G.S. 150B-21.3A Report for 10A NCAC 13F, LICENSING OF ADULT CARE HOMES OF SEVEN OR MORE BEDS

Agency - Medical Care Commission

Comment Period - February 25, 2026 - April 26,2026

Date Submitted to APO - October 30, 2026

Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)]	Federal Regulation Citation	Public Comment Received [150B-21.3A(c)(1)]	Agency Determination Following Public Comment [150B-21.3A(c)(1)]	RRC Determination of Public Comments [150B-21.3A(c)(2)	RRC Final Determination of Status of Rule for Report to APO [150B-21.3A(c)(2)]	OAH Next Steps
SUBCHAPTER 13F – LICENSING OF ADULT CARE HOMES OF SEVEN OR MORE BEDS	**SECTION .0100 - DEFINITIONS**	10A NCAC 13F .0102	LIST OF DEFINITIONS	Eff. September 1, 2024	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0200 – LICENSING	10A NCAC 13F .0201	DEFINITIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0202	THE LICENSE	Amended Eff. June 1, 2020	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0204	APPLYING FOR A LICENSE TO OPERATE A FACILITY NOT CURRENTLY LICENSED	Amended Eff. June 1, 2020	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0206	CAPACITY	Amended Eff. April 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0207	CHANGE OF LICENSEE	Readopted Eff. January 1, 2020	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0208	RENEWAL OF LICENSE	Amended Eff. June 1, 2020	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0211	NOTIFICATION ABOUT CLOSING OF HOME	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0212	DENIAL OR REVOCATION OF LICENSE	Amended Eff. June 1, 2020	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0213	APPEAL OF LICENSURE ACTION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Unnecessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0300 - PHYSICAL PLANT	10A NCAC 13F .0301	APPLICATION OF PHYSICAL PLANT REQUIREMENTS	Readopted Eff. April 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0302	DESIGN AND CONSTRUCTION	Readopted Eff. April 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0303	LOCATION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0304	PLANS AND SPECIFICATIONS	Readopted Eff. April 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0305	PHYSICAL ENVIRONMENT	Readopted Eff. April 1, 2025	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0306	HOUSEKEEPING AND FURNISHINGS	Readopted Eff. April 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0307	FIRE ALARM SYSTEM	Readopted Eff. April 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0308	FIRE EXTINGUISHERS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0309	PLAN FOR EVACUATION	Readopted Eff. April 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0311	OTHER REQUIREMENTS	Readopted Eff. April 1, 2025	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0400 - STAFF QUALIFICATIONS	10A NCAC 13F .0402	QUALIFICATIONS OF ADMINISTRATOR-IN-CHARGE	Amended Eff. June 1, 2004	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0403	QUALIFICATIONS OF MEDICATION STAFF	Readopted Eff. July 1, 2021	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0404	QUALIFICATIONS OF ACTIVITY DIRECTOR	Amended Eff. September 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0405	QUALIFICATIONS OF FOOD SERVICE SUPERVISOR	Readopted Eff. February 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0406	TEST FOR TUBERCULOSIS	Amended Eff. July 1, 2021	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0407	OTHER STAFF QUALIFICATIONS	Readopted Eff. October 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt

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	SECTION .0500 - STAFF ORIENTATION, TRAINING, COMPETENCY AND CONTINUING EDUCATION	10A NCAC 13F .0501	PERSONAL CARE TRAINING AND COMPETENCY	Readopted Eff. October 1, 2022	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0503	MEDICATION ADMINISTRATION COMPETENCY	Readopted Eff. October 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0504	COMPETENCY EVALUATION AND VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT TASKS	Amended Eff. October 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0505	TRAINING ON CARE OF DIABETIC RESIDENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0506	TRAINING ON PHYSICAL RESTRAINTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0507	TRAINING ON CARDIO-PULMONARY RESUSCITATION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0508	ASSESSMENT TRAINING	Amended Eff. October 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0509	FOOD SERVICE ORIENTATION	Amended Eff. January 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0512	DOCUMENTATION OF TRAINING AND COMPETENCY VALIDATION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0600 - STAFFING	10A NCAC 13F .0601	MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF SEVEN TO THIRTY RESIDENTS	Readopted Eff. September 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0602	MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF 31 TO 80 RESIDENTS	Readopted Eff. September 1, 2024	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0603	MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF 81 OR MORE RESIDENTS	Readopted Eff. September 1, 2024	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0604	PERSONAL CARE AND OTHER STAFFING	Readopted Eff. September 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0605	STAFFING OF PERSONAL CARE AIDE SUPERVISORS	Readopted Eff. September 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0606	STAFFING CHART	Readopted Eff. September 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0607	STAFFING FOR FACILITIES WITH A CENSUS OF 13 TO 20 RESIDENTS	Eff. September 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0608	STAFFING FOR FACILITIES WITH A CENSUS OF 21 OR MORE RESIDENTS	Eff. September 1, 2024	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0609	PERSONAL CARE AIDE SUPERVISORS	Eff. September 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0700 - ADMISSION AND DISCHARGE	10A NCAC 13F .0701	ADMISSION OF RESIDENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0702	DISCHARGE OF RESIDENTS	Readopted Eff. April 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0703	TUBERCULOSIS TEST, MEDICAL EXAMINATION AND IMMUNIZATIONS	Readopted Eff. June 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0704	RESIDENT CONTRACT, INFORMATION ON HOME AND RESIDENT REGISTER	Readopted Eff. June 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt

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	SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN	10A NCAC 13F .0801	RESIDENT ASSESSMENT	Readopted Eff. June 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0802	RESIDENT CARE PLAN	Readopted Eff. June 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0900 – RESIDENT CARE AND SERVICES	10A NCAC 13F .0901	PERSONAL CARE AND SUPERVISION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0902	HEALTH CARE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0903	LICENSED HEALTH PROFESSIONAL SUPPORT	Amended Eff. July 1, 2021	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0904	NUTRITION AND FOOD SERVICE	Readopted Eff. March 1, 2023	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0905	ACTIVITIES PROGRAM	Amended Eff. October 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0906	OTHER RESIDENT CARE AND SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0907	RESPITE CARE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .0909	RESIDENT RIGHTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1000 - MEDICATIONS	10A NCAC 13F .1001	MEDICATION ADMINISTRATION POLICIES AND PROCEDURES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1002	MEDICATION ORDERS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1003	MEDICATION LABELS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1004	MEDICATION ADMINISTRATION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1005	SELF-ADMINISTRATION OF MEDICATIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1006	MEDICATION STORAGE	Readopted Eff. October 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1007	MEDICATION DISPOSITION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1008	CONTROLLED SUBSTANCES	Readopted Eff. October 1, 2022	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1009	PHARMACEUTICAL CARE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1010	PHARMACEUTICAL SERVICES	Readopted Eff. October 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1100 – RESIDENT'S FUNDS AND REFUNDS	10A NCAC 13F .1101	MANAGEMENT OF RESIDENTS FUNDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1102	REFUND POLICY	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1103	LEGAL REPRESENTATIVE OR PAYEE	Amended Eff. June 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt

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		10A NCAC 13F .1104	ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS	Amended Eff. June 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1105	REFUND OF PERSONAL FUNDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1106	SETTLEMENT OF COST OF CARE	Amended Eff. June 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1200 – POLICIES, RECORDS AND REPORTS	10A NCAC 13F .1201	RESIDENT RECORDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1202	DISPOSAL OF RESIDENT RECORDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1205	HEALTH CARE PERSONNEL REGISTRY	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1206	MARKETING	Readopted Eff. January 1, 2020	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1207	FACILTIES TO REPORT RESIDENT DEATHS	Amended Eff. October 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1208	DEATH REPORTING REQUIREMENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1209	DEFINITIONS APPLICABLE TO DEATH REPORTING	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1210	RECORD OF STAFF QUALIFICATIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1211	WRITTEN POLICIES AND PROCEDURES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1212	REPORTING OF ACCIDENTS AND INCIDENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1213	AVAILABILITY OF CORRECTIVE ACTION AND SURVEY REPORTS	Readopted Eff. January 1, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1300 - SPECIAL CARE UNITS FOR ALZHEIMER AND RELATED DISORDERS	10A NCAC 13F .1301	DEFINITIONS APPLICABLE TO SPECIAL CARE UNITS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1302	SPECIAL CARE UNIT DISCLOSURE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1303	LICENSURE OF FACILITIES WITH SPECIAL CARE UNITS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1304	SPECIAL CARE UNIT BUILDING REQUIREMENTS	Readopted Eff. April 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1305	SPECIAL CARE UNIT POLICIES AND PROCEDURES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1306	ADMISSION TO THE SPECIAL CARE UNIT	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1307	SPECIAL CARE UNIT RESIDENT PROFILE AND CARE PLAN	Readopted Eff. April 1, 2024	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt

G.S. 150B-21.3A Report for 10A NCAC 13F, LICENSING OF ADULT CARE HOMES OF SEVEN OR MORE BEDS

Agency - Medical Care Commission

Comment Period - February 25, 2026 - April 26,2026

Date Submitted to APO - October 30, 2026

Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)]	Federal Regulation Citation	Public Comment Received [150B-21.3A(c)(1)]	Agency Determination Following Public Comment [150B-21.3A(c)(1)]	RRC Determination of Public Comments [150B-21.3A(c)(2)	RRC Final Determination of Status of Rule for Report to APO [150B-21.3A(c)(2)]	OAH Next Steps
		10A NCAC 13F .1308	SPECIAL CARE UNIT STAFFING	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1309	SPECIAL CARE UNIT STAFF ORIENTATION AND TRAINING	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1310	OTHER APPLICABLE RULES FOR SPECIAL CARE UNITS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1501 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES	10A NCAC 13F .1501	USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES	Amended Eff. April 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1600 – RATED CERTIFICATES	10A NCAC 13F .1601	SCOPE	Readopted Eff. August 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1602	ISSUANCE OF RATED CERTIFICATES	Readopted Eff. August 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1603	STATUTORY AND RULE REQUIREMENTS AFFECTING RATED CERTIFICATES	Readopted Eff. August 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1604	RATING CALCULATION	Readopted Eff. August 1, 2025	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1605	CONTENTS OF RATED CERTIFICATE	Eff. July 3, 2008	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1700 –ADMINISTRATOR CERTIFICATION AND RENEWAL	10A NCAC 13F .1701	CERTIFICATION OF ADMINISTRATOR	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1702	ADVERSE ACTION ON CERTIFICATION	Eff. April 1, 2017	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F. 1703	RENEWAL OF ADMINISTRATOR CERTIFICATION	Eff. April 1, 2017	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1800 - INFECTION PREVENTION AND CONTROL	10A NCAC 13F .1801	INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES	Eff. August 23, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 13F .1802	REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED COMMUNICABLE DISEASE OUTBREAK	Eff. August 23, 2022	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt

1. Public comment 10A NCAC 13F.1008 - CONTROLLED SUBSTANCES

This is a comment for: 10A NCAC 13F .1008 CONTROLLED SUBSTANCES It is a comment of type: Public
Commentor: Sara Griffith, NCBON, sgriffith@ncbon.com (NC Board of Nursing)
Comment: (d) If the pharmacy will not accept the return of a controlled substance, the administrator or the administrator's designee shall destroy the controlled substance within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The destruction shall be witnessed by a licensed pharmacist, dispensing practitioner, or designee of a licensed pharmacist or dispensing practitioner. The destruction shall be conducted so that no person can use, administer, sell or give away the controlled substance. Records of controlled substances destroyed shall include the resident's name; the name, strength and dosage form of the controlled substance; the amount destroyed; the method of destruction; and, the signature of the administrator or the administrator's designee and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or dispensing practitioner.

For the safety of the residents, is 90 days to destroy unused medications too long? The NCBON has concerns that there may be an increased risk of medication errors and diversion due to the length of 90 days.

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response –

This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

2. Public comment 10A NCAC 13F.1007 - MEDICATION DISPOSITION

This is a comment for: 10A NCAC 13F .1007 MEDICATION DISPOSITION It is a comment of type: Public
Commentor: Sara Griffith, NCBON, sgriffith@ncbon.com (NC Board of Nursing)
Comment: (c) Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident

For the safety of the residents, is 90 days to destroy unused medications too long? The NCBON has concerns that there may be an increased risk of medication errors and diversion due to the length of 90 days.

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

3. Public comment 10A NCAC 13F.0903 - LICENSED HEALTH PROFESSIONAL SUPPORT

This is a comment for: 10A NCAC 13F .0903 LICENSED HEALTH PROFESSIONAL SUPPORT It is a comment of type: Public
Commentor: Sara Griffith, NCBON, sgriffith@ncbon.com (NC Board of Nursing)
Comment: (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; Spelling correction: endotracheal.

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

4. Public comment 10A NCAC 13F.0903 - LICENSED HEALTH PROFESSIONAL SUPPORT

This is a comment for: 10A NCAC 13F .0903 LICENSED HEALTH PROFESSIONAL SUPPORT It is a comment of type: Public
Commentor: Sara Griffith, NCBON, sgriffith@ncbon.com (NC Board of Nursing)
Comment: (1) a registered nurse licensed under G.S. 90, Article 9, for tasks listed in Subparagraphs (a)(1) through (28) of this Rule; Suggest deleting: for tasks listed in Subparagraphs (a)(1) through (28) of this Rule. As a registered nurse can oversee each identified area.
(b) (4) a registered nurse licensed under G.S. 90, Article 9, for tasks that can be performed by a nurse aide II according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36. Is this rule duplicative to (b)(1)?

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

5. Public comment 10A NCAC 13F.0903 – LICENSED HEALTH PROFESSIONAL SUPPORT

This is a comment for: 10A NCAC 13F .0903 LICENSED HEALTH PROFESSIONAL SUPPORT It is a comment of type: Public
Commentor: Sara Griffith, NCBON, sgriffith@ncbon.com (NC Board of Nursing)
Comment: (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that Act in 21 NCAC 36.

The NCBON approves Nurse Aide II (NA II) Educational Programs and develops the curriculum for Nurse Aide II training. NCBON maintains the NA II Task list. The licensed nurse is responsible for understanding the process and requirements for delegating to the NAII. We would suggest removing the terminology

'scope of practice.' NAII tasks are identified specifically on the NCBON website. NCBON does not refer to the scope of practice for NAIIs.
https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbon.com%2Fnurse-aide-ii-practice&data=05%7C02%7Cdhsr.rulescoordinator%40dhhs.nc.gov%7C90498cd2db0348b3f2da08de90f06a16%7C7a7681dcb9d0449a85c3ecc26cd7ed19%7C0%7C0%7C639107559398847850%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=78heLrn57IAxSIB50KETosBnO797OHCPkd13dhiFmyo%3D&reserved=0
GS 90-171.20 Definitions 7 & 8
21 NCAC 36 .0403
21 NCAC 36 .0404

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

6. Public comment 10A NCAC 13F.0701 – ADMISSION OF RESIDENTS

This is a comment for: 10A NCAC 13F .0701 ADMISSION OF RESIDENTS It is a comment of type: Public
Commentor: Sara Griffith, NCBON, sgriffith@ncbon.com (NC Board of Nursing)
Comment: (b) (3) for professional nursing care under continuous medical supervision;

Reference to professional nursing â?" suggest clarification to read 'for care provided by a licensed nurse' if that is the intent.

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

7. Public comment 10A NCACA 13F.0102 - DEFINITIONS

This is a comment for: 10A NCAC 13F .0102 LIST OF DEFINITIONS It is a comment of type: Public
Commentor: Sara Griffith, NCBON, sgriffith@ncbon.com (NC Board of Nursing)
Comment: (24)'Physician extender' means a licensed physician assistant or a licensed nurse practitioner.

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

8. Public Comment 10A NCAC 13F .0501 – PERSONAL CARE TRAINING AND COMPETENCY

The term 'physician extender' is an outdated term. The request is to change this term to 'Advanced Practice Provider,' which would include physician assistants, nurse practitioners, and certified nurse-midwives. This is the same language utilized by NC State Human Resources and across health systems in NC.

This is a comment for: 10A NCAC 13F .0501 PERSONAL CARE TRAINING AND COMPETENCY It is a comment of type: **Public**
Commentor: , ,
Comment: Under 10A NCAC 13F .0501, the requirement that all direct care staff obtain PCA certification within six months of hire creates a significant burden on assisted living facilities that rely heavily on Medicaid and state funding.

If a staff member has been evaluated and signed off by a licensed Registered Nurse as competent to perform the required job duties, including LHPS tasks, and continues to complete annual continuing education, the additional requirement for PCA certification becomes duplicative rather than necessary.

Competency-based evaluation by a licensed nurse ensures that the staff member can safely and effectively perform their responsibilities. Requiring certification beyond demonstrated competency does not necessarily improve resident outcomes but does create a financial strain on facilities already operating under reduced reimbursement rates.

With training programs costing approximately $495 per employee, this requirement places an ongoing financial burden on facilities that must also maintain staffing ratios and quality of care. These costs are not offset by increased reimbursement and can directly impact the facility's ability to recruit and retain staff.

A more practical and effective approach would be to allow RN-validated competency, combined with required continuing education, to satisfy training requirements in place of mandatory PCA certification. This would maintain resident safety while allowing facilities to allocate limited resources more effectively

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

9. Public Comment for 10A NCAC 13F .0311 OTHER REQUIREMENTS

Commentor: Frances Messer, NC Assisted Living Association, frances@ncala.org
Comment: Call Bell System

Introduction

On behalf of the N.C. Assisted Living Association, these comments are submitted to request revisions to 10A NCAC 13F.0311 to clarify that the electronically operated call system referenced therein may include wearable and portable communication devices, in addition to traditional built-in, hard-wired call systems.

Background

10A NCAC 13F.0311 establishes requirements for electronically operated call systems in licensed facilities, including requirements that an activator be accessible in each resident's bedroom and bathroom and that such activator be within reach of a resident lying on the bed. The term 'call system' is not defined in the regulations. As a result, there is ambiguity regarding whether the Rule permits the use of portable or wearable call devices â?" such as wireless pendants, wristband transmitters, or clip-on activators â?" as compliant alternatives to traditional hard-wired systems affixed to the facility's infrastructure.

Basis for Requested Revision

Since the adoption of 10A NCAC 13F.0311, facilities have utilized a range of call system technologies. While some facilities employ built-in call bell systems affixed to walls and connected to the facility's infrastructure, a growing number of facilities have adopted portable call systems, including portable pendants and similar devices. Portable and wearable call systems offer a significant practical benefit to residents: they allow residents the freedom to move around within their bedrooms and bathrooms while always having a call system within reach. This enhances both resident safety and quality of life.

It is sometimes suggested that portable or wearable devices are less reliable because they can be dropped. However, built-in, hard-wired call systems are not immune from accessibility concerns. A hard-wired system with a pull cord can become out of reach of a resident if, for example, the resident shifts position in bed, the cord is inadvertently moved or tangled, or furniture is repositioned so as to place the activator beyond the resident's reach. In these circumstances, the resident may be unable to summon assistance despite the presence of a functioning hard-wired system. A wearable device carried on the resident's person mitigates this risk by remaining accessible to the resident regardless of the resident's position or movement within the room.

Requested Revision

We request that 10A NCAC 13F.0311 be revised to clarify that an electronically operated call system can include any electrically powered communication device or integrated system that enables a resident to summon staff assistance from the resident's bedroom or bathroom. Specifically, we request that the Rule be amended to provide that compliant call systems include, but are not limited to:

(a) Built-in, hard-wired call systems affixed to the facility's infrastructure;

(b) Portable call systems, such as wireless call buttons, tabletop transmitters, or clip-on activators that are not permanently affixed to the facility but are positioned within a resident's bedroom or bathroom in a manner satisfying the requirements of subdivisions current 10A NCAC 13F .0311 (2) and (3); and

(c) Wearable call devices, such as pendant-style call bells or wristband transmitters, carried on a resident's person while in the bedroom or bathroom.

We further request that the revision expressly provide that a wearable call device satisfies the requirement that the activator be 'within reach of a resident lying on the bed' under subdivision (3) of the Rule, provided the device is worn or positioned so as to remain accessible to the resident without requiring the resident to leave the bed.

Conclusion

The proposed revision would bring 10A NCAC 13F.0311 into alignment with the technological realities of modern call systems, promote resident safety and autonomy, and provide facilities with clear guidance that portable and wearable devices may be used in compliance with 10A NCAC 13F.0311.

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

10. Public Comment for 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT
Commentor: Frances Messer, NC Assisted Living Association, frances@ncala.org
Comment: Alarming of front door

Introduction
On behalf of the N.C. Assisted Living Association, these comments are submitted to request revisions to 10A NCAC 13F.0305 to clarify that during regular business hours the main door of an adult care home does not need to have a continuously activated alarm system.
Background

10A NCAC 13F.0305(4) currently requires that facilities with at least one resident determined by a physician, or otherwise observed by staff, to be disoriented or to exhibit wandering behavior must install a continuously sounding device activated whenever an exterior exit door is opened. While this requirement was presumably put forth to protect vulnerable residents from elopement, the rule as currently written and as intermittently enforced creates significant practical problems when applied to a facility's main entrance during normal business hours.

Basis for Requested Revision

10A NCAC 13F.0305(4) refers broadly to 'an exterior exit door,' which some regulators have interpreted to encompass every exterior door in a facility, including the main entrance. When applied in this manner, the rule becomes unworkable for several reasons.

(1) The main entrance of a residential care facility is a high-traffic point of ingress and egress throughout the day. Visitors, family members, vendors, emergency personnel, postal carriers, and staff routinely enter and exit through this door during normal business hours. A continuously sounding alarm triggered by each of these openings would result in near-constant alarm activation, creating a disruptive and distressing environment for residents, staff, and visitors alike rather than the therapeutic and homelike environment that adult care homes strive to maintain.

(2) The incessant sounding of an alarm desensitizes staff to its signal. When an alarm activates dozens of times per day due to routine foot traffic through the main entrance, caregivers inevitably begin to treat it as background noise. This phenomenon, known as alarm fatigue, is well documented in healthcare settings and directly undermines the protective purpose the rule is designed to serve.

There is a meaningful operational distinction between a facility's main entrance and its secondary or service exits, justifying a different requirement for the main entrance door. Secondary exits, such as side doors, back doors, and emergency exits, are not subject to the same volume of routine traffic and are not continuously monitored by staff. An alarm on these doors provides a genuine alert that someone may be leaving the facility through an unusual route, which is a meaningful indicator of potential elopement. The main entrance, by contrast, typically opens into a lobby or reception area that is staffed and monitored during normal business hours. Staff stationed at or near the front entrance are already in a position to observe who is entering and leaving the facility. This direct, human monitoring provides a level of oversight that is equal to, if not more effective than, a sounding alarm. A staff member who visually confirms the identity and status of each person passing through the main entrance exercises informed judgment, something an indiscriminate alarm cannot replicate.

Requested Revision
We request that 10A NCAC 13F.0305 be revised to clarify that during regular business hours the main door of an adult care home does not need to have a continuously activated alarm system. This can be accomplished by adding the following sentence to the end of 10A NCAC 13F.0305: 'These requirements do not apply to the main entrance of a facility which opens into a lobby monitored by staff during normal business hours.'

Conclusion

The proposed revision does not eliminate any existing safety requirement. It simply provides a narrow, common-sense exception: the continuously sounding alarm requirement would not apply to the main entrance of a facility during normal business hours, provided the entrance opens into a lobby that is monitored by staff.

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

12. Public comment for 10A NCAC 13F .0608 STAFFING FOR FACILITIES WITH A CENSUS OF 21 OR MORE RESIDENTS

Commentor: Frances Messer, NC Assisted Living Association, frances@ncala.org
Comment: Food Service Aide

Introduction
On behalf of the N.C. Assisted Living Association, these comments are submitted to request revisions to 10A NCAC 13F.0608 to allow trained personal care aides to provide food service duties when the number of aides exceeds the minimum staffing requirements.

Background
When the regulations were initially revised to require the designation of a food service aide, the public was informed that the change would not result in an increase in the total number of required staff. Rather, the revision was intended to designate that certain food service tasks should be performed by an identified individual. In practice, however, the regulations have been interpreted to require facilities to

employ additional, dedicated food service staff even when the number of personal care aides on duty exceeds the minimum staffing threshold established by rule. This interpretation imposes a burden on facilities that was not contemplated when the food service aide designation was adopted and is inconsistent with the stated intent of the original rulemaking.

Basis for Requested Revision
10A NCAC 13F.0102 defines food service duties to include 'assisting with food preparation, arranging and setting tables, serving food and drink, cleaning dining room. 10A NCAC 13F.0509 requires that dietary staff be trained in food service duties. The existing regulations already permit personal care aides to provide some dietary assistance to residents who need help with eating or carrying plates, trays, or beverages. 10A NCAC 13F.0608(e). The regulations also currently allow aides to provide housekeeping duties during the hours of 7 am and 9 pm when the minimum staffing requirements are exceeded. 10A NCAC 13F.0608(d)(1)(C) and (d)(2). We propose that the food service aides be treated in the same way as the housekeeping aides and that personal care aides be permitted to perform food service duties when the minimum staffing requirements are exceeded.
This proposed change ensures that food service tasks are appropriately performed without imposing additional staffing mandates on facilities. By conditioning the performance of food service duties on adequate training, the revision preserves the regulatory objective of protecting residents while eliminating an unintended and burdensome interpretation that requires the hiring of separate food service personnel even when sufficient aide staff are already present.
In addition, this revision would afford facilities greater flexibility in scheduling and staff training. When aides are cross-trained in food service responsibilities, facilities are better positioned to respond to the day-to-day needs of residents in a timely and efficient manner. This flexibility benefits residents directly by ensuring that qualified staff are available to assist with meals without delay, rather than requiring facilities to rely on a single designated food service aide whose absence could result in gaps in service.

Requested Revision
To address this issue, we respectfully request a revision to 10A NCAC 13F.0608 to expressly provide that:
(1) between the hours of 7:00 am and 9:00 pm when the number of aides on duty exceeds the minimum staffing requirement, any aide who has been trained to perform food service duties may be permitted to assist with those duties.

Conclusion
The proposed revision to 10A NCAC 13F.0608 would bring the regulation into alignment with its original intent, reduce unnecessary administrative and financial burdens on facilities, and ultimately serve the interests of the residents these regulations are designed to protect.

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

13. Public comment for 10A NCAC 13F .0602 MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF 31 TO 80 RESIDENTS
Commentor: Frances Messer, NC Assisted Living Association, frances@ncala.org

Comment: Administrator/Manager time included in determining if staffing requirements are met

Revisions to 10A NCAC 13F.0602, 10A NCAC 13F.0603 and 10A NCAC 13F.1308

Introduction
On behalf of the N.C. Assisted Living Association, these comments are submitted to request revisions to 10A NCAC 13F.0602, 10A NCAC 13F.0603, and 10A NCAC 13F.1308 to allow Administrator or Manager who are on duty to be considered when calculating staffing requirements in adult care homes and special care units with fewer than 81 beds.
Background

10A NCAC 13F.0604 specifically prohibits an administrator in a facility with 81 or more residents from simultaneously serving as 'a personal care aide supervisor or other staff to meet staffing requirements while on duty as an administrator.' 10A NCAC 13F.0604. The corresponding rules in 10A NCAC 13F.0602 (facilities with 7 to 30 residents), 10A NCAC 13F.0603 (facilities with 31 to 80 residents), and 10A NCAC 13F.1308 (Special Care Units) do not contain this restriction. They are silent regarding whether an administrator or manager can serve as a personal care aide supervisor or other staff to meet the staffing requirements. Given that the prohibition language is specifically included in 10A NCAC 13F.0604 and excluded from 10A NCAC 13F.0602, 10A NCAC 13F.0603, and 10A NCAC 13F.1308 it appears the intent was that an administrator or manager acting for the administrator in a facility with fewer than 80 residents could serving as a personal care aide supervisor or other staff to meet staffing requirements while on duty. However, the silence in 10A NCAC 13F.0602, 10A NCAC 13F.0603, and 10A NCAC 13F.1308 has created ambiguity that surveyors may interpret as a prohibition to counting the on-duty hours of an administrator or manager toward staffing requirements, resulting in inconsistent enforcement that disproportionately burdens smaller facilities.

The problem is especially acute for Special Care Units. 10A NCAC 13F.1308 requires that SCUs have staff 'present in the unit at all times,' with specified minimum ratios. In small SCUs, the administrator or manager who must be present at all times is often performing the same direct care tasks as an aide, yet the rules do not clearly authorize counting that time toward aide hour requirements.

Basis for the Requested Revision

1. The existing rules already permit dual roles in smaller facilities

The current regulatory framework recognizes dual-role staffing in smaller facilities. 10A NCAC 13F.0603 permits the personal care aide supervisor to 'serve simultaneously as the manager' in facilities with 31 to 80 residents. 10A NCAC 13F.0608 permits the supervisor to provide up to four hours of aide duty per shift that 'may be counted as required aide hours' in facilities with 31 to 70 residents. On third shift in sprinklered facilities with 31 to 90 residents, the supervisor's time may be counted as required aide duty. The requested revision would extend this same principle to administrators and managers, bringing their treatment into alignment with the rules already applicable to supervisors.

The 10A NCAC 13F.0604 prohibition is expressly limited to facilities with 81 or more residents. Its absence from 10A NCAC 13F.0602, 0603, and 13F.1308 reflects the recognition that smaller facilities operate under different staffing realities. The proposed amendment would confirm what the existing rule structure already implies.

2. The revision alleviates undue financial burden without compromising resident safety

Small adult care homes and SCUs operate with narrow financial margins. Requiring a physically present administrator or manager whose hours cannot count toward aide requirements effectively mandates an additional staff position whose cost is not justified by any demonstrated improvement in resident care.

When an administrator or manager is actively performing personal care tasks â?" assisting residents with activities of daily living, supervising residents, and responding to resident needs â?" those hours are functionally indistinguishable from aide hours. Administrators and managers must meet qualification standards at least as rigorous as those applicable to aides. If supervisor time can count toward aide hours as set forth in 10A NCAC 13F.0608, there is no principled reason why administrator or manager time performing the same functions should not also count.

Requested Revision

We respectfully request that 10A NCAC 13F.0602, 0603 and 13F.1308 be revised to clarify that in facilities with a census of fewer than 81 residents, an administrator or manager on-duty time may serve simultaneously as a personal care aide supervisor or other staff to meet the staffing requirements.

Conclusion

The proposed revisions expressly permitting administrator and manager hours to count toward required aide hours in facilities with a census of fewer than 81 residents would resolve a significant regulatory ambiguity, align the treatment of administrators and managers with the treatment already afforded to supervisors, alleviate undue financial burden on small facilities and Special Care Units, and do so without compromising the quality of care provided to residents.

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

14. Public comment for 10A NCAC 13F .0603 MANAGEMENT OF FACILITIES WITH A CAPACITY OR CENSUS OF 81 OR MORE RESIDENTS

Commentor: Frances Messer, NC Assisted Living Association, frances@ncala.org
Comment: 4. Administrator/Manager time included in determining if staffing requirements are met

Revisions to 10A NCAC 13F.0602, 10A NCAC 13F.0603 and 10A NCAC 13F.1308

Introduction
On behalf of the N.C. Assisted Living Association, these comments are submitted to request revisions to 10A NCAC 13F.0602, 10A NCAC 13F.0603, and 10A NCAC 13F.1308 to allow Administrator or Manager who are on duty to be considered when calculating staffing requirements in adult care homes and special care units with fewer than 81 beds.
Background

10A NCAC 13F.0604 specifically prohibits an administrator in a facility with 81 or more residents from simultaneously serving as 'a personal care aide supervisor or other staff to meet staffing requirements while on duty as an administrator.' 10A NCAC 13F.0604. The corresponding rules in 10A NCAC 13F.0602 (facilities with 7 to 30 residents), 10A NCAC 13F.0603 (facilities with 31 to 80 residents), and 10A NCAC 13F.1308 (Special Care Units) do not contain this restriction. They are silent regarding whether an administrator or manager can serve as a personal care aide supervisor or other staff to meet the staffing requirements. Given that the prohibition language is specifically included in 10A NCAC 13F.0604 and excluded from 10A NCAC 13F.0602, 10A NCAC 13F.0603, and 10A NCAC 13F.1308 it appears the intent was that an administrator or manager acting for the administrator in a facility with fewer than 80 residents could serving as a personal care aide supervisor or other staff to meet staffing requirements while on duty. However, the silence in 10A NCAC 13F.0602, 10A NCAC 13F.0603, and 10A NCAC 13F.1308 has created ambiguity that surveyors may interpret as a prohibition to counting the on-duty hours of an administrator or manager toward staffing requirements, resulting in inconsistent enforcement that disproportionately burdens smaller facilities.

The problem is especially acute for Special Care Units. 10A NCAC 13F.1308 requires that SCUs have staff 'present in the unit at all times,' with specified minimum ratios. In small SCUs, the administrator or manager who must be present at all times is often performing the same direct care tasks as an aide, yet the rules do not clearly authorize counting that time toward aide hour requirements.

Basis for the Requested Revision

1. The existing rules already permit dual roles in smaller facilities

The current regulatory framework recognizes dual-role staffing in smaller facilities. 10A NCAC 13F.0603 permits the personal care aide supervisor to 'serve simultaneously as the manager' in facilities with 31 to 80 residents. 10A NCAC 13F.0608 permits the supervisor to provide up to four hours of aide duty per shift that 'may be counted as required aide hours' in facilities with 31 to 70 residents. On third shift in sprinklered facilities with 31 to 90 residents, the supervisor's time may be counted as required aide duty. The requested revision would extend this same principle to administrators and managers, bringing their treatment into alignment with the rules already applicable to supervisors.

The 10A NCAC 13F.0604 prohibition is expressly limited to facilities with 81 or more residents. Its absence from 10A NCAC 13F.0602, 0603, and 13F.1308 reflects the recognition that smaller facilities operate under different staffing realities. The proposed amendment would confirm what the existing rule structure already implies.

2. The revision alleviates undue financial burden without compromising resident safety

Small adult care homes and SCUs operate with narrow financial margins. Requiring a physically present administrator or manager whose hours cannot count toward aide requirements effectively mandates an additional staff position whose cost is not justified by any demonstrated improvement in resident care.

When an administrator or manager is actively performing personal care tasks â?" assisting residents with activities of daily living, supervising residents, and responding to resident needs â?" those hours are functionally indistinguishable from aide hours. Administrators and managers must meet qualification standards at least as rigorous as those applicable to aides. If supervisor time can count toward aide

hours as set forth in 10A NCAC 13F.0608, there is no principled reason why administrator or manager time performing the same functions should not also count.

Requested Revision

We respectfully request that 10A NCAC 13F.0602, 0603 and 13F.1308 be revised to clarify that in facilities with a census of fewer than 81 residents, an administrator or manager on-duty time may serve simultaneously as a personal care aide supervisor or other staff to meet the staffing requirements.

Conclusion

The proposed revisions expressly permitting administrator and manager hours to count toward required aide hours in facilities with a census of fewer than 81 residents would resolve a significant regulatory ambiguity, align the treatment of administrators and managers with the treatment already afforded to supervisors, alleviate undue financial burden on small facilities and Special Care Units, and do so without compromising the quality of care provided to residents.

Comment type – Public comment as defined in G.S. 150B-21.3A(a)(5)

Agency Response – This rule was determined to be Necessary.

The comment received does not dispute the Agency's determination that the rule is Necessary. The Agency will not change the determination of this rule.

15. Public comment for 10A NCAC 13F .1308 SPECIAL CARE UNIT STAFFING
Commentor: Frances Messer, NC Assisted Living Association, frances@ncala.org
Comment: 4. Administrator/Manager time included in determining if staffing requirements are met

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Agency Response – This rule was determined to be Necessary.

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