Note from the Codifier: *The OAH website includes notices and the text of proposed temporary rules as required by G.S. 150B-21.1(a1). Prior to the agency adopting the temporary rule, the agency must hold a public hearing no less than five days after the rule and notice have been published and must accept comments for at least 15 business days.*
For questions, you may contact the Office of Administrative Hearings at 984-236-1850 or email oah.postmaster@oah.nc.gov.

TITLE 10A – DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice *is hereby given in accordance with G.S. 150B-21.1(a3) that the Medical Care Commission intends to adopt the rules cited as 10A NCAC 13N .0101, .0201, and .0202.*

Codifier of Rules *received for publication the following notice and proposed temporary rule(s) on: November 13, 2026.*

Public Hearing:
Date: *December 7, 2026*
Time: *10:00 a.m.*
Location: *DHHS Building, 1915 Health Services Way, Conference Rm 02210, Raleigh, NC 27607*

Reason for Proposed Temporary Action: *A serious and unforeseen threat to the public health, safety or welfare. Temporary rulemaking is necessary to align with emergency rule-making procedures to protect the health, safety, and welfare of current and future residents in Multiunit Assisted Housing with Services (MAHS) facilities. MAHS is the only type of assisted living residence that is not licensed, inspected, or regulated by the Department of Health and Human Services Division of Health Service Regulation and local departments of social services. MAHS are also not subject to a number of other federal, state and local requirements that govern the physical building structure, life safety, operations and management, and care and services of licensed assisted living facilities that keep residents safe and healthy. Due to the extraordinary and unexpected growth in the number of these facilities, there has been a significant unforeseen increase in the number of complaints about safety and the care and services provided to residents living in MAHS. Most of the complaints have involved egregious neglect and some cases resulting in hospitalizations and even the deaths of residents. As such, emergency rulemaking has been initiated. Continued operation and expansion of MAHS facilities across the state without these regulatory standards presents a serious, unforeseen, immediate threat of neglect, injury, exploitation, serious harm, and death to vulnerable adults residing in these settings.*

Temporary rulemaking for Multiunit Assisted Housing with Services (MAHS) facilities is in the public's interest and is necessary to address a serious and unforeseen threat to the health, safety, and welfare of current and future residents residing in MAHS facilities.

MAHS is a type of assisted living residence defined in GS 131 D-2.1(10). GS 131D-2.2(b) limits the types of individuals allowed to reside in MAHS facilities by placing parameters around care needs. As such, when MAHS were established as a type of assisted living facility separate from licensed adult care homes, the legislative intent was for these facilities to fulfill a need in communities by providing housing to older adults, as well as daily meals and assistance with the coordination of personal and health care services through licensed home care agencies. The intent was for residents of MAHS facilities to be independent enough to arrange for the provision of their personal care and be competent to sign a lease agreement with the MAHS. Additionally, the intent was for residents not to be in need of monitoring or supervision or medication administration services. And as for life safety measures, MAHS were constructed in accordance with the N.C. Building Code as senior apartment buildings where all occupants are required to be able to evacuate in an emergency without assistance from staff or others.

MAHS is the only type of assisted living residence that is not licensed, inspected, or regulated by the Department of Health and Human Services, Division of Health Service Regulation and local departments of social services. MAHS are also not subject to a number of other federal, state and local requirements that govern the physical building structure, life safety, operations and management, and care and services to which licensed assisted living facilities are subject to ensure resident health and safety. The regulations governing MAHS facilities are contained in G.S. 131D-2.1 and G.S. 131D-2.2, which establish a few definitions, minimum requirements for registering with the Department, and restrictions on the types of individuals who can reside in a MAHS due to their care needs or condition(s).

Changes in recent circumstances have created a serious and unforeseen threat to the health and safety of current and future residents of MAHS facilities. Importantly, the Department's ability to identify serious issues has recently changed. Last year, S.L. 2025-27 amended G.S. 131D-2.6 and authorized the Department to inspect registered MAHS facilities to determine whether they are operating as licensable adult care homes without a license. Prior to this enactment, the Department was not allowed by statute to inspect any MAHS facilities. While the Department logged minimal complaints against MAHS facilities since 2019, the law did not allow for any oversight until last year. As a result, the Department can now conduct inspections in response to allegations that a facility is providing services that require licensure. Since the enactment of this new law, and as an increasing number of complaints have come to the Department over this time, the Department's recent inspections have identified a trend where MAHS facilities are operating outside the scope of the services anticipated by the original statute, and are most often providing services for which an adult care home license is required.

This was an unforeseen threat to the public that was certainly not anticipated when the law enacted MAHS facilities. The original enactment was premised on MAHS facilities serving independent residents who could arrange for their own care but it did not anticipate

the extent, which has recently been discovered by the new law allowing inspections of MAHS, to which these facilities would instead admit and retain residents with substantial care needs and provide services that require licensure, without the corresponding statutory oversight and resident protections.

In addition, North Carolina has recently experienced an unexpected substantial increase in the number of applications to operate MAHS facilities. In 2019, there were only 27 registered MAHS facilities across the state. Today, there are approximately 160 registered MAHS and an additional 140 pending initial registration applications that have been submitted to the State. With this extraordinary growth has come a significant unforeseen increase in the number of complaints about safety and the care and services provided to residents living in MAHS, most involving egregious neglect and some cases resulting in hospitalizations and even the deaths of residents. Complaints are coming from various sources, including residents, family members, hospitals, physicians, law enforcement, senior placement agencies, and local adult protective services agencies. And with the vast majority of these complaints, the individuals (including the residents and their family members) were under the impression that the resident was living in a licensed assisted living (an adult care home). Almost every complainant has shared that the MAHS facility purported to them to be a "licensed assisted living" and that they placed their loved one at the MAHS expecting the level of care and service of a licensed facility, which they did not receive. This is a major threat to the public's health, safety, and welfare as it is imperative residents receive the level of care they need.

Common issues recently identified by complainants (and subsequently substantiated by the Department's investigations) include scenarios such as unlicensed MAHS staff managing and administering complex medications which has resulted in resident death and hospitalization; residents whose physicians determined the resident needs skilled nursing level of care being admitted and not receiving the care and services they require, resulting in hospitalization; residents who have complex medical needs who require close medical monitoring and support going without it and resulting in hospitalization; residents not receiving basic personal care assistance resulting in neglect and hospitalization; residents with frequent falls who require close monitoring resulting in hospitalization and death; residents with Alzheimer's disease eloping from the MAHS without staff knowledge; residents who are bedbound or have dementia and cannot evacuate in the event of an emergency residing in MAHS that are not inspected by local fire officials and have no fire protection systems in place; and MAHS facilities using door locking systems to manage residents with dementia without proper fire protection systems and approvals by the local fire code officials, putting residents at risk of not being able to evacuate in an emergency.

The following are just a few specific serious issues identified during recent investigations:

- *Several examples identified through recent investigations of unqualified, untrained MAHS staff administering medications and situations where residents are unable to safely administer their own medications even with assistance from a licensed home care agency. In one instance, a resident who had dementia and was an insulin-dependent diabetic was hospitalized multiple times in a short period as MAHS staff who were unqualified and untrained did not know how to use the resident's glucometer (a device used to check blood sugar levels) or the resident's Dexcom (a continuous blood sugar monitoring device). Because of the uncontrolled blood sugars, the resident was ultimately found unresponsive in her room and was sent to the hospital where she died.*

In a second situation, a resident living with insulin-dependent diabetes had a Dexcom (a continuous blood sugar monitoring device) which was alarming and the resident did not know why or what to do with the blood sugar alert. The device was observed the next day to be disabled because the battery died. The resident nor the staff knew how to respond to the alarm or what steps to take to reactivate the device. This resident went without insulin for at least 5 days.

- *MAHS facilities that are advertising and purporting to consumers and healthcare providers that the MAHS provides "memory care" and a "secured" environment. One investigation revealed a resident with advanced dementia who walked out of the facility at 2:30am in 12-degree temperatures and walked down the road where he was almost struck by a truck.*
- *Examples of residents who have complex medical and personal care needs who are unable to manage them on their own or with the services of a home care agency and need a higher level of care, such as a resident with a colostomy bag and a catheter bag who was "trained" to provide self-care for these tasks. The resident arrived at his primary care physician's office with fecal matter overflowing the ostomy bag and was sent to the hospital for the presence of blood in his catheter bag. Investigation revealed that the resident did not have any ostomy or catheter supplies to ensure safe and appropriate care to maintain his health.*
- *Numerous examples have been identified by recent inspections of residents who are bedbound, many at the end of life, and not able to evacuate from the MAHS in the event of a fire in a building with no sprinklers or other fire safety protections. There are no staffing requirements or staff training requirements to ensure adequate staff to assist these residents in emergencies.*

This was unforeseen because, again, the current statute and the Department did not anticipate that these MAHS facilities were operating beyond the scope of the stature. These serious threats to safety, health, and welfare are substantial and things the Department only recently identified through the new legislation.

The previous situations are just some of the types of circumstances the Department has identified through its recent inspections that demonstrate the need for immediate rules. Most troubling, though, is that these inspections have revealed serious concerns regarding the level of care being provided to residents and the ability of the existing law to protect these residents. For all of these situations, it was apparent that a MAHS was not an appropriate setting for these individuals based on their conditions and care needs, and that the

resident's placement there presented a risk to their health and safety. However, the current statute does not provide a clear and direct mechanism for the Department to address this type of situation, because it was unforeseen.

Lastly, but of great concern, is the lack of the Department's ability to deregister a MAHS when it finds that the MAHS is not operating within the scope of the law, or to deny a registration to a MAHS owner, or its principals or affiliates, who have demonstrated a pattern of noncompliance or otherwise demonstrates disregard for the health, safety, and welfare of residents in current or past facilities. There are currently a number of MAHS owners who have a serious negative compliance history and are prohibited by law from owning licensed facilities, but have not been prohibited from applying and operating a MAHS facility. These providers are attracted to the highly unregulated MAHS where there is far less scrutiny from federal, state and local agencies which puts residents at risk of poor health outcomes, exploitation, neglect, and abuse.

The current situation presents an imminent threat to the health and safety of MAHS residents that was not anticipated when the existing statute was drafted. The statute establishing MAHS was premised on facilities providing limited services to residents that were sufficiently independent, rather than the level of care provided by licensed adult care homes. The circumstances now being identified by the Department demonstrate the unforeseen departure from the original intent of the establishing statute. The growth in the number of MAHS facilities, the increase in reports alleging providing licensable services with no license, the severity of the conditions identified during the Department's recently authorized inspections, and the resulting threat to residents living in these facilities are not subject to the rules applicable to licensed adult care homes. This is a developing and escalating situation that requires immediate intervention. Continued operation and expansion of MAHS facilities across the state without these regulatory standards presents a serious, unforeseen, immediate threat of neglect, injury, exploitation, serious harm, and death to vulnerable adults residing in these settings.

The N.C. Medical Care Commission's and Department's immediate concern is that the continued expansion of MAHS facilities, combined with the conditions identified through recent inspections, presents a serious and immediate threat to resident health and safety that cannot reasonably await completion of the ordinary rulemaking process. Although S.L. 2025-27 expanded the Department's ability to inspect these facilities, the existing statute does not provide a mechanism to address the unsafe practices and inappropriate levels of care identified during these recent inspections. Additional safeguards are immediately necessary to establish clear requirements for MAHS, prevent facilities from providing inappropriate levels of care, and protect residents whose needs exceed the services MAHS facilities are authorized to provide.

Accordingly, the Commission's and Department's position is that the extraordinary growth of the industry, the substantial increase in reports of unlicensed operations in MAHS, coupled with the Department's new ability to inspect and identify serious health and safety concerns have revealed an escalating threat to health and safety of the public. The existing statute does not adequately safeguard residents from these risks, and immediate action is necessary to prevent further harm. These circumstances warrant temporary rulemaking rather than waiting for completion of the ordinary rulemaking process.
The N.C. Medical Care Commission also intends to pursue permanent rulemaking through the ordinary rulemaking process to establish lasting requirements and protections for MAHS residents beyond the immediate measures implemented through temporary rulemaking.

Comment Procedures: *Comments from the public shall be directed to: Shanah Black, 1915 Health Services Way, 2201 Mail Service Center, Raleigh, NC 27607; phone (919) 855-3481; email DHSR.RulesCoordinator@dhhs.nc.gov. The comment period begins November 19, 2026 and ends December 21, 2026.*

CHAPTER 13 - NC MEDICAL CARE COMMISSION

SUBCHAPTER 13N – REGISTRATION OF MULTIUNIT ASSISTED HOUSING WITH SERVICES

SECTION .0100 – DEFINITIONS

10A NCAC 13N .0101 DEFINITIONS

In addition to the definitions set forth in G.S. 131D-2.1, the following definitions apply throughout this Subchapter:

(1) "24-hour supervision" means monitoring, and intervention requiring a caregiver to be present and available for the purpose of responding to the medical or functional needs of a resident, including a resident with physical impairment who may have unscheduled personal care service needs at various times of the day or night and a resident with cognitive impairment, whose decisions, if made independently, may jeopardize the safety or well-being of themselves or others.

(2) "Abuse" means the term as defined in G.S. 131D-2.1.

(3) "Activities of daily living" or "ADL's" means eating, dressing, bathing, toileting, and mobility.

(4) "Affiliates" means any person that directly or indirectly controls or did control an assisted living residence or any person who is controlled by a person who controls or did control an assisted living residence. In addition, two or more assisted living residences that are under common control are affiliates. An entity that contracts with a MAHS owner to oversee and support the management of the daily operations of the facility is considered a management company and is an affiliate.

(5) "Compensatory agent" means the term as defined in G.S. 131D-2.1.

(6) "Exploitation" means the term as defined in G.S. 131D-2.1.

(7) "Home care agency" means an agency licensed by the Division of Health Service Regulation pursuant to 10A NCAC 13J.
(8) "Hospice agency" means an agency licensed by the Division of Health Service Regulation pursuant to 10A NCAC 13K.
(9) "Housekeeping duties" means tasks performed by staff such as cleaning and sanitizing facility common areas and resident rooms.
(10) "Housing manager" means the individual responsible for the day-to-day operations of the MAHS and ensures compliance with all relevant rules and statutes governing the operation of the MAHS. The Housing Manager may also be the Registrant.
(11) "Indirect control" means any situation where one person is in a position to act through another person over whom the first person has control due to the legal or economic relationship between the two.
(12) "Instrumental activities of daily living" or "IADL's" means meal preparation, housekeeping, medication reminders, shopping, errands, transportation, money management, phone use, reading, and writing.
(13) "Multiunit assisted housing with services (MAHS)" means the term as defined in G.S. 131D-2.1.
(14) "Neglect" means the term as defined in G.S. 131D-2.1.
(15) "Owner" means any person who has or had legal or equitable title to or a majority interest in an assisted living residence.
(16) "Person" means an individual; a trust or estate; a partnership; a corporation; or any grouping of individuals, each of whom owns five percent or more of a partnership or corporation, who collectively own a majority interest of either a partnership or a corporation.
(17) "Personal care services" means the term as defined in G.S. 131D-2.1.
(18) "Principal" means any person who is or was the owner or operator of an assisted living residence, an executive officer of a corporation that does or did own or operate an assisted living residence, a general partner of a partnership that does or did own or operate an assisted living residence, or a sole proprietorship that does or did own or operate an assisted living residence.
(19) "Registrant" means the person to whom the registration of a multiunit assisted housing with services is issued.
(20) "Resident" means the term as defined in G.S. 131D-2.1.
(21) "Rental Contract" means a legally binding agreement between a MAHS owner and a resident that sets forth the terms, conditions, rights, and responsibilities for renting a living unit at the MAHS and includes the MAHS disclosure statement and items listed in G.S. 131D-2.1(10)(a-i).
(22) "Responsible person" means a person chosen by the resident to support the resident in decision-making; to have access to medical, social, or other personal information of the resident with the resident's consent; to assist the resident in managing financial matters; and to receive notifications from the facility about the resident.
(23) "Temporary basis" means a period of time consisting of a few days to no longer than 180 days.
(24) "Unscheduled care needs" means any care or service that is provided to meet a resident's need that is not able to be planned, is unpredictable, or is needed on a continuous or "as needed" basis.

Authority G.S. 131D 2.1; 131D-2.2; 143B-165.

SECTION .0200 - RESIDENT ADMISSION & DISCHARGE

10A NCAC 13N .0201 RESIDENT ADMISSION & DISCHARGE

(a) In addition to the conditions listed in G.S. 131D-2.2(b), multiunit assisted housing with services shall not admit, house or care for, including when services are provided by a licensed home care or hospice agency, individuals with the following medical or functional care needs or conditions:

(1) Individuals who, because of a physical or cognitive impairment, are unable to evacuate from the multiunit assisted housing with services independently without physical or verbal prompting or assistance from staff or another person;
(2) Individuals who exhibit wandering behaviors or who, because of physical or cognitive impairment, require 24-hour supervision to maintain their safety in the multiunit assisted housing with services;
(3) Individuals who require extensive physical assistance in three or more of the five activities of daily living as documented by the resident's physician or by an assessment completed by a Registered Nurse employed by a licensed home care or hospice agency that is contracted with the individual to provide services. Extensive physical assistance means that an individual is able to self-perform less than 50 percent of an activity of daily living and requires hands-on assistance to complete the remainder of the activity as documented on an assessment completed by a Registered Nurse employed by a licensed home care or hospice agency.
(4) Individuals who require a higher level of assistance with managing and taking their medications than assistance with self-administration of medications as defined in Subparagraphs (1) and (2) of Rule .0202 of this Subchapter or who requires any medication administration tasks listed in Subparagraph (3) of Rule .0202 of this Subchapter;
(5) Individuals who require assistance with unscheduled care needs.
(6) Individuals who require or are documented by a physician as needing nursing home, skilled nursing, adult care home, adult care home special care unit or other type of memory care facility, mental health group home, or acute level of care;
(7) Individuals who pose a direct threat to the health or safety of themselves or others;
(8) Individuals who need housing for the treatment of mental illness, or alcohol or drug use; or
(9) Individuals who need housing for maternity care.

(b) If a resident is admitted with or later develops one of the prohibited conditions or care needs listed in G.S. 131D-2.2(b) or in Paragraph (a) of this Rule, the resident may continue to reside in the multiunit assisted housing with services on a temporary basis to prevent unnecessary relocation and the multiunit assisted housing with services obtains written certification from the resident's physician that:

(1) Appropriate care and services can be provided to the resident at the multiunit assisted housing with services by a licensed home care or hospice agency to prevent unnecessary relocation of the resident;

(2) The care and services are needed on a temporary basis; and

(3) The beginning and end dates of the certification period.

(c) When a physician certifies that a resident's needs can be met in a multiunit assisted housing with services facility on a temporary basis pursuant to Paragraph (b) of this Rule, the certification period shall be for no more than 30 days and may be re-certified every 30 days, not to exceed 180 days. The multiunit assisted housing with services facility shall provide a copy of the physician's certification to the licensed home care or hospice agency providing services to the resident.

(d) Multiunit assisted housing with services facilities shall complete an initial resident screening prior to each resident's admission and annually thereafter that includes the identification of the resident's need for assistance with activities of daily living (ADL's), instrumental activities of daily living (IADL's), self-administration of medication, supervision, and any other services needed to maintain the resident's safety, well-being, and functional status for which referral shall be made by the multiunit assisted housing with services facility. The screening shall be signed by the resident and their responsible person.

(e) The multiunit assisted housing with services shall establish procedures for communicating changes in an individual's condition and type of services needed between the housing management and any licensed home care or hospice agency providing services to individuals living in the multiunit assisted housing with services.

(f) When an individual has been determined to need a service listed in Paragraph (a) of this Rule, the multiunit assisted housing with services shall arrange for a safe and orderly discharge of the individual to the appropriate level of care, and the registrant or housing manager shall notify the resident and their responsible person within 5 days of the determination. The registrant or housing manager shall issue a 30-day notice of discharge letter to the resident. A copy of the notice of discharge letter shall be provided to the resident and their responsible person on the same day the notice is issued.

(g) Upon admission, the registrant or housing manager shall review the rental contract and disclosure with the resident and their compensatory agent if the resident has a compensatory agent, and the contract shall be signed by each individual. The disclosure statement required pursuant to G.S. 131D-2.1(10) shall include the following statement located on the first page: "This facility is a Multiunit Assisted Housing with Services facility, which is registered with the North Carolina Department of Health & Human Services in accordance with General Statute 131D-2.1. In addition to the list of conditions that may not be served in a MAHS facility found in G.S. 131D-2.2(b), this facility is not permitted to house individuals who need 24-hour supervision and individuals who are unable to evacuate the facility independently without any verbal or physical assistance from others in the event of an emergency. This facility is not a licensed adult care home and is not licensed to provide specialized services for individuals with memory disorders, cognitive impairment, or those with behavioral health conditions. This facility is not licensed or regulated as an Adult Care Home and is not subject to the licensing, inspection, or enforcement requirements that apply to Adult Care Homes under Chapter 131D of the North Carolina General Statutes." A copy of the rental contract and disclosure statement shall be provided to the resident and their compensatory agent upon admission.

(h) Only individuals that meet the requirements of this Subchapter shall be admitted to or allowed to reside in a multiunit assisted housing with services.

(i) The Department shall deregister a multiunit assisted housing with services facility when the Department determines that the multiunit assisted housing with services facility has failed to comply with N.C.G.S. 131D or the Rules of this Subchapter, or whenever the Department determines that the conditions in the multiunit assisted housing with services facility are detrimental to the health, safety or welfare of the residents. No new registration shall be issued for any multiunit assisted housing with services to an applicant for registration who was the owner, principal, or affiliate of a multiunit assisted housing with services where the facility was deregistered, or was the owner, principal, or affiliate of a facility licensed under Chapter 131D, Chapter 122C, or Article 7 of Chapter 110 of the General Statutes where the license was revoked, summarily suspended, or downgraded to a provisional license.

Authority G.S. 131D 2.1; 131D-2.2; 143B-165.

10A NCAC 13N .0202 ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATIONS IN MULTIUNIT ASSISTED HOUSING WITH SERVICES

Assistance with self-administration of medication as a service provided in a multiunit assisted housing with services to meet the medical and functional needs of residents means the following:

(1) Appropriately trained staff of licensed home care or hospice agency when delegated by the agency's Registered Nurse, a Registered Nurse or Licensed Practical Nurse employed by the licensed home care or hospice agency, or the individual's family member, friend, or legal guardian may provide limited assistance to a resident that enables the resident to take their medications as prescribed when:

(a) the individual's physician or other licensed healthcare professional authorized by state law has prescribed the medication to be taken on a routine basis, or medications prescribed on a PRN (as needed) basis as established in the nursing home care or hospice agency's plan of care or as authorized per licensed nurse assessment completed by the licensed home care or hospice agency;

(b) the individual requires physical and/or verbal assistance due to a disability or health condition that prevents total independence in the act of self-administration of medications; and

(c) the individual must be alert, oriented, able to direct the provision of the service, able to summon assistance, detect and express needs, make basic care decisions, and recognize danger and adverse effects as assessed by the licensed home care or hospice agency licensed nurse assessment.

(2) The tasks that may be performed related to assisting a resident with self-administration of medications include:

(a) reminding the resident to take a medication through verbal suggestion, prompting, and/or gesturing;

(b) retrieving a medication from the location where the resident has the medication stored. Residents shall have access to and control of their prescribed medications at all times. Medications shall be stored in the resident's apartment or bedroom. If the resident prefers to have their medications secured in a lockable space in their apartment or bedroom, the resident shall be in possession of the key. Medications shall not be stored on medication carts or in medication rooms;

(c) opening and handing an original marked labeled container to the resident;

(d) opening and handing the resident a pre-filled labeled medication holder, labeled unit-dose container, or labeled syringe as dispensed by the pharmacy;

(e) removing a medication from a labeled container, breaking a tablet, crushing a tablet, and, if necessary, per the resident's plan of care, mixing a medication in water, another liquid, or a food product as directed by the physician's order and the home care or hospice agency licensed nurse;

(f) depressing a syringe plunger after the resident has inserted the subcutaneous injection medication that is pre-labeled by the home care or hospice agency licensed nurse; and

(g) observing the resident ingest a medication.

(3) The following tasks related to a resident's need for assistance with self-administration of medications shall not be performed in a MAHS:

(a) Diabetic monitoring, except when the resident is able to independently detect signs and symptoms of hypoglycemia and hyperglycemia, interpret results of the glucose monitoring device, and is able to direct the provision of care in accordance with their physician's orders.

(b) Sliding scale insulin, as ordered by a physician, except when the resident is independent and does not require assistance from others to monitor their blood glucose and administer insulin.

(c) Application of debridement agents or packing of wounds, except when applied or administered by a licensed practitioner.

(d) Administration of anticoagulant medications through subcutaneous injection, except when administered by a licensed practitioner.

(e) Administration of medications through intramuscular injection, except when administered by a licensed practitioner.

Authority G.S. 131D-2.1; G.S. 131D-2.2; G.S. 143B-165.