

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. | This rule was determined as Necessary Without Substantive Public Interest. The comment is about the test of the electronic comment reporting system. The Agency will not change the determination of this rule. |
| 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. | 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. |
| 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 | This rule was determined as Necessary With Substantive Public Interest. Agreed that rule should not be cross-referenced but stand alone with 13F codification. The agency will not change the determination of this rule. |
| 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? | This rule was determined as Necessary With Substantive Public Interest. 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 |

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| | | | | <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> |

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| | | | 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> |

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| | | | <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.</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> | |
| | 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> |

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| | | | 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. |

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| 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 & 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 & 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 & 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 & 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> |

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| 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 & 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> |

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| | | | 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 & 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 & 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> |

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| | | | <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 & 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> |

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| | | | <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 & Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p> | <p>The agency will not change the determination of this rule.</p> |
| | 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 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> |

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| | | | (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. |

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| 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> |

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| | | | 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 | 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. |
| 22) 10A NCAC 13F .1307 – Special Care Unit Resident Profile and Care Plan | 7/12/17 | 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. | This rule was determined as Necessary Without Substantive Public Interest. Comment indicates an area warranting review and potential need for rule revision following further study. The agency will change the determination of this rule to “Necessary with Substantive Public Interest. |
| 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, | 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. |

| Rule Citation & Title | Date | Commenter | Comment | Agency Response |
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| | | | 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. |

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| 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> |

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| 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 (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 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> |
| 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. |

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| 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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| 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 & 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 & Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p> |

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| 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 & 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 & 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 & 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 & Community Services Senior Practitioner/Adult Home Specialist Tel: 919.212-7054 Fax: 919.212-9210</p> |

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| 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 & 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 & 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 & 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 & 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 verbage 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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| 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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| 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. |