1	10A NCAC 13A	.0201 is amended as published in 37:18 NCR 1873-1874 as follows:
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3		SECTION .0200 - RULEMAKING
4		
5	10A NCAC 13A	A.0201 PETITIONS
6	(a) Any person	wishing to submit a petition requesting the adoption, amendment amendment, or repeal of a rule by
7	the North Caroli	na Medical Care Commission shall address submit the petition addressed to Office of the Director,
8	Division of Heal	th Service Regulation, 2701 Mail Service Center, Raleigh, North Carolina, 27699-2701.
9	(b) The petition	shall contain the following information:
10	(1)	either a draft of the text of the proposed rule or a summary of its contents rule(s) for adoption or
11		amendment and the statutory authority for the agency to promulgate the rule; rule(s):
12	(2)	-reason for proposal;
13	(3)<u>(2)</u>	a statement of the effect on existing rules or orders;
14	(4)	any data supporting the proposal;
15	(5)<u>(3)</u>	a statement of the effect of the proposed rule rule(s) on existing practices in the area involved,
16		including cost factors, if known; and
17	(6)	names of those most likely to be affected by the proposed rule, with addresses, if known;
18	(7)<u>(4)</u>	the name(s) and address(es) of petitioner(s).
19	(c) The petition	er may include the following information within the request:
20	<u>(1)</u>	documents and any data supporting the petition;
21	<u>(2)</u>	a statement of the reasons for adoption of the proposed rule(s), amendment or the repeal of an
22		existing rule(s):
23	<u>(3)</u>	a statement explaining the costs and computation of the cost factors, if known; and
24	<u>(4)</u>	a description, including the names and addresses, if known, of those most likely to be affected by
25		the proposed rule(s).
26	(c)(d) The Chair	man of the <u>North Carolina</u> Medical Care Commission will determine, <u>Commission</u> , based on a study
27	review of the fac	cts stated in the petition, whether the public interest will be served by granting the petition. He will
28	consider all the c	contents of the submitted petition, plus any additional information he deems relevant. shall consider
29	the following in	the determination to grant the petition:
30	<u>(1)</u>	whether the North Carolina Medical Care Commission has authority to adopt the rule(s);
31	<u>(2)</u>	the effect of the proposed rule(s) on existing rules, programs and practices;
32	<u>(3)</u>	probable costs and cost factors of the proposed rule(s);
33	<u>(4)</u>	the impact of the rule on the public and the regulated entities; and
34	<u>(5)</u>	whether the public interest will be served by granting the petition.
35	(d) Within 30 da	ays of submission of the petition, the Chairman will render a final decision. If the decision is to deny
36	the petition, the	Chairman will notify the petitioner in writing, stating the reasons for the denial. If the decision is to

1	approve the pet	ition, the Chairman will initiate a rulemaking proceeding by issuing a rulemaking notice, as provided
2	in these rules.	
3	(e) Petitions th	hat do not contain the information required by Paragraph (b) of this Rule shall be returned to the
4	petitioner by the	e Chairman of the North Carolina Medical Care Commission.
5		
6	History Note:	Authority G.S. 143B-165; <u>150B-20;</u>
7		Eff. February 1, 1976;
8		Readopted Eff. December 19, 1977;
9		Amended Eff. November 1, 1989;
10		Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22,
11		2015. <u>2015:</u>
12		Amended Eff. October 1, 2023.

1 2 10A NCAC 13F .0702 is readopted as published in 37:18 NCR 1874-1882 as follows:

3 10A NCAC 13F .0702 **DISCHARGE OF RESIDENTS** 4 (a) The discharge of a resident initiated by the facility shall be according to conditions and procedures specified in Paragraphs (a) through (g) of this Rule. The discharge of a resident initiated by the facility involves the termination 5 6 of residency by the facility resulting in the resident's move to another location and the facility not holding the bed for 7 the resident based on the facility's bed hold policy. 8 (b) The discharge of a resident shall be based on one of the following reasons: 9 (1) the discharge is necessary for the resident's welfare and the resident's needs cannot be met in the 10 facility as documented by the resident's physician, physician assistant or nurse practitioner; the resident's health has improved sufficiently so the resident no longer needs the services provided 11 (2)by the facility as documented by the resident's physician, physician assistant or nurse practitioner; 12 13 (3)the safety of other individuals in the facility is endangered; 14 (4) the health of other individuals in the facility is endangered as documented by a physician, physician 15 assistant or nurse practitioner; failure to pay the costs of services and accommodations by the payment due date according to the 16 (5)resident contract after receiving written notice of warning of discharge for failure to pay; or 17 18 (6)the discharge is mandated under G.S. 131D-2(a1). (c) The notices of discharge and appeal rights as required in Paragraph (e) of this Rule shall be made by the facility 19 at least 30 days before the resident is discharged except that notices may be made as soon as practicable when: 20 21 the resident's health or safety is endangered and the resident's urgent medical needs cannot be met (1)in the facility under Subparagraph (b)(1) of this Rule; or 22 23 (2)reasons under Subparagraphs (b)(2), (b)(3), and (b)(4) of this Rule exist. 24 (d) The reason for discharge shall be documented in the resident's record. Documentation shall include one or more of the following as applicable to the reasons under Paragraph (b) of this Rule: 25 26 (1)documentation by physician, physician assistant or nurse practitioner as required in Paragraph (b) 27 of this Rule; 28 (2)the condition or circumstance that endangers the health or safety of the resident being discharged or endangers the health or safety of individuals in the facility, and the facility's action taken to address 29 the problem prior to pursuing discharge of the resident; 30 (3) written notices of warning of discharge for failure to pay the costs of services and accommodations; 31 32 or 33 (4)the specific health need or condition of the resident that the facility determined could not be met in the facility pursuant to G.S. 131D 2(a1)(4) and as disclosed in the resident contract signed upon the 34 resident's admission to the facility. 35 36 (e) The facility shall assure the following requirements for written notice are met before discharging a resident:

1	(1)	The Adult Care Home Notice of Discharge with the Adult Care Home Hearing Request Form shall
2	ł	be hand delivered, with receipt requested, to the resident on the same day the Adult Care Home
3	1	Notice of Discharge is dated. These forms may be obtained at no cost from the Division of Medical
4	Ŧ	Assistance, 2505 Mail Service Center, Raleigh, NC 27699-2505.
5	(2)	A copy of the Adult Care Home Notice of Discharge with a copy of the Adult Care Home Hearing
6	ł	Request Form shall be hand delivered, with receipt requested, or sent by certified mail to the
7	Ŧ	resident's responsible person or legal representative on the same day the Adult Care Home Notice
8	e	of Discharge is dated.
9	(3)	Failure to use and simultaneously provide the specific forms according to Subparagraphs (e)(1) and
10	((e)(2) of this Rule shall invalidate the discharge. Failure to use the latest version of these forms
11	÷	shall not invalidate the discharge unless the facility has been previously notified of a change in the
12	ŧ	forms and been provided a copy of the latest forms by the Department of Health and Human
13	Ę	Services.
14	(4)	A copy of the completed Adult Care Home Notice of Discharge, the Adult Care Home Hearing
15	ł	Request Form as completed by the facility prior to giving to the resident and a copy of the receipt
16	e	of hand delivery or the notification of certified mail delivery shall be maintained in the resident's
17	Ŧ	record.
18	(f) The facility sha	all provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge
19	from the facility as	s evidenced by:
20	(1) 1	notifying staff in the county department of social services responsible for placement services;
21	(2)	explaining to the resident and responsible person or legal representative why the discharge is
22	Ŧ	iecessary;
23	(3) i	informing the resident and responsible person or legal representative about an appropriate discharge
24	÷	destination; and
25	(4) (4)	offering the following material to the caregiver with whom the resident is to be placed and providing
26	ŧ	his material as requested prior to or upon discharge of the resident:
27	÷	(A) a copy of the resident's most current FL 2;
28	÷	(B) a copy of the resident's most current assessment and care plan;
29	÷	C) a copy of the resident's current physician orders;
30	÷	(D) a list of the resident's current medications;
31	÷	(E) the resident's current medications;
32	((F) a record of the resident's vaccinations and TB screening;
33	(5) I	providing written notice of the name, address and telephone number of the following, if not provided
34	÷	on the discharge notice required in Paragraph (e) of this Rule:
35	((A) the regional long term care ombudsman; and
36	((B) the protection and advocacy agency established under federal law for persons with
37		disabilities.

1	(g) If an appeal hearing is requested:
2	(1) the facility shall provide to the resident or legal representative or the resident and the responsible
3	person, and the Hearing Unit copies of all documents and records that the facility intends to use at
4	the hearing at least five working days prior to the scheduled hearing; and
5	(2) the facility shall not discharge the resident before the final decision resulting from the appeal has
6	been rendered, except in those cases of discharge specified in Paragraph (c) of this Rule.
7	(h) If a discharge is initiated by the resident or responsible person, the administrator may require up to a 14 day
8	written notice from the resident or responsible person which means the resident or responsible person may be charged
9	for the days of the required notice if notice is not given or if notice is given and the resident leaves before the end of
10	the required notice period Exceptions to the required notice are cases in which a delay in discharge or transfer would
11	jeopardize the health or safety of the resident or others in the facility. The facility's requirement for a notice from the
12	resident or responsible person shall be established in the resident contract or the house rules provided to the resident
13	or responsible person upon admission.
14	(i) The discharge requirements in this Rule do not apply when a resident is transferred to an acute inpatient facility
15	for mental or physical health evaluation or treatment and the adult care facility's bed hold policy applies based on the
16	expected return of the resident. If the facility decides to discharge a resident who has been transferred to an acute
17	inpatient facility and there has been no physician documented level of care change for the resident, the discharge
18	requirements in this Rule apply.
19	(a) The discharge of a resident initiated by the facility shall be according to conditions and procedures specified in
20	Paragraphs (a) through (h) of this Rule. The discharge of a resident initiated by the facility involves the termination
21	of residency by the facility resulting in the resident's move to another location and the facility not holding the bed for
22	the resident based on the facility's bed hold policy.
23	(b) The discharge of a resident initiated by the facility shall be based on one of the following reasons under G.S.
24	<u>131D-4.8:</u>
25	(1) the discharge is necessary to protect the welfare of the resident and the facility cannot meet the needs
26	of the resident, as documented by the resident's physician, physician assistant, or nurse practitioner;
27	(2) the health of the resident has improved sufficiently so that the resident is no longer in need of the
28	services provided by the facility, as documented by the resident's physician, physician assistant, or
29	nurse practitioner;
30	(3) the safety of the resident or other individuals in the facility is endangered;
31	(4) the health of the resident or other individuals in the facility is endangered as documented by a
32	physician, physician assistant, or nurse practitioner;
33	(5) the resident has failed to pay the costs of services and accommodations by the payment due date
34	according to the resident's contract after receiving written notice of warning of discharge for failure
35	to pay; or
36	(6) the discharge is mandated under G.S. 131D-2.2(a).
37	(c) The facility shall assure the following requirements for written notice are met before discharging a resident:

1	<u>(1)</u>	The Adult Care Home Notice of Discharge with the Adult Care Home Hearing Request Form shall
2		be hand delivered, with receipt requested, to the resident on the same day the Adult Care Home
3		Notice of Discharge is dated. These forms may be obtained at no cost from the Division of Health
4		Benefits, on the internet website https://policies.ncdhhs.gov/divisional/health-benefits-nc-
5		medicaid/forms.
6	(2)	A copy of the Adult Care Home Notice of Discharge with a copy of the Adult Care Home Hearing
7		Request Form shall be hand delivered, with receipt requested, or sent by certified mail to the
8		resident's responsible person or legal representative and the individual identified upon admission to
9		receive a discharge notice on behalf of the resident on the same day the Adult Care Home Notice of
10		Discharge is dated.
11	(3)	Provide the following material in accordance with the Health Insurance Portability and
12		Accountability Act of 1996 (HIPAA) to the resident and the resident's legal representative:
13		(A) a copy of the resident's most current FL-2;
14		(B) a copy of the resident's current physician's orders, including medication order;
15	<u>(4)</u>	Failure to use and simultaneously provide the specific forms according to Subparagraphs (c)(1) and
16		(c)(2) of this Rule shall invalidate the discharge. Failure to use the latest version of these forms
17		shall not invalidate the discharge.
18	<u>(5)</u>	A copy of the completed Adult Care Home Notice of Discharge, the Adult Care Home Hearing
19		Request Form as completed by the facility prior to giving to the resident and a copy of the receipt
20		of hand delivery or the notification of certified mail delivery shall be maintained in the resident's
21		record.
22	(d) The notices	of discharge and appeal rights as required in Paragraph (c) of this Rule shall be made by the facility
23	at least 30 days	before the resident is discharged except that notices may be made as soon as practicable when:
24	<u>(1)</u>	the resident's health or safety is endangered and the resident's urgent medical needs cannot be met
25		in the facility under Subparagraph (b)(1) of this Rule; or
26	(2)	reasons under Subparagraphs (b)(2), (b)(3), and (b)(4) of this Rule exist.
27	<u>(e)</u> The followi	ing shall be documented in the resident record and shall be made available upon request to potential
28	discharge location	ons:
29	(1)	The reason for discharge to include one or more of the following as applicable to the reasons under
30		Paragraph (b) of this Rule:
31		(A) documentation by physician, physician assistant or nurse practitioner as required in
32		Paragraph (b) of this Rule;
33		(B) the condition or circumstance that endangers the health or safety of the resident being
34		discharged or endangers the health or safety of individuals in the facility, and the facility's
35		action taken to address the problem prior to pursuing discharge of the resident;
36		(C) written notices of warning of discharge for failure to pay the costs of services and
37		accommodations; or

1	(D) the specific health need or condition of the resident that the facility determined could not
2	be met in the facility pursuant to G.S. 131D-2.2(a)(4) and as disclosed in the resident
3	contract signed upon the resident's admission to the facility; and
4	(2) any known intervention of law enforcement with the resident due to threatening behavior or violence
5	toward self or others.
6	(f) The facility shall document contacts with possible discharge locations and responses and make available this
7	documentation, upon request, to the resident, legal representative, the individual identified upon admission to receive
8	a discharge notice on behalf of the resident and the adult care home resident discharge team if convened. For the
9	purposes of this rule, "the individual identified upon admission to receive a discharge notice on behalf of the resident"
10	may be the same person as the resident's legal representative or responsible person as identified in the resident's
11	record.
12	(g) The facility shall provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge
13	from the facility as evidenced by:
14	(1) explaining to the resident and responsible person or legal representative and the individual identified
15	upon admission to receive a copy of the discharge notice on behalf of the resident why the discharge
16	is necessary;
17	(2) informing the resident and responsible person or legal representative and the individual identified
18	upon admission to receive a copy of the discharge notice on behalf of the resident about an
19	appropriate discharge destination; and
20	(A) If at the time of the discharge notice the discharge destination is unknown or is not
21	appropriate for the resident, the facility shall contact the local adult care home resident
22	discharge team to assist with placement; and
23	(B) The facility shall inform the resident and the resident's legal representative of their right to
24	request the Regional Long-Term Care Ombudsman to serve as a member of the adult care
25	home resident discharge team: and
26	(3) offering the following material to the caregiver with whom the resident is to be placed and providing
27	this material as requested prior to or upon discharge of the resident:
28	(A) a copy of the resident's most current FL-2;
29	(B) a copy of the resident's most current assessment and care plan;
30	(C) a list of referrals to licensed health professionals, including mental health;
31	(D) a copy of the resident's current physician orders;
32	(E) a list of the resident's current medications;
33	(F) the resident's current medications; and
34	(G) a record of the resident's vaccinations and TB screening;
35	(4) providing written notice of the name, address and telephone number of the following, if not provided
36	on the discharge notice required in Paragraph (c) of this Rule:
37	(A) the regional long-term care ombudsman; and

1		(B) the protection and advocacy agency established under federal law for persons with
2		disabilities;
3	<u>(5)</u>	providing the resident, responsible party or legal representative and the individual identified upon
4		admission who received a copy of the discharge notice on behalf of the resident with the discharge
5		location as determined by the adult care home resident discharge team, if convened, at or before the
6		discharge hearing, if the location is known to the facility.
7	(h) If an appeal	hearing is requested:
8	<u>(1)</u>	the facility shall provide to the resident or legal representative or the resident and the responsible
9		person, and the Hearing Unit copies of all documents and records that the facility intends to use at
10		the hearing at least five working days prior to the scheduled hearing; and
11	(2)	the facility shall not discharge the resident before the final decision resulting from the appeal has
12		been rendered, except in those cases of discharge specified in Paragraph (d) of this Rule.
13	(i) If a discharge	is initiated by the resident or responsible person, the administrator may require up to a 14-day written
14	notice from the r	esident or responsible person which means the resident or responsible person may be charged for the
15	days of the requ	ired notice if notice is not given or if notice is given and the resident leaves before the end of the
16	required notice	period. Exceptions to the required notice are cases in which a delay in discharge or transfer would
17	jeopardize the he	ealth or safety of the resident or others in the facility. The facility's requirement for a notice from the
18	resident or respo	nsible person shall be established in the resident contract or the house rules provided to the resident
19	or responsible po	erson upon admission.
20	(j) The discharge	requirements in this Rule do not apply when a resident is transferred to an acute inpatient facility
21	for mental or phy	vical health evaluation or treatment and the adult care facility's bed hold policy applies based on the
22	expected return	of the resident. If the facility decides to discharge a resident who has been transferred to an acute
23	inpatient facility	and there has been no physician-documented level of care change for the resident, the discharge
24	requirements in	this Rule apply.
25		
26	History Note:	Authority G.S. 131D-2.1; 131D-2.16; 131D-4.5; 131D-4.5; 131D-21; 143B-165;
27		Eff. January 1, 1977;
28		Readopted Eff. October 31, 1977;
29		Temporary Amendment Eff. July 1, 2003;
30		Amended Eff. July 1, 2004. 2004:
31		<u>Readopted Eff. January 1, 2024.</u>

1 10A NCAC 13F .1307 is readopted as published in 37:18 NCR 1874-1882 as follows:

3 10A NCAC 13F .1307 SPECIAL CARE UNIT RESIDENT PROFILE AND CARE PLAN

In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the
following:

6	(1)	Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall
7		develop a written resident profile containing assessment data that describes the resident's behavioral
8		patterns, self-help abilities, level of daily living skills, special management needs, physical abilities
9		and disabilities, and degree of cognitive impairment.
10	(2)	The resident care plan as required in Rule 13F.0802 of this Subchapter shall be developed or revised
11		based on the resident profile and specify programming that involves environmental, social and

health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities.

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 History Note:
 Authority G.S. 131D-2.16; 131D-4.5; 131D-4.6; 131D-8; 143B-165;

 16
 Temporary Adoption Eff. December 1, 1999;

 17
 Eff. July 1, 2000. 2000;

18 <u>Readopted Eff. October 1, 2023.</u>

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- 1
- 10A NCAC 13G .0504 is amended as published in 37:18 NCR 1874-1882 as follows:
- 2

3 10A NCAC 13G .0504 COMPETENCY EVALUATION AND VALIDATION FOR LICENSED HEALTH 4 PROFESSIONAL SUPPORT TASKS

5 (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a)(1) through (a)(28) of 6 Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their 7 licensed capacity after a licensed health professional has validated the staff person is competent to perform the task. (b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the 8 9 performance of each personal care task. The licensed health professional shall validate that the staff person has the 10 knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed 11 on a resident. 12 (b) (c) Evaluation and validation of competency shall be performed by the following licensed health professionals in 13 accordance with his or her North Carolina occupational licensing laws: 14 (1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks 15 specified in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter; 16 (2)In lieu of a registered nurse, a licensed respiratory care practitioner may validate the competency of 17 staff who perform personal care tasks specified in Subparagraphs (a)(6), (11), (16), (18), (19), and 18 (21) of Rule .0903 of this Subchapter; 19 (3)In lieu of a registered nurse, a licensed pharmacist may validate the competency of staff who perform 20 the personal care tasks specified in Subparagraph (a)(8) and (11) of Rule .0903 of this Subchapter. 21 An immunizing pharmacist may validate the competency of staff who perform the personal care 22 task specified in Subparagraph (a)(15) of Rule .0903 of this Subchapter; and 23 (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the 24 competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22)25 through (a)(27) of Rule .0903 of this Subchapter. (c) (d) If a physician certifies that care can be provided to a resident in a family care home on a temporary basis in 26 27 accordance with G.S. 131D-2.2(a), the facility shall ensure that the staff performing the care task(s) authorized by the 28 physician are competent to perform the task(s) in accordance with Paragraphs (a) (b) and (b) (c) of this Rule. For the 29 purpose of this Rule, "temporary basis" means a length of time as determined by the resident's physician to meet the 30 care needs of the resident and prevent the resident's relocation from the family care home. 31 32 History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165; 33 Temporary Adoption Eff. September 1, 2003; 34 Eff. July 1, 2004; 35 Readopted Eff. October 1, 2022: 2022; Amended Eff. October 1, 2023. 36

1 2 10A NCAC 13G .0705 is readopted as published in 37:18 NCR 1874-1882 as follows:

3 10A NCAC 13G .0705 **DISCHARGE OF RESIDENTS** 4 (a) The discharge of a resident initiated by the facility shall be according to conditions and procedures specified in Paragraphs (a) through (g) of this Rule. The discharge of a resident initiated by the facility involves the termination 5 6 of residency by the facility resulting in the resident's move to another location and the facility not holding the bed for 7 the resident based on the facility's bed hold policy. 8 (b) The discharge of a resident shall be based on one of the following reasons: 9 (1) the discharge is necessary for the resident's welfare and the resident's needs cannot be met in the 10 facility as documented by the resident's physician, physician assistant or nurse practitioner; the resident's health has improved sufficiently so the resident no longer needs the services provided 11 (2)by the facility as documented by the resident's physician, physician assistant or nurse practitioner; 12 13 (3)the safety of other individuals in the facility is endangered; 14 (4) the health of other individuals in the facility is endangered as documented by a physician, physician 15 assistant or nurse practitioner; failure to pay the costs of services and accommodations by the payment due date according to the 16 (5)resident contract after receiving written notice of warning of discharge for failure to pay; or 17 18 (6)the discharge is mandated under G.S. 131D-2(a1). (c) The notices of discharge and appeal rights as required in Paragraph (e) of this Rule shall be made by the facility 19 at least 30 days before the resident is discharged except that notices may be made as soon as practicable when: 20 21 the resident's health or safety is endangered and the resident's urgent medical needs cannot be met (1)in the facility under Subparagraph (b)(1) of this Rule; or 22 23 (2)reasons under Subparagraphs (b)(2), (b)(3), and (b)(4) of this Rule exist. 24 (d) The reason for discharge shall be documented in the resident's record. Documentation shall include one or more of the following as applicable to the reasons under Paragraph (b) of this Rule: 25 26 (1)documentation by physician, physician assistant or nurse practitioner as required in Paragraph (b) 27 of this Rule; 28 (2)the condition or circumstance that endangers the health or safety of the resident being discharged or endangers the health or safety of individuals in the facility, and the facility's action taken to address 29 the problem prior to pursuing discharge of the resident; 30 (3) written notices of warning of discharge for failure to pay the costs of services and accommodations; 31 32 or 33 (4)the specific health need or condition of the resident that the facility determined could not be met in the facility pursuant to G.S. 131D 2(a1)(4) and as disclosed in the resident contract signed upon the 34 resident's admission to the facility. 35 36 (e) The facility shall assure the following requirements for written notice are met before discharging a resident:

1	(1)	The Adult Care Home Notice of Discharge with the Adult Care Home Hearing Request Form shall
2		be hand delivered, with receipt requested, to the resident on the same day the Adult Care Home
3		Notice of Discharge is dated. These forms may be obtained at no cost from the Division of Medical
4		Assistance, 2505 Mail Service Center, Raleigh, NC 27699-2505.
5	(2)	A copy of the Adult Care Home Notice of Discharge with a copy of the Adult Care Home Hearing
6		Request Form shall be hand delivered, with receipt requested, or sent by certified mail to the
7		resident's responsible person or legal representative on the same day the Adult Care Home Notice
8		of Discharge is dated.
9	(3)	Failure to use and simultaneously provide the specific forms according to Subparagraphs (e)(1) and
10		(e)(2) of this Rule shall invalidate the discharge. Failure to use the latest version of these forms
11		shall not invalidate the discharge unless the facility has been previously notified of a change in the
12		forms and been provided a copy of the latest forms by the Department of Health and Human
13		Services.
14	(4)	A copy of the completed Adult Care Home Notice of Discharge, the Adult Care Home Hearing
15		Request Form as completed by the facility prior to giving to the resident and a copy of the receipt
16		of hand delivery or the notification of certified mail delivery shall be maintained in the resident's
17		record.
18	(f) The facility sh	all provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge
19	from the facility a	s evidenced by:
20	(1)	notifying staff in the county department of social services responsible for placement services;
21	(2)	explaining to the resident and responsible person or legal representative why the discharge is
22		necessary;
23	(3)	informing the resident and responsible person or legal representative about an appropriate discharge
24		destination; and
25	(4)	offering the following material to the caregiver with whom the resident is to be placed and providing
26		this material as requested prior to or upon discharge of the resident:
27		(A) a copy of the resident's most current FL 2;
28		(B) a copy of the resident's most current assessment and care plan;
29		(C) a copy of the resident's current physician orders;
30		(D) a list of the resident's current medications;
31		(E) the resident's current medications; and
32		(F) a record of the resident's vaccinations and TB screening.
33	(5)	providing written notice of the name, address and telephone number of the following, if not provided
34		on the discharge notice required in Paragraph (e) of this Rule:
35		(A) the regional long term care ombudsman; and
36		(B) the protection and advocacy agency established under federal law for persons with
37		disabilities.

1	(g) If an appeal hearing is requested:
2	(1) the facility shall provide to the resident or legal representative or the resident and the responsible
3	person, and the Hearing Unit copies of all documents and records that the facility intends to use at
4	the hearing at least five working days prior to the scheduled hearing; and
5	(2) the facility shall not discharge the resident before the final decision resulting from the appeal has
6	been rendered, except in those cases of discharge specified in Paragraph (c) of this Rule.
7	(h) If a discharge is initiated by the resident or responsible person, the administrator may require up to a 14 day
8	written notice from the resident or responsible person which means the resident or responsible person may be charged
9	for the days of the required notice if notice is not given or if notice is given and the resident leaves before the end of
10	the required notice period. Exceptions to the required notice are cases in which a delay in discharge or transfer would
11	jeopardize the health or safety of the resident or others in the facility. The facility's requirement for a notice from the
12	resident or responsible person shall be established in the resident contract or the house rules provided to the resident
13	or responsible person upon admission.
14	(i) The discharge requirements in this Rule do not apply when a resident is transferred to an acute inpatient facility
15	for mental or physical health evaluation or treatment and the adult care facility's bed hold policy applies based on the
16	expected return of the resident. If the facility decides to discharge a resident who has been transferred to an acute
17	inpatient facility and there has been no physician documented level of care change for the resident, the discharge
18	requirements in this Rule apply.
19	(a) The discharge of a resident initiated by the facility shall be according to conditions and procedures specified in
20	Paragraphs (a) through (j) of this Rule. The discharge of a resident initiated by the facility involves the termination
21	of residency by the facility resulting in the resident's move to another location and the facility not holding the bed for
22	the resident based on the facility's bed hold policy.
23	(b) The discharge of a resident initiated by the facility shall be based on one of the following reasons under G.S.
24	<u>131D-4.8:</u>
25	(1) the discharge is necessary to protect the welfare of the resident and the facility cannot meet the needs
26	of the resident, as documented by the resident's physician, physician assistant, or nurse practitioner;
27	(2) the health of the resident has improved sufficiently so that the resident is no longer in need of the
28	services provided by the facility, as documented by the resident's physician, physician assistant, or
29	nurse practitioner;
30	(3) the safety of the resident or other individuals in the facility is endangered;
31	(4) the health of the resident or other individuals in the facility is endangered as documented by a
32	physician, physician assistant, or nurse practitioner;
33	(5) the resident has failed to pay the costs of services and accommodations by the payment due date
34	according to the resident's contract after receiving written notice of warning of discharge for failure
35	to pay; or
36	(6) the discharge is mandated under G.S. 131D-2.2(a).
37	(c) The facility shall assure the following requirements for written notice are met before discharging a resident:

1	(1)	The Adult Care Home Notice of Discharge with the Adult Care Home Hearing Request Form shall
2		be hand delivered, with receipt requested, to the resident on the same day the Adult Care Home
3		Notice of Discharge is dated. These forms may be obtained at no cost from the Division of Health
4		Benefits, on the internet website https://policies.ncdhhs.gov/divisional/health-benefits-nc-
5		medicaid/forms.
6	(2)	A copy of the Adult Care Home Notice of Discharge with a copy of the Adult Care Home Hearing
7		Request Form shall be hand delivered, with receipt requested, or sent by certified mail to the
8		resident's responsible person or legal representative and the individual identified upon admission to
9		receive a discharge notice on behalf of the resident on the same day the Adult Care Home Notice of
10		Discharge is dated.
11	<u>(3)</u>	Provide the following material in accordance with the Health Insurance Portability and
12		Accountability Act of 1996 (HIPAA) to the resident and the resident's legal representative:
13		(A) a copy of the resident's most current FL-2;
14		(B) a copy of the resident's current physician's orders, including medication order;
15	(4)	Failure to use and simultaneously provide the specific forms according to Subparagraphs (c)(1) and
16		(c)(2) of this Rule shall invalidate the discharge. Failure to use the latest version of these forms shall
17		not invalidate the discharge.
18	<u>(5)</u>	A copy of the completed Adult Care Home Notice of Discharge, the Adult Care Home Hearing
19		Request Form as completed by the facility prior to giving to the resident and a copy of the receipt
20		of hand delivery or the notification of certified mail delivery shall be maintained in the resident's
21		record.
22	(d) The notices	of discharge and appeal rights as required in Paragraph (c) of this Rule shall be made by the facility
23	at least 30 days	before the resident is discharged except that notices may be made as soon as practicable when:
24	(1)	the resident's health or safety is endangered and the resident's urgent medical needs cannot be met
25		in the facility under Subparagraph (b)(1) of this Rule; or
26	(2)	reasons under Subparagraphs (b)(2), (b)(3), and (b)(4) of this Rule exist.
27	<u>(e)</u> The followi	ng shall be documented in the resident record and shall be made available upon request to potential
28	discharge location	ons:
29	(1)	The reason for discharge to include one or more of the following as applicable to the reasons under
30		Paragraph (b) of this Rule:
31		(A) documentation by physician, physician assistant or nurse practitioner as required in
32		Paragraph (b) of this Rule;
33		(B) the condition or circumstance that endangers the health or safety of the resident being
34		discharged or endangers the health or safety of individuals in the facility, and the facility's
35		action taken to address the problem prior to pursuing discharge of the resident;
36		(C) written notices of warning of discharge for failure to pay the costs of services and
37		accommodations; or

1	(D) the specific health need or condition of the resident that the facility determined could not
2	be met in the facility pursuant to G.S. 131D-2.2(a)(4) and as disclosed in the resident
3	contract signed upon the resident's admission to the facility; and
4	(2) any known intervention of law enforcement with the resident due to threatening behavior or violence
5	toward self or others.
6	(f) The facility shall document contacts with possible discharge locations and responses and make available this
7	documentation, upon request, to the resident, legal representative, the individual identified upon admission to receive
8	a discharge notice on behalf of the resident and the adult care home resident discharge team if convened. For the
9	purposes of this rule, "the individual identified upon admission to receive a discharge notice on behalf of the resident"
10	may be the same person as the resident's legal representative or responsible person as identified in the resident's
11	record.
12	(g) The facility shall provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge
13	from the facility as evidenced by:
14	(1) explaining to the resident and responsible person or legal representative and the individual identified
15	upon admission to receive a copy of the discharge notice on behalf of the resident why the discharge
16	is necessary;
17	(2) informing the resident and responsible person or legal representative and the individual identified
18	upon admission to receive a copy of the discharge notice on behalf of the resident about an
19	appropriate discharge destination; and
20	(A) If at the time of the discharge notice the discharge destination is unknown or is not
21	appropriate for the resident, the facility shall contact the local adult care home resident
22	discharge team to assist with placement; and
23	(B) The facility shall inform the resident and the resident's legal representative of their right to
24	request the Regional Long-Term Care Ombudsman to serve as a member of the adult care
25	home resident discharge team: and
26	(3) offering the following material to the caregiver with whom the resident is to be placed and providing
27	this material as requested prior to or upon discharge of the resident:
28	(A) a copy of the resident's most current FL-2;
29	(B) a copy of the resident's most current assessment and care plan;
30	(C) a list of referrals to licensed health professionals, including mental health;
31	(D) a copy of the resident's current physician orders;
32	(E) a list of the resident's current medications:
33	(F) the resident's current medications; and
34	(G) a record of the resident's vaccinations and TB screening:
35	(4) providing written notice of the name, address and telephone number of the following, if not provided
36	on the discharge notice required in Paragraph (c) of this Rule:
37	(A) the regional long-term care ombudsman; and

1		(B) the protection and advocacy agency established under federal law for persons with	
2		disabilities.	
3	(5)	providing the resident, responsible party or legal representative and the individual identified upon	
4		admission who received a copy of the discharge notice on behalf of the resident with the discharge	
5		location as determined by the adult care home resident discharge team, if convened, at or before the	
6		discharge hearing, if the location is known to the facility.	
7	(h) If an appeal hearing is requested:		
8	<u>(1)</u>	the facility shall provide to the resident or legal representative or the resident and the responsible	
9		person, and the Hearing Unit copies of all documents and records that the facility intends to use at	
10		the hearing at least five working days prior to the scheduled hearing; and	
11	(2)	the facility shall not discharge the resident before the final decision resulting from the appeal has	
12		been rendered, except in those cases of discharge specified in Paragraph (d) of this Rule.	
13	(i) If a discharge	is initiated by the resident or responsible person, the administrator may require up to a 14-day written	
14	notice from the r	resident or responsible person which means the resident or responsible person may be charged for the	
15	days of the requ	ired notice if notice is not given or if notice is given and the resident leaves before the end of the	
16	required notice	period. Exceptions to the required notice are cases in which a delay in discharge or transfer would	
17	jeopardize the he	ealth or safety of the resident or others in the facility. The facility's requirement for a notice from the	
18	resident or respo	onsible person shall be established in the resident contract or the house rules provided to the resident	
19	or responsible pe	erson upon admission.	
20	(j) The discharge	requirements in this Rule do not apply when a resident is transferred to an acute inpatient facility	
21	for mental or phy	ysical health evaluation or treatment and the adult care facility's bed hold policy applies based on the	
22	expected return	of the resident. If the facility decides to discharge a resident who has been transferred to an acute	
23	inpatient facility	and there has been no physician-documented level of care change for the resident, the discharge	
24	requirements in	this Rule apply.	
25			
26	History Note:	Authority G.S. 131D-2.1; 131D-2.16; 131D-4.8; 131D-4.5; 131D-21; 143B-165;	
27		Temporary Adoption Eff. January 1, 2000; December 1, 1999;	
28		Eff. April 1, 2001;	
29		Temporary Amendment Eff. July 1, 2003;	
30		Amended Eff. July 1, 2004. <u>2004:</u>	
31		<u>Readopted Eff. January 1, 2024.</u>	

1	10A NCAC 13C	6.1301 is readopted as published in 37:18 NCR 1874-1882 as follows:		
2				
3	SECTION .1300 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES			
4 5	10A NCAC 130	G.1301 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES		
6		be home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent		
7	•	body that the resident cannot remove easily and which that restricts freedom of movement or normal		
8	access to one's body, shall be:			
9	(1)	used only in those circumstances in which the resident has medical symptoms that warrant the use		
10		of restraints and not for discipline or convenience purposes;		
11	(2)	used only with a written order from a physician except in emergencies, according to Paragraph (e)		
12		of this Rule;		
13	(3)	the least restrictive restraint that would provide safety;		
14	(4)	used only after alternatives that would provide safety to the resident and prevent a potential decline		
15		in the resident's functioning have been tried and documented in the resident's record.		
16	(5)	used only after an assessment and care planning process has been completed, except in emergencies,		
17		according to Paragraph (d) of this Rule;		
18	(6)	applied correctly according to the manufacturer's instructions and the physician's order; and		
19	(7)	used in conjunction with alternatives in an effort to reduce restraint use.		
20	Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing			
21	mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance			
22	abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed			
23	lower to the floo	r, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering		
24	fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and			
25	providing supportive devices such as wedge cushions.			
26	(b) The facility	shall ask the resident or resident's legal representative if the resident may be restrained based on an		
27	order from the resident's physician. The facility shall inform the resident or legal representative of the reason for the			
28	request and the	benefits of restraint use and the negative outcomes and alternatives to restraint use. The resident or		
29	the resident's leg	gal representative may accept or refuse restraints based on the information provided. Documentation		
30	shall consist of a	a statement signed by the resident or the resident's legal representative indicating the signer has been		
31	informed, the signer's acceptance or refusal of restraint use and, if accepted, the type of restraint to be used and the			
32	medical indicators for restraint use.			
33	Note: Potential negative outcomes of restraint use include incontinence, decreased range of motion, decreased ability			
34	to ambulate, increased risk of pressure ulcers, symptoms of withdrawal or depression and reduced social contact.			
35	(c) In addition to the requirements in Rule 13F .0801, .0802 and .0903 of this Subchapter regarding assessments and			
36	care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph			
37	(a)(5) of this Ru	le shall meet the following requirements:		

1	(1)	The assessment and care planning shall be implemented through a team process with the team
2		consisting of at least a staff supervisor or personal care aide, a registered nurse, the resident and the
3		resident's responsible person or legal representative. If the resident or resident's responsible person
4		or legal representative is unable to participate, there shall be documentation in the resident's record
5		that they were notified and declined the invitation or were unable to attend.
6	(2)	The assessment shall include consideration of the following:
7		(A) medical symptoms that warrant the use of a restraint;
8		(B) how the medical symptoms affect the resident;
9		(C) when the medical symptoms were first observed;
10		(D) how often the symptoms occur;
11		(E) alternatives that have been provided and the resident's response; and
12		(F) the least restrictive type of physical restraint that would provide safety.
13	(3)	The care plan shall include the following:
14		(A) alternatives and how the alternatives will be used prior to restraint use and in an effort to
15		reduce restraint time once the resident is restrained;
16		(B) the type of restraint to be used; and
17		(C) care to be provided to the resident during the time the resident is restrained.
18	(d) The followin	ng applies to the restraint order as required in Subparagraph (a)(2) of this Rule:
19	(1)	The order shall indicate:
20		(A) the medical need for the restraint;
21		(B) the type of restraint to be used;
22		(C) the period of time the restraint is to be used; and
23		(D) the time intervals the restraint is to be checked and released, but no longer than every 30
24		minutes for checks and two hours for releases.
25	(2)	If the order is obtained from a physician other than the resident's physician, the facility shall notify
26		the resident's physician of the order within seven days.
27	(3)	The restraint order shall be updated by the resident's physician at least every three months following
28		the initial order.
29	(4)	If the resident's physician changes, the physician who is to attend the resident shall update and sign
30		the existing order.
31	(5)	In emergency situations, the administrator or administrator-in-charge shall make the determination
32		relative to the need for a restraint and its type and duration of use until a physician is contacted.
33		Contact with a physician shall be made within 24 hours and documented in the resident's record.
34	(6)	The restraint order shall be kept in the resident's record.
35	(e) All instances	s of the use of physical restraints and alternatives shall be documented by the facility in the resident's
36	record and inclue	de the following:
37	(1)	restraint alternatives that were provided and the resident's response;

6 of this
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