plan is largely the practice of these facilities, so the effectiveness of the plans all to often not addressed and approved. Therefore, I would like to see this rule rewritten to omit 'or has been documented as submitted to', so the effectiveness of these essential plans is required to be addressed. The written approval can be based on Standards accepted by Emergency Management, and monitored for compliance by the County Departments of Social Services.</p> <p>Respectfully submitted, Catherine Goldman, Wake County Human Services Adult Services Supervisor</p>	
	5/26/17	6b)	I would like to see the requirement of a generator or contract with a company to provide a generator in time of power outage of more than 10 hours	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>This comment will be evaluated and taken into consideration when this rule is revised.</p> <p>The Agency will not change the determination of this rule.</p>
7) 10A NCAC 13F .0311 – Other Requirements	6/19/17	7a) Chris Parker, Vienna Village chris@viennavillage.com	<p>10A NCAC 13F .0311 OTHER REQUIREMENTS Current: '(h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.'</p> <p>Proposed: "(h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>This comment is related to allowing the use of a wireless resident call system in addition to a hardwired call system. This comment will be evaluated and taken into consideration when this rule is revised.</p> <p>The Agency will not change the determination of this rule.</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
			that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. The call system activator can either be hard wired (stationary) or wireless (mobile).'	
	6/19/17	7b) Chris Parker, Vienna Village chris@viennavillage.com	<p>10A NCAC 13F .0311 OTHER REQUIREMENTS Current: '(i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.'</p> <p>Proposed change: '(i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom to a central monitoring station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. The call system activator can either be hard wired (stationary) or wireless (mobile).'</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>This comment is related to allowing the use of a wireless resident call system in addition to a hardwired call system. This comment will be evaluated and taken into consideration when this rule is revised.</p> <p>The Agency will not change the determination of this rule.</p>
	7/12/17	7c) Frances Messer, NCALA frances@ncala.org	There has been confusion in the past where DHSR Construction has mandated that the wireless call pendants do not meet this directive. They say that the system needs to be physically attached in the wall. This is outdated with the technology. Rule needs to be updated to include wireless systems.	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>This comment is related to allowing the use of a wireless resident call system in addition to a hardwired call system. This comment will be evaluated and taken into consideration when this rule is revised.</p> <p>The Agency will not change the determination of this rule.</p>
8) 10A NCAC 13F .0601 –	6/15/17	Roberta Schmidt-Beebe, Wake County Human Services	I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care &	This rule was determined as Necessary With Substantive Public Interest.

Rule Citation & Title	Date	Commenter	Comment	Agency Response
Management of Facilities with a Capacity or Census of Seven to Thirty Residents		Roberta.schmidt-beebe@wakegov.com	<p>supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimer's, residents taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>	<p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will not change the determination of this rule.</p>
9) 10A NCAC 13F .0602 – Management of Facilities with a Capacity or Census of 31 to 80 Residents	6/15/17	Roberta Schmidt-Beebe, Wake County Human Services Roberta.schmidt-beebe@wakegov.com	<p>I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care &amp; supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimer's, residents taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will not change the determination of this rule.</p>
10) 10A NCAC 13F .0603 – Management of Facilities with a Capacity or	6/15/17	Roberta Schmidt-Beebe, Wake County Human Services Roberta.schmidt-beebe@wakegov.com	<p>I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care &amp; supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimer's, residents taking medications that affect balance, etc.). ACHs and</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
Census of 81 or More Residents			<p>FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>	The agency will not change the determination of this rule.
11) 10A NCAC 13F .0604 – Personal Care and Other Staffing	5/26/17	11a) Belinda Wilson , bwilson777@msn.com	(d) (1) & (2) These seem contradictory. Do you need one person on duty or two people?	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>The rule is not contradictory because, as stated, it requires that there always be one staff person on duty within the facility and one within 500 ft. of the home who is not specified by rule as “on duty.” The rule will be reviewed for clarity, however, and possible revision.</p> <p>The agency will not change the determination of this rule.</p>
	5/26/17	11b) Bridgett Stubbs, Rowan County DSS bridgett.stubbs@rowancountync.gov	<p>Specifically pertaining to : .0604 (e)(1)(D) The facility shall have additional aide duty to meet the needs of the facility's heavy care residents equal to the amount of time reimbursed by Medicaid. As used in this Rule, the term, 'heavy care resident', means an individual residing in an adult care home who is defined as 'heavy care' by Medicaid and for which the facility is receiving enhanced Medicaid payments.</p> <p>This rule is obsolete but many residents require more direct care and supervision than can be provided by the minimum staffing requirement. All residents, Medicaid, private, VA or other payment, would benefit from a mandated staffing pattern based on resident assessments.</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>The law has been changed in its reference to “heavy care” which makes this particular paragraph of the rule in need of deletion.</p> <p>This comment relates to all of Rule 13F .0604 and indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will not change the determination of this rule.</p>



Rule Citation & Title	Date	Commenter	Comment	Agency Response
			There needs to be a formula to assure facilities have enough personal care staff available to provide for the assessed needs of the residents. In large facilities medication administration uses up to half of the required aide hours and the time left is not sufficient to provide other personal care task and supervision of residents.	
	5/26/17	11c)	Need to differentiate the personal care aide hours and the medication aide hours. I know medication administration is a part of personal care but it creates a problem. In the large facilities, the med aides not provide actual personal care but are counted in the staffing hours. It is difficult to prove a facility is understaffed and get management to add additional staff. I would like to see a rule establishing a ratio of residents to med aide or a set number of true PCS hours and set number of med aide hours.	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will not change the determination of this rule.</p>
	6/15/17	11d) Roberta Schmidt-Beebe, Wake County Human Services Roberta.schmidt-beebe@wakegov.com	<p>I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care &amp; supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimer's, residents taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will not change the determination of this rule.</p>
12) 10A NCAC 13F .0605 – Staffing of Personal Care Aide Supervisors	6/15/17	12a) Roberta Schmidt-Beebe, Wake County Human Services Roberta.schmidt-beebe@wakegov.com	I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care & supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimers, residents	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
			<p>taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>	<p>following further study.</p> <p>The agency will not change the determination of this rule.</p>
	6/19/17	12b) Chris Parker, Vienna Village, Inc. chris@viennavillage.com	In reference to paragraph (a): To be consistent with all other charts, supervisor should be tied to census not personal care aide hours. This verbage creates a disincentive for having more personal care aides and is not consistent with the staffing chart later listed.	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will not change the determination of this rule.</p>
	7/12/17	12c) Frances Messer, NCALA frances@ncala.org	To be consistent with all other charts, supervisor should be tied to census not personal care aide hours. This verbiage is not consistent with the staffing chart later listed. Chart based on census.	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will not change the determination of this rule.</p>
13) 10A NCAC 13F .0606 – Staffing Chart	6/15/17	13a) Roberta Schmidt-Beebe, Wake County Human Services Roberta.schmidt-beebe@wakegov.com	I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care & supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimers, residents taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
			<p>Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>	The agency will not change the determination of this rule.
	7/12/17	13b) Frances Messer, NCALA frances@ncala.org	<p>Supervisor in charge (SIC) is not appropriate for adult care homes. The term Supervisor in Charge is only used in Family Care Home rules</p> <p>Replace SIC with AIC ( Administrator in Charge) in chart</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Agreed and changes will be considered accordingly.</p> <p>The agency will not change the determination of this rule.</p>
14) 10A NCAC 13F .0703 – Tuberculosis Test, Medical Examination and Immunizations	7/12/17	Frances Messer, NCALA frances@ncala.org	Update contact information for NC TB Control Program, include website	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Agreed and most likely just a technical change to update contact.</p> <p>The agency will not change the determination of this rule.</p>
15) 10A NCAC 13F .0704 – Resident Contract, Information on Home and Resident Register	5/26/17	Bridgett Stubbs, Rowan County DSS bridgett.stubbs@rowancountync.gov	<p>Facilitates need to disclose services they will not provide prior to admission.</p> <p>What this rule does not specifically state is that facilities should make residents/responsible persons aware of services they do not provide prior to admission. Example: If a facility only offers a regular diet, potential residents should be aware of this prior to admission. Some facilities/companies will not provide therapeutic diets (diabetic diet, low fat diets, renal diets, etc... ) A diabetic</p>	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will change the determination of this rule to Necessary with Substantive Public Interest</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
			(or other individual requiring a therapeutic diet) needs to understand this prior to admission.	
16) 10A NCAC 13F .0904 – Nutrition and Food Service	6/28/17	Chris Parker, Vienna Village, Inc. chris@viennavillage.com	Recommend that a certified dietitian review these nutrition and food service regulations to make sure they are up to date with the most recent dietary recommendations per FDA and other sources. For example, I am unsure who would be able to eat six servings of cereals and breads a day. Also, there other alternatives to fluid milk, i.e. yogurt, ice cream, pudding milk based, etc. that seniors find more tasteful. In order to protect resident's rights and choices, wording should be changed to 'offer' or 'made available' rather than 'include.' For example, if a resident has been offered milk and continually refuses, it would be wasteful to include/put a cup of milk at their table only for it to be poured out every day because they refuse to drink it. Regulators have interpreted this differently with some requiring that you place milk in front of resident even though they refuse day after day and year after year. This is not respectful of the resident's wishes and is also very wasteful. Another example would be that eggs be 'offered' or 'made available'. Many people choose not to eat eggs at all so forcing them to have eggs on their plate three times a week is a violation of their preferences and rights. Also, under protein substitutes – who can eat 4 tablespoons of peanut butter? These nutrition rules just need to be updated with latest nutritional guidelines which include options and opt outs that are respectful of resident's wishes.	This rule was determined as Necessary With Substantive Public Interest.  Comment indicates an area warranting review and potential need for rule revision following further study.  The agency will not change the determination of this rule.
17) 10A NCAC 13F .0908 – Cooperation with Case Managers	5/26/17	Belinda Wilson , bwilson777@msn.com	Not necessary	This rule was determined as Unnecessary.  Agreed, rule is unnecessary because it is outdated and case management services are no longer available.  The agency will not change the determination of this rule.
18) 10A NCAC 13F .1008 –	6/28/17	Chris Parker, Vienna Village, Inc. chris@viennavillage.com	The below two rules state the same thing. We were cited twice and had points deducted twice because of these rules	This rule was determined as Necessary Without Substantive Public Interest.

Rule Citation & Title	Date	Commenter	Comment	Agency Response
Controlled Substances			<p>being listed twice. Either .1008 or .1010 should be eliminated since redundant.</p> <p>10A NCAC 13F .1008 CONTROLLED SUBSTANCES (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. 10A NCAC 13F .1010 PHARMACEUTICAL SERVICES (e) The facility shall assure that accurate records of the receipt, use, and disposition of medications are maintained in the facility and available upon request for review.</p>	<p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will change the determination of this rule to "Necessary with Substantive Public Interest."</p>
19) 10A NCAC 13F .1010 – Pharmaceutical Services	6/28/17	Chris Parker, Vienna Village, Inc. chris@viennavillage.com	<p>The below two rules state the same thing. We were cited twice and had points deducted twice because of these rules being listed twice. Either .1008 or .1010 should be eliminated since redundant.</p> <p>10A NCAC 13F .1008 CONTROLLED SUBSTANCES (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. 10A NCAC 13F .1010 PHARMACEUTICAL SERVICES (e) The facility shall assure that accurate records of the receipt, use, and disposition of medications are maintained in the facility and available upon request for review.</p>	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will change the determination of this rule to "Necessary with Substantive Public Interest."</p>
20) 10A NCAC 13F .1106 – Settlement of Cost of Care	6/19/17	Melissa Long,	<p>14 days is not enough time to process a refund because of the direct deposit rules AND resident bills that are paid on behalf of the residents. Medication bills and direct deposits are monthly occurrences. Final Medication costs and other final personal bills are not known usually until the next calendar billing cycle. Medicaid and Social Security are not able to stop direct deposits within 14 days (mid month), therefore a person can't be fully refunded for</p>	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p>

Rule Citation & Title	Date	Commenter	Comment	Agency Response
			months (every source of funds being sent back or re-routed). This is causing undue hardship of facilities not being able to close out cases on a monthly basis. Direct Deposit send backs get missed because Files have to be re-visited to completely close them out. Facilities get stuck with personal med bills etc because the pharmacy didn't have time to thoroughly generate a bill. It just seems that since all payor sources and other bills are 30 day cycles, All refunds should be handled the same way. This would make the refund process more complete and thorough. Thank you.	The agency will not change the determination of this rule.
21) 10A NCAC 13F .1206 – Advertising	5/26/17	Belinda Wilson , bwilson777@msn.com	Not necessary	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will not change the determination of this rule.</p>
22) 10A NCAC 13F .1307 – Special Care Unit Resident Profile and Care Plan	7/12/17	Frances Messer, NCALA frances@ncala.org	<p>Remove the requirement requiring quarterly resident profiles and care plans.</p> <p>This was discussed during the collaborative stakeholders meetings when we were discussing whether or not to change the staffing levels in the SCU.</p>	<p>This rule was determined as Necessary Without Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p> <p>The agency will change the determination of this rule to “Necessary with Substantive Public Interest.</p>
23) 10A NCAC 13F. 1604 – Rating Calculation	5/26/17		I would like to see the citations share in some relevance to the star rating system. Some facilities receive multiple citations a year for the same rule area. They fix it temporarily then go right back to the same practice until it is a yo-yo effect. What about a limit to the number of citations in a rule area during the fiscal year. For example,	<p>This rule was determined as Necessary With Substantive Public Interest.</p> <p>Comment indicates an area warranting review and potential need for rule revision following further study.</p>



Rule Citation & Title	Date	Commenter	Comment	Agency Response
			if they receive more than 2 citations for medications, it lowers the total score.	The agency will not change the determination of this rule

Comments Submitted for Periodic Review  
10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds

Rule Title	Rule Citation	Date	First Name	Last Name	Company	Email	Zip	Comment
DEFINITIONS	10A NCAC 13F .0201	23-May-17	Erin	Glendening	DHSR	erin.glendening@dhhs.nc.gov		This is a test of the system.
CHANGE OF LICENSEE	10A NCAC 13F .0207	30-May-17						When NC DHSR grants the change in licensee, the local Department of Social Services shall be notified immediately, receiving the copy of the new license, with the effective date of the license. This has not been happening and has caused local issues in determining who has care and responsibility of the residents in the transition process. Notification needs to happen prior to 12 noon so if consultation is needed with NC DHSR, contact can be made.
SUSPENSION OF ADMISSIONS	10A NCAC 13F .0214	26-May-17	Belinda	Wilson		bwilson777@msn.com		This rule should not be a reference rule but actually promulgated from Sub chapter 13F
DESIGN AND CONSTRUCTION	10A NCAC 13F .0302	26-May-17						If a facility is an existing and operating nursing home but wishes to be licensed for the first time as an adult care home, must the facility be brought up to current building codes?
PHYSICAL ENVIRONMENT	10A NCAC 13F .0305	19-Jun-17	Chris	Parker	Vienna Village, Inc.	chris@viennavillage.com		10A NCAC 13F .0305 PHYSICAL ENVIRONMENT Current: '(m)(3)Outdoor walkways and drives shall be illuminated by no less than five foot candles of light at ground level.' Proposed change: '(m)(3)Emergency egress including direct walkways to parking areas shall be be illuminated by no less than five foot candles of light at ground level.'
PHYSICAL ENVIRONMENT	10A NCAC 13F .0305	11-Jul-17	Frances	Messer	NC Assisted Living Association	frances@ncala.org		Nonskid surfacing or strips shall be installed in showers and bath areas Recommend adding phrase 'according to manufacturer's recommendations'  Rationale behind request for change: A new community was built in Durham County and had nonskid surfaces from the manufacturer and the Durham County DSS adult home specialist required the new community add sticky strips on top of the surface despite coating applied at manufacturer.

Comments Submitted for Periodic Review  
10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds

Rule Title	Rule Citation	Date	First Name	Last Name	Company	Email	Zip	Comment
PHYSICAL ENVIRONMENT	10A NCAC 13F .0305	11-Jul-17	Frances	Messer	NCALA	frances@ncala.org		<p>- Proposal 1 - In homes with at least one resident who is determined by a physician or primary care provider to be at risk for wandering, the home shall have in place a plan for alarming doors to alert staff and protect the individual from elopement. The plan shall incorporate all exits accessible to the individual. Any control panels in use for door alarms should be in areas accessible only by staff and should be of sufficient volume to be heard by staff.</p> <p>Proposal 2 - In homes with at least one resident who is determined by a physician or is otherwise known to disoriented to 'place' or determined to be a 'wanderer', each exit door accessible by residents shall be equipped with a sounding or alerting device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. A paging device with audible alerts to the staff pager is considered an acceptable device providing the location of the door activation is clearly noted. Frances asked Lauren to rewrite with alternative new technologies such as Wonder Guard, etc....Chris brought up what is the definition of elopement? All locked doors infringe on Resident Rights for those residents who do not need to be in a locked unit. Needs to be forward-thinking to include future widespread technologies such as GPS.</p>

Comments Submitted for Periodic Review  
10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds

Rule Title	Rule Citation	Date	First Name	Last Name	Company	Email	Zip	Comment
PLAN FOR EVACUATION	10A NCAC 13F .0309	26-May-17	Catherine	Goldman	Wake County Human Services	Catherine.Goldman@wakegov.com		<p>10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(d) A written disaster plan, which has the written approval of or has been documented as submitted to the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the facility.</p> <p>To Whom It May Concern,</p> <p>In having the privilege to work with Wake County Emergency Management, I have learned that they are the safety net for our licensed adult and family care homes without a specific and approved plan when having to implement disaster preparedness during extreme weather, and emergency events. Simply submitting a written disaster plan is largely the practice of these facilities, so the effectiveness of the plans all to often not addressed and approved.</p> <p>Therefore, I would like to see this rule rewritten to omit 'or has been documented as submitted to', so the effectiveness of these essential plans is required to be addressed. The written approval can be based on Standards accepted by Emergency Management, and monitored for compliance by the County Departments of Social Services.</p> <p>Respectfully submitted, Catherine Goldman, Wake County Human Services Adult Services Supervisor</p>
PLAN FOR EVACUATION	10A NCAC 13F .0309	26-May-17						I would like to see the requirement of a generator or contract with a company to provide a generator in time of power outage of more than 10 hours.

Comments Submitted for Periodic Review  
10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds

Rule Title	Rule Citation	Date	First Name	Last Name	Company	Email	Zip	Comment
OTHER REQUIREMENTS	10A NCAC 13F .0311	19-Jun-17	Chris	Parker	Vienna Village	chris@viennavillage.com		<p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>Current: '(h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.'</p> <p>Proposed: '(h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. The call system activator can either be hard wired (stationary) or wireless (mobile).'</p>
OTHER REQUIREMENTS	10A NCAC 13F .0311	19-Jun-17	Chris	Parker	Vienna Village	chris@viennavillage.com		<p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>Current: '(i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.'</p> <p>Proposed change: '(i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom to a central monitoring station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. The call system activator can either be hard wired (stationary) or wireless (mobile).'</p>

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10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds

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OTHER REQUIREMENTS	10A NCAC 13F .0311	12-Jul-17	Frances	Messer	NCALA	frances@ncala.org		There has been confusion in the past where DHR Construction has mandated that the wireless call pendants do not meet this directive. They say that the system needs to be physically attached in the wall. This is outdated with the technology. Rule needs to be updated to include wireless systems.
MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF SEVEN TO THIRTY RESIDENTS	10A NCAC 13F .0601	15-Jun-17	Roberta	Schmidt-Beebe	Wake County Human Services	roberta.schmidt-beebe@wakegov.com		<p>I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care &amp; supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimers, residents taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>



Comments Submitted for Periodic Review  
10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds

Rule Title	Rule Citation	Date	First Name	Last Name	Company	Email	Zip	Comment
MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF 31 TO 80 RESIDENTS	10A NCAC 13F .0602	15-Jun-17	Roberta	Schmidt-Beebe	Wake County Human Services	roberta.schmidt-beebe@wakegov.com		<p>I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care &amp; supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimers, residents taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>
MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF 81 OR MORE RESIDENTS	10A NCAC 13F .0603	15-Jun-17	Roberta	Schmidt-Beebe	Wake County Human Services	roberta.schmidt-beebe@wakegov.com		<p>I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care &amp; supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimers, residents taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>

Comments Submitted for Periodic Review  
10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds

Rule Title	Rule Citation	Date	First Name	Last Name	Company	Email	Zip	Comment
PERSONAL CARE AND OTHER STAFFING	10A NCAC 13F .0604	26-May-17	Belinda	Wilson		bwilson777@msn.com		(d) (1) & (2) These seem contradictory. Do you need one person on duty or two people?
PERSONAL CARE AND OTHER STAFFING	10A NCAC 13F .0604	26-May-17	Bridgett	Stubbs	Rowan County DSS	bridgett.stubbs@rowancountync.gov		<p>Specifically pertaining to : .0604 (e)(1)(D) The facility shall have additional aide duty to meet the needs of the facility's heavy care residents equal to the amount of time reimbursed by Medicaid. As used in this Rule, the term, 'heavy care resident', means an individual residing in an adult care home who is defined as 'heavy care' by Medicaid and for which the facility is receiving enhanced Medicaid payments.</p> <p>This rule is obsolete but many residents require more direct care and supervision than can be provided by the minimum staffing requirement. All residents, Medicaid, private, VA or other payment, would benefit from a mandated staffing pattern based on resident assessments. There needs to be a formula to assure facilities have enough personal care staff available to provide for the assessed needs of the residents. In large facilities medication administration uses up to half of the required aide hours and the time left is not sufficient to provide other personal care task and supervision of residents.</p>
PERSONAL CARE AND OTHER STAFFING	10A NCAC 13F .0604	26-May-17						Need to differentiate the personal care aide hours and the medication aide hours. I know medication administration is a part of personal care but it creates a problem. In the large facilities, the med aides not provide actual personal care but are counted in the staffing hours. It is difficult to prove a facility is understaffed and get management to add additional staff. I would like to see a rule establishing a ratio of residents to med aide or a set number of true PCS hours and set number of med aide hours.

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PERSONAL CARE AND OTHER STAFFING	10A NCAC 13F .0604	15-Jun-17	Roberta	Schmidt-Beebe	Wake County Human Services	roberta.schmidt-beebe@wakegov.com		<p>I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care &amp; supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimers, residents taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>
STAFFING OF PERSONAL CARE AIDE SUPERVISORS	10A NCAC 13F .0605	15-Jun-17	Roberta	Schmidt-Beebe	Wake County Human Services	roberta.schmidt-beebe@wakegov.com		<p>I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care &amp; supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimers, residents taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.</p> <p>Thank you for considering,</p> <p>Roberta Schmidt-Beebe Wake County Human Services Adult &amp; Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p>

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STAFFING OF PERSONAL CARE AIDE SUPERVISORS	10A NCAC 13F .0605	19-Jun-17	Chris	Parker	Vienna Village, Inc.	chris@viennavillage.com		In reference to paragraph (a): To be consistent with all other charts, supervisor should be tied to census not personal care aide hours. This verbiage creates a disincentive for having more personal care aides and is not consistent with the staffing chart later listed.
STAFFING OF PERSONAL CARE AIDE SUPERVISORS	10A NCAC 13F .0605	12-Jul-17	Frances	Messer	NCALA	frances@ncala.org		To be consistent with all other charts, supervisor should be tied to census not personal care aide hours. This verbiage is not consistent with the staffing chart later listed. Chart based on census.
STAFFING CHART	10A NCAC 13F .0606	15-Jun-17	Roberta	Schmidt-Beebe	Wake County Human Services	roberta.schmidt-beebe@wakegov.com		I have seen repeated needs, deficiencies and violations related to minimum staffing required for personal care & supervision, since facilities and FCHs are admitting higher level acuity residents to the assisted living level (e.g. wheel chair-bound, dementias/Alzheimers, residents taking medications that affect balance, etc.). ACHs and FCHs only staff to the minimum, per the current Rule. The Rule fit past care circumstances, but our times and needs of residents have changed. I find that increasing the staffing (Rule) will afford residents greater protection and care.  Thank you for considering,  Roberta Schmidt-Beebe Wake County Human Services Adult & Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210
STAFFING CHART	10A NCAC 13F .0606	12-Jul-17	Frances	Messer	NCALA	frances@ncala.org		Supervisor in charge (SIC) is not appropriate for adult care homes. The term Supervisor in Charge is only used in Family Care Home rules Replace SIC with AIC ( Administrator in Charge) in chart
TUBERCULOSIS TEST, MEDICAL EXAMINATION AND IMMUNIZATIONS	10A NCAC 13F .0703	12-Jul-17	Frances	Messer	NCALA	frances@ncala.org		Update contact information for NC TB Control Program, include website

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10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds

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RESIDENT CONTRACT, INFORMATION ON HOME AND RESIDENT REGISTER	10A NCAC 13F .0704	26-May-17	Bridgett	Stubbs	Rowan County DSS	bridgett.stubbs@rowancountync.gov		<p>Facilitates need to disclose services they will not provide prior to admission.</p> <p>What this rule does not specifically state is that facilities should make residents/responsible persons aware of services they do not provide prior to admission. Example: If a facility only offers a regular diet, potential residents should be aware of this prior to admission. Some facilities/companies will not provide therapeutic diets (diabetic diet, low fat diets, renal diets, etc... ) A diabetic (or other individual requiring a therapeutic diet) needs to understand this prior to admission.</p>
NUTRITION AND FOOD SERVICE	10A NCAC 13F .0904	28-Jun-17	Chris	Parker	Vienna Village, Inc.	chris@viennavillage.com		<p>Recommend that a certified dietitian review these nutrition and food service regulations to make sure they are up to date with the most recent dietary recommendations per FDA and other sources. For example, I am unsure who would be able to eat six servings of cereals and breads a day. Also, there other alternatives to fluid milk, i.e. yogurt, ice cream, pudding milk based, etc. that seniors find more tasteful. In order to protect resident's rights and choices, wording should be changed to 'offer' or 'made available' rather than 'include.' For example, if a resident has been offered milk and continually refuses, it would be wasteful to include/put a cup of milk at their table only for it to be poured out every day because they refuse to drink it. Regulators have interpreted this differently with some requiring that you place milk in front of resident even though they refuse day after day and year after year. This is not respectful of the resident's wishes and is also very wasteful. Another example would be that eggs be 'offered' or 'made available'. Many people choose not to eat eggs at all so forcing them to have eggs on their plate three times a week is a violation of their preferences and rights. Also, under protein substitutes “who can eat 4 tablespoons of peanut butter? These nutrition rules just need to be updated with latest nutritional guidelines which include options and opt outs that are respectful of resident's wishes.</p>

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10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds

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COOPERATION WITH CASE MANAGERS	10A NCAC 13F .0908	26-May-17	Belinda	Wilson		bwilson777@msn.com		Not necessary
CONTROLLED SUBSTANCES	10A NCAC 13F .1008	28-Jun-17	Chris	Parker	Vienna Village, Inc.	chris@viennavillage.com		<p>The below two rules state the same thing. We were cited twice and had points deducted twice because of these rules being listed twice. Either .1008 or .1010 should be eliminated since redundant.</p> <p>10A NCAC 13F .1008 CONTROLLED SUBSTANCES (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.</p> <p>10A NCAC 13F .1010 PHARMACEUTICAL SERVICES (e) The facility shall assure that accurate records of the receipt, use, and disposition of medications are maintained in the facility and available upon request for review.</p>
PHARMACEUTICAL SERVICES	10A NCAC 13F .1010	28-Jun-17	Chris	Parker	Vienna Village, Inc.	chris@viennavillage.com		<p>The below two rules state the same thing. We were cited twice and had points deducted twice because of these rules being listed twice. Either .1008 or .1010 should be eliminated since redundant.</p> <p>10A NCAC 13F .1008 CONTROLLED SUBSTANCES (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.</p> <p>10A NCAC 13F .1010 PHARMACEUTICAL SERVICES (e) The facility shall assure that accurate records of the receipt, use, and disposition of medications are maintained in the facility and available upon request for review.</p>

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SETTLEMENT OF COST OF CARE	10A NCAC 13F .1106	19-Jun-17	Melissa	Long				14 days is not enough time to process a refund because of the direct deposit rules AND resident bills that are paid on behalf of the residents. Medication bills and direct deposits are monthly occurrences. Final Medication costs and other final personal bills are not known usually until the next calendar billing cycle. Medicaid and Social Security are not able to stop direct deposits within 14 days (mid month), therefore a person can't be fully refunded for months (every source of funds being sent back or re-routed). This is causing undue hardship of facilities not being able to close out cases on a monthly basis. Direct Deposit send backs get missed because Files have to be re-visited to completely close them out. Facilities get stuck with personal med bills etc because the pharmacy didn't have time to thoroughly generate a bill. It just seems that since all payor sources and other bills are 30 day cycles, All refunds should be handled the same way. This would make the refund process more complete and thorough. Thank you.
ADVERTISING	10A NCAC 13F .1206	26-May-17	Belinda	Wilson		bwilson777@msn.com		Not necessary
SPECIAL CARE UNIT RESIDENT PROFILE AND CARE PLAN	10A NCAC 13F .1307	12-Jul-17	Frances	Messer	NCALA	frances@ncala.org		Remove the requirement requiring quarterly resident profiles and care plans. This was discussed during the collaborative stakeholders meetings when we were discussing whether or not to change the staffing levels in the SCU.
RATING CALCULATION	10A NCAC 13F .1604	26-May-17						I would like to see the citations share in some relevance to the star rating system. Some facilities receive multiple citations a year for the same rule area. They fix it temporarily then go right back to the same practice until it is a yo-yo effect. What about a limit to the number of citations in a rule area during the fiscal year. For example, if they receive more than 2 citations for medications, it lowers the total score.