

1 10A NCAC 13F .0404 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13F .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR**

4 ~~There shall be a designated adult~~ Adult care home homes shall have an activity director who meets the following  
5 qualifications:

- 6 (1) The activity director (~~employed~~ hired ~~on or after August 1, 1991~~) September 30, 2022 shall meet a  
7 minimum educational requirement by being ~~at least~~ a high school graduate or certified under the  
8 GED Program ~~or by passing an alternative examination established by the Department of Health &~~  
9 ~~Human Services. Program.~~
- 10 (2) The activity director ~~hired~~ on or ~~after July 1, 2005~~ September 30, 2022 shall ~~have completed or~~  
11 ~~complete,~~ within nine months of employment or assignment to this position, the basic activity course  
12 for assisted living activity directors offered by community colleges or a comparable activity course  
13 as determined by the Department based on instructional hours and content. ~~A person with a degree~~  
14 ~~in recreation administration or therapeutic recreation or who is state or nationally certified as a~~  
15 ~~Therapeutic Recreation Specialist or certified by the National Certification Council for Activity~~  
16 ~~Professionals meets this requirement as does a person who completed the activity coordinator course~~  
17 ~~of 48 hours or more through a community college before July 1, 2005. An activity director shall be~~  
18 ~~exempt from the required basic activity course if one or more of the following applies:~~
- 19 (a) ~~be a licensed recreational therapist or be eligible for certification as a therapeutic recreation~~  
20 ~~specialist as defined by the North Carolina Recreational Therapy Licensure Act in~~  
21 ~~accordance with G.S. 90C;~~
- 22 (b) ~~have two years of experience working in [a social or] programming for an adult recreation~~  
23 ~~or activities program within the last five years, one year of which was full-time in [a~~  
24 ~~patient] an activities program for patients or residents in a health care or long term care~~  
25 ~~setting;~~
- 26 (c) ~~be a licensed occupational therapist or licensed occupational therapy assistant in~~  
27 ~~accordance with G.S. 90, Article 18D; or~~
- 28 (d) ~~be certified as an Activity Director by the National Certification Council for Activity~~  
29 ~~Professionals.~~

30  
31 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*  
32 *Eff. January 1, 1977;*  
33 *Readopted Eff. October 31, 1977;*  
34 *Amended Eff. April 1, 1987; April 1, 1984;*  
35 *Temporary Amendment Eff. July 1, 2003;*  
36 *Amended Eff. June 1, 2004;*  
37 *Temporary Amendment Eff. July 1, 2004;*

1                    *Amended Eff. July 1, ~~2005~~ 2005;*  
2                    *Readopted Eff. October 1, 2022.*

1 10A NCAC 13F .0407 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13F .0407 OTHER STAFF QUALIFICATIONS**

4 (a) Each staff person at an adult care home shall:

- 5 (1) have a job description that reflects ~~actual the~~ [positions,] position's duties and responsibilities and  
6 is signed by the administrator and the employee;
- 7 (2) be able to ~~apply~~ implement all of the adult care home's accident, fire ~~safety~~ safety, and emergency  
8 procedures for the protection of the residents;
- 9 (3) be informed of the confidential nature of resident information and shall protect and preserve ~~such~~  
10 the information from unauthorized use and ~~disclosure.~~ disclosure, in accordance with  
11 Note: G.S. 131D-2(b)(4), 131D-21(6), G.S. 131D-21(6) and 131D-21.1 govern the disclosure of  
12 such information; [131D-21.1;] 131D-21.1;
- 13 (4) not hinder or interfere with the exercise of the rights guaranteed under the Declaration of Residents'  
14 Rights in G.S. 131D-21;
- 15 (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry  
16 according to G.S. 131E-256;
- 17 (6) have documented annual immunization against influenza virus according to G.S. 131D-9, except as  
18 documented otherwise according to exceptions in this law; and exceptions as provided in the law  
19 shall be documented in the staff person's personnel record;
- 20 (7) have a criminal background check completed in accordance with G.S. ~~114-19.10 and~~ 131D-40;  
21 131D-40 and results available in the staff person's personnel file;
- 22 (8) have [results of the] an examination and screening for the presence of controlled substances  
23 completed in accordance with G.S. [131D-45;] 131D-45 and results available in the staff person's  
24 personnel file;
- 25 ~~(8)(9)~~ maintain a valid current driver's license if responsible for transportation of residents; and
- 26 ~~(9)(10)~~ be willing to work cooperate with bona fide state and local inspectors ~~and the monitoring and~~  
27 ~~licensing agencies toward meeting and maintaining~~ when determining and maintaining compliance  
28 with the rules of this Subchapter.

29 (b) ~~Any~~ At all times, there shall be at least one staff member left person in the facility ~~left~~ in charge of ~~the~~ resident  
30 care of residents who shall be 18 years or older.

31 (c) If licensed practical nurses are employed by the facility and practicing in their licensed capacity as governed by  
32 ~~their practice act and occupational licensing laws,~~ the North Carolina Board of Nursing, there shall be ~~continuous~~  
33 ~~availability of~~ a registered nurse ~~consistent~~ available in accordance with the rules set forth in Rules 21 NCAC 36  
34 ~~.0224(i) .0224 and 21 NCAC 36 .0225. .0225,~~ which are hereby incorporated by reference including subsequent  
35 amendments.

36 Note: The practice of licensed practical nurses is governed by their occupational licensing laws.

37

1 *History Note: Authority G.S. 131D-2.16; ~~131D-4.5~~; 131D 4.5(4); 143B-165;*  
2 *Eff. January 1, 1977;*  
3 *Readopted Eff. October 31, 1977;*  
4 *Amended Eff. April 1, 1984;*  
5 *Temporary Amendment Eff. September 1, 2003; July 1, 2003.*  
6 *Amended Eff. June 1, ~~2004~~; 2004;*  
7 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13F .0501 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **SECTION .0500 - STAFF ORIENTATION, TRAINING, COMPETENCY AND CONTINUING**  
4 **EDUCATION**

5  
6 **10A NCAC 13F .0501 PERSONAL CARE TRAINING AND COMPETENCY**

7 (a) ~~An adult care home~~ The facility shall assure that staff who provide or directly supervise staff who provide personal  
8 care to residents ~~successfully~~ complete an 80-hour personal care training and competency evaluation program  
9 established ~~[or approved]~~ by the Department. For the purpose of this Rule, Directly supervise ~~["Directly"]~~ "directly  
10 supervise" means being on duty in the facility to oversee or direct the performance of staff duties. ~~Copies~~ A copy of  
11 the 80-hour training and competency evaluation program ~~are~~ is available ~~at the cost of printing and mailing by~~  
12 ~~contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center,~~  
13 ~~Raleigh, NC 27699-2708. online at~~ [[https://info.ncdhhs.gov/dhsr/acls/training/PCA\\_trainingmanual.html](https://info.ncdhhs.gov/dhsr/acls/training/PCA_trainingmanual.html),  
14 <https://info.ncdhhs.gov/dhsr/acls/training/index.html#80hr>, at no cost. The 80-hour personal care training and  
15 competency evaluation program curriculum shall include:

- 16 (1) observation and documentation skills;  
17 (2) basic nursing skills, including special health-related tasks;  
18 (3) activities of daily living and personal care skills;  
19 (4) cognitive, behavioral, and social care;  
20 (5) basic restorative services; and  
21 (6) residents' rights as established by G.S. 131D-21.

22 (b) The facility shall assure that training specified in Paragraph (a) of this Rule is ~~successfully~~ completed within six  
23 months after hiring for staff hired after ~~September 1, 2003.~~ ~~[October 1, 2022.]~~ September 30, 2022. Documentation  
24 of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the  
25 facility and available for ~~review.~~ review by the Division of Health Service Regulation and the county department of  
26 social services.

27 (c) The facility shall assure that staff who perform or directly supervise staff who perform personal care receive  
28 training and supervision on the performance of individual job assignments prior to meeting the training and  
29 competency requirements of this Rule. Documentation of training shall be maintained in the facility and available for  
30 review by the Division of Health Service Regulation and the county department of social services.

31 ~~(e)~~(d) The Department shall exempt staff from the 80-hour training and competency evaluation program who are:

- 32 (1) licensed health professionals;  
33 (2) listed on the Nurse Aide Registry; or  
34 (3) documented as having ~~successfully~~ completed a ~~40-45 or 75-80 hour training program or~~  
35 ~~competency evaluation program approved by the Department since January 1, 1996 according to~~  
36 ~~Rule .0502 of this Section.~~ one of the following previously approved training programs:  
37 (A) a 40-hour or 75-hour training and competency evaluation program prior to July 1, 2000; or



1 10A NCAC 13F .0502 is repealed as published in 36:18 NCR 1487-1495 as follows:

2

3 **10A NCAC 13F .0502 PERSONAL CARE TRAINING CONTENT AND INSTRUCTORS**

4

5 *History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*

6 *Temporary Adoption Eff. January 1, 1996;*

7 *Eff. May 1, 1997;*

8 *Temporary Amendment Eff. December 1, 1999;*

9 *Amended Eff. July 1, 2000;*

10 *Temporary Amendment Eff. September 1, 2003;*

11 *Amended Eff. June 1, 2004;*

12 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6,*

13 *~~2018.~~ 2018.*

14 *Repealed Eff. October 1, 2022.*

1 10A NCAC 13F .0503 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13F .0503 MEDICATION ADMINISTRATION COMPETENCY**

4 (a) The competency evaluation for medication administration required in Rule .0403 of this Subchapter shall consist  
5 of a written examination and a clinical skills ~~evaluation~~ validation to determine competency in the following areas:

- 6 (1) medical abbreviations and terminology;
- 7 (2) transcription of medication orders;
- 8 (3) obtaining and documenting vital signs;
- 9 (4) procedures and tasks involved with the preparation and administration of oral (including liquid,  
10 sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications;
- 11 (5) infection control procedures;
- 12 (6) documentation of medication administration;
- 13 (7) monitoring for reactions to medications and procedures to follow when there appears to be a change  
14 in the resident's condition or health status based on those reactions;
- 15 (8) medication storage and disposition;
- 16 (9) ~~regulations~~ rules pertaining to medication administration in adult care facilities; and
- 17 (10) the facility's medication administration policy and procedures.

18 (b) An individual shall score at least 90% on the written examination which shall be a standardized examination  
19 established by the Department.

20 (c) ~~A certificate of successful completion of the written examination shall be issued to each participant successfully~~  
21 ~~completing the examination. [who successfully completes the examination as required in Paragraph (b) of this rule.]~~  
22 ~~A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable~~  
23 ~~from one facility to another as proof of successful completion of the written examination. A medication study guide~~  
24 ~~for the written examination is available at no charge by contacting the Division of Health Service Regulation, Adult~~  
25 ~~Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699 2708. Verification of an individual's~~  
26 ~~completion of the written examination and results can be obtained at no charge on the North Carolina Adult Care~~  
27 ~~Medication Aide Testing website at <https://mats.ncdhhs.gov/test-result>.~~

28 (d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a  
29 ~~registered licensed~~ pharmacist consistent with their occupational licensing laws and who has a current unencumbered  
30 license in North Carolina. This validation shall be completed for those medication administration tasks to be performed  
31 in the facility. The registered nurse or licensed pharmacist shall conduct a clinical skills validation for each medication  
32 administration task or skill that will be performed in the facility. Competency validation by a registered nurse is  
33 required for unlicensed staff who perform any of the personal care tasks related to medication administration listed in  
34 Subparagraphs (a)(4), (a)(7), (a)(11), (a)(14), and (a)(15) as specified in Rule .0903 of this Subchapter.

35 (e) The Medication Administration Skills Validation Form shall be used to document successful completion of the  
36 clinical skills validation portion of the competency evaluation for those medication administration tasks to be  
37 performed in the facility employing the medication aide. The form requires the following:



1           (1) name of the staff and adult care home;

2           (2) satisfactory completion date of demonstrated competency of task or skill with the instructor's initials  
3           or signature;

4           (3) if staff needs more training on skills or tasks, it should be noted with the instructor's signature; and

5           (4) staff and instructor signatures and date after completion of tasks.

6 Copies of this form and instructions for its use may be obtained at no cost ~~by contacting the Adult Care Licensure~~  
7 ~~Section, Division of Health Service Regulation, 2708 Mail Service Center, Raleigh, NC 27699-2708.~~ on the Adult  
8 Care Licensure website, <https://info.ncdhhs.gov/dhsr/acls/pdf/medchk1st.pdf>. The completed form shall be maintained  
9 and available for review in the facility and is not transferable from one facility to another.

10  
11 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*  
12 *Temporary Adoption Eff. January 1, 2000; December 1, 1999;*  
13 *Eff. July 1, 2000;*  
14 *Temporary Amendment Eff. July 1, 2003;*  
15 *Amended Eff. June 1, ~~2004~~, 2004;*  
16 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13F .0504 is amended with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13F .0504 COMPETENCY EVALUATION AND VALIDATION FOR LICENSED HEALTH**  
4 **PROFESSIONAL SUPPORT TASKS**

5 ~~(a) An adult care home [The facility] shall assure that non licensed personnel and licensed personnel [non licensed~~  
6 ~~staff and licensed staff] not practicing in their licensed capacity as governed by their practice act and [in accordance~~  
7 ~~with] occupational licensing laws are competency validated by return demonstration for any personal care task~~  
8 ~~specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter [Subchapter. The facility shall assure~~  
9 ~~the competency validation occurs] prior to staff performing the task and that their ongoing competency is assured~~  
10 ~~through facility staff oversight and supervision.~~

11 ~~(a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a)(1) through (a)(28) of~~  
12 ~~Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their~~  
13 ~~licensed capacity after a licensed health professional has validated the staff person is competent to perform the task.~~

14 ~~(b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the~~  
15 ~~performance of each personal care task. The licensed health professional shall validate that the staff person has the~~  
16 ~~knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed~~  
17 ~~on a resident.~~

18 ~~(b)(c) Competency Evaluation and validation of competency shall be performed by the following licensed health~~  
19 ~~professionals: professionals in accordance with his or her North Carolina occupational licensing laws:~~

- 20 (1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks  
21 specified in Subparagraphs (a)(1) through ~~(28)~~ (a)(28) of Rule .0903 of this ~~Subchapter.~~ Subchapter;
- 22 (2) In lieu of a registered nurse, a licensed respiratory care practitioner ~~licensed under G.S. 90, Article~~  
23 ~~38,~~ may validate the competency of staff who perform personal care tasks specified in  
24 Subparagraphs (a)(6), (a)(11), (a)(16), (a)(18), ~~(a)(19)~~ (a)(19), and (a)(21) of Rule .0903 of this  
25 ~~Subchapter.~~ Subchapter;
- 26 (3) In lieu of a registered nurse, a ~~registered~~ licensed pharmacist may validate the competency of staff  
27 who perform the personal care ~~task~~ tasks specified in Subparagraph (a)(8) and (a)(11) of Rule .0903  
28 of this Subchapter. An immunizing pharmacist may validate the competency of staff who perform  
29 the personal care task specified in Subparagraph (a)(15) of Rule .0903 of this [Subchapter.]  
30 Subchapter; and
- 31 (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the  
32 competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22)  
33 through ~~(27)~~ (a)(27) of Rule .0903 of this Subchapter.

34 ~~(c) Competency validation of staff, according to Paragraph (a) of this Rule, for the licensed health professional support~~  
35 ~~tasks specified in Paragraph (a) of Rule .0903 of this Subchapter and the performance of these tasks is limited~~  
36 ~~exclusively to these tasks except in those cases in which a physician acting under the authority of G.S. 131D 2.2(a)~~

1 ~~certifies that non-licensed personnel can be competency validated to perform other tasks on a temporary basis to meet~~  
2 ~~the resident's needs and prevent unnecessary relocation. [relocation of the resident.]~~

3 (d) If a physician certifies that care can be provided to a resident in an adult care home on a temporary basis in  
4 accordance with G.S. 131D-2.2(a), the facility shall ensure that the staff performing the care task(s) authorized by the  
5 physician are competent to perform the task(s) in accordance with Paragraphs (b) and (c) of this Rule. For the purpose  
6 of this Rule, "temporary basis" means a length of time as determined by the resident's physician to meet the care  
7 needs of the resident and prevent the resident's relocation from the adult care home.

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

10 *Temporary Adoption Eff. September 1, 2003;*

11 *Eff. July 1, 2004;*

12 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6,*  
13 *2018;*

14 *Amended Eff. October 1, 2022; July 1, 2021.*

1 10A NCAC 13F .0508 is amended with changes as published in 36:18 NCR 1487-1495 as follows [Note: The update  
2 shown of the website address in italics was amended pursuant to G.S. 150B-21.5(a)(4) effective April 1, 2022]:

3  
4 **10A NCAC 13F .0508 ASSESSMENT TRAINING**

5 The person or persons designated by the administrator to perform resident assessments as required by Rule .0801 of  
6 this Subchapter shall ~~successfully complete training on resident assessment~~ read the Resident Assessment Self-  
7 Instructional Manual for Adult Care Homes established by the Department and certify completion by signature on the  
8 last page of the manual before performing the required resident assessments. Registered nurses are exempt from ~~the~~  
9 ~~assessment training, this requirement.~~ The Resident Assessment Self-Instructional Manual for Adult Care Homes is  
10 herein incorporated by reference including subsequent amendments and [editions.] ~~The instruction manual on resident~~  
11 ~~assessment~~ editions and is available on the ~~internet~~ Adult Care Licensure website, ~~*http://facility-*~~  
12 ~~*services.state.nc.us/gepage.htm,*~~ or it is available at the cost of printing and mailing from the Division of Health  
13 Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699 2708.  
14 ~~*https://info.ncdhhs.gov/dhsr/acls/pdf/assessmentmanual.pdf,*~~ at no cost.

15  
16 *History Note: Authority G.S. 131D-2.15; 131D-2.16; 131D-4.5; 143B-165;*

17 *Temporary Adoption Eff. September 1, 2003;*

18 *Eff. June 1, 2004;*

19 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6,*  
20 *2018-2018;*

21 *Amended Eff. October 1, 2022; April 1, 2022.*

1 10A NCAC 13F .0905 is amended with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13F .0905 ACTIVITIES PROGRAM**

4 (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement  
5 with each other, their families, and the community.

6 (b) The program shall be designed to promote active involvement by all residents but is not to require any individual  
7 to participate in any activity against his or her will. If there is a question about a resident's ability to participate in an  
8 activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities.

9 (c) The activity ~~director, as required in Rule .0404 of this Subchapter,~~ director shall:

10 (1) use information on the residents' interests and capabilities as documented upon admission and  
11 updated as needed to arrange for or provide planned individual and group activities for the residents,  
12 taking into account the varied interests, ~~capabilities~~ capabilities, and possible cultural differences of  
13 the residents;

14 (2) prepare a monthly calendar of planned group activities which shall be easily readable with large  
15 print, [to residents within the community,] in a format that is legible and shall be posted in a  
16 ~~prominent~~ location accessible to residents by the first day of each month, and updated when there  
17 are any changes;

18 (3) involve community resources, such as recreational, volunteer, ~~religious, aging and developmentally~~  
19 ~~disabled associated agencies,~~ and religious organizations, to enhance the activities available to  
20 residents;

21 (4) evaluate and document the overall effectiveness of the activities program at least every six months  
22 with input from the residents to determine what have been the most valued activities and to elicit  
23 suggestions of ways to enhance the program;

24 (5) encourage residents to participate in activities; and

25 (6) assure there are ~~adequate supplies,~~ supplies necessary for planned activities, ~~supervision~~  
26 supervision, and assistance to enable each resident to participate. Aides and other facility staff may  
27 be used to assist with activities.

28 (d) There shall be a minimum of at least 14 hours of a variety of planned group activities per week that include  
29 activities that promote socialization, physical interaction, group accomplishment, creative expression, increased  
30 ~~knowledge~~ knowledge, and learning of new skills. ~~Homes that care exclusively for residents with HIV disease are~~  
31 ~~exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a~~  
32 ~~variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties,~~  
33 ~~discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and~~  
34 ~~spelling bees.~~

35 (e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by  
36 oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative

1 expression. ~~Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and~~  
 2 ~~nature walks.~~

3 (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested  
 4 in being involved in the community more frequently shall be encouraged to do so.

5 (g) ~~Each resident~~ Residents shall have the opportunity to participate in ~~meaningful work type and~~ volunteer service  
 6 activities in the home facility or in the ~~community, but participation shall be on an entirely voluntary basis, never~~  
 7 ~~forced upon residents and not assigned in place of staff.~~ community. Participation in volunteer activities shall not be  
 8 required of residents and shall not involve any duties or responsibilities that are [typically performed by] outlined in  
 9 the job descriptions of facility staff.

10  
 11 *History Note: Authority G.S. 131D-2.16; ~~131D-4.5; 143B-165; 131D-4.1; 131D-4.3;~~*

12 *Eff. January 1, 1977;*

13 *Readopted Eff. October 31, 1977;*

14 *Amended Eff. April 1, 1987; April 1, 1984;*

15 *Temporary Amendment Eff. July 1, 2003;*

16 *Amended Eff. July 1, 2004;*

17 *Temporary Amendment Eff. July 1, 2004 (This temporary amendment replaces the permanent rule*  
 18 *approved by RRC on May 20, 2004);*

19 *Amended Eff. July 1, 2005;*

20 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6,*  
 21 *~~2018.~~ 2018;*

22 *Amended Eff. October 1, 2022.*

1 10A NCAC 13F .1006 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13F .1006 MEDICATION STORAGE**

4 (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner  
5 as specified ~~in~~ by the adult care home's medication storage policy and procedures.

6 (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration,  
7 shall be maintained ~~in a safe manner~~ under locked security except when under the ~~immediate~~ or direct physical  
8 supervision of staff in charge of medication administration.

9 (c) The medication storage area shall be ~~clean, well lighted, well ventilated,~~ routinely cleaned, include functional  
10 lighting, ventilated to circulate fresh air, large enough to store medications in an orderly manner, and located in areas  
11 other than the bathroom, kitchen or utility room. Medication carts shall be ~~clean~~ routinely cleaned and medications  
12 shall be stored in an orderly manner.

13 (d) ~~Accessibility to locked~~ Locked storage areas for medications shall only be accessible by staff responsible for  
14 medication ~~administration and administrator~~ administration, the administrator, or ~~person in charge,~~ the administrator-  
15 in-charge.

16 (e) Medications intended for topical or external use, except for ophthalmic, ~~otic~~ otic, and transdermal medications  
17 shall be stored in a designated area separate from the medications intended for oral and injectable use. Ophthalmic,  
18 ~~otic~~ otic, and transdermal medications may be stored with medications intended for oral and injectable use.  
19 Medications shall be stored apart from cleaning agents and hazardous chemicals.

20 (f) Medications requiring refrigeration shall be stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C).

21 (g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items,  
22 except when stored in a separate container. The container shall be locked when storing medications unless the  
23 refrigerator is locked or is located in a locked medication area.

24 (h) The facility may possess a stock of non-prescription medications or the following prescription legend medications  
25 for general or common ~~use;~~ use in accordance with physicians' orders:

- 26 (1) irrigation solutions in single unit quantities exceeding 49 ml. and related diagnostic agents;  
27 (2) diagnostic agents;  
28 (3) vaccines; and  
29 (4) water for injection and normal saline for injection.

30 ~~Note: A prescribing practitioner's order is required for the administration of any medication as stated in Rule .1004(a)~~  
31 ~~of this Section.~~

32 (i) First aid supplies shall be immediately ~~available,~~ available to staff within the facility, stored out of sight of residents  
33 and ~~visitors~~ visitors, and stored separately from medications, and in a secure and an orderly manner. medications.

34  
35 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*

36 *Eff. July 1, 2005; 2005;*

37 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13F .1008 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13F .1008 CONTROLLED SUBSTANCES**

4 (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt,  
5 ~~administration~~ administration, and disposition of controlled substances. These records shall be maintained with the  
6 resident's record in the facility and in such an order that there can be accurate ~~reconciliation~~. reconciliation of  
7 controlled substances.

8 (b) Controlled substances may be stored together in a common location or container. If Schedule II medications are  
9 stored together in a common location, the Schedule II medications shall be under double lock.

10 (c) Controlled substances that are expired, ~~discontinued~~ discontinued, or no longer required for a resident shall be  
11 returned to the pharmacy within 90 days of the expiration or discontinuation of the controlled substance or following  
12 the death of the resident. The facility shall document the resident's name; the name, strength and dosage form of the  
13 controlled substance; and the amount returned. There shall also be documentation by the pharmacy of the receipt or  
14 return of the controlled substances.

15 (d) If the pharmacy will not accept the return of a controlled substance, the administrator or the administrator's  
16 designee shall destroy the controlled substance within 90 days of the expiration or discontinuation of the controlled  
17 substance or following the death of the resident. The destruction shall be witnessed by a licensed pharmacist,  
18 dispensing practitioner, or designee of a licensed pharmacist or dispensing practitioner. The destruction shall be  
19 conducted so that no person can use, administer, ~~sell~~ sell, or give away the controlled substance. Records of controlled  
20 substances destroyed shall include the resident's name; the name, strength and dosage form of the controlled substance;  
21 the amount destroyed; the method of destruction; and, the signature of the administrator or the administrator's designee  
22 and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or  
23 dispensing practitioner.

24 (e) Records of controlled substances returned to the pharmacy or destroyed by the facility shall be maintained by the  
25 facility for a minimum of three years.

26 (f) Controlled substances that are expired, discontinued, prescribed for a deceased ~~resident~~ resident, or deteriorated  
27 shall be stored securely in a locked area separately from actively used medications until disposed of.

28 (g) A dose of a controlled substance accidentally contaminated or not administered shall be destroyed at the facility.  
29 The destruction shall be conducted so that no person can use, administer, sell, or give away the controlled substance.

30 The destruction shall be documented on the medication administration record (MAR) or the controlled substance  
31 record showing the time, date, quantity, manner of ~~destruction~~ destruction, and the initials or signature of the person  
32 destroying the substance.

33 (h) The facility shall ensure that all known drug diversions are reported to the pharmacy, local law enforcement  
34 ~~agency~~ agency, and Health Care Personnel Registry as required by ~~state~~ State law, and that all suspected drug  
35 diversions are reported to the pharmacy. There shall be documentation of the contact and action taken.

36  
37 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*



- 1 *Eff. July 1, ~~2005~~ 2005.*
- 2 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13F .1010 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13F .1010 PHARMACEUTICAL SERVICES**

4 (a) An adult care home shall allow the residents the right to choose a pharmacy provider as long as the pharmacy  
5 provides services that are in accordance with requirements of this ~~Section and~~ Section, all applicable ~~state~~ State and  
6 federal ~~rules and~~ regulations regulations, and the facility's medication management policies and procedures.

7 (b) There shall be a current, written agreement with a licensed pharmacist or a prescribing practitioner for  
8 pharmaceutical care services in accordance with Rule .1009 of this Section. The written agreement shall include a  
9 statement of the responsibility of each party.

10 (c) The facility shall assure the provision of pharmaceutical services to meet the needs of the residents including  
11 procedures that assure the accurate ordering, ~~receiving~~ receiving, and administering of all medications prescribed on  
12 a routine, emergency, or as needed basis.

13 (d) The facility shall assure the provision of medication for residents on temporary leave from the facility or involved  
14 in day activities out of the facility. The facility shall have written policies and procedures for a resident's temporary  
15 leave of absence. The policies and procedures shall facilitate safe administration by assuring that upon receipt of the  
16 medication for a leave of absence the resident or the person accompanying the resident is able to identify the  
17 medication, dosage, and administration time for each medication provided for the temporary leave of absence. The  
18 policies and procedures shall include ~~at least~~ the following provisions:

19 (1) The amount of resident's medications provided shall be sufficient and necessary to cover the  
20 duration of the resident's absence. For the purposes of this Rule, sufficient and necessary means the  
21 amount of medication to be administered during the leave of absence or only a current dose pack,  
22 card, or container if the current dose pack, card, or container has enough medication for the planned  
23 absence;

24 (2) ~~Written~~ written and verbal instructions for each medication to be released for the resident's absence  
25 shall be provided to the resident or the person accompanying the resident upon the medication's  
26 release from the facility and shall ~~include at least:~~ include:

27 (A) the name and strength of the medication;

28 (B) the directions for administration as prescribed by the resident's physician; and

29 (C) any cautionary information from the original prescription package if the information is not  
30 on the container released for the leave of absence;

31 (3) ~~The~~ the resident's medication shall be provided in a capped or closed container that will protect the  
32 medications from contamination and spillage; and

33 (4) ~~Labeling~~ labeling of each of the resident's individual medication containers for the leave of absence  
34 shall be legible, include at least the name of the resident and the name and strength of the medication,  
35 and be affixed to each container.

36 The facility shall maintain documentation in the resident's record of medications provided for the resident's leave of  
37 absence, including the quantity released from the facility and the quantity returned to the facility. The documentation

1 of the quantities of medications released from and returned to the facility for a resident's leave of absence shall be  
2 verified by signature of the facility staff and resident or the person accompanying the resident upon the medications'  
3 release from and return to the facility.

4 (e) The facility shall assure that accurate records of the receipt, use, and disposition of medications are maintained in  
5 the facility and available upon request for review.

6 (f) A facility with 12 or more beds shall have a current, written agreement with a pharmacy provider for dispensing  
7 services. The written agreement shall include a statement of the responsibility of each party.

8

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

10 *Eff. July 1, 2005;*

11 *Amended Eff. April 1, ~~2015~~ 2015;*

12 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13F .1207 is amended as published in 36:18 NCR 1487-1495 as follows:

2

3 **10A NCAC 13F .1207 FACILITIES TO REPORT RESIDENT DEATHS**

4 ~~For purposes of this Section, facilities licensed in accordance with G.S. 131D-2~~ The facility shall report resident deaths  
5 to the Division of Health Service ~~Regulation.~~ Regulation in accordance with G.S. 131D-34.1.

6

7 *History Note: Authority G.S. 131D-2.4; 131D-2.16; ~~131D-2.4~~; 131D-34.1; ~~143B-165~~;*

8 *Temporary Adoption Eff. May 1, 2001;*

9 *Eff. July 18, 2002;*

10 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6,*

11 *~~2018.~~ 2018;*

12 *Amended Eff. October 1, 2022.*

1 10A NCAC 13G .0404 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13G .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR**

4 ~~There shall be a designated family Adult care home homes shall have an~~ activity director who meets the following  
5 qualifications: ~~qualifications set forth in this Rule.~~

- 6 (1) The activity director (~~employed hired~~ on or after August 1, 1991) September 30, 2022 shall meet a  
7 minimum educational requirement by being ~~at least~~ a high school graduate or certified under the  
8 GED Program ~~or by passing an alternative examination established by the Department of Health &~~  
9 ~~Human Services. Program.~~
- 10 (2) The activity director hired ~~on or~~ on or after July 1, 2005 September 30, 2022 shall have ~~completed or~~  
11 complete, within nine months of employment or assignment to this position, the basic activity course  
12 for assisted living activity directors offered by community colleges or a comparable activity course  
13 as determined by the Department based on instructional hours and content. ~~A person with a degree~~  
14 ~~in recreation administration or therapeutic recreation or who is state or nationally certified as a~~  
15 ~~Therapeutic Recreation Specialist or certified by the National Certification Council for Activity~~  
16 ~~Professional meets this requirement as does a person who completed the activity coordinator course~~  
17 ~~of 48 hours or more through a community college before July 1, 2005. An activity director shall be~~  
18 ~~exempt from the required basic activity course if one or more of the following applies:~~
- 19 (a) ~~be a licensed recreational therapist or be eligible for certification as a therapeutic recreation~~  
20 ~~specialist as defined by the North Carolina Recreational Therapy Licensure Act in~~  
21 ~~accordance with G.S. 90C;~~
- 22 (b) ~~have two years of experience working in [a social or] programming for an adult recreation~~  
23 ~~or activities program within the last five years, one year of which was full-time in [a~~  
24 ~~patient] an activities program for patients or residents in a health care or long term care~~  
25 ~~setting;~~
- 26 (c) ~~be a licensed occupational therapist or licensed occupational therapy assistant in~~  
27 ~~accordance with G.S. 90, Article 18D; or~~
- 28 (d) ~~be certified as an Activity Director by the National Certification Council for Activity~~  
29 ~~Professionals.~~

30  
31 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*  
32 *Eff. April 1, 1984;*  
33 *Amended Eff. July 1, 1990; April 1, 1987; January 1, 1985;*  
34 *ARRC Objection Lodged March 18, 1991;*  
35 *Amended Eff. August 1, 1991;*  
36 *Temporary Amendment Eff. July 1, 2004;*  
37 *Amended Eff. July 1, 2005- 2005;*

1

Readopted Eff. October 1, 2022.

1 10A NCAC 13G .0406 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13G .0406 OTHER STAFF QUALIFICATIONS**

4 (a) Each staff person of a family care home shall:

- 5 (1) have a job description that reflects ~~actual the~~ positions, position's duties ~~duties,~~ and responsibilities  
6 and is signed by the administrator and the employee;
- 7 (2) be able to ~~apply~~ implement all of the family care home's accident, fire ~~safety~~ safety, and emergency  
8 procedures for the protection of the residents;
- 9 (3) be informed of the confidential nature of resident information and shall protect and preserve ~~such~~  
10 the information from unauthorized use and ~~disclosure;~~ disclosure, in accordance with  
11 Note: G.S. 131D-2(b)(4), G.S. 131D-21(6), and G.S. 131D-21.1 govern the disclosure of such the  
12 information; [G.S. 131D-21.1;] G.S. 131D-21.1;
- 13 (4) not hinder or interfere with the exercise of the rights guaranteed under the Declaration of Residents'  
14 Rights in G.S. 131D-21;
- 15 (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry  
16 according to G.S. 131E-256;
- 17 (6) have documented annual immunization against influenza virus according to G.S. 131D-9, except as  
18 documented otherwise according to exceptions in this law; and exceptions as provided in the law  
19 shall be documented in the staff person's personnel record;
- 20 (7) have a criminal background check completed in accordance with ~~G.S. 114-19.10 and G.S. 131D-~~  
21 40; 131D-40 and results available in the staff person's personnel file;
- 22 (8) have [results of the] an examination and screening for the presence of controlled substances  
23 completed in accordance with G.S. [131D-45;] 131D-45 and results available in the staff person's  
24 personnel file;
- 25 ~~(8)(9)~~ maintain a valid current driver's license if responsible for transportation of residents; and
- 26 ~~(9)(10)~~ be willing to work cooperate with bona fide state and local inspectors ~~and the monitoring and~~  
27 licensing agencies toward meeting and maintaining when determining and maintaining compliance  
28 with the rules of this Subchapter.

29 (b) ~~Any~~ At all times, there shall be at least one staff member person in the facility ~~left~~ in charge of the resident care  
30 of residents who shall be 18 years or older.

31 (c) If licensed practical nurses are employed by the facility and practicing in their licensed capacity as governed by  
32 ~~their practice act and occupational licensing laws,~~ the North Carolina Board of Nursing, there shall be ~~continuous~~  
33 availability of a registered nurse consistent available in accordance with the rules set forth in Rules 21 NCAC 36  
34 .0224(i) .0224 and 21 NCAC 36 .0225. .0225, which are hereby incorporated by reference including subsequent  
35 amendments.

36 Note: The practice of licensed practical nurses is governed by their occupational licensing laws.

37

1 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*  
2 *Eff. January 1, 1977;*  
3 *Readopted Eff. October 31, 1977;*  
4 *Amended Eff. April 1, 1984;*  
5 *Temporary Amendment Eff. December 1, 1999;*  
6 *Amended Eff. July 1, 2000;*  
7 *Temporary Amendment Eff. September 1, 2003;*  
8 *Amended Eff. June 1, ~~2004~~ 2004;*  
9 *Readopted Eff. October 1, 2022.*



1 10A NCAC 13G .0501 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **SECTION .0500 – STAFF ORIENTATION, TRAINING, COMPETENCY AND CONTINUING**  
4 **EDUCATION**

5  
6 **10A NCAC 13G .0501 PERSONAL CARE TRAINING AND COMPETENCY**

7 ~~(a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy~~  
8 ~~care residents successfully complete a 25-hour training program, including competency evaluation, approved by the~~  
9 ~~Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are~~  
10 ~~those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise~~  
11 ~~means being on duty in the facility to oversee or direct the performance of staff duties.~~

12 ~~(b) The facility shall assure that staff who perform or directly supervise staff who perform personal care tasks listed~~  
13 ~~in Paragraph (i) of this Rule in facilities with heavy care residents successfully complete an 80-hour training program,~~  
14 ~~including competency evaluation, approved by the Department according to Rule .0502 of this Section and comparable~~  
15 ~~to the State approved Nurse Aide I training.~~

16 ~~(c) The facility shall assure that training specified in Paragraphs (a) and (b) of this Rule is successfully completed six~~  
17 ~~months after hiring for staff hired after July 1, 2000. Staff hired prior to July 1, 2000, shall have completed at least a~~  
18 ~~20-hour training program for the performance or supervision of tasks listed in Paragraph (i) of this Rule or a 75-hour~~  
19 ~~training program for the performance or supervision of tasks listed in Paragraph (j) of this Rule. The 20 and 75-hour~~  
20 ~~training shall meet all the requirements of this Rule except for the interpersonal skills and behavioral interventions~~  
21 ~~listed in Paragraph (j) of this Rule, within six months after hiring.~~

22 ~~(d) The Department shall have the authority to extend the six-month time frame specified in Paragraph (c) of this~~  
23 ~~Rule up to six additional months for a maximum allowance of 12 months for completion of training upon submittal~~  
24 ~~of documentation to the Department by the facility showing good cause for not meeting the six-month time frame.~~

25 ~~(e) Exemptions from the training requirements of this Rule are as follows:~~

26 ~~(1) The Department shall exempt staff from the 25-hour training requirement upon successful~~  
27 ~~completion of a competency evaluation approved by the Department according to Rule .0502 of this~~  
28 ~~Section if staff have been employed to perform or directly supervise personal care tasks listed in~~  
29 ~~Paragraph (h) and the interpersonal skills and behavioral interventions listed in Paragraph (j) of this~~  
30 ~~Rule in a comparable long-term care setting for a total of at least 12 months during the three years~~  
31 ~~prior to January 1, 1996, or the date they are hired, whichever is later.~~

32 ~~(2) The Department shall exempt staff from the 80-hour training requirement upon successful~~  
33 ~~completion of a 15-hour refresher training and competency evaluation program or a competency~~  
34 ~~evaluation program approved by the Department according to Rule .0502 of this Section if staff~~  
35 ~~have been employed to perform or directly supervise personal care tasks listed in Paragraph (i) and~~  
36 ~~the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule in a~~

1                   comparable long term care setting for a total of at least 12 months during the three years prior to  
2                   January 1, 1996, or the date they are hired, whichever is later.

3                   (3) — The Department shall exempt staff from the 25 and 80 hour training and competency evaluation  
4                   who are or have been licensed health professionals or Certified Nursing Assistants.

5 (f) The facility shall maintain documentation of the training and competency evaluations of staff required by the rules  
6 of this Subchapter. The documentation shall be filed in an orderly manner and made available for review by  
7 representatives of the Department.

8 (g) The facility shall assure that staff who perform or directly supervise staff who perform personal care tasks listed  
9 in Paragraphs (h) and (i), and the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule  
10 receive on the job training and supervision as necessary for the performance of individual job assignments prior to  
11 meeting the training and competency requirements of this Rule.

12 (h) For the purposes of this Rule, personal care tasks which require a 25 hour training program include, but are not  
13 limited to the following:

14                   (1) — assist residents with toileting and maintaining bowel and bladder continence;

15                   (2) — assist residents with mobility and transferring;

16                   (3) — provide care for normal, unbroken skin;

17                   (4) — assist with personal hygiene to include mouth care, hair and scalp grooming, care of fingernails, and  
18                   bathing in shower, tub, bed basin;

19                   (5) — trim hair;

20                   (6) — shave resident;

21                   (7) — provide basic first aid;

22                   (8) — assist residents with dressing;

23                   (9) — assist with feeding residents with special conditions but no swallowing difficulties;

24                   (10) — assist and encourage physical activity;

25                   (11) — take and record temperature, pulse, respiration, routine height and weight;

26                   (12) — trim toenails for residents without diabetes or peripheral vascular disease;

27                   (13) — perineal care;

28                   (14) — apply condom catheters;

29                   (15) — turn and position;

30                   (16) — collect urine or fecal specimens;

31                   (17) — take and record blood pressure if a registered nurse has determined and documented staff to be  
32                   competent to perform this task;

33                   (18) — apply and remove or assist with applying and removing prosthetic devices for stable residents if a  
34                   registered nurse, licensed physical therapist or licensed occupational therapist has determined and  
35                   documented staff to be competent to perform the task; and

36                   (19) — apply or assist with applying ace bandages, TED's and binders for stable residents if a registered  
37                   nurse has determined and documented staff to be competent to perform the task.

1 ~~(i) For the purposes of this Rule, personal care tasks which require a 80-hour training program are as follows:~~

- 2 ~~(1) — assist with feeding residents with swallowing difficulty;~~
- 3 ~~(2) — assist with gait training using assistive devices;~~
- 4 ~~(3) — assist with or perform range of motion exercises;~~
- 5 ~~(4) — empty and record drainage of catheter bag;~~
- 6 ~~(5) — administer enemas;~~
- 7 ~~(6) — bowel and bladder retraining to regain continence;~~
- 8 ~~(7) — test urine or fecal specimens;~~
- 9 ~~(8) — use of physical or mechanical devices attached to or adjacent to the resident which restrict movement~~
- 10 ~~or access to one's own body used to restrict movement or enable or enhance functional abilities;~~
- 11 ~~(9) — non-sterile dressing procedures;~~
- 12 ~~(10) — force and restrict fluids;~~
- 13 ~~(11) — apply prescribed heat therapy;~~
- 14 ~~(12) — care for non-infected pressure ulcers; and~~
- 15 ~~(13) — vaginal douches.~~

16 ~~(j) For purposes of this Rule, the interpersonal skills and behavioral interventions include, but are not limited to the~~  
 17 ~~following:~~

- 18 ~~(1) — recognition of residents' usual patterns of responding to other people;~~
- 19 ~~(2) — individualization of appropriate interpersonal interactions with residents;~~
- 20 ~~(3) — interpersonal distress and behavior problems;~~
- 21 ~~(4) — knowledge of and use of techniques, as alternatives to the use of restraints, to decrease residents'~~  
 22 ~~intrapersonal and interpersonal distress and behavior problems; and~~
- 23 ~~(5) — knowledge of procedures for obtaining consultation and assistance regarding safe, humane~~  
 24 ~~management of residents' behavioral problems.~~

25 (a) The facility shall assure that staff who provide or directly supervise staff who provide personal care to residents  
 26 complete an 80-hour personal care training and competency evaluation program established by the Department. For  
 27 the purpose of this Rule, [“Directly”] “directly supervise” means being on duty in the facility to oversee or direct the  
 28 performance of staff duties. A copy of the 80-hour training and competency evaluation program is available online at  
 29 [[https://info.ncdhhs.gov/dhsr/acls/training/PCA\\_trainingmanual.html](https://info.ncdhhs.gov/dhsr/acls/training/PCA_trainingmanual.html)],  
 30 <https://info.ncdhhs.gov/dhsr/acls/training/index.html#80hr>, at no cost. The 80-hour personal care training and  
 31 competency evaluation program curriculum shall include:

- 32 (1) — observation and documentation skills;
- 33 (2) — basic nursing skills, including special health-related tasks;
- 34 (3) — activities of daily living and personal care skills;
- 35 (4) — cognitive, behavioral, and social care;
- 36 (5) — basic restorative services; and
- 37 (6) — residents’ rights as established by G.S. 131D-21.

1

2 (b) The facility shall assure that training specified in Paragraph (a) of this Rule is completed within six months after  
 3 hiring for staff hired after ~~October 1, 2022.~~ September 30, 2022. Documentation of the successful completion of the  
 4 80-hour training and competency evaluation program shall be maintained in the facility and available for review by  
 5 the Division of Health Service Regulation and the county department of social services.

6 (c) The facility shall assure that staff who perform or directly supervise staff who perform personal care receive  
 7 training and supervision for the performance of individual job assignments prior to meeting the training and  
 8 competency requirements of this Rule. Documentation of training shall be maintained in the facility and available for  
 9 review by the Division of Health Service Regulation and the county department of social services.

10 (d) The Department shall exempt staff from the 80-hour training and competency evaluation program who are:

11 (1) licensed health professionals;

12 (2) listed on the Nurse Aide Registry; or

13 (3) documented as having completed one of the following previously approved training programs:

14 (A) a 20-hour or 75-hour training and competency evaluation program prior to July 1, 2000; or

15 (B) a 25-hour or 80-hour training and competency evaluation program from July 1, 2000  
 16 through September 30, 2017.

17

18 *History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*

19 *Temporary Adoption Eff. January 1, 1996;*

20 *Eff. May 1, 1997;*

21 *Temporary Amendment Eff. December 1, 1999;*

22 *Amended Eff. July 1, ~~2000.~~ 2000;*

23 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13G .0502 is repealed through readoption as published in 36:18 NCR 1487-1495 as follows:

2

3 **10A NCAC 13G .0502 PERSONAL CARE TRAINING AND COMPETENCY PROGRAM APPROVAL**

4

5 *History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*

6 *Temporary Adoption Eff. January 1, 1996;*

7 *Eff. May 1, 1997;*

8 *Temporary Amendment Eff. December 1, 1999;*

9 *Amended Eff. July 1, ~~2000~~. 2000;*

10 *Repealed Eff. October 1, 2022.*

1 10A NCAC 13G .0503 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

3 **10A NCAC 13G .0503 MEDICATION ADMINISTRATION COMPETENCY EVALUATION**

4 (a) The competency evaluation for medication administration shall consist of a written examination and a clinical  
5 skills ~~evaluation~~ validation to determine competency in the following areas:

- 6 (1) medical abbreviations and terminology;
- 7 (2) transcription of medication orders;
- 8 (3) obtaining and documenting vital signs;
- 9 (4) procedures and tasks involved with the preparation and administration of oral (including liquid,  
10 sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications;
- 11 (5) infection control procedures;
- 12 (6) documentation of medication administration;
- 13 (7) monitoring for reactions to medications and procedures to follow when there appears to be a change  
14 in the resident's condition or health status based on those reactions;
- 15 (8) medication storage and disposition;
- 16 (9) ~~regulations~~ rules pertaining to medication administration in adult care facilities; and
- 17 (10) the facility's medication administration policy and procedures.

18 (b) An individual shall score at least 90% on the written examination which shall be a standardized examination  
19 established by the Department.

20 (c) ~~A certificate of successful completion of the written examination shall be issued to each participant successfully~~  
21 ~~completing the examination. [who successfully completes the examination as required in Paragraph (b) of this Rule.]~~  
22 ~~A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable~~  
23 ~~from one facility to another as proof of successful completion of the written examination. A medication study guide~~  
24 ~~for the written examination is available at no charge by contacting the Division of Health Service Regulation, Adult~~  
25 ~~Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699 2708. Verification of an individual's~~  
26 ~~completion of the written examination and results can be obtained at no charge on the North Carolina Adult Care~~  
27 ~~Medication Aide Testing website at <https://mats.ncdhhs.gov/test-result>.~~

28 (d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a  
29 ~~registered licensed~~ pharmacist consistent with their occupational licensing laws and who has a current unencumbered  
30 license in North Carolina. This validation shall be completed for those medication administration tasks to be performed  
31 in the facility. The registered nurse or licensed pharmacist shall conduct a clinical skills validation for each medication  
32 administration task or skill that will be performed in the facility. Competency validation by a registered nurse is  
33 required for unlicensed staff who perform any of the personal care tasks related to medication administration listed in  
34 Subparagraphs (a)(4), (a)(7), (a)(11), (a)(14), and (a)(15) as specified in Rule .0903 of this Subchapter.

35 (e) The Medication Administration Skills Validation Form shall be used to document successful completion of the  
36 clinical skills validation portion of the competency evaluation for those medication administration tasks to be  
37 performed in the facility employing the medication aide. The form requires the following:

- 1           (1) name of the staff and adult care home;  
 2           (2) satisfactory completion date of demonstrated competency of task or skill with the instructor's initials  
 3               or signature;  
 4           (3) if staff needs more training on skills or tasks, it should be noted with the instructor's signature; and  
 5           (4) staff and instructor signatures and date after completion of tasks.

6 Copies of this form and instructions for its use may be obtained at no cost ~~by contacting the Adult Care Licensure~~  
 7 ~~Section, Division of Health Service Regulation, 2708 Mail Service Center, Raleigh, NC 27699-2708.~~ on the Adult  
 8 Care Licensure website, <https://info.ncdhhs.gov/dhsr/acls/pdf/medchklst.pdf>. The completed form shall be maintained  
 9 and available for review in the facility and is not transferable from one facility to another.

10

11 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*  
 12 *Temporary Adoption Eff. January 1, 2000; December 1, 1999;*  
 13 *Eff. July 1, ~~2000~~ 2000;*  
 14 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13G .0504 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13G .0504 COMPETENCY EVALUATION AND VALIDATION FOR LICENSED HEALTH**  
4 **PROFESSIONAL SUPPORT TASKS**

5 ~~(a) A family care home [The facility] shall assure that non-licensed personnel and licensed personnel [non-licensed~~  
6 ~~staff and licensed staff] not practicing in their licensed capacity as governed by their practice act and [in accordance~~  
7 ~~with] occupational licensing laws are competency validated by return demonstration for any personal care task~~  
8 ~~specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter [Subchapter. The facility shall assure~~  
9 ~~the competency validation occurs] prior to staff performing the task and that their ongoing competency is assured~~  
10 ~~through facility staff oversight and supervision.~~

11 (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a)(1) through (a)(28) of  
12 Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their  
13 licensed capacity after a licensed health professional has validated the staff person is competent to perform the task.

14 (b)(c) Competency Evaluation and validation of competency shall be performed by the following licensed health  
15 professionals: professionals in accordance with his or her North Carolina occupational licensing laws:

- 16 (1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks  
17 specified in Subparagraphs (a)(1) through ~~(28)~~ (a)(28) of Rule .0903 of this ~~Subchapter.~~ Subchapter;
- 18 (2) In lieu of a registered nurse, a licensed respiratory care practitioner ~~licensed under G.S. 90, Article~~  
19 ~~38,~~ may validate the competency of staff who perform personal care tasks specified in  
20 Subparagraphs (a)(6), (11), (16), (18), ~~(19)~~, and (21) of Rule .0903 of this Subchapter.  
21 Subchapter;
- 22 (3) In lieu of a registered nurse, a ~~registered~~ licensed pharmacist may validate the competency of staff  
23 who perform the personal care ~~task~~ tasks specified in Subparagraph (a)(8) and (11) of Rule .0903 of  
24 this Subchapter. An immunizing pharmacist may validate the competency of staff who perform the  
25 personal care task specified in Subparagraph (a)(15) of Rule .0903 of this [Subchapter.] Subchapter;  
26 and
- 27 (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the  
28 competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22)  
29 through ~~(27)~~ (a)(27) of Rule .0903 of this Subchapter.

30 ~~(e) Competency validation of staff, according to Paragraph (a) of this Rule, for the licensed health professional support~~  
31 ~~tasks specified in Paragraph (a) of Rule .0903 of this Subchapter and the performance of these tasks is limited~~  
32 ~~exclusively to these tasks except in those cases in which a physician acting under the authority of G.S. 131D-2(a1)~~  
33 ~~[131D-2.2(a)] certifies that non-licensed personnel can be competency validated to perform other tasks on a temporary~~  
34 ~~basis to meet the resident's needs and prevent unnecessary relocation. [relocation of the resident.]~~

35 (d) If a physician certifies that care can be provided to a resident in a family care home on a temporary basis in  
36 accordance with G.S. 131D-2.2(a), the facility shall ensure that the staff performing the care task(s) authorized by the  
37 physician are competent to perform the task(s) in accordance with Paragraphs (b) and (c) of this Rule. For the purpose



1 of this Rule, “temporary basis” means a length of time as determined by the resident’s physician to meet the care  
2 needs of the resident and prevent the resident’s relocation from the family care home.

3

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

5 *Temporary Adoption Eff. September 1, 2003;*

6 *Eff. July 1, ~~2004~~ 2004;*

7 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13G .0507 is readopted as published in 36:18 NCR 1487-1495 as follows:

2

3 **10A NCAC 13G .0507 TRAINING ON CARDIO-PULMONARY RESUSCITATION**

4 Each family care home shall have ~~at least~~ one staff person on the premises at all times who has completed within the  
5 last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich  
6 maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American  
7 Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these  
8 procedures from one of these organizations. ~~If the only staff person on site has been deemed physically incapable of~~  
9 ~~performing these procedures by a licensed physician, that person is exempt from the training.~~ The staff person trained  
10 according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing  
11 cardio-pulmonary resuscitation.

12

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

14 *Temporary Adoption Eff. September 1, 2003;*

15 *Eff. July 1, ~~2004~~, 2004;*

16 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13G .0508 is readopted with changes as published in 36:18 NCR 1487-1495 as follows [Note: The update  
2 shown of the website address in italics was amended pursuant to G.S. 150B-21.5(a)(4) effective April 1, 2022]:

3  
4 **10A NCAC 13G .0508 ASSESSMENT TRAINING**

5 The person or persons designated by the administrator to perform resident assessments as required by Rule .0801 of  
6 this Subchapter shall ~~successfully complete training on resident assessment~~ read the Resident Assessment Self-  
7 Instructional Manual for Adult Care Homes established by the Department and certify completion by signature on the  
8 last page of the manual before performing the required resident assessments. Registered nurses are exempt from ~~the~~  
9 ~~assessment training, this requirement.~~ The Resident Assessment Self-Instructional Manual for Adult Care Homes is  
10 herein incorporated by reference including subsequent amendments and [editions.] ~~The instruction manual on resident~~  
11 ~~assessment~~ editions and is available on the ~~internet~~ Adult Care Licensure website, ~~*http://facility-*~~  
12 ~~*services.state.nc.us/gepage.htm,*~~ or it is available at the cost of printing and mailing from the Division of Health  
13 Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699 2708.  
14 ~~*https://info.ncdhhs.gov/dhsr/acls/pdf/assessmentmanual.pdf,*~~ at no cost.

15  
16 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*

17 *Temporary Adoption Eff. September 1, 2003;*

18 *Eff. June 1, 2004;*

19 *Amended April 1, 2022; 2022:*

20 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13G .0903 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13G .0903 LICENSED HEALTH PROFESSIONAL SUPPORT**

4 (a) ~~A family care home~~ The facility shall assure that an appropriate licensed health ~~professional,~~ professional  
5 participates in the on-site review and evaluation of the residents' health status, care ~~plan~~ plan, and care provided for  
6 residents requiring one or more of the following personal care tasks:

- 7 (1) applying and removing ace bandages, ~~ted~~ TED hose, binders, and braces and splints;
- 8 (2) feeding techniques for residents with swallowing problems;
- 9 (3) bowel or bladder training programs to regain continence;
- 10 (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;
- 11 (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;
- 12 (6) chest physiotherapy or postural drainage;
- 13 (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic  
14 debriding agents;
- 15 (8) collecting and testing of fingerstick blood samples;
- 16 (9) care of well-established colostomy or ~~ileostomy~~ ileostomy. For the purpose of this Rule, "well-  
17 established colostomy or ileostomy" means (having having a healed surgical site without sutures or  
18 drainage); drainage;
- 19 (10) care for pressure ulcers, up to and including a Stage II pressure ~~ulcer~~ ulcer, which is a superficial  
20 ulcer presenting as an abrasion, ~~blister~~ blister, or shallow crater;
- 21 (11) inhalation medication by machine;
- 22 (12) forcing and restricting fluids;
- 23 (13) maintaining accurate intake and output data;
- 24 (14) medication administration through a well-established gastrostomy feeding ~~tube~~ tube. For the  
25 purpose of this Rule, "well-established gastrostomy feeding tube" means (having having a healed  
26 surgical site without sutures or drainage and through which a feeding regimen has been successfully  
27 established); established;
- 28 (15) medication administration through subcutaneous ~~injection;~~ injection in accordance with Rule  
29 .1004(q) except for anticoagulant medications;  
30 Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of  
31 this Subchapter;
- 32 (16) oxygen administration and monitoring;
- 33 (17) the care of residents who are physically restrained and the use of care practices as alternatives to  
34 restraints;
- 35 (18) oral suctioning;

- 1 (19) care of well-established tracheostomy, not to include ~~intra-tracheal endotracheal suctioning;~~  
 2 ~~suctioning. For the purpose of this Rule, "well-established tracheostomy" means the stoma is well-~~  
 3 ~~healed and the airway is patent;~~
- 4 (20) administering and monitoring of tube feedings through a well-established gastrostomy ~~feeding~~ tube  
 5 (see description in Subparagraph (14) of this Paragraph); in accordance with Subparagraph (a)(14)  
 6 of this Rule;
- 7 (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);
- 8 (22) application of prescribed heat therapy;
- 9 (23) application and removal of prosthetic devices except as used in ~~early~~ post-operative treatment for  
 10 shaping of the extremity;
- 11 (24) ambulation using assistive devices that requires physical assistance;
- 12 (25) range of motion exercises;
- 13 (26) any other prescribed physical or occupational therapy;
- 14 (27) transferring semi-ambulatory or non-ambulatory residents; or
- 15 (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and  
 16 rules promulgated under that ~~act~~ Act in 21 NCAC 36.

17 (b) The appropriate licensed health professional, as required in Paragraph (a) of this Rule, is:

- 18 (1) a registered nurse licensed under G.S. 90, Article 9A, for tasks listed in Subparagraphs (a)(1)  
 19 through (28) of this Rule;
- 20 (2) an occupational therapist licensed under G.S. 90, Article 18D or physical therapist licensed under  
 21 ~~G.S. 90-270.24, Article 18B~~ G.S. 90-270.90, Article 18E, for tasks listed in Subparagraphs (a)(17)  
 22 and (a)(22) through (27) of this Rule;
- 23 (3) a respiratory care practitioner licensed under G.S. 90, Article 38, for tasks listed in Subparagraphs  
 24 (a)(6), (11), (16), (18), ~~(19)~~ (19), and (21) of this Rule; or
- 25 (4) a registered nurse licensed under G.S. 90, Article 9A, for tasks that can be performed by a nurse  
 26 aide II according to the scope of practice as established in the Nursing Practice Act and rules  
 27 promulgated under that ~~act~~ Act in 21 NCAC 36.

28 (c) The facility shall assure that participation by a registered nurse, ~~occupational therapist~~ occupational therapist,  
 29 respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status,  
 30 care ~~plan~~ plan, and care provided, as required in Paragraph (a) of this Rule, is completed within ~~the first~~ 30 days after  
 31 ~~of~~ admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter,  
 32 and includes the following:

- 33 (1) performing a physical assessment of the resident as related to the resident's diagnosis or current  
 34 condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;
- 35 (2) evaluating the resident's progress to care being provided;
- 36 (3) recommending changes in the care of the resident as needed based on the physical assessment and  
 37 evaluation of the progress of the resident; and

- 1           (4)       documenting the activities in Subparagraphs (1) through (3) of this Paragraph.
- 2 ~~(d) The facility shall assure action is taken in response to the licensed health professional review and documented,~~
- 3 ~~and that the physician or appropriate health professional is informed of the recommendations when necessary.~~
- 4 (d) The facility shall follow-up and implement recommendations made by the licensed health professional including
- 5 referral to the physician or appropriate health professional when indicated. The facility shall document follow-up on
- 6 all recommendations made by the licensed health professional.

7

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

9 *Temporary Adoption Eff. January 1, 1996;*

10 *Eff. May 1, 1997;*

11 *Temporary Amendment Eff. December 1, 1999;*

12 *Amended Eff. July 1, 2000;*

13 *Temporary Amendment Eff. September 1, 2003;*

14 *Amended Eff. June 1, ~~2004~~ 2004;*

15 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13G .0905 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13G .0905 ACTIVITIES PROGRAM**

4 (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement  
5 with each other, their families, and the community.

6 (b) The program shall be designed to promote active involvement by all residents but is not to require any individual  
7 to participate in any activity against his or her will. If there is a question about a resident's ability to participate in an  
8 activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities.

9 (c) The activity ~~director, as required in Rule .0404 of this Subchapter,~~ director shall:

10 (1) use information on the residents' interests and capabilities as documented upon admission and  
11 updated as needed to arrange for or provide planned individual and group activities for the residents,  
12 taking into account the varied interests, ~~capabilities~~ capabilities, and possible cultural differences of  
13 the residents;

14 (2) prepare a monthly calendar of planned group activities which shall be easily readable with large  
15 print, [to residents within the community,] in a format that is legible and shall be posted in a  
16 ~~prominent~~ accessible to residents location by the first day of each month, and updated when there  
17 are any changes;

18 (3) involve community resources, such as recreational, volunteer, ~~religious, aging and developmentally~~  
19 ~~disabled associated agencies,~~ and religious organizations, to enhance the activities available to  
20 residents;

21 (4) evaluate and document the overall effectiveness of the activities program at least every six months  
22 with input from the residents to determine what have been the most valued activities and to elicit  
23 suggestions of ways to enhance the program;

24 (5) encourage residents to participate in activities; and

25 (6) assure there are ~~adequate supplies,~~ supplies necessary for planned activities, ~~supervision~~  
26 supervision, and assistance to enable each resident to participate. Aides and other facility staff may  
27 be used to assist with activities.

28 (d) There shall be a minimum of at least 14 hours of a variety of planned group activities per week that include  
29 activities that promote socialization, physical interaction, group accomplishment, creative expression, increased  
30 ~~knowledge~~ knowledge, and learning of new skills. ~~Homes that care exclusively for residents with HIV disease are~~  
31 ~~exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a~~  
32 ~~variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties,~~  
33 ~~discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and~~  
34 ~~spelling bees.~~

35 (e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by  
36 oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative

1 expression. ~~Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and~~  
2 ~~nature walks.~~

3 (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested  
4 in being involved in the community more frequently shall be encouraged to do so.

5 (g) ~~Each resident~~ Residents shall have the opportunity to participate in ~~meaningful work type and~~ volunteer service  
6 activities in the home facility or in the ~~community, but participation shall be on an entirely voluntary basis, never~~  
7 ~~forced upon residents and not assigned in place of staff.~~ community. Participation in volunteer activities shall not be  
8 required of residents and shall not involve any duties or responsibilities that are [typically performed by] outlined in  
9 the job descriptions of facility staff.

10

11 *History Note: Authority G.S. 131D-2.16; ~~143B-165~~; 131D-4.1; 131D-4.3;*

12 *Eff. January 1, 1977;*

13 *Readopted Eff. October 31, 1977;*

14 *Amended Eff. August 3, 1992; April 1, 1987; April 1, 1984;*

15 *Temporary Amendment Eff. July 1, 2004;*

16 *Amended Eff. July 1, ~~2005~~; 2005;*

17 *Readopted Eff. October 1, 2022.*



1 10A NCAC 13G .1005 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2

3 **10A NCAC 13G .1005 SELF-ADMINISTRATION OF MEDICATIONS**

4 (a) The facility shall permit residents who are competent and physically able ~~to self-administer~~ to self-administer their  
5 medications if the following requirements are met:

6 (1) the self-administration is ordered by a physician or other person legally authorized to prescribe  
7 medications in North Carolina and documented in the resident's record; and

8 (2) specific instructions for administration of prescription medications are printed on the medication  
9 label.

10 (b) ~~When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance~~  
11 ~~with the physician's orders or the facility's medication policies and procedures, the facility [staff] shall notify the~~  
12 ~~physician. The facility shall notify the physician when:~~

13 (1) ~~there is a change in the resident's mental or physical ability to self-administer;~~

14 (2) ~~the resident is non-compliant with the physician's orders; or~~

15 (3) ~~the resident is non-compliant with the facility's medication policies and procedures.~~

16 A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.

17

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

19 *Temporary Adoption Eff. December 1, 1999;*

20 *Eff. July 1, ~~2000~~. 2000;*

21 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13G .1006 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2  
3 **10A NCAC 13G .1006 MEDICATION STORAGE**

4 (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner  
5 as specified ~~in~~ by the facility's medication storage policy and procedures.

6 (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration,  
7 shall be maintained ~~in a safe manner~~ under locked security except when under the ~~immediate~~ or direct physical  
8 supervision of staff in charge of medication administration.

9 (c) The medication storage area shall be ~~clean, well lighted, well ventilated,~~ routinely cleaned, include functional  
10 lighting, ventilated to circulate fresh air, large enough to store medications in an orderly manner, and located in areas  
11 other than the bathroom, kitchen or utility room. Medication carts shall be ~~clean~~ routinely cleaned and medications  
12 shall be stored in an orderly manner.

13 (d) ~~Accessibility to locked~~ Locked storage areas for medications shall only be by staff responsible for medication  
14 ~~administration and administrator~~ administration, the administrator, or ~~person in charge.~~ the administrator-in-charge.

15 (e) Medications intended for topical or external use, except for ophthalmic, ~~the~~ otic, and transdermal medications,  
16 shall be stored in a designated area separate from the medications intended for oral and injectable use. Ophthalmic,  
17 ~~the~~ otic, and transdermal medications may be stored with medications intended for oral and injectable use.  
18 Medications shall be stored apart from cleaning agents and hazardous chemicals.

19 (f) Medications requiring refrigeration shall be stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C).

20 (g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items,  
21 except when stored in a separate container. The container shall be locked when storing medications unless the  
22 refrigerator is locked or is located in a locked medication area.

23 (h) The facility shall only possess a stock of non-prescription medications or the following prescription legend  
24 medications for general or common ~~use:~~ use in accordance with physicians' orders:

- 25 (1) irrigation solutions in single unit quantities exceeding 49 ml. and related diagnostic agents;  
26 (2) diagnostic agents;  
27 (3) vaccines; and  
28 (4) water for injection and normal saline for injection.

29 ~~Note: A prescribing practitioner's order is required for the administration of any medication as stated in Rule .1004~~  
30 ~~(a) of this Section.~~

31 (i) First aid supplies shall be immediately ~~available,~~ available to staff within the facility, stored out of sight of residents  
32 and ~~visitors~~ visitors, and stored separately from medications, and in a secure and an orderly manner. medications.

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

35 *Temporary Adoption Eff. December 1, 1999;*

36 *Eff. July 1, 2000. 2000;*

37 *Readopted Eff. October 1, 2022.*

1 10A NCAC 13G .1208 is readopted as published in 36:18 NCR 1487-1495 as follows:

2

3 **10A NCAC 13G .1208 FACILITIES TO REPORT RESIDENT DEATHS**

4 ~~For purposes of this Section, facilities licensed in accordance with G.S. 131D-2~~ The facility shall report resident deaths  
5 to the Division of Health Service ~~Regulation.~~ Regulation, in accordance with G.S. 131D-34.1.

6

7 *History Note: Authority G.S. 131D-2.4; 131D-2.16; 131D-34.1; 143B-165;*

8 *Temporary Adoption Eff. May 1, 2001;*

9 *Eff. July 18, ~~2002.~~ 2002.*

10 *Readopted Eff. October 1, 2022.*