

N.C. Division of Health Service Regulation, Adult Care Licensure Section
Fiscal Impact Analysis
Permanent Rule Readoption and Amendment
North Carolina Medical Care Commission

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Physical Plant

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Impact:

Federal Government: No
State Government: Yes
Local Government: Yes
Private Entities: Yes
Substantial Impact: No

Titles of Rule Changes and N.C. Administrative Code Citation

Rule Readoptions (*See proposed text of these rules in Appendix*)

10A NCAC 13F .0206 Capacity

10A NCAC 13F .0306 Housekeeping and Furnishings

10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans

10A NCAC 13G .0206 Capacity

10A NCAC 13G .0315 Housekeeping and Furnishings

10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plans

Authorizing Statutes: 131D-2.16; 131D-7; 143B-165

Introduction and Background:

The agency is proposing changes to update and clarify the requirements for capacity in family care homes as well as the housekeeping and furnishing requirements in adult and family care homes. The agency is also proposing changes to the fire safety and disaster plan requirements to now include the development of emergency preparedness plans to align with current practices and trends in the industry. The proposed language promotes the creation of an all-hazards approach while focusing on risk assessments to address potential emergencies and disasters that may impact facilities. The proposed rule language now includes the contents for emergency preparedness plans. There are approximately 582 licensed adult care home facilities with seven or more beds and 530 family care home facilities with 6 or fewer beds in North Carolina. All facilities are privately owned and operated.

Under the authority of G.S. 150B-21.3A, Periodic review of existing rules., the North Carolina Medical Care Commission and Rules Review Commission approved the Subchapter reports with classifications for the rules under 10A NCAC 13F Licensing of Adult Care Homes of Seven or More Beds and 10 NCAC 13G Licensing of Family Care Homes. The rules were classified in the reports as necessary with substantive public interest: rules 10A NCAC 13F.0306, 13F .0309, 13G. 0315, 13G .0316. Rule 10A 13F .0206 was identified as an amendment with no substantive changes and will not be discussed in this analysis.

Rules Summary and Anticipated Fiscal Impact

10A NCAC 13G .0206 Capacity:

This rule outlines requirements for the maximum number of residents allowed to live in a facility based on the residents' evacuation capabilities in accordance with the North Carolina Building Code (NCBC). For safety, the NCBC requires facilities that care for residents who need assistance evacuating the facility in an emergency to implement enhanced physical plant requirements such as an automatic sprinkler system. A definition of "capacity" and a reference to the ambulatory requirements identified on the facility's license have been added to provide clarity. A definition for "ambulatory" and "non-ambulatory" has also been added for clarity and reference to license capacity requirements.

There are instances when a resident's ambulatory status temporarily changes while residing at the facility. The rule language has been updated to clarify how facilities are to respond in those instances. The proposed rule language requires facilities to notify the Division of Health Service Regulation Construction Section when there is a temporary change due to short term illness such as end of life. The impact to facilities from this additional notification step is minimal as facilities are currently advised to notify the Construction Section when a change in ambulatory status is identified by the facility, the Department of Social Services, or by the agency. This notification will likely happen via email; as such, the only additional cost will be time cost.

The purpose of this rule, and the changes therein, is to keep residents safe by ensuring that a facility is only admitting or caring for residents who meet the licensed capacity requirements of the facility (i.e. a facility licensed to care for ambulatory residents is prohibited from admitting or caring for a resident who is bed-bound and needs staff assistance to evacuate the facility in the event of an emergency), and if the condition of a resident who was previously able to evacuate independently changes, the facility will notify DHSR for further guidance and assistance to ensure the safety of the resident. The purpose of this rule is to ensure that the facility is equipped with fire safety measures to protect the resident population in the event of a fire.

10A NCAC 13F .0306 and 13G .0315 Housekeeping and Furnishings:

These rules outline the standards for general upkeep of the facility and required furnishings available within the facility for the comfort of residents, as well as the required hygienic and bedding supplies required for residents. The agency has made technical changes to respond to the Rules Review Commission requests, as follows:

1. Clarify what is meant by the current term "unpleasant odors" as "odors that are considered by residents to be chronic or unpleasant."
2. Clarify what is meant to have furniture "clean and in good repair" as "clean, safe, and functional."
3. Add references to the rules that govern the sanitation requirements for facilities.
4. Clarify what is meant by having a "comfortable" chair for residents.
5. Eliminate outdated requirements to have hot water bottles and ice caps available.

The proposed changes to these rules should have no fiscal impact to facilities other than from incremental improvement to rule clarity and no impacts to residents or state agency staff.

10A NCAC 13F .0309 and 13G .0316: Fire Safety and Emergency Preparedness Plans:

These rules outline the standards for fire safety and emergency preparedness plans (EPP) in adult care homes and family care homes. Technical changes were made to clarify how the fire evacuation plans are to be visible to staff, residents, and visitors. Technical changes were also made to clarify that fire evacuation rehearsals are to be unannounced, and the records of the rehearsals are to be made available upon request to the Division of Health Service Regulation, local officials, and the county Department of Social Services.

The rules as currently written require a written “disaster plan,” that has been submitted to or has received written approval from the local emergency management agency, but they do not specify the contents of the plan. The rule language as written was outdated, and the title of the plans have been updated to “emergency preparedness” to align with current guidance and trends within the assisted living and healthcare industry. The requirements for developing an EPP have been updated to ensure that there is fundamental basic planning to help facility staff respond appropriately to emergencies and identify hazards that pose the most risk to the health and safety of the residents and staff.

In addition to reviewing EPP regulations for adult care homes in other states, the agency also reviewed the regulations, recommendations, best practice guidance documents, and guidance related to emergency preparedness planning for assisted living and long term care facilities from a number of sources, including the National Center for Assisted Living¹ and Argentum², federal agencies like Federal Emergency Management Agency (FEMA)³, the United States Department of Labor Occupational Safety and Health Administration (OSHA)⁴, and the Centers for Medicare and Medicaid Services (CMS)⁶ to develop the requirements for EPP. In fact, CMS adopted new comprehensive EPP regulations for nursing homes in 2016, including updates through 2021. Each of these entities recognizes the importance of utilizing these EPP to keep residents and staff safe during emergency events.

The agency also reviewed the N.C. Department of Public Safety, Division of Emergency Management’s risk management portal⁵ available on the emergency management website and used by facilities to develop a risk management plan for responding to emergencies. The risk management portal provides a template for facilities to utilize to develop their EPP. The template addresses basic information about the facility such as facility location, creation of a facility map, contact information for facility staff, and the local emergency management and other community resources, staffing levels, resident information to include ambulatory status and special needs assistance, review of facility floor plans. It also addresses utility details such as water system, sewer system, and emergency power with an emphasis on emergency preparedness to include gathering points, sustainability and potable water, emergency generators, evacuation routes, and public safety visits. The template also provides a section for formal memoranda of agreement (MOA) or memoranda of understanding (MOU) with individuals, agencies, companies, and organizations that can aid with alternate accommodations, transportation, emergency water, food, pharmaceutical supplies, medical supplies, and generator supplies. The template is free of charge to facilities. The template was first available to facilities by compact disc (CD) in 2010 and then became available to facilities via a web-based portal in 2014. Since 2010, facilities going through the initial licensure process have been highly recommended and encouraged to

utilize this portal to assist with creating a “disaster plan”. Feedback from providers on the portal has been positive over the years, and many providers have reported that they have used the portal to create the currently required disaster plan. It is estimated that 25% of facilities are utilizing the template within the portal to develop a “disaster plan”.

Facilities are currently required to have a written disaster plan when they first become licensed and keep it updated on an annual basis. To gain the approval of the Division, the disaster plan must contain emergency preparedness plans that address, at a minimum, fire, tornado, hurricane, and power outage, including the facility’s plans for special needs sheltering during disasters. As such, the agency doesn’t anticipate that the majority of items included in the proposed rule will result in significant changes to facilities’ written disaster plans or current processes.

The rules as currently written do not outline the components of a “disaster plan”, therefore these rules are being updated to clarify the components required in the plan. The proposed language clarifies the requirements of the EPP which includes an “all-hazards plan” to address common operational functions during an emergency and the completion of a “risk assessment” to identify potential hazards to the facility taking into account the facility’s unique characteristics. The proposed rule language includes the components that would be included in an all-hazards plan. The risk assessment is to be completed to allow facilities to identify the top three to five hazards that pose a risk to the facility and categorize them by the likelihood of occurrence. Examples of the types of emergencies that may pose a risk to facilities are included in the proposed language. Each facility will be required to develop an EPP unique to their facility. While the agency does not routinely review facility disaster plans except during the initial licensure process, the agency did review a sample of current plans in preparation for this analysis. Review of the plans revealed that there are some existing “disaster plans” that already comply with the proposed requirements and will need to make minimal changes.

To comply with the EPP as proposed, the main policies that are likely not already included in a facility’s current disaster plan and will therefore need to be added are as follows:

1. Strategies for addressing potential staffing issues;
2. Collaboration with other healthcare facilities and services to include medical services, hospitals, nursing homes, adults care homes;
3. A system for tracking residents and staff;
4. Resident identification and resident records; and
5. Identification of the top three to five risk areas and categorization of the risks by the likelihood of occurrence.

Once the proposed rule becomes effective, facilities will be required to update their EPP to comply. The individual or team responsible for the EPP will also need to make contact and collaborate with other facilities in their area for emergency planning, for example, reaching out to other adult care homes to arrange for a potential evacuation location. Each facility’s planning time would vary significantly depending upon the facility’s current operational and emergency plans and local resources. The amount of time involved in updating the EPP will vary by facility, based largely on the facility’s

size and comprehensiveness of their existing disaster plan. It is likely that larger facilities have an EPP that already complies with most of the proposed criteria. As such, the proposed rule changes may have a bigger impact on smaller facilities. DHHS does intend to collaborate with the N.C. Division of Emergency Management and others to provide technical assistance and training to help facilities understand the new required components of an EPP so the plans can be updated in compliance with the rule. Additionally, the agency is extending the effective date of the rule to give providers ample time to update their EPP.

In addition to the requirements of the EPP itself, there are proposed changes to ongoing implementation and annual reviews, as follows:

1. Changes to the EPP must be submitted within 30 days of the change to ensure that local emergency management has the most recent copy of the EPP in the event of an emergency.
2. Require the facility to submit a new or updated EPP if there is a change in ownership to ensure that the new owner and staff are aware and are prepared in the event of an emergency or disaster.
3. Require that the EPP be accessible to staff working in the facility. The current rules require that the facility maintain the disaster plan in the facility, but they do not specifically state that the plan must be accessible to staff.
4. Require specific training be provided to staff who are primarily responsible for certain tasks and for alternate staff who provide backup. It should be noted that the agency provided comprehensive training on emergency preparedness to facilities in August of 2020. The training addresses the components of an EPP as included in the proposed rule language, including risk assessment and an all-hazards approach. The training is available on the agency website and can be accessed free of charge⁷.
5. Require notification to local emergency management, the local Department of Social Services, and Division of Health Service Regulation when evacuations occur and when residents return to the facility.
6. Require that facilities not be re-occupied until given approval by building officials to ensure that it is safe for residents to return to the facility.
7. Require facilities to collaborate with local emergency management and other healthcare facilities to ensure residents are appropriately sheltered.
8. There may be times when the EPP is inadequate or fails, resulting in a facility evacuating to a public emergency shelter. The agency has proposed rule language to address these situations to ensure that residents are not left unattended in a public shelter and that the facility, and its staff remain responsible for resident care, safety, and supervision.
9. Requirement for facilities to complete at least one drill per year to test the facility's EPP.
10. Require consultation with local emergency management services and notification of Division of Health Service Regulation Adult Care Licensure Section, the county Department of Social Services within three hours of the decision to evacuate. There will be minimal impact for facilities to contact agencies for assistance for notification purposes.

Purpose and Benefits of Proposed Changes

A comprehensive, up-to-date emergency preparedness plan and appropriate staff training, as proposed in this rule, can help mitigate the impact of emergencies and disasters and can save lives. Planning for emergencies allows facilities to examine potential risks and hazards and make plans for how to mitigate and recover to promote resident and staff safety. Since there is variability in the management structures of adult care homes as well as the presence of an administrator on-site (on-site, full-time administrators are not required until the resident census reaches 81), it is important for staff to know how to respond to emergencies and hazards when they occur including on evening and overnight shifts. If staff are prepared and aware of how to respond, it will help to ensure residents are safe and facility operations (resident care and services) can continue in the wake of an emergency. Many residents in assisted living facilities have complex health and mental health needs, therefore, planning is crucial to prepare for an emergency. Typically, residents with health and mental health conditions require additional planning and assistance during emergency situations, and an EPP can address those unique considerations to ensure that staff are prepared to respond, and local emergency management agencies and other healthcare providers are available so that residents receive the care and services needed. Residents especially would benefit from the more robust emergency preparedness measures. Having an up-to-date and comprehensive EPP that includes more training of staff and potentially improved communication with local emergency management could prevent stress and anxiety of residents and staff, as well as physical harm or loss of life during emergency situations.

To illustrate the need for a more detailed, comprehensive emergency preparedness for adult care homes and family care homes in North Carolina, the following are examples of recent cases that have occurred in these types of facilities in North Carolina:

- In September 2018 during Hurricane Florence, an adult care home was without electricity for four to five days and did not execute an emergency plan despite weather warnings that had been issued for the area. There were not enough staff to care for the residents and no emergency lighting which resulted in a resident falling out of bed while attempting to transfer to his wheelchair, then lying on the floor for over six hours without any staff response. Another resident experienced a fall and hit her head. The facility could not initially reach 911 due to the storm and had no backup plan. The emergency medical services (EMS) station was located one block from the facility, but no one went to get help. The resident was left in the facility overnight, was unconscious by morning, and eventually died at the hospital of a subdural hematoma a few days later.
- In September 2018 during Hurricane Florence, an adult care home evacuated to a public emergency shelter located in a local school building. One resident required a therapeutic diet and needed all foods to be chopped and soft to prevent choking and aspiration. The facility did not bring therapeutic diet menus/instructions to the shelter. The volunteer shelter workers served the same lunch to all people in the shelter. One day, the shelter served hot dogs for lunch, facility staff failed to “chop” the resident’s hot dog to the required consistency, and the

resident choked. EMS was called and transported the resident to the hospital. The resident was in a coma for 30 days and died.

- In September 2018 during Hurricane Florence, an adult care home located a few miles from the ocean in a coastal county failed to have an updated EPP in place, including a plan for evacuation. The facility's EPP had last been reviewed three years prior. Staff had not received any training on the facility's EPP. Despite local emergency management officials strongly encouraging the facility to evacuate, they would not. Facility management had planned to go to a local public emergency shelter if needed. Because of the storm's intensity, public shelters were not available. Local emergency management officials gave the facility a mandatory evacuation order. The facility had no place to go and no transportation. State and local emergency management agencies arranged for transportation to take all 35 residents, several facility staff, and supplies to a state operated medical shelter over 200 miles away in High Point, NC. The residents and staff stayed in the shelter for 10 days.
- In January 2021, an adult care home in the westernmost part of North Carolina lost heat when the furnace went out. The facility did not have a plan for alternate heat source or for evacuation. Initially the facility planned to evacuate 18 residents to a local nursing home but learned that was not possible due to a COVID outbreak there. The facility had no other evacuation location plan, and the furnace could not be fixed for one week. At the point DSS and DHSR were contacted, residents had been living in very cold conditions for more than 24 hours. The local DSS and DHSR collaborated with other state and local partners to find a safe location and secure transportation (the facility van was broken), meals, and appropriate staffing. Residents were evacuated to a local hotel. The facility had no plans for addressing residents' needs including supervision, personal care, medication administration and service of meals, communication with families, provision of infection control (was during COVID pandemic) or responding to any potential emergencies while at an emergency shelter.
- In January 2022 when there was inclement weather (icy conditions), an adult care home had only one staff person (a corporate manager from out of state) in the building on the overnight shift with a census of 55 residents, 18 of whom had Alzheimer's disease and resided in the Special Care Unit. The facility did not have an emergency plan to manage inclement winter weather. During this time the facility was heavily dependent on agency staffing, had no contingency plan for staffing, and had not trained staff on any emergency plans and their roles and responsibilities. The owner stated they were from out of state and did not anticipate that scheduled agency staff would not show up to work. No staff reached out to local emergency management, DSS, or DHSR that night for assistance.
- In December 2022, an adult care home lost electricity after an attack on a local power substation. For three days the facility was without heat, electricity, an operable fire alarm system, and hot water due to the power outage. The administrator was not at the facility due to an unexpected illness. The facility used kerosene heaters initially until directed to stop due to it being a fire hazard. The facility tied the exit doors shut and placed tables in front of exit doors

to prevent the 22 residents in the Special Care Unit (for individuals with Alzheimer’s disease and dementia) from leaving. Facility telephones were not working, and staff were not conducting the fire watch as directed by the fire marshal. The facility did not have an emergency plan for evacuation of residents and depended on state and local emergency management for assistance and resources.

- In December 2023, at 6:30am an electrical fire occurred at an adult care home resulting in the need to relocate 11 assisted living residents and 25 residents who lived in the Special Care Unit (for individuals with Alzheimer’s disease and dementia). The facility’s disaster plan had not been routinely reviewed since 2015 and was not up to date. The designated evacuation site was no longer viable, and no alternate location was identified. The facility deferred to the local emergency management agency to find placement for the residents, and the agency was unsuccessful. DHSR was notified of the situation at 4:00pm, contacted other facilities in the area and secured placement. The facility staff person in charge of the evacuation of residents had no prior training to know how to carry out an evacuation and assumed the emergency management agency would handle it. Additionally, the facility did not provide critical resident information, durable medical equipment, or staff to the receiving facilities.

It is important to note that the agency is not claiming that the proposed rules will completely prevent these types of outcomes. Facilities are already required to have disaster plans, the success of which relies heavily on successful implementation. Rather, the agency anticipates that the proposed rules -- the improvements to EPPs, in particular – will result in incremental improvements to a facility’s level of preparedness. The success of any facility’s EPP will continue to rely on their implementation during and after an emergency.

Summary of Impacts

State and Local Government

To assist facilities with the updated requirements, the agency plans to collaborate with partner agencies to provide guidance and assistance to facilities on the updated rule requirements prior to the proposed effective dates of the rule. The Division of Health Service Regulation Adult Care Licensure Section has a training team that provides training to providers, county DSS staff, and DHSR surveyors on approved rules. These trainings are provided virtually in a one-time group session for approximately two hours, and the information is typically available on the Adult Care section website free of charge for future reference.

The agency estimates that the development and implementation of such a training would take approximately 40 hours for an ACLS Training Specialist (Facility Compliance Consultant II) to complete. At a wage of \$56 per hour (trainer salary with benefits), this is estimated to be a one-time cost of \$2,240 to the state. This will be beneficial to facilities and will offer cost savings as facilities will not be required to navigate the new rule requirements on their own.

Most of the proposed changes will have an impact on the Adult Care Licensure Section in the form of minimal time savings associated with improved rule clarity. The Adult Care Licensure Section staff will also have time costs due to providing technical assistance and training on the new rule requirements. These costs will be incurred mainly in the first year of implementation as existing facilities update their EPPs. The agency does not anticipate impacts on local government (i.e. county Departments of Social Services who monitor and conduct complaint investigations in adult care homes and family care homes) beyond their current job requirements to monitor and regulate the proposed amendments. That said, both state and local emergency management agencies will likely experience some unquantifiable costs and benefits in terms of both providing planning assistance to adult care providers and improved collaboration, communication, and ultimate response and execution of the plan when there is an emergency. It can be reasoned that, in addition to improving safety, these improvements will save time, money, and other resources in the long term.

Adult Care Homes & Family Care Homes (“Assisted Living” Facilities)

It is important to note that emergency management, including preparedness and response, is facility-specific and dependent upon support and resources at the local level. As such, adult care homes can be vastly different in their operations, management, staffing, resident population, available resources, and other characteristics. That’s why it is crucial for each facility to develop and implement its own emergency preparedness plan and that the rule requirements allow facilities to have the flexibility to do so. Each facility will have different identified risks depending on the size and location of the facility. For example, facilities located in the mountains typically don’t need to prepare for hurricanes or coastal flooding. The agency anticipates that there will be an impact to adult care home providers in terms of opportunity cost as they complete the following tasks to comply with the proposed rule requirements:

- 1) Review the facility’s current “disaster” plan and compare its contents against the newly defined criteria set forth in the proposed rule.
- 2) Update the facility’s current EPP to include any new criteria areas not addressed in their current EPP.
- 3) Complete a risk assessment, which would require obtaining information from the local emergency management agency or regional healthcare coalition on the particular risks to the county/region where the facility is located. While some regions have resources readily available online, others may not, and providers would need to call the agency or coalition to obtain this information.
- 4) Submit updated EPP to the local emergency management agency and agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters (which is typically the local DSS).
- 5) Complete a drill at least annually to test the facility’s emergency plan.
- 6) Train facility staff, including those who have specific roles and responsibilities as designated in the facility’s EPP.

The amount of time required to be spent will vary significantly among facilities. The amount of time spent will be highest for those facilities whose disaster plans have not been recently reviewed and therefore require significant updates. While adult care homes and family care homes are currently required to provide staff training on emergency procedures as required in Rule .1211, the agency anticipates that there will be some additional training time spent by those individuals responsible for the primary procedures on those roles. The agency has reviewed a sample of current disaster plans of adult care homes and family care homes from across the state and have found that there are some facilities that

already include many of the components of the proposed rule, therefore, potentially little to no additional training would be required. The agency does not have a way to estimate how many facilities would need to enhance their current training to comply with this requirement, but the agency does not anticipate a significant amount of additional time or costs beyond what is already required for training. It should be noted that this is not a training that the agency can provide. Since EPPs must be specific to the individual facility and its procedures, the facility must conduct this training for its employees. While there are no specific training courses offered by the agency, there are no-cost emergency preparedness planning trainings available through local emergency management agencies and regional healthcare coalitions across the state.

It should be noted that part of the impact on providers would be due to the time involved for the initial overall review and update of the facility's current disaster plan to comply with the newly required EPP components. This would most likely be a one-time initial time cost, however the benefits will be continual for optimal safety and well-being for residents. The estimates in this analysis are based on the best available information available to the agency.

Alternatives

The agency considered various alternatives to the proposed rule. One alternative considered was to keep the current rule the same (do nothing) or amend the rule to require a less comprehensive EPP. Currently, the requirements around disaster planning is somewhat broad which has led to varying levels of understanding and interpretation of the rule as to what constitutes an adequate emergency preparedness plan. Some providers have a comprehensive EPP and have established ongoing working relationships with state and local emergency management partners. Other facilities' disaster plans and/or implementation measures are less comprehensive, leaving them at unnecessary risk in case of an emergency.

As noted above, there have been instances where a facility's failure to adequately prepare for an emergency or execute the disaster plan has resulted in death and physical harm to residents, as well as neglect by not providing the care and services necessary to keep residents safe and maintain their well-being during an emergency. It is possible that some of these situations could have been prevented had there been an effective EPP and staff who were properly trained on their roles and responsibilities during those emergencies. There have been instances in other states that have caught national attention in which various emergencies have impacted long-term care facilities. One of the most notable natural disasters to have the gravest impact on residents in long term care facilities in Louisiana was Hurricane Katrina. During Hurricane Katrina, there was inadequate planning for such an event which left residents allegedly abandoned by their caretakers⁷. In 2017, another devastating scenario played out in Florida as a result of Hurricane Irma when 12 residents died of heat exposure after a power outage at a nursing home shut down the facility's air conditioner and residents were not evacuated timely.⁸

A second alternative that was considered was stricter rule language and use of a required reporting tool, similar to the requirements of other states like Florida which includes a six-page planning criteria form that must be used to develop their EPP. Additional requirements would include the development of an organizational chart and roster, and implementation of the EPP into a facility's standard operating procedures. These plans are also required to be reviewed and approved by the state. CMS has also adopted more rigorous emergency preparedness regulations for nursing homes and other types of healthcare facilities, which include more complex rehearsal drills and tabletop exercises to be completed.

The proposed rules are a better alternative for adult care homes and family care homes in North Carolina as they meet the current trends in the industry and follow the current best practice documents and guidance provided by assisted living associations without being overly burdensome. The rules also give flexibility to facilities to develop plans that fit the needs of their individual facility and the unique characteristics of the communities in which they are located. The current proposed rules are clear, concise, and give providers the guidelines for their EPP without confusing providers about which specific components are required in their plan. The rules also compel providers to collaborate with local emergency management and other healthcare providers and resources to be ready for any emergency.

¹National Center for Assisted Living, “*Emergency Preparedness Guide for Assisted Living Communities*”, developed through the ACHA/NCAL Emergency Preparedness Committee 2013-2015.

²Argentum, “*Senior Living: Investing in Quality, Emergency Preparedness Best Practices When Facing a Natural Disaster*”

³Federal Emergency Management Agency (FEMA), “*Developing and Maintaining Emergency Operations Plans Comprehensive Preparedness Guide September 2021 Version 3.0*”, https://www.fema.gov/sites/default/files/documents/fema_cpg-101-v3-developing-maintaining-eops.pdf.

⁴U.S. Department of Labor Occupational Safety “*Evacuation Plans and Procedures eTool*”, <https://www.osha.gov/etools/evacuation-plans-procedures/eap/minimum-requirements>

⁵North Carolina Emergency Management “*North Carolina Risk Management Portal*”, <https://rmp.nc.gov/portal/#>

⁶National Archives Code of Regulations “*Requirements for Long-Term Care Facilities*”, <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.73>

⁷Department of Homeland Security. *The Federal Response to Hurricane Katrina: Lessons Learned*. <https://georgewbush-whitehouse.archives.gov/reports/katrina-lessons-learned/chapter1.html>

⁸The Associated Press, *Florida Nursing Home Death Toll Rises to Twelve After Irma Knocked Out A/C*, <https://www.nbcnews.com/storyline/hurricane-irma/florida-nursing-home-death-toll-rises-twelve-after-irma-knocked-n805846>

Adult Care Homes-Construction
Prepared by the Construction Section

**Fiscal Impact Analysis of
Permanent Rule Readoption without Substantial Economic Impact**

Agency Proposing Rule Change

North Carolina Medical Care Commission

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Impact Summary

Federal Government:	No Impact
State Government:	Yes
Local Government:	No Impact
Private Sector:	Yes
Substantial Impact:	No

Titles of Rule Changes and Statutory Citations

(See Appendix for rule text)

10A NCAC 13F

Section .0300 – The Building

- Applications of Physical Plant Requirements 10A NCAC 13F .0301(Readopt)
- Design and Construction 10A NCAC 13F .0302 (Readopt)
- Plans and Specifications 10A NCAC 13F .0304 (Readopt)
- Physical Environment 10A NCAC 13F .0305 (Readopt)
- Fire Alarm System 10A NCAC 13F .0307 (Readopt)
- Electrical Outlets 10A NCAC 13F .0310 (Repeal)
- Other Requirements 10A NCAC 13F .0311 (Readopt)
- Special Care Unit Building Requirements 10A NCAC 13F .1304 (Readopt)

Authorizing Statutes

G.S. 143B-165

Background

Under authority of G.S. 150B-21.3A, periodic review and expiration of existing rules, the Medical Care Commission, Rule Review Commission, and the Joint Legislative Administrative Procedure Oversight Committee approved the Subchapter report with classifications for the rules

located at 10A NCAC 13F –Licensing of Adult Care Homes of Seven or More Beds – on August 10, 2018, October 18, 2018, and December 22, 2018, respectively. The following seven rules were proposed for readoption with substantive changes in this report: 10A NCAC 13F .0301, .0302, .0304, .0305, .0307, .0311, and .1304. The following rule was repealed: 10A NCAC 13F .0310.

There are approximately 582 licensed Adult Care Homes of seven or more beds in North Carolina. Of these 582 licensed facilities, approximately 268 facilities have Special Care Units (SCU) for Alzheimer and Related Disorders within the facility, and 65 are licensed standalone Special Care Unit facilities. On average, the Construction Section receives plans and specifications for approximately 5 new Adult Care facilities each year with a varying number of SCU beds.

The current physical plant rules in 10A NCAC 13F – Licensing of Adult Care Homes of Seven or More Beds have not been amended since July of 2005. The rules are outdated and do not reflect the current practices and procedures in the operation of adult care homes. The majority of the proposed amendments to the adult care home rules are revised to: implement technical and formatting changes to the rules, provide clarity for staff use, remove ambiguity, update the rules to reflect current practices and procedures of the Construction Section, and provide consistency with other licensure rules.

For the purpose of this fiscal analysis, “adult care home” and “assisted living facilities” are used interchangeably and is understood to mean an adult care home.

Rules Summary and Anticipated Fiscal Impact

Rules in Section .0301 – Application of Physical Plant Requirements

Most of the changes within this Section involve reorganizing and reformatting the rules, making them easier to use, and to provide clarity of intent.

Substantive changes within this Section are the Equivalency requirements. Existing Rule .0301 provides facilities the ability to request an equivalency to allow for alternate methods, procedure, design criteria, or functional variations from the requirements of the rules in this Section. The proposed changes are to clarify the minimum documentation that must be submitted for the Construction Section to evaluate the equivalency request. The documentation listed in this rule reflects current procedures of the Construction Section. Also, for consistency among rule sets, the proposed changes read the same as 10A NCAC 13K .1212 in the Hospice Licensing Rules.

Fiscal Impact

The equivalency process is allowed per the current Rule .0301. The only impacts associated with the readoption of this rule are from improved clarity and consistency with other related rules. In

particular, the proposed changes will help clarify how a facility will be evaluated for an equivalency determination. By having more specific requirements spelled out in rule, it could save a facility time in preparing an equivalency request. The equivalency requests may also be more complete when they are submitted to the Construction Section. This could save staff time reviewing these requests. The amount of time saved is expected to be negligible.

Rule .0302 – Design and Construction

The agency is proposing to readopt this rule with substantive changes. The revised changes include: reorganizing and reformatting the rules to provide clarity of intent, updating the information concerning access to current editions of the North Carolina State Building Codes, and updating the information concerning access to the current rules for Sanitation of Hospital, Nursing Homes, Adult Care Homes, and Other Institutions, 15A NCAC 18A .1300. The North Carolina State Building Codes and rules 15A NCAC 18A .1300 were incorporated in the existing Rule .0302.

Fiscal Impact

The only impacts associated with the readoption of this rule are from improved clarity and consistency with other related rules. Improved clarity and consistency should make it easier for the regulated community to understand the rules. This could, in turn, save Construction Section staff time providing technical assistance to facilities. The amount of time saved is expected to be negligible.

Rule .0304 – Plans and Specifications

The agency is proposing to readopt this rule with substantive changes. The proposed changes include the following:

- Reformatting the rules to provide clarifying language.
- Reducing the number of paper copies of construction documents facilities must send to the Division for review from 2 copies to 1 copy.
- Clarification that the owner or owner’s appointed representative is responsible for submitting any changes made during construction or remodeling to the Division for review and approval. The requirements for the submission of changes made during construction are in the existing Rule .0304(d). For consistency, the language was changed to read the same as 10A NCAC 13D .3014(a) in the Rules for the Licensing of Nursing Homes, and 10A NCAC 13K .1113(a) in the Hospice Licensing Rules.

- Reduces the need for the Division to be notified by the owner or owner’s appointed representative of various percentages of construction progress.
- Clarifications on how the owner or owner’s appointed representative is to notify the Division once construction or remodeling is complete.

Fiscal Impact

Federal

No Impact associated with the readoption of this rule.

State Impact

Reducing the number of copies of construction documents to be submitted for review and approval from 2 copies to 1 copy will reduce the need for additional floor area and file cabinets for plan storage. Also, traditionally, the Construction Section sent the 2nd copy of construction documents to the local authority having jurisdiction for review and approval. This process cost the Construction Section postage, handling, and other fees to mail the set of construction documents to the local jurisdiction. Due to requirements for plans to be submitted directly to the local jurisdiction when a contractor pulls a permit for anticipated construction, Construction Section no longer send copies of construction documents to the local jurisdiction; thus, no longer pay postage, handling, and other fees. This rule change aligns with current procedures in the Construction Section. As such, it is considered an ongoing benefit. The sizes of construction documents can vary significantly from project to project, so there is no way to accurately estimate potential savings.

Adult Care Home Providers

By reducing the number of copies of construction documents to be submitted for review and approval from 2 copies to 1 copy, there will be cost savings for the provider. The savings will be the additional costs associated with printing plans of various sizes and mailing the additional set of drawings to the Construction Section. The current practice in the Construction Section is to require the submittal of only 1 copy of construction documents to the State; as such the savings from having to send just 1 copy should be considered an ongoing benefit. The change to this rule will not affect other regulations that require the provider to also submit a copy of construction documents to the local code enforcement department in the city or county in which the facility is to be constructed or remodeled.

The potential cost savings due to this change will vary from project to project depending on the size of the project. The amount of savings will increase with size of the project and will vary depending on mailing costs.

Rule .0305 – Physical Environment

The agency is proposing to readopt this rule with substantive changes. This rule contains the rooms, spaces, and areas required in an adult care home. Many of the changes are technical edits, clarifications of existing requirements, reorganizing and reformatting to make them easier to use, and updates to the text reflect current practices. Substantive changes to the proposed Rule .0305 are described below:

- Paragraph (b)(1) removes the requirement for at least 50% of living rooms and recreational areas to be enclosed with walls and doors. The 2022 edition of the *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities (FGI)*^{1, 2} indicates the design of assisted living facilities should minimize the aspects of an institutional environment by creating family-style areas that are open-plan to create more of “great room” type spaces. Also, FGI does not have a requirement for living rooms and recreational areas to be enclosed with walls and doors. FGI requires designs of these areas that encourage resident, participant, and visitor use. The removal of the mandated requirement for at least 50% of living rooms and recreational areas to be enclosed with walls and doors does not preclude a design featuring separate satellite rooms for more intimate settings if desired.
- Paragraph (b)(4) and Paragraph (c)(4) currently require living rooms, recreational areas, and dining rooms to be provided with windows. The proposed added requirements are for windows with views to the outside, the gross window area of these windows to not be less than 8% of the gross floor area of each room or area, and that insect-proof screens be installed on openable windows. The added requirement for windows to provide views to the outside is to make clear the intent of the rule. While the current language for windows provided to have views to the outside may seem obvious, Construction Section has received designs over the years that provide framed openings to simulate “windows” to another room or the corridor. *FGI* indicates³ that the provision of natural light should be considered wherever possible in the design of assisted living facilities’ physical environment.⁴ Also, *FGI* indicates operable exterior windows that may be left open are to be provided with insect screens.⁵ The *2018 North Carolina State Building Code*:

¹ The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 81, 176,181.

² *FGI* is a national design standard adopted by reference in many states in the country. It has not been adopted in North Carolina for these types of facilities. Because healthcare industry experts develop and revise *FGI* on a regular basis, it is used by many design professionals in the design of healthcare facilities including assisted living facilities.

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⁴ The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 104, 179.

⁵ The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 104.

Building Code (NCSBC) contains standards for buildings in North Carolina. The NCSBC requires, where natural lighting by means of exterior openings is provided, windows are to have a “net glazed area of not less than 8 percent of the floor area of the room served.”⁶

- Paragraph (c)(1) removes the requirement for the dining room to be enclosed with walls and doors. With industry standards in the design of assisted living facilities for a less institutional setting but more of a home-like setting, the removal of the mandated requirement for walls and doors leaves the owner/operator with the autonomy to make design decisions based on the needs of the residents residing in these facilities. The removal of the mandated requirement for walls and doors for the dining room(s) does not preclude the design for separate satellite dining rooms for more intimate settings if desired.
- Paragraph (d) is proposed to provide clarification about when live-in staff is permitted in adult care homes. Existing Rule .0601(b)(3) permits live-in staff in licensed homes where the home has a capacity of 7 to 12 residents. By adding this proposed language in Rule .0305(d), it indicates to the owner/operator there are additional requirements to be met when live-in staff is provided. Proposed language is also added to clarify that live-in staff and other live-in non-residents are not to occupy or live in a licensed bed location and must not share a bedroom with a resident. This is to ensure all residents in the home have bedrooms designated for resident use. Separate bedrooms for live-in staff and other live-in non-residents are required in existing Rule .0305(d). The remaining changes are reformatting and technical changes.
- Paragraph (e)(1) adds the requirement for sinks in bathrooms and toilet rooms to be trimmed with valves that can be operated without the use of hands. Operating sinks without the use of hands limits the spread of bacteria or germs, keeping sinks and faucets more hygienic. This function can be achieved by equipping sinks with blade handles that do not require grasping, electronic faucets, or other hands-free devices. Also added are the requirements that blade handles used to meet this requirement be not less than 4-1/2 inches in length, and electronic faucets used to meet this requirement must have an emergency power source or battery backup capability. For battery-operated faucets, requirements were added for the facility to have a maintenance policy to keep extra batteries to ensure hand washing facilities are available at all times. This added requirement of operating sinks without the use of hands has been added throughout the Rules where sinks are required. All required sink locations are noted in the existing Rules with no new sinks being added in this readoption of the Rules.

⁶ The NC Department of Insurance, *2018 North Carolina State Building Code: Building Code* (International Code Council, July 2015), 313.

- Paragraph (e)(5) adds language to require privacy curtains for bathing fixtures typically found in adult care facilities. The requirement for privacy curtains or partitions at plumbing fixtures is required in existing Rule .0305(e). The requirement extends the privacy provisions to a manufactured walk-in tub, if provided.
- Paragraph (e)(7) was revised to require a central bathing room on each floor of a multi-level facility rather than just one per facility. Current Rule .0305(e)(7) requires at least one central bathing room in a home/facility without taking into account the number of floors in the facility. This room is generally located on the 1st floor of multi-level facilities. With the current rule language, residents on other floors would have to travel to the 1st floor to utilize the central bathing room. The proposed change would eliminate the need to travel from floor to floor to use the amenities located in the central bathing room for residents who would like to use them.
- Paragraph (e)(7)(B) was revised to omit a roll-in shower in central bathing areas if one is located in bathrooms attached to each resident bedroom of the facility. The current rule language does not allow this omission. Currently, facilities constructed with roll-in showers in each resident bedroom are routinely granted an equivalency for omitting the roll-in shower in the central bathing area. This proposed rule language reduces time spent on requesting, granting, and writing equivalencies.
- Paragraph (e)(7)(C) adds language to allow a manufactured walk-in bathtub or a similar manufactured bathtub in the central bathing room to meet the conventional bathtub requirement. This allows for flexibility in providing other types of tubs designed for safe, easy transfer of residents. Under the current rules, facilities with a manufactured walk-in tub are routinely granted an equivalency to use this tub rather than a conventional bathtub. Existing Rule 10A NCAC 13F .0301(7) allows the Construction Section to grant an “equivalency” for an alternate design, which is not in strict compliance with the rules located in Section .0300. The facility must demonstrate that the alternate design is equivalently safe and meets the requirements of the rule. A manufactured walk-in tub is equivalently safe because it has a door on one side of the tub that provides easy access for residents with limited mobility and a seat shaped to minimize a resident from falling or sliding into the empty or water filled tub. The proposed language was added to read the same as 10A NCAC 13D .3201 in the Rules for Licensing Nursing Homes and 10A NCAC 13K .1204 in the Hospice Licensing Rules.
- Paragraph (e)(12) revises the requirement for mechanical ventilation for toilet rooms and bathrooms. Existing Rule .0305 requires mechanical ventilation at a rate of 2 cubic feet per minute per floor area. The revised rule requires mechanical ventilation in these rooms to meet the requirements of the North Carolina State Building Code (NCSBC). This revision was made so as not to provide a requirement that could be in conflict with the NCSBC.

- Paragraph (f) was reorganized to provide storage requirements for rooms and building areas in list form. This change makes the requirements easy to find and read. Paragraph (f)(4) updates the requirements compliance with sanitation rules. The specific sanitation rules these facilities are required to meet have been added to this rule. Also, Paragraph (f)(5)(A) added the requirement for housekeeping closets to be located on each resident floor of multi-level facilities. With current design practices for multi-level facilities, housekeeping closets or janitor's closets on each resident floor are needed to maintain a clean and sanitary environment without requiring staff to carry waste or cleaning equipment from floor to floor. Existing Rule .0305 requires storage rooms/areas and housekeeping closets.
- Paragraph (h)(2) was revised to include the minimum requirements for handrails and guards for ramps as well as for elevated surfaces such as steps, and stoops. Revisions make it clear that handrails are to be provided on both sides of ramps and elevated surfaces. Also, revisions clarify the purpose and intent for handrails and guards. Existing Rule .0305(h) requires handrails and guards.
- In Paragraph (l)(3), language was added requiring a minimum of one residential type washer and dryer on each resident floor in multi-level facilities. The existing Rule .0305(1) requires a residential washer and dryer in the facility for staff, residents, and family use. With multi-level facilities designs becoming more popular, providing these facilities on each resident floor allows this equipment to be accessible to all residents without having to go to a central location, generally on the 1st floor of the facility.
- In Paragraph (m)(2&3), language was added to capture different conditions outside the facility which need protection in order to maintain safe conditions. Existing Rule .0305(m) provides a general requirement for the outside grounds to be clean and safe. The added language gives examples of site conditions that are to be provided safety protection. This change does not add any new requirements.

Fiscal Impact

Federal

No fiscal impact associated with the reoption of this rule.

State

The reoption of this rule will result in additional DHSR plan review time of assisted living facility construction projects. Table 1 below provides an estimate of the DHSR staff architectural and engineering review times for the changes made to this rule based on assisted living facility projects submitted in the previous year. As indicated in Table 1, the net total review time for rule changes is estimated at 17 hours based on the average number of projects over the past five years, which would need review for the particular portions of the Rule. This

results in 17 additional hours that will be spent by the Division annually, which at \$65 per hour compensation rate (DHSR average architect + engineer salaries with fringe benefits) yields a total annual cost of close to \$1,105.00, assuming compensation stays flat in the next few years. This additional work will be performed as part of staff's existing duties and will not require additional expenditures above current budgeted levels.

Table 1. Estimated Impacts to DHSR- Rule .0305 – Physical Environment

Rule location	Item	Impact to Review Time Per Project (+/- hrs.)	Estimated Projects with Item Needing Review per Year ^a	Total Impact to Review Time (+/- hrs.)
Paragraph (b)(1)	Remove requirement that at least 50% of living and recreational areas be enclosed with walls and doors	0 ^b	0	0
Paragraphs (b)(4) and (c)(4)	Provide windows with views to the outside in living and dining rooms/areas	+1	4	+4
Paragraph (c)(1)	Remove dining rooms with walls and doors	0 ^c	0	0
Paragraph (e)(1)	Provide faucets operated without the use of hands	+2 ^d	4	+8
Paragraph (e)(5)	Provide privacy curtains at manufactured tub in central bathing	0 ^e	0	0
Paragraph (e)(7)	Provide central bathing room on each resident floor in multi-level facility	+1 ^f	1	+1
Paragraph (e)(7)(B)	Omitting roll-in shower from central bathing room if bathroom adjoining each resident room with a roll-in shower	+2 ^g	4	+8
Paragraph (e)(7)(C)	Allowance for manufactured tub	-3 ^h	4	-12
Paragraph (e)(12)	Revision for bathrooms and toilet rooms ventilation requirements	-1 ⁱ	8	-8
Paragraph (f)(5)(A)	Provide housekeeping closet (janitor's closet) on each resident floor in multi-level facilities	+1	4	+4
Paragraph (l)(3)	Provide residential washer and dryer on each resident floor in multi-level facilities	+1	4	+4
Paragraph (m)(2&3)	Provide safety protections for outdoor hazards	+2	4	+8
Net Total Annual Impact (time)				+17 hours
Net Total Annual Impact (\$)				17 hrs x \$65/hr = \$1,105 DHSR staff time costs

^a Plans submitted between 1/2022 and 1/2023 were reviewed to estimate the number of projects that would need a review for a particular item affected by the proposed rule changes. There were 4 new facility projects and an additional 4 bathroom projects requiring ventilation review submitted during the time period that required review for the relevant items. The number of projects will vary from year to year, but Construction Section staff believe this is a

reasonable estimate of the number of projects that will be affected by the proposed rule changes going forward. In the past five years, there has been a relatively steady number of projects submitted each year.

^b There would be no additional review time for verifying enclosed living rooms and recreational areas.

^c There would be no additional review for verifying enclosed dining rooms.

^d Review time spent checking all sinks to verify hands free faucets.

^e Construction Section's current practice is to provide privacy curtains at all plumbing fixtures.

^f Review time spent checking each floor for a central bathing room.

^g If a roll-in shower is omitted from the central bathing area, review time would be spent checking the bathrooms adjoining every resident room for a roll-in shower.

^h With the allowance for a manufactured walk-in tub, time saved would be from not having to review the equivalency request and create the equivalency document.

ⁱ In addition to the 4 new facility projects submitted last year, the engineering staff also had 4 bathroom renovation projects in which ventilation requirements were affected. Engineers would no longer verify correct bathroom ventilation cfm requirements through mathematical calculations.

Adult Care Home Residents

Adult care facility residents would benefit from the readoption of this rule in several ways.

Although these benefits are non-quantifiable in nature, they are still relevant as follows:

- Paragraph (b)(4) and Paragraph (c)(4): Requiring windows in living rooms, recreational areas, and dining rooms with views to the outside provide residents views to nature and natural light. Natural light exposure has shown to help regulate normal circadian rhythm and contributes to setting regular sleep patterns for residents.⁷ The requirement for screens on openable windows in these spaces provides a barrier against biting and flying insects and other creatures.
- Paragraph (e)(1): Good hand hygiene is an essential infection control measure. Requiring faucets for sinks that can be operated without the use of hands, eliminates the need to grasp conventional faucet handles through which germs can be spread. The health benefits for the addition of this requirement would be continuous among all projects.
- Paragraph (e)(5): In a central bathing room, adding a privacy curtain at the manufactured walk-in tub (if provided) maintains a resident's privacy, alleviates their self-consciousness, and helps maintain their dignity.⁸ Requiring privacy curtains for a walk-in tub is already an industry norm and current practice in the Construction Section. As such, this change should be considered an ongoing benefit to residents.

⁷ Gauzy Ltd., "4 Key Considerations When Building and Designing Senior Living Facilities", May 2020 <https://www.gauzy.com/4-imperative-considerations-when-building-and-designing-senior-living-facilities>, (January 2024).

⁸ C. Renegar "Bathing as a Wellness Experience: Bathing Area Design Features Enhance Independence and Feeling of Well-Being", (October 2003) <https://www.thefreelibrary.com/Bathing+as+a+wellness+experience%3a+bathing+area+design+features...-a0110267310>, (January 2024)

- Paragraph (e)(7): Providing a central bathing room on each resident floor in multi-level facilities makes it more convenient for residents to take advantage of the additional amenity of a walk-in bathtub or large, spa tub located in the central bathing room. The current industry design standard for assisted living facilities is to provide a shower in each resident bathroom within each resident bedroom.⁹ Residents’ bathrooms are not typically provided with a bathtub. If a resident would like to take a bath in a bathtub or has a clinical need to soak in a tub, the resident would have to go to the central bathing room for this amenity. With the current rule language of only one central bathing room per facility, if the central bathing room is located on the 1st floor of a multi-level facility, residents from upper floors would have to traverse either the stairs or elevators to the 1st floor to use the bathtub. Going up and down stairs between floors could pose safety problems depending on the acuity level of the resident. Should staff be required to escort a resident to another floor for tub use, this removes staff from their assigned unit for that time interval. Policy and functional measures would need to be taken to ensure the modesty and dignity of the resident traveling between floors for bathing. The proposed language adds a central bathing room on each resident floor in multi-level facilities to eliminate the need to travel from floor to floor for residents who would like to use these amenities.

Paragraph (1)(3): Loading, transferring, sorting, and folding laundry are familiar activities that may be therapeutic and normalizing for many residents.¹⁰ Providing a residential washer and dryer on each resident floor in multi-level facilities will afford residents and their family members the ability to wash their personal items on the same floor they reside without having to transport these items up and down floors. Installing laundry facilities on each floor is already an industry norm for new buildings; however, it is not currently a requirement.

- Paragraph (m)(2&3): Having the opportunity to be outdoors is an important part of maintaining a quality of life for seniors.¹¹ Requiring safety protection around potential hazards such as creeks, ravines, ponds, and other similar areas provides for safe spaces to socialize and participate in activities. Also, many facilities are provided with fencing, especially Special Care Units (SCU) for dementia residents, to provide secure outdoor areas. Requiring fencing that has no sharp edges, rusting posts, or other similar potential hazards, could help prevent injury or serious harm. Providing protection for these conditions is current practice in the Construction Section. As such, this change should be considered an ongoing benefit to residents.

⁹ The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 179.

¹⁰ The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 84.

¹¹ Install-It-Direct, “Creating Safe, Low-Maintenance Outdoor Activity Spaces for Senior Living Facilities”, February 2013, <https://www.installitdirect.com/learn/senior-living-how-to-create-safe-low-maintenance-outdoor-activity-spaces-for-seniors-living-facilities/>, (January 2024)

Adult Care Home Providers

The readoption of this rule would result in a fiscal impact to assisted living facility providers as follows:

- Paragraph (b)(1): From January 2022 to January 2023, there were four new construction projects submitted for assisted living facilities which included enclosed living rooms and recreation rooms. In each of these projects, at least 50% of the living rooms included in the design were enclosed with walls and doors. While the size of the enclosed living rooms varied from project to project, the enclosed living rooms, along with the other living rooms that were opened to the corridor, met or exceeded the minimum square feet requirement of existing Rule .0305(b)(2 or 3). With the proposed rule change, the owner or operator would no longer be required to enclose these spaces; however, they may still opt to provide enclosed spaces depending on the needs of their residents. Construction Section staff believes that eliminating the requirement for 50% of living rooms to be enclosed will not change the square footage of projects. Square footage tends to be the largest driving factor of building cost. Rather, it would most likely result in savings of material and labor from not having to construct as many walls. The cost to build a wall can range anywhere between \$25 to \$64 per linear foot.¹² The range in cost depends on framing material, wall height, and stud spacing. The magnitude of potential savings would vary greatly depending on the size of the room, as well as current labor and material costs.
- Paragraphs (b)(4) and (c)(4): From January 2022 to January 2023, there were four new construction projects submitted for assisted living facilities which included living rooms and dining rooms. In these projects, windows with views to the outside were provided in all living and dining rooms, and the average percentage of gross window area to the required living room and dining room floor areas ranged from 12% to 32%. The proposed rule requires a gross window area of 8%. The low-end percentage (12%) of this range is greater than the proposed percentage of 8%. Additionally, current standard industry practice is to install insect screens on openable exterior windows, as these windows have the possibility of being left opened.¹³ State law requires window screening on windows that can be opened to prevent pests from entering the building.¹⁴ Current Rule .0305 requires windows in living rooms and dining rooms. Adding the requirements for windows to have views to the outside, total gross window areas not less than 8% of floor areas, and insect-proof screens will result in no cost impact for future construction of living rooms and dining rooms due to the readoption of this rule.

¹² Homeguide, “Cost to Build a Wall”, July 2023, <https://homeguide.com/costs/cost-to-frame-a-wall>, (March 2024)

¹³ The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 104.

¹⁴ 15A NCAC 18A .1301, *Sanitation of Hospitals, Nursing Homes, Adult Care Homes, and Other Institutions*, <https://ehs.dph.ncdhhs.gov/oet/docs/cit/dlfm/1300-Rules.pdf>, (January 2024)

- Paragraph (e)(1): Current standard industry practice is to provide handwashing sinks that allow for hands-free operation.¹⁵ This can be accomplished via single-lever faucets, wrist blade handle devices, or sensor-regulated (electronic) faucets. Adding the requirement for sinks with hands-free operation will not change this current industry practice. The added requirement does not dictate which method the provider uses to meet this requirement but gives flexibility to the provider to determine which method meets the functional needs of the residents. The cost benefit/impact for this requirement would vary depending on which method is chosen, and the quantity of sinks provided in the facility. Lever-type handled faucets are roughly equivalent in costs to other types of handled faucets. Touchless, sensor operated faucets could potentially be more in cost than wrist blade type devices depending on brand, features, and design. Presumably, a provider would only choose a more costly option if they deemed it worth the additional expense.
- Paragraph (e)(7): From January 2022 to January 2023, there were four new construction projects submitted for assisted living facilities. Three (3) of the facilities were 1-story in height, and one (1) was 3-stories in height. For the 3-story facility, resident bedrooms were located on each floor, and were provided with individual roll-in showers in each resident bathroom. The 3-story facility provided two central bathing rooms in the facility: one (1) located on the 1st floor and the other on the 3rd floor in the Special Care Unit (SCU). The central bathing room within the SCU is a separate requirement per current Rule .1304 (10) and can only be used by residents within the SCU. Therefore, the residents of the assisted living facility have one (1) central bathing room located on the 1st floor to use. The proposed language is to provide a central bathing room on each resident floor to afford residents the opportunity to use the central bathing room and its amenities without having to travel from floor to floor. The amount of added cost to the provider for this requirement depends on the configuration of the assisted living facility.

If the facility is a 1-story facility, there would be no additional costs associated with this added language since current Rule .0305(e)(7) already requires at least one central bathing room for the home/facility. If the facility is a multi-level facility, the number of additional central bathing rooms required depends on the number of resident floors. Most multi-level facilities do not have resident bedrooms on every level. Some levels have other staff offices such as the business center, other amenities such as theater rooms, clinical space, etc. Construction Section estimates that each additional central bathing room required under the proposed rule would add approximately \$78,625.¹⁶ The cost breakdown is as follows:

¹⁵ The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 116, 135.

¹⁶ David R. Polston, Architect, Discussion concerning central bathing room design costs in assisted living facilities, Licensed Architect (January 2024)

1. The average size of a central bathing room providing the required plumbing fixtures per current Rule .0305(e)(7) is approximately 12 feet x18 feet or 216 square feet.
2. The construction requirements for a multi-level facility would be non-combustible construction per the North Carolina State Building Code. The average rate to build a non-combustible assisted living facility is \$300.00 per square foot. Therefore, a room of 216 square feet would cost approximately \$64,800.00 (216 x \$300.00) to build.
3. Current Rule .0305(e)(7) requires the following plumbing devices in the room:
 - a. Roll-in shower (estimated cost of \$1,800.00)¹⁷
 - b. Bathtub accessible on at least two sides (estimated cost \$1,500.00)
 - c. Lavatory (sink) with hands free device (estimated cost \$250.00)
 - d. Toilet (estimated cost \$275.00)

This would result in an additional estimated cost for plumbing fixtures of \$3,825.00.

4. The average costs to provide mechanical ventilation, plumbing piping, sprinkler protection, electrical service, etc. is estimated at \$10,000 per room
5. With an additional central bathing room(s), there could be potential additional costs for disinfecting and cleaning each additional central bathing room. An accepted practice is cleaning and disinfecting the shower, bathtub, or spa tub according to manufacturer’s instructions for use before the 1st bath or shower of the day and after each bath or shower.¹⁸ This task is generally given to the facility’s housekeeping staff and takes about 15 minutes for each cleaning. Some housekeeping staff are hired for the cleaning of the facility on a salary basis; therefore, adding additional bathing areas becomes part of the cleaning requirement for salary staff.¹⁹
 - Paragraph (e)(7)(B): Current Rule .0305(e)(7)(B) requires a roll-in shower in the central bathing room. Proposed language allows the roll-in shower to be omitted from the central bathing room if each resident bedroom in the facility has a roll-in shower. Therefore, the estimated cost savings would be approximately \$1,800.00 per central bathing room based on the approximate cost listed above.

¹⁷ The roll-in shower can be removed from the central bathing room if each resident bathroom is provided with a roll-in shower is being proposed under Rule .0305(e)(7)(B). Providing a roll-in shower in each resident bathroom is an industry minimum requirement.

¹⁸ McKnight Long Term Care News, “How to Do It...Cleaning the Bathing Area”, September 2019, <https://www.mcknights.com/print-news/how-to-do-it-cleaning-the-bathing-area/>, (March 2024)

¹⁹ Anguette William, Housekeeping Manager, Discussion concerning cleaning and disinfecting of central bathing rooms, Lancaster Health and Rehabilitation (March 2024)

- Paragraph (e)(7)(C): Proposed language is added to allow a manufactured walk-in bathtub or similar manufactured bathtub in the central bathing room. This revised language is to provide flexibility in options other than the traditional bathtub. The estimated cost of a manufactured walk-in tub is between \$10,000.00 and \$20,000.00 per tub depending on the features the walk-in tub provides²⁰. The added language does not require a manufactured walk-in tub. The cost/benefit to provide a manufactured walk-in tub would be at the discretion of the assisted living facility provider.
- Paragraph (e)(12): Proposed language is to remove the 2 cubic feet per minute ventilation requirement of current Rule .0305(e)(12) for toilet rooms and bathrooms. Depending on the size of toilet rooms and bathrooms, the Heating, Ventilation, and Air Condition (HVAC) units needed to meet this requirement can be significant in size and cost. This cost could pose an undue hardship on assisted living facility providers. The proposed language is to provide an exhaust system in accordance with the North Carolina State Building Code. This will hold the ventilation requirements to one standard. The potential savings to providers will vary depending on the size of the toilet room and bathroom. In any case, it is likely that some providers will realize cost savings from this change, especially as the trend is for new bathrooms to be built larger and more elaborate.
- Paragraph (l)(3): The proposed language is to add a residential washer and dryer on each resident floor in multi-level assisted living facilities. From January 2022 to January 2023, there were four new construction projects submitted for assisted living facilities. Three of the facilities were 1-story in height, and one was 3-stories in height. For the 3-story facility, a residential washer and dryer was provided in a dedicated room on each floor. The 2022 edition of the *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities (FGI)*²¹ indicate that the design of an assisted living facility should minimize the aspect of an institutional environment by creating a home-like setting, which includes providing personal laundry facilities for personal resident laundry. Personal laundry facilities also promote family involvement in a resident’s daily life. The cost impact can vary widely depending on the size of the room where the equipment is located and the cost of the equipment. Using a typical room size of 35 square feet to house the washer and dryer²², and the \$300 per square foot average rate to build a non-combustible assisted living facility, the cost of a 35 square foot room would be \$10,500.00. Also, with the average cost of a new, simple residential washer and dryer at approximately \$1,000.00,²³ the cost impact results in approximately \$11,500.00 per

²⁰ David R. Polston, Architect, Discussion concerning central bathing room design costs in assisted living facilities, Licensed Architect (January 2024)

²¹ The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 84.

²² Sarah Reyes, “Laundry Room Dimensions (Size Guide)”, *Designing Idea*, October 2023,

<https://designingidea.com/laundry-room-dimensions/> -
 :-:text=You%20only%20need%2015%20square%20feet%20%285ft%20x.inches%20wide%20and%2025%20to%2028%20inches%20deep., (January 2024)

²³ Home Depot, Washer and Dryer Sets, <https://homedepot.com>, (March 2024)

room. The added requirement for a residential washer and dryer on each resident use floor comes ongoing costs for maintenance and repairs of the equipment. Under typical usage, the average residential washer and dryer last between 10 to 13 years before needing to be replaced.²⁴ Also, regular maintenance on the units, such as cleaning the lint filter of the dryer, checking hoses and connections on the washing machine for leaks, and addressing any repairs promptly are ongoing costs to the provider over the lifetime of these units depending on quality of the units provided and the amount of usage of the units. The number of laundry rooms required would depend on the number of resident floors in a multi-level facility.

- Paragraph (m)(1&2): Current Rule .0305(m)(1&2) requires outside grounds of new and existing facilities to be maintained in a safe condition. Proposed added language clarifies different types of site conditions that could render the grounds unsafe for residents that must be provided with safety protection. Also, the proposed added language includes a list of various potentially hazardous fence conditions that can cause injury residents that would need to be addressed. The added language does not dictate what type of safety protection must be provided, recognizing there are various ways to provide protection against such hazards. Providing protection for potentially hazardous conditions is current practice in the Construction Section. Therefore, there is no cost for these added clarifications.

The estimated impacts to providers from proposed changes to Rule .0305 are summarized in Table 2. The majority of impacts to providers will be realized during construction of the facilities. There could be minimal ongoing costs related to maintenance of bathrooms and laundry equipment.

Table 2. Estimated Impacts to Adult Care Home Providers – Rule .0305 – Physical Environment

Rule location	Item	Cost/Savings Per Project
Paragraph (b)(1)	Remove requirement that at least 50% of living and recreational areas be enclosed with walls and doors	Cost: \$0 Savings: \$25-\$64 per linear foot of wall, but will vary depending on room size, cost of labor and materials.
Paragraphs (b)(4) and (c)(4)	Provide windows with views to the outside in living and dining rooms/areas	Cost/Savings: \$0 Windows are currently required; must plan layouts to ensure views to the outside.
Paragraph (c)(1)	Remove requirement that dining rooms be enclosed with walls and doors	Cost: \$0 Savings: \$25-\$64 per linear foot of wall,

²⁴ Consumer Reports, “How to Make Your Washer and Dryer Last Longer”, January 2022, <https://www.consumerreports.org/appliances/how-to-make-your-washer-and-dryer-last-a2393416520/>, (March 2024)

		but will vary depending on room size, cost of labor and materials.
Paragraph (e)(1)	Provide faucets operated without the use of hands	Cost/Savings: \$0 Equivalent price point for hands-free faucets. Current industry standard.
Paragraph (e)(5)	Provide privacy curtains at manufactured tub in central bathing	Cost: Likely negligible as this is current industry standard. Savings: \$0
Paragraph (e)(7)	Provide central bathing room on each resident floor in multi-level facility	Cost: \$78,625 per additional central bathing room for multi-story facilities. No added cost for single-story facilities. Savings: \$0
Paragraph (e)(7)(B)	Omitting roll-in shower from central bathing room if bathroom adjoining each resident room with a roll-in shower	Cost: \$0 Savings: \$1,800 per roll-in shower eliminated from central bathing.
Paragraph (e)(7)(C)	Allowance for manufactured tub	Cost/Savings: Provider has discretion to choose standard two-sided tub or more expensive manufactured walk-in tub.
Paragraph (e)(12)	Revision for bathrooms and toilet rooms ventilation requirements	Cost: \$0 Savings: Potential modest savings depending on bathroom size.
Paragraph (f)(5)(A)	Provide housekeeping closet (janitor's closet) on each resident floor in multi-level facilities	Cost: Likely minimal, as this is industry standard. No added cost for single-story facilities. Savings: \$0
Paragraph (l)(3)	Provide residential washer and dryer on each resident floor in multi-level facilities	Cost: \$11,500 per laundry room for multi-story facilities. No added cost for single-story facilities. Savings: \$0
Paragraph (m)(1&2)	Clarify safety protections for outdoor hazards	Cost/Savings: \$0 Safety protections are already required. Rule changes clarify what is meant by "safe" and "hazardous" conditions.
<p style="text-align: center;">Total Estimated Impacts to Providers*</p> <p style="text-align: center;">*Assumes 4 facility construction projects per year, of which 3 are single-story and 1 is three-stories.</p>		<p>Costs:</p> <ul style="list-style-type: none"> • 1 multi-story facility x 2 central bathing rooms x \$78,625 = \$157,250 • 1 multi-story facility x 2 laundry rooms x \$11,500 = \$23,000 • Minimal ongoing costs for maintenance of laundry equipment and bathrooms. <p>Savings:</p> <ul style="list-style-type: none"> • Unquantified savings from not having to enclose living/recreational/dining areas, likely in the thousands of dollars per wall.

	<ul style="list-style-type: none"> • 3 single-story facilities x 1 roll-in shower x \$1,800 = \$5,400 • 1 multi-story facility x 4 roll-in showers x \$1,800 = \$7,200 • Unquantified savings from meeting less stringent bathroom ventilation requirements, likely in the hundreds of dollars per bathroom.
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Rule .0307 – Fire Alarm System

The agency is proposing to readopt this rule with substantive changes. The installation of the fire alarm system is governed by the North Carolina Fire Code. This rule is revised to provide clarification that the system must also be in accordance with local ordinances. These clarifications do not impose new requirements.

Fiscal Impact

No fiscal impact associated with the readoption of this rule.

Rule .0310 – Electrical Outlets

The agency is proposing to amend this rule as a repeal. Current Rule .0310 requires “electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.” Assisted living facilities are required to meet the North Carolina State Building Codes which includes the Electrical Code. The North Carolina Electrical Code provides the requirements for ground fault protected electrical outlets.

Fiscal Impact

No fiscal impact associated with the amendment of this rule.

Rule .0311 – Other Requirements

The agency is proposing to readopt this rule with substantive changes. Most of the changes within this Section involve reformatting the rules, making them easier to use, and to provide clarity. Proposed substantive changes are as follows:

- Paragraphs (b)(4): The proposed language expands the list of cooking appliances encountered in activity and recreational areas used by residents that must be under staff supervision and be provided with a locking feature controlled by staff to ensure safe operation. These areas are sometimes called a country kitchen and are used to support resident and participant involvement in activities of daily living. Current industry standards require these appliances be equipped with secured shutoffs where residents

have access to the area.²⁵ Existing Rule .0311(b)(4) requires supervision by staff and a locking feature. No new requirements are added associated with the proposed revisions.

- Paragraph (b)(5): The proposed language expands the list of cooking appliances encountered in resident rooms that must be provided with a locking feature controlled by staff to ensure safe operation. As the design of these facilities becomes more home-like, some design features provide kitchenettes in resident rooms. Many of these kitchenettes have various appliances to create a home-like feel and convenience. Current Rule .0311(c)(5) requires a locking feature, controlled by staff, for cooking appliances to limit the use of the equipment. There are no new requirements associated with the proposed revisions.
- Paragraph (b)(6): The added language requires the facility to assess each resident’s ability to use various cooking appliances safely to determine the extent of staff supervision needed when cooking appliances are used by residents. Current Rules .0311(b)(5) and .0311(b)(6) require the facility to assess the capabilities of each resident to operate equipment in a safe manner. The proposed language relocates this requirement to a separate paragraph to consolidate and clarify the facility’s responsibility concerning assessing each resident. There are no new requirements associated with the proposed revision.
- Paragraph (c): The proposed change combines the ventilation requirements in current Rules .0311(b) and .0311(c). The proposed revisions remove “winter design conditions” from the rules. Over the years, the Construction Section has had many questions from providers concerning the meaning of “winter design conditions” in trying to determine minimum ventilation requirements. While “winter design conditions” is an industry term understood by designers of Heating, Ventilation, and Air Conditioning (HVAC) systems, it is not a phrase commonly used outside of a design environment. The proposed change replaces “winter design conditions” with “heating season” to provide clarity. Also, proposed language requires the facility to be provided with heating and cooling systems with environmental temperature controls capable of maintaining temperatures in the facility at a minimum of 75 degrees F in heating season, and not to exceed 80 degrees F during the non-heating season. Current Rule .0311(c) requires air conditioning or ceiling fans in the facility when the main center corridor exceeds 80 degrees F. By providing one paragraph, the heating and cooling requirements for an assisted living facility are easy to find. Nothing in these changes require facilities to These are no new requirements added due to this change.

²⁵ The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 95,96.

- Paragraph (g) revises the requirement for mechanical ventilation for rooms listed in the current rule. Existing Rule .0311(g) requires mechanical ventilation at a rate of 2 cubic feet per minute per floor area. The revised rule requires mechanical ventilation in these rooms to meet the requirements of the North Carolina State Building Code (NCSBC). This revision was made so as not to provide a requirement that could be in conflict with the NCSBC.
- Paragraph (h) provides the requirements for a calling system when there is live-in staff in the facility. The existing Rule .0311(h) requires a calling system. However, some assisted living facilities were confused by the current language and did not understand the requirements. The proposed changes clarify the placement of call devices, and how the calling system must function. The changes clarify the call device must be in each resident bedroom, be located at each resident bed, be within reach of the resident lying on the bed, be activated with a single action, and each resident bedroom call must be connected to the live-in staff's bedroom and notify staff via visual and audible notifications. The proposed rule language is reorganized and reformatted to make the rule less ambiguous and confusing to assisted living facilities but does not add any additional requirements to assisted living facilities.
- Paragraph (i) provides the requirements for a calling system for licensed facilities without live-in staff. The existing Rule .0311(i) requires a calling system. However, some assisted living facilities were confused by the current language and did not understand the requirements. The proposed changes clarify the placement of call devices, and how the calling system must function. The proposed rule language is reorganized and reformatted to make the rule less ambiguous and confusing to assisted living facilities but does not add any additional requirements to assisted living facilities.
- Paragraph (k) is proposed to be removed to make it clear that the changes proposed in this Rule are not meant for existing facilities in compliance with the rules under which they are currently licensed. All new facilities and renovations will meet these Rule requirements when a new project is submitted per Rule .0304.

Fiscal Impact

No fiscal impact associated with the amendment of this rule.

Rule .1304 – Special Care Unit Physical Environment Requirements

The agency is proposing to readopt this rule with substantive changes. Most of the changes within this Section involve reformatting the rules, making them easier to use, and to provide clarity. Proposed substantive changes are as follows:

- Paragraph (a): Existing Rule .1304 requires special care units (SCU) that are a part of an adult care facility to meet the minimum physical environment requirements for adult care facilities contained in Rules .0301-.0311. Some assisted living facilities and Construction Section staff were confused by the current language in determining if all spaces contained in Rules .0301-.0311 are required to be provided within the SCU. The proposed rule language provides a list of exceptions to provide clarification as to what spaces do not have to be within the SCU since they are provided within the assisted living facility. The proposed language is less ambiguous and confusing for assisted living facilities and Construction Section staff. There are not any additional requirements to assisted living facilities due to the proposed language.
- Paragraph (b) reorganizes, reformats, and clarifies requirements in current Rule .1304. The requirements are provided in a list form to make them easy to read. Some notable clarifications are as follows:
 - Paragraph (b)(4) clarifies that sounding devices are required on unit doors per Rule .0305(h)(4). This clarification is needed to ensure staff are notified when unit doors are opened, alerting staff to the possibility of an elopement.
 - Paragraph (b)(6) clarifies that the secured outside area is to be directly accessed on the same level as the unit. Some designs submitted to the Construction Section have provided the secured outside area on a different level than the unit, requiring staff movement of residents with dementia or other cognitive disabilities from one level to another to access the outdoor area. Current industry standards suggest residents should have easy, unrestricted access to secure, therapeutic outdoor areas.²⁶ Benefits of outdoor walking gardens offer residents improved physical activity levels, improved cognition and sleep, and reduced stress and agitation to name a few.²⁷ Current Rule .1304(8) states “Direct access from the facility to a secured outside area shall be provided.” The Construction Section has always interpreted that the outside area was to be accessed directly from the unit. However, due to the wording of the current rule language, designs have been submitted with a secured outdoors area from the facility but not necessarily from the unit. The proposed language clarifies the intent of the rule and does not add any additional requirements to assisted living facilities.
 - Paragraph (b)(7) adds a minimum height requirement for secured outside areas where fences are used to secure the area. Current design of secure outdoor spaces recommends perimeter fence at least 6 feet high, camouflaged, and with no

²⁶ The Facility Guidelines Institute, *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2022 Edition* (St. Louis: The Facility Guidelines Institute, 2022), 75-77.

²⁷ Emily Chmielewski, EDAC, “Designing for Memory Care, Senior-Living Facilities”, March 2017, <https://www.hfnmagazine.com/articles/2730-designing-for-memory-care>, (January 2024)

ladderlike elements that could be used for climbing to reduce elopement attempts.²⁸ The proposed added language provides more descriptive terms to help assisted living providers understand the minimum requirement based on current industry safety standards and design.

- Paragraph (b)(10) is reformatted and reorganized to read the same as proposed Rule .0305(e)(7). Current Rules .1304(9) and .1304(10) require a toilet, hand lavatory, tub, and shower for residents use within the unit. There are no new requirements for assisted living facilities due to the proposed rule language.
- Paragraph (13) was added to clarify the proposed changes of this rule will apply to newly licensed special care units.

Fiscal Impact

Federal

No fiscal impact associated with the reoption of this rule.

State

Despite the proposed changes, the agency does not anticipate any impact to the Division due to the proposed changes to Rule .1304 because there are minimal new requirements provided in the proposed changes. All special care units are required to be provided with a secure outdoor area. The new requirement for fencing used to secure the outdoor area to be at least 6 feet high provides little to no impact because the existing rule recognizes fencing can be used to secure the outdoor area. The estimated impact to the Construction Section to review for a particular proposed item to Rule .1304 has been addressed above in Table 1 under Rule .0305.

Adult Care Home Residents

Despite proposed changes, the agency does not anticipate any significant impact to assisted living facility residents due to the proposed changes to Rule .1304. The proposed changes provide clarification to the existing rule requirements.

Adult Care Home Providers

The reoption of this rule would not result in any significant fiscal impact to assisted living facility providers. The proposed changes provide clarification to the existing rule requirements by reformatting and reorganizing existing requirements. The estimated impact to assisted living facility providers has been addressed under Rule .0305 above.

²⁸ Emily Chmielewski, EDAC, “Designing for Memory Care, Senior-Living Facilities”, March 2017, <https://www.hfmmagazine.com/articles/2730-designing-for-memory-care>, (January 2024)

Summary of Impacts

As compared to the existing regulatory baseline, DHSR estimates that the proposed rule changes will produce an annual net time cost to the State (DHSR) of about \$1,105 per year, which includes costs from additional project review time and savings from avoided equivalency review time. The cost of the additional review time can be absorbed within the Construction Section and Department's operating budget without any increase to state funds.

Adult care home providers are likely to realize both costs and savings as compared to the existing regulatory baseline. The bulk of costs will be associated with construction/remodeling of multi-story facilities, which may incur one-time costs of about \$78,625 per additional central bathing room and \$11,500 per additional laundry room, as well as minimal ongoing costs for maintenance of the additional bathing and laundry rooms. Single-story facilities will not incur these additional costs. All providers may realize one-time savings associated with avoided construction of walls to enclose common areas and less stringent bathroom ventilation requirements. The magnitude of these savings will depend primarily on the size of the rooms. Providers could also realize a one-time savings of about \$1,800 per central bathing room from not having to install roll-in showers.

There could also be minimal unquantifiable benefits to both providers and DHSR staff in the form of savings on postage and printing as well as time savings from improved rule clarity and consistency.

Most importantly, adult care home residents are likely to realize unquantifiable, but valuable, benefits from incremental improvements to privacy, safety, access to outdoors, convenience, and a more home-like environment.

It should be noted many of the changes being proposed align with current industry standards. As such, the actual costs realized from the proposed rule changes are likely to be less than estimated. Based on the assumption that the number and types of future adult care home facility projects remains stable (or perhaps decreases) relative to recent years, it is highly unlikely that the estimated annual costs and benefits from the proposed changes would exceed \$1 million. Therefore, the Division estimates there would not be a substantial economic impact as a result of the proposed changes to the readopted rules.

Family Care Homes-Construction
Prepared by the Construction Section

**Fiscal Impact Analysis of
Permanent Rule Readoption without Substantial Economic Impact**

Agency Proposing Rule Change

North Carolina Medical Care Commission

Contact Persons

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Impact Summary

Federal Government:	No Impact
State Government:	Yes
Local Government:	No Impact
Private Sector:	Yes
Substantial Impact:	No

Titles of Rule Changes and Statutory Citations

(See Appendix for rule text)

10A NCAC 13G

Section .0300 – The Building

- Applications of Physical Plant Requirements 10A NCAC 13G .0301(Readopt)
- Design and Construction 10A NCAC 13G .0302 (Readopt)
- Living Room 10A NCAC 13G .0305 (Amended)
- Dining Room or Dining Area 10A NCAC 13G .0306 (Readopt)
- Kitchen 10A NCAC 13G .0307 (Readopt)
- Bedrooms 10A NCAC 13G .0308 (Amended)
- Bathrooms 10A NCAC 13G .0309 (Readopt)
- Outside Entrance and Exits 10A NCAC 13G .0312 (Readopt)
- Laundry Room 10A NCAC 13G .0313 (Amended)
- Building Service Equipment 10A NCAC 13G .0317 (Readopt)
- Outside Premises 10A NCAC 13G .0318 (Readopt)

Authorizing Statutes

G.S. 143B-165

Background

Under authority of G.S. 150B-21.3A, periodic review and expiration of existing rules, the Medical Care Commission, Rule Review Commission, and the Joint Legislative Administrative Procedure Oversight Committee approved the Subchapter report with classifications for the rules located at 10A NCAC 13G –Licensing of Family Care Homes – on August 10, 2018, October 18, 2018, and December 22, 2018, respectively. The following eight rules were proposed for readoption with substantive changes in this report: 10A NCAC 13G .0301, .0302, .0306, .0307, .0309, .0312, .0317, and .0318. The following three rules were amended: 10A NCAC 13G .0305, .0308, and .0313.

There are approximately 530 licensed Family Care Homes in North Carolina. Also, on average, approximately an additional 55 family care home applications are received each year in the Construction Section, of which approximately 50% are recommended to the Adult Care Licensure Section for licensing.

The current physical plant rules in 10A NCAC 13G – Licensing of Family Care Homes have not been amended since July of 2005. The rules are outdated and do not provide the current practices and procedures in the operation of family care homes. The majority of the proposed amendments to the family care home rules are technical changes intended to provide clarity for staff and owner use, update the rules to reflect current procedures of the Construction Section, industry design standards, remove ambiguity, and provide consistency with other licensure rules.

Rules Summary and Anticipated Fiscal Impact

Rules in Section .0301 – Application of Physical Plant Requirements

Most of the changes within this Section involve reorganizing and reformatting the rules, making them easier to use, and to provide clarity of intent.

Substantive changes within this Section are the Equivalency requirements. Existing Rule .0301 provides Family Care Homes the ability to request an equivalency to allow for alternate methods, procedure, design criteria, or functional variations from the requirements of the rules in this Section. The proposed changes are to clarify the minimum documentation that must be submitted for the Construction Section to evaluate the equivalency request. The documentation listed in this rule reflects current procedures of the Construction Section. Also, the proposed changes read the same as 10A NCAC 13K .1212 in the Hospice Licensing Rules.

Fiscal Impact

The equivalency process is allowed per the current Rule .0301. The only impacts associated with the readoption of this rule are from improved clarity and consistency with other related rules. In particular, the proposed changes will help clarify how a Family Care Home will be evaluated for

an equivalency determination. By having more specific requirements spelled out in the rule, it could save a Family Care Home time in preparing an equivalency request. The equivalency requests may also be more complete when they are submitted to the Construction Section. This could save staff time reviewing these requests. The amount of time saved is expected to be negligible.

Rule .0302 – Design and Construction

The agency is proposing to readopt this rule with substantive changes. The revised changes update the information concerning access to current editions of the North Carolina State Building Codes, clarifications on the requirements of two-story facilities, and reformat other requirements listed in the rule. The proposed changes include the following:

- Paragraph (a) updates incorporation of the North Carolina State Building Codes.
- Paragraph (f)(4) is revised to provide clarity on the requirements for a complete fire alarm system. The additional language defines a complete fire alarm system currently required in Rule .0302 for two-story family care homes. Also, it provides clarity as to how the fire alarm system must perform. Though many of these requirements are stated within the standards of NFPA 72 and are governed by the North Carolina Fire Code, the owners and providers of these facilities do not always have access to these codes and standards. Providing clarifications of these requirements minimizes the potential of additional costs associated with providing a system that is incomplete and does not perform as required.
- Paragraph (h) was revised to provide clarification that the seven and one-half feet ceiling height requirement is throughout the family care home and not just in certain areas. This requirement is confusing to many family care home providers as they understand the requirement to be only in resident locations. However, the current rule language is not interpreted by the Construction Section this way. Because of this ambiguity, many providers have had to raise the ceiling in homes to meet this requirement or have had to find a different home to license as a family care home. This could cause undue financial hardship to a family care home provider. Adding this clarification minimizes the potential of additional costs to remodel a facility which does not meet this minimum requirement. There are no new requirements with the proposed changes to this rule.
- Paragraph (j) is updated to present the rooms in list form and to identify which rooms must have a minimum door width of two feet-six inches. The rooms listed are required in existing Rule .0302. However, the proposed revisions reorganized the rooms in list form to make the rooms easier to identify.
- Paragraph (m) updates the name change for the Division of Public Health, Environmental Health Section.

Fiscal Impact

The revisions of this Section are mainly technical changes, reformatting changes, and clarifications. Despite the additional language for the clarifications of a complete fire alarm system for a two-story facility, current Rule .0302 requires that a complete fire alarm system be installed. The requirements for ceiling heights and door sizes are also existing requirements of Rule .0302. Therefore, the only impacts associated with the readoption of this rule are from improved clarity. Improved clarity should make it easier for the regulated community to understand the rules. This could also save the Construction Section staff time providing technical assistance. The amount of time saved is expected to be negligible.

Rule .0305 – Living Room

The agency is proposing to amend this rule. The proposed changes are revisions to clarify the living room has a minimum size requirement. Though this requirement did not change, our experience has shown the words “at least” have been questioned by providers as to whether the room size was a minimum size requirement. Also, the proposed revisions are to clarify that a minimum of one window in the living room must meet the emergency egress size requirements of the North Carolina State Building Codes.

Fiscal Impact

No fiscal impact associated with the amendment of this rule other than from improved clarity.

Rule .0306 – Dining Room or Dining Area

The agency is proposing to readopt this rule with substantive changes. The proposed changes are revisions to clarify the requirements for a dining room or dining area. The rule currently uses the words “dining area” with no clear description as to what a dining area is. Second, “Dining Area” was added to the rule title to clarify that dining could be in a room or an area. Lastly, the word “dining” was added wherever the word area to provide further clarification that a dining area could be provided.

- Paragraph (a) is to clarify the dining room or dining area has a minimum size requirement. Though this requirement did not change, our experience has shown the words “at least” have been questionable as to whether the room or area size was a minimum size requirement. By adding the word “minimum,” clarification is provided as the intent of this requirement.
- Paragraph (b) was revised to accommodate the current design of homes with open floor plans that do not provide a separate formal dining room. Also, the revisions are to clarify

what is not to be included in the calculation of a dining area for an open floor plan where the dining area is a part of the kitchen. There are no new requirements associated with these changes; only clarifications based on current rule language and Construction Section practices.

- Paragraph (c) provides revisions to clarify that a minimum of one window in the dining room or dining area must meet the emergency egress size requirements of the North Carolina State Building Codes.

Fiscal Impact

No fiscal impact associated with the readoption of this rule other than from improved clarity and consistency with other regulations.

Rule .0307 – Kitchen

The agency is proposing to readopt this rule with substantive changes. The rule was changed to clarify that the type of filter required by manufacturer’s instructions is to be used when providing a recirculating fan for a ventless hood. This is currently already the requirement; however, the small change reflects that a manufacturer may have several different filters for a particular ventless hood.

Fiscal Impact

No fiscal impact associated with the changes within this rule other than from improved clarity.

Rule .0308 – Bedrooms

The agency is proposing to amend this rule. The proposed changes are as follows:

- Paragraph (d) adds and defines “net floor area” in determining the minimum room size requirements for private and semi-private rooms. Though the rule minimum room size requirements did not change, many providers were not clear on how to calculate usable and occupiable space that does not include vestibules, closets, or wardrobe spaces. By adding “net floor area” to the rule, providers will be able to calculate bedroom sizes with more accuracy.
- Paragraph (d) also add the words “private resident bedroom” and removes the phrase “occupied by one person.” This change is to be consistent with other rules, and to recognize that residents’ bedrooms are either a private bedroom or a semi-private bedroom.

- Paragraph (e) adds the words “semi-private bedroom” and removes the phrase “occupied by two persons.” This change is to be consistent with other rules, and to recognize that residents’ bedrooms are either a private bedroom or semi-private bedroom. Also, this paragraph provides separation of private and semi-private bedrooms due to the difference in the minimum room size requirements.
- Paragraph (h) adds the requirement for windows in residents’ bedrooms to have insect-proof screens. Windows in bedrooms are not only used for emergency egress, but they are also used to provide ventilation for the bedroom. The proposed requirement to provide insect-proof screens on bedroom windows helps provide protection against biting insects such as mosquitoes, flies, ticks, and others.

Fiscal Impact

Federal

No fiscal impact associated with the changes within this rule.

State

No fiscal impact associated with the changes within this rule.

Family Care Home Providers

Current Rule .0302(m) requires family care homes to meet sanitation requirements as determined by the North Carolina Division of Environmental Health. In 15A NCAC 18A .1600 - Rules Governing the Sanitation of Residential Care Facilities, Rule .1615 requires all opening to the outer air be effectively protected against the entrance of flying insects by screens, closed doors, closed windows, or other effective means. As such, the proposed change to this rule will not result in any impacts other than from improved clarity and consistency with other existing regulations.

Rule .0309 – Bathroom

The agency is proposing to readopt this rule with substantive changes. The proposed changes are as follows:

- In Paragraph (a), the requirements of a full bathroom for five or fewer residents and staff is already required by the rule. However, the requirements are not descriptive. The proposed language was added to provide clarity by defining what is the intent of a full bathroom. By adding the definition of a full bathroom allows for non-traditional tubs and showers to be used. These include manufactured walk-in bathtubs or other similar manufactured bathtub designed for easy transfer of residents into the tub or shower. The fixture to be provided is left to the discretion of the provider.

- The changes in Paragraph (e) are related to reorganizing and reformatting the rule to make it easier to use. The changes also clarify the requirements for required hand grips at each bathroom fixture. The added language is based on Construction Section’s safety practices, and also explains the intent of the requirement for hand grips.
- Paragraph (g) was revised to coincide with the requirements of the North Carolina State Building Code for bathroom ventilation requirements in a residential setting. The current rule requires 2 cubic feet per minute of ventilation for each square foot of floor area. As the designs for bathroom sizes continue to increase, this two cubic feet requirement could require very large exhaust fans that are typically provided in commercial settings. Requiring exhaust systems in line with the North Carolina Building Code for residential settings helps ensure residential type exhaust systems are appropriate for these facilities.

Fiscal Impact

The potential savings to providers will vary depending on the size of the bathroom. In any case, it is likely that some family care homes will realize cost savings from this change, especially as the trend is for new bathrooms to be built larger and more elaborate. Also, due to the varying of sizes in bathrooms, insufficient data prevents providing an estimate of the annual cost benefit removing the current ventilation of 2 cubic feet per minute from the rule. Savings would only be realized for new construction and remodels.

Rule .0312 – Outside Entrance and Exits

The agency is proposing to readopt this rule with substantive changes. The proposed changes are as follows:

- Paragraph (a) was updated to include the words “outside entrances/exits” to match the title of the rule, and to make clarify that doors required to lead to the outside. Also, the practice of not allowing exiting through another resident’s bedroom was added due to privacy concerns for residents.
- Paragraph (d) provides clarification of the requirement for single hand motion hardware is on screen and storm doors as well as outside entrance/exit doors. This prevents having outside entrance/exit doors that are easily operable for exiting but then have an additional locking feature on the storm door that prevents immediate exiting.
- Paragraph (f) was revised to include the minimum requirements for handrails and guards for ramps as well as for elevated surfaces such as steps, and stoops. Revisions make it

clear that handrails are to be provided on both sides of ramps and on the open side of elevated surfaces. Also, revisions clarify the purpose and intent for handrails and guards.

- Paragraph (g) clarifies the required sounding devices on doors is to be continuous, and a central system of remote devices is to be powered by the facility's electrical system.

Fiscal Impact

The agency does not anticipate any impact to family care homes due to the revisions and clarifications in Rule .0312 because the revisions and clarifications are general requirements of the North Carolina State Building Code and Construction Section practices.

Rule .0313 – Laundry Room

The agency is proposing to amend this rule. A laundry room is currently required in family care homes. The proposed changes take the original requirements and reformat them in list form to provide clarity. These proposed changes are as follows:

- Paragraphs (b) expands the existing list of excluded rooms where laundry equipment is not to be located. Added language is needed to ensure residents' privacy.
- Paragraph (c) reiterates the requirement of Rule .0302(i) which requires all resident areas to be on the same floor level. This requirement is specifically explained here because home laundries are sometimes found to be on a step-down level of the home.
- Paragraph (d) was added to make it clear that laundry equipment must be available to all residents. This addition is needed to prevent laundry equipment from being located in another residents' bedroom or bathroom, in a staff only area, or a general bathroom that can be used by all residents.

Fiscal Impact

The current rule language requires laundry equipment to be in a family care home, and also identifies which areas the equipment is to be located out of. However, through the years, there have been several projects where existing laundry rooms are located in the garage, inside a bathroom, or in another building next to the house being proposed as a family care home. These locations would not be considered as meeting the minimum requirements nor the intent of the rule. The proposed language provides further clarification on the minimum requirements and the intent of the rule. With these clarifications, the agency does not anticipate any impact associated with the amendment of this rule.

Rule .0317 – Building Service Equipment

The agency is proposing to readopt this rule with substantive changes. The proposed changes are as follows, and are technical changes to provide clarity for this rule:

- Paragraph (b) removed the winter temperate design requirements. This requirement was moved to Paragraph (c).
- Paragraph (c) was rewritten to clarify the minimum and maximum temperature requirements in a family care home.
- Paragraph (d) removed the Celsius degree temperature requirements for the hot water temperature. Only the Fahrenheit degree requirement remains.
- Paragraph (f) provides the requirements for a calling system when there is live-in staff in the home. The existing Rule .0317 requires a calling system to be provided where the live-in staff bedroom is located in a separate area from resident bedrooms. The proposed changes clarify the placement of call devices, and how the calling system functions. The changes clarify the call device must be in each resident bedroom, be located at each resident bed, be within reach of the resident lying on the bed, be activated with a single action, and each resident bedroom call must be connected to the live-in staff bedroom, so that staff is notified via visual and audible notifications. The proposed changes reorganized and reformatted the rule to make it easier to use.

Fiscal Impact

The revisions of this Rule are mainly technical and reformatting changes. Therefore, no fiscal impact associated with the readoption of this rule other than from improved clarity.

Rule .0318 – Outside Premises

- The agency is proposing to readopt this rule with substantive changes. The proposed language clarifies different types of site conditions that could render the grounds unsafe for residents that must be provided with safety protection. Also, the proposed added language includes a list of various potentially hazardous fence conditions that can cause injury to residents that would need to be addressed. The added language does not dictate what type of safety protection must be provided, recognizing there are various ways to provide protection against such hazards. Providing protection for potentially hazardous conditions is current practice in the Construction Section. Therefore, there is no additional cost for these added clarifications.

Fiscal Impact

The agency does not anticipate any impact associated with the readoption of this rule other than from improved clarity. The various hazards described are conditions the Construction Section examines and evaluates during routine inspections to ensure residents' safety. The care provider would have to implement some type of reasonable and acceptable protection anyway if an unsafe condition was found.

Summary

The majority of changes proposed for the 10A NCAC 13G Rules are for the purpose of providing additional clarity and consistency with other regulations. This will be a potential benefit to 1) the regulated community in the form of time savings spent understanding the requirements, and to 2) the State in the form of time savings providing technical assistance. Family care home providers could realize cost savings from no longer having to meet a more stringent ventilation requirement for bathrooms. These savings would only be realized for new buildings and remodels. The magnitude of savings will vary depending on the size of the bathroom. State agency staff could also realize minimal time savings associated with reviewing documents for compliance with ventilation standards

Additional Rule Readoptions and Amendments

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Titles of Rule Changes and N.C. Administrative Code Citation

Rule Readoptions (*See proposed text of these rules in Appendix*)

10A NCAC 13F .0801 Resident Assessment
10A NCAC 13F .0802 Resident Care Plan
10A NCAC 13F .0801 Resident Assessment
10A NCAC 13F .0802 Resident Care Plan
10A NCAC 13F .1601 Definitions
10A NCAC 13F .1602 Issuance Of A Star Rating
10A NCAC 13F .1603 Statutory And Rule Requirements Affecting Star Rated Certificates
10A NCAC 13F .1604 Rating Calculation
10A NCAC 13F .1605 Contents Of Star Rated Certificate
10A NCAC 13G .1601 Scope
10A NCAC 13G .1602 Issuance Of A Star Rating
10A NCAC 13G .1603 Statutory And Rule Requirements Affecting Rated Certificates
10A NCAC 13G .1604 Rating Calculation
10A NCAC 13G .1605 Contents Of Star Rated Certificate

Rule Amendments (*See proposed text of these rules in Appendix*)

10A NCAC 13F .1501 Use of Physical Restraints and Alternatives

Authorizing Statutes: 131D-2.16; 131D-4.5; 131D-10; 143B-165

Impact:

Federal Government: No
State Government: No
Local Government: No
Private Entities: Yes
Substantial Impact: No

Introduction and Background:

The Star Rated Certificate Program was established to provide consumers with meaningful and accessible information about the care and services provided in the state's adult care home and family care home facilities. Adult care homes (seven or more beds) and family care home facilities (two to six beds) are inspected annually (or biennially if the facility has achieved a 4-star rating). If non-compliance with state rules and regulations for adult care homes and family care homes is identified during an inspection, the survey team must determine the level of the facility's non-compliance. Likewise, the county departments

of social services inspect these facilities and also cite violations for non-compliance. A star-rating is calculated based on the findings of inspections.

The agency is proposing changes to update these rules to be consistent with the existing requirements in N.C. Gen. Stat. 131D-10 and to ensure the requirements are clear and unambiguous. In addition, technical changes are proposed to clarify rule language and to meet current style standards. The rules remove outdated language of resident assessment and care plans and clarify how the assessment is to be completed and the care plan is to be developed and used to meet the needs of residents. The contents of both the resident assessment and care plan have been included to meet rulemaking requirements.

The proposed changes will have no impact on the Adult Care Licensure Section. The agency does not anticipate any additional impact on state government or local government (i.e. county Departments of Social Services who monitor and conduct complaint investigations in adult care homes and family care homes) beyond their current job requirements to implement, monitor, or regulate the proposed amendments.

Under the authority of G.S. 150B-21.3A, Periodic review of existing rules. The North Carolina Medical Care Commission and Rule Review Commission approved the Subchapter reports with classifications for the rules under 10A NCAC 13F Licensing of Adult Care Homes of Seven or More Beds and 10 NCAC 13G Licensing of Family Care Homes. The rules were classified in the reports as necessary with substantive public interest. The following rules were identified for readoption without substantive changes: 10A NCAC 13F .0801, 13F .0802, 13F .1501, 13F. 1601, 13F. 1602, 13F .1603, 13F .1604, 13G .0801, 13G .0802, 13G. 1601, 13G. 1602, 13G .1603, 13G .1604. The rules were classified in the reports as necessary with substantive public interest. The following rules were identified for readoption without substantive changed: 13F .1605 and 13G .1605 were identified for amendment with no substantive changes to align with the family care home rule and will not be discussed in this analysis.

Rules Summary and Anticipated Fiscal Impact

10A NCAC 13F .0801 and 13G .0801 Resident Assessment: This rule establishes the requirements for completing an assessment to identify a resident’s level of functioning. The rule as written includes the current requirements for completing the 72-hour initial assessment, however, this language has now been included in rules 13F .0704 and 13G. 0704 for clarity. Therefore, the agency proposes to remove the initial assessment requirements in Paragraph (a). The agency has an approved assessment instrument that can be used by facilities; however, the proposed language allows facilities to also utilize their own assessment instrument. The facilities would be required to train the individual who is responsible for conducting the resident assessment on how to do so using their instrument just as facilities using the state approved assessment instrument as required in rules 13F .0508 and 13G .0508. The proposed language includes the contents of the assessment instrument as required according to the North Carolina Administrative Procedure Act and the Rules Review Commission. The assessment instrument is free and not an additional cost to facilities. A website address has also been included for where the assessment instrument can be obtained at no cost.

Paragraph (c) outlines specific circumstances for when a subsequent assessment is to be completed. The rule as currently written requires facilities to complete a significant change assessment within 10

days of a change in the resident's condition. Conditions that meet the definition of a significant change have been updated for clarity and to address current trends within facilities to include falls, changes in pain, a change in the pattern of usual behaviors, and removal of conditions that were considered a threat to life and now include instances when a resident has been enrolled in hospice. The proposed language allows facilities to monitor a resident's condition for up to 10 days to determine if change is significant and an additional 3 days to complete the assessment. This change allows facilities additional time to monitor a resident and complete the assessment and prevent the facility from having to complete multiple assessments if the resident's condition changes in a short period of time. The agency has received feedback from adult and family care providers that additional time is needed to assess the resident before completing a significant change assessment. Allowing extra time to complete the assessment could result in a more accurate assessment of the resident which would enhance resident care. Since significant change assessments are already a requirement, there is minimal impact for facilities to complete the assessment.

2. Paragraph (d) outlines the requirements for facilities to complete a referral when the resident experiences a significant change to the resident's physician or licensed health professional within 10 days of the significant change assessment. The proposed language now requires the facility to complete the referral within 3 days as the facility will now have 10 days to monitor the resident's condition and then complete the assessment and then the referral. These changes align with the additional time now proposed to complete the assessment. Since the proposed language gives the facility additional time to complete the assessment, the change is a benefit and would have minimal impact on the facility to have the referral to be completed within 3 days.

10A NCAC 13F .0802 and 13G .0802 Resident Care Plan: These rules outline the requirements for completing a care plan that identifies preferences related to the resident's care and services based on the functional assessment as required in Rules 13F/G .0801. The rules remove outdated language and clarify how the care plan is to be developed and used to meet the needs of residents.

1. Paragraph (b) outlines what should be included in the care plan. The language has also been updated to include the involvement of the resident's responsible person to give them the ability to participate in their plan of care. This is beneficial to the residents as it allows them to have a voice in their care. Since the facility is already completing the assessment, the involvement of the resident or their responsible person would have minimal impact. The agency has an approved care plan; however, the proposed rule language includes the contents of the care plan to meet the rulemaking requirements.

The proposed language in Paragraph (c) outlines contents of the care plan as required according to the North Carolina Administrative Procedure Act and the Rules Review Commission. The care plan is free and not an additional cost to facilities. A website address has also been included for where the assessment instrument can be found obtained at no cost.

2. The proposed rule language in Paragraph (d) updates the requirements for communication and coordination of care for residents who receive hospice or home health services for clarity. The updated language would also align with the requirements in Rule 13F and 13G .0801(c)(1)(G) as it relates to hospice services. Coordination and communication with hospice and home health would ensure that services are provided efficiently for residents without overlap or an interruption in care and services.

Facilities are currently working along with hospice and home health agencies to coordinate care, therefore there are no additional costs or time required for facilities to meet this requirement.

10A NCAC 13F .1501 Use of Physical Restraints and Alternatives: This rule has been amended for clarity and to align with the changes made to 13G .1301 that became effective April 1, 2024. The rule clarifies that a physician extender can write the order for and require the use of a restraint and provides a definition for the term. The proposed language also clarifies “safety” and the responsibility of the administrator or their designee specifically when documenting the use of alternatives and during emergency situations. A definition for “emergency” has been included for clarity.

10A NCAC 13F .1601 and 13G .1601 Definitions: The rules as currently written outline the scope of star rated certificates. The agency is proposing to remove this language as it is outdated. These rules are being changed to clarify terms used throughout the adult and family care home rules to help define words and phrases commonly used throughout the Subchapter.

10A NCAC 13F .1602 and 13G .1602 Issuance of a Star Rating: These rules outline how a star rating will be issued to facilities following an annual or biennial, and subsequent inspections. The proposed language outlines the requirements for issuing the star rating when a timely request has been made for an informal dispute resolution. These requirements were included to align with the existing requirements in N.C. Gen. Stat. 131D-10. The rule was updated to include where the star rating worksheet can be found for clarity. Table 1.1 shows the total number of star rating certificates that have been issued in calendar year (CY) 2023. Ratings are issued based on different types of inspections and licensure actions as noted in the table.

Table 1.1 Total Number of Star Ratings Issued (CY 2023)

	Total	Family Care Homes (2-6 beds)	Adult Care Homes (7+ beds)
Total Number of Ratings Issued:	925	426	499
Annual Inspections	630	356	274
Follow-up Inspections	224	51	173
Complaint Investigations	16	3	13
Initial	18	14	4
County DSS Issued Type A or U/B	37	2	35
Administrative Actions	0	0	0

10A NCAC 13F .1603 and 13G .1603 Statutory and Rule Requirements Affecting Star Rated Certificates: These rules outline the standards that formulate the star rating. These standards align with the minimum requirements as outlined in the N.C. Gen. Stat. 131D-10. While the statute includes the minimum requirements, the rule has been updated to reference existing sections 13F/G .0400 staff qualifications and sections 13F .1800/13G. 1700 infection prevention and control. There is no fiscal impact associated with the proposed changes.

10A NCAC 13F .1604 and 13G .1604 Rating Calculation: These rules outline the standards for how the star rating is calculated. The rating is based on a 100-point scale. Merit points are points added to a facility's score upon correction of standard deficiencies (formally citations) and violations upon follow-

up inspection. The purpose of merit points is to encourage facilities to take additional measures above and beyond what is minimally required by state rules to ensure the health, safety, welfare, and quality of life of their residents. Merit points result in a higher rating, however, facilities do not lose points by not putting these additional measures in place. Demerit points are points which are deducted from a facility's score because of non-compliance, which results in a lower rating. The rules as currently written included outdated language.

The most significant changes proposed are to how facilities earn merit points:

- Facilities will have additional opportunities to earn merit points.
- The number of merit points earned will increase for corrections of certain types of deficiencies.
- This revised merit point system takes into account the relative value of some types of corrections over others. This should more accurately reflect facilities' level of compliance and overall quality of care.

There are also significant changes proposed for how facilities are to get demerit points:

- There will be additional scenarios for which facilities may get demerit points.
- The revised demerit point system takes into account the relative importance of some types of violations over others. This should more accurately reflect facilities' level of compliance and overall quality of care.
- By having more ways to get demerit points, it may provide additional incentive for facilities to take steps to avoid deficiencies and violations.

1. The rules as currently written allows facilities to earn the following merit point values:

- Corrected Type A violation (in any rule area): Add 2.5 points each
- Corrected Type B violation: Add 1.25 points each
- Uncorrected Type B violation corrected (in any rule area): Add 1.25 points each

The proposed rule language now includes Type A1 and A2 violations as defined in N.C. Gen Stat. 131D-34 and includes an increase to the merit point values to encourage facilities to correct violations to promote resident health and safety. The proposed merit point values are as follows:

- Corrected Type A1 or Type A2 violation (in any rule area): Add 5 points each
- Corrected Type B violation: Add 1.75 points each
- Uncorrected Type B violation corrected (in any rule area): Add 1.75 points each

The agency received feedback from the providers and provider associations about the need to review merit point values. The providers and provider associations indicated that there were facilities with particularly low scores who were identified to have non-compliance during the survey process. However, since getting back into compliance, they were still not able to increase their score and star rating to reflect their return to compliance. The agency reviewed the current scores and star rating merit and demerits and is proposing an increase in the merit points. Facilities now have the opportunity to earn higher merit points that could potentially increase the facilities' scores and star rating. The increase in points will allow facilities the incentive to increase their star rating after correcting

violations and deficiencies without any negative effect on the quality of care for residents. The rule as currently written does not include facilities receiving merit points if their license is restored to a full license after being downgraded to a provisional license. The proposed language gives facilities 10 demerit points if the license is downgraded to a provisional license and 5 merit points for when the license is fully restored. The proposed language also includes a demerit of 31 points if the facility’s license is summarily suspended. Including the additional merit and demerit values aligns with the penalties outlined in the N.C. Gen. Stat. 131D-34. The proposed demerits will lower a facility’s score and star rating. Facilities with a provisional license or a license that has been summarily suspended typically result in a one- or zero-star rating. While the demerits will lower the score/star rating, it should be noted that those facilities already have a low score with one or zero stars, therefore the agency does not expect a significant difference in the facilities’ star rating. Facilities are currently issued a provisional license and summary suspension as outlined in the general statute; therefore, the merits and demerits are being added to reflect in the star rating, promoting transparency to residents, families, and consumers.

Table 1.2 illustrates the impact of the proposed increased merit point values for correcting non-compliance on a facility’s star rating. Table 1.2 was prepared using the scores and star rating issued to adult and family care home facilities during calendar year (CY) 2023. The figures listed in the columns titled “score after violations corrected” and “star after violations corrected” show the results of giving merit points at the follow-up for corrected violations based on the current rule language. Columns titled “score under new rules” and “star under new rules” show the results of giving merit points at the follow-up for corrected violations based on the proposed rule language. It is important to note that a facility must obtain 100 points or greater on two consecutive annual surveys to earn a four-star rating. The facilities were randomly chosen based on current score and star rating. The table reflects a combination of adult and family care home facilities in each star category and shows how correcting violations and standard deficiencies could increase their score. The projection of the new score and star rating would reflect the correction of violations and deficiencies, however, would not account for additional violations or deficiencies that could potentially be found during the follow-up survey. The actual facility names were removed from the report.

Table 1.2 Illustration of the Impact of the Proposed Increased Merit Point Values for Correcting Non-Compliance on a Facility’s Star Rating

<i>Facility</i>	<i>Score</i>	<i>Stars</i>	<i>A Violations</i>	<i>B Violations</i>	<i>Standard Def</i>	<i>Score after violations corrected</i>	<i>Stars after violations corrected</i>	<i>Score under new rules</i>	<i>Star under new rules</i>
Facility A	36.5	0	2	1	15	61.5	0	67	0
Facility B	46	0	2	3	8	64.75	0	71.25	1
Facility C	68.5	0	2	3	2	79.75	1	86.25	2
Facility D	50	0	4	0	5	66.25	0	76.25	1
Facility E	70.5	1	3	0	1	79.25	1	86.75	2
Facility F	75.5	1	2	0	5	86.75	2	91.75	3
Facility G	76	1	2	1	2	84.75	2	90.25	3
Facility H	79	1	1	1	5	89	2	92	3
Facility I	80.5	2	2	0	1	86.75	2	91.75	3
Facility J	83.5	2	1	1	3	91	3	94	3
Facility K	85.5	2	1	0	4	93	3	95.5	3
Facility L	85.5	2	1	2	0	90.5	3	94	3
Facility M	89	2	1	1	0	92.75	3	95.75	3
Facility N	90	3	1	0	0	92.5	3	95	3
Facility O	90	3	1	0	1	93.75	3	96.25	3
Facility P	90.5	3	0	4	0	95.5	3	97.5	3
Facility Q	91.5	3	1	0	2	96.5	3	99	3
Facility R	92.5	3	0	1	2	96.25	3	96.75	3
Facility S	93	3	0	1	3	98	3	98.5	3
Facility T	95.5	3	1	0	0	98	3	100.5	3
Facility U	96.5	3	0	1	0	97.75	3	98.25	3

2. The rules, as currently written, allow a follow-up inspection to be requested and completed if the facility received deficiencies (formally citations) that resulted in a one- or a zero-star rating. The proposed rule language removes this language as the agency only completes follow-up inspections at facilities where violations have been cited. Since the inception of the star rating program in 2009, this scenario has never occurred.

3. Currently, facilities are able to receive additional merit points by making arrangement for emergency power backup (i.e. have a generator permanently installed on-site or have a current contract with an emergency power backup provider) and maintain the system in working order, having an installed an automatic sprinkler system throughout the facility and maintain the system in working order, North Carolina New Organizational Vision Award (NC NOVA) voluntary special licensure designation, and participation in a quality improvement program by approved by the Department of Health and Human Services. The proposed rule language now lists each essential function as required for the generator for clarity. These functions are already required; however, the actual functions were included to satisfy the Rules Review Commission requests. The proposed language removes NC NOVA as the special license no longer exists. Facilities are now able to receive an additional one-half merit point, which are optional if the facility establishes a resident council and an additional one-half merit point if the facility establishes a family council. Both councils would need to meet at least quarterly to receive the additional merit. Facilities now have the option to receive an additional one-half merit point if the facility has an on-site staff member responsible for directing infection control activities. The staff

member would need to complete the “Infection Control in Long Term Care Facilities” course offered by the University of North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) every 2 years.

4. The agency is proposing facilities receive a one additional merit point for conducting resident and family satisfaction surveys with a third-party company. The purpose of the surveys would be to improve resident care. The surveys provide another way for consumers to get information about the care and services provided by the facility, based on feedback from actual consumers. The results would be made available upon request to survey staff and would publicly post in the facility. The surveys would be completely optional for facilities and are not considered a requirement or a required additional cost for facilities. The resident and family services would be beneficial to current and future residents and families as they make choices decisions about choosing a facility to provide care and services.

Summary of Impact

State and Local Government

The agency does not anticipate any additional impact on state government or local government (county Departments of Social Services who monitor and conduct complaint investigations in adult care homes and family care homes) beyond their current job requirements to implement, monitor, and enforce the adult care home and family care home regulations.

Assisted Living Facilities

Some facilities may benefit from an increase in merit points as it will raise their overall rating score and possibly the number of stars earned. Facilities with high star rating scores use star ratings in their marketing and sales strategies to attract new residents to live at the facility, which could increase facility revenues. Some facilities may choose to incur costs if it will result in higher star ratings such as the infection control training offered by the UNC SPICE program (\$465), third party resident and family satisfaction surveys, or establishing resident/family council programs. These are voluntary options to gain merit points. Presumably, a facility would only choose to incur these costs if they believe the benefits to doing so would outweigh the costs. No facility’s star rating will decrease as a result of the proposed changes to how star rating merit points are calculated.

Residents and Families

As compared to the current rating system, the proposed demerits would better reflect the level of compliance of facilities. This should provide an incentive for facilities to improve their level of compliance in key areas. In turn, this could help residents and families make more informed decisions about placement. If the addition of more opportunities to gain merit points results in some facilities choosing to participate in resident or family council meetings and/or satisfaction surveys, it would give residents the opportunity to more directly affect their quality of care within the facility. The proposed changes to the star rating program ultimately provide additional incentives to facilities to improve their quality of care which would benefit the residents and families. The magnitude of these benefits will

depend largely on how many facilities respond to deficiencies under the new rating system as compared to the existing rating system and how many facilities choose to take advantage of the increased merit point opportunities.

Appendix

10A NCAC 13F .0206 is proposed for amendment as follows:

10A NCAC 13F .0206 CAPACITY

- (a) The licensed capacity of adult care homes licensed pursuant to this Subchapter is seven or more residents.
- (b) The total number of residents shall not exceed the number shown on the license.
- (c) ~~A facility shall be licensed for no more than the number of beds for which the required physical space and other required facilities in the building are available.~~ The Department shall not grant a license to a facility for more beds than the number for which the required physical space and other required facilities in the building are available. permit in accordance with the Rules of this Subchapter.
- (d) The facility's bed capacity and services provided shall comply with the Certificate of Need issued to the facility in accordance with G.S. 131E, Article 9, regarding the certificate of need. ~~be in compliance with G.S. 131E, Article 9, Article 9. regarding the certificate of need.~~

*History Note: Authority G.S. 131D-2.4; 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018. 2018;
Amended Eff. January 1, 2025.*

10A NCAC 13F .0301 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

~~The physical plant requirements for each adult care home shall be applied as follows~~ Adult Care Homes shall apply the following physical plant requirements:

- (1) New construction shall comply with the requirements of this Section.
- (2) Except where otherwise specified, ~~existing~~ licensed facilities or portions of ~~existing~~ licensed facilities shall meet the licensure and code requirements in effect at the time of licensure, construction, change in service or bed count, addition, modification, renovation, or ~~alteration~~; alteration. ~~however, in no case shall the requirements for any licensed facility facility, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are~~

~~available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;~~

- ~~(3)~~ In no case shall the requirements for a licensed facility, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 1800 Umstead Drive, Raleigh, North Carolina, 27603 at no cost.
- ~~(3)(4)~~ New additions, alterations, ~~modifications~~ modifications, and repairs shall meet the ~~technical~~ requirements of this ~~Section~~; Section.
- ~~(4)(5)~~ Effective July 1, 1987, resident bedrooms and resident services shall not be permitted on the second floor of ~~any~~ a facility licensed for seven or more beds prior to April 1, 1984 and classified as two-story wood frame construction by the North Carolina State Building ~~Code~~; Code.
- ~~(5)(6)~~ Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, ~~systems~~ systems, or operational conditions that exceed minimum ~~requirements~~; requirements.
- ~~(6)~~ The ~~bed capacity and services provided in a facility shall be in compliance with G.S. 131E, Article 9 regarding Certificate of Need. A facility shall be licensed for no more beds than the number for which required physical space and other required facilities are available;~~
- ~~(7)~~ Equivalency: ~~Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division when the facility can effectively demonstrate that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility; and~~ The Division may grant an equivalency to allow alternate methods, procedures, design criteria, or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a facility submits a written equivalency request to the Division that states the following:
 - (a) the rule citation and the rule requirement that will not be met because strict conformance with current requirements would be:
 - (i) impractical;
 - (ii) unable to be met due to extraordinary circumstances;
 - (iii) unable to be met due to new programs; or
 - (iv) unable to be met due to unusual conditions;
 - (b) the justification for the equivalency; and
 - (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- ~~(8)~~ In determining whether to grant an equivalency request, the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The governing body shall maintain a copy of the approved equivalence issued by the Division.

- ~~(8)~~(9) Where rules, ~~codes~~ codes, or standards have ~~any a~~ conflict, the ~~most~~ more stringent requirement shall ~~apply and any conflicting requirement shall not~~ apply.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, ~~2005~~, 2005;
Readopted Eff. January 1, 2025.*

10A NCAC 13F .0302 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .0302 DESIGN AND CONSTRUCTION

- (a) ~~Any~~ A building licensed for the first time as an adult care home or a licensed adult care home that is closed or vacant and not serving residents for more than one year for reasons other than approved construction or remodeling shall meet the requirements of the North Carolina State Building ~~Code~~ Codes for new construction. All new construction, ~~additions~~ additions, alterations, repairs, modifications, and renovations to ~~existing~~ buildings shall meet the requirements of the North Carolina State Building ~~Code~~ Codes for I-2 Institutional Occupancy if the facility houses 13 or more residents or the North Carolina State Building ~~Code~~ Codes requirements for Large Residential Care Facilities if the facility houses seven to twelve residents. The North Carolina State Building ~~Code~~, ~~all applicable volumes, Codes,~~ which ~~is~~ are incorporated by reference, including ~~all~~ subsequent amendments and editions, may be purchased from the ~~Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).~~ International Code Council online at <https://shop.iccsafe.org/> at a cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at <https://codes.iccsafe.org/codes/north-carolina>. Licensed facilities shall meet the North Carolina State Building Codes in effect at the time of licensure, construction, or remodeling. The facility shall also meet all of the rules of this Section.
- (b) ~~Each facility shall be planned, constructed, equipped and maintained to provide the services offered in the facility. A facility shall not offer services for which the facility was not planned, constructed, equipped, or maintained.~~
- (c) ~~Any existing~~ A building converted from another use to an adult care home shall meet all requirements of ~~a new facility. Paragraph (a) of this Rule.~~
- (d) ~~Any existing licensed facility that is closed or vacant for more than one year shall meet all requirements of a new facility.~~
- ~~(e)~~(d) The sanitation, water supply, sewage ~~disposal~~ disposal, and dietary facilities for facilities with a licensed capacity of 13 or more residents shall comply with ~~the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A~~

NCAC 18A .1300 .1300, which are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost. are hereby incorporated by reference, including subsequent amendments and editions. The sanitation, water supply, sewage disposal, and dietary facilities for facilities with a licensed capacity of 7 to 12 residents shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600, which are hereby incorporated by reference, including subsequent amendments and editions. Copies of these rules may be accessed online free of charge at <https://www.oah.nc.gov/>.

~~(c)~~ The facility shall maintain in the facility and have available for review current sanitation and fire ~~and building~~ safety inspection reports ~~which shall be maintained in the home and available for review.~~ reports.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; September 1, 1986; April 1, 1984;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005- 2005;
Readopted Eff. January 1, 2025.*

10A NCAC 13F .0304 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .0304 PLANS AND SPECIFICATIONS

(a) When construction or remodeling of an adult care home is planned, ~~two copies~~ the adult care licensee or licensee's appointed representative shall submit one copy of ~~Construction Documents~~ construction documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. ~~As a preliminary step to avoid last minute difficulty with final plan approval,~~ Schematic Design Drawings ~~design drawings~~ and ~~Design Development Drawings~~ design development drawings may be submitted for review and approval prior to the required submission of ~~Construction Documents.~~ construction documents.

(b) Approval of ~~Construction Documents~~ construction documents and specifications shall be obtained from the Division prior to licensure. Approval of ~~Construction Documents~~ construction documents and specifications shall expire ~~after~~ one year after the date of approval unless a building permit for the construction has been ~~obtained.~~ obtained prior to the expiration date of the approval of construction documents and specifications.

(c) If an approval expires, renewed approval shall be issued by the Division, provided revised ~~Construction Documents~~ construction documents and specifications meeting ~~all current regulations, codes and standards~~ the rules

established in this Section are submitted by the ~~applicant or appointed~~ adult care licensee or licensee's appointed representative and reviewed by the Division.

(d) ~~Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.~~ An adult care licensee or licensee's appointed representative shall submit changes made during construction to the Division for review and approval to ensure compliance with the rules established in this Section.

(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. ~~Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings~~

(f) ~~The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.~~ The adult care licensee or licensee's appointed representative shall notify the Division in writing either by U.S. Mail or e-mail when construction or remodeling is complete.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Eff. July 1, ~~2005~~, 2005;
Readopted Eff. January 1, 2025.*

10A NCAC 13F .0305 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(a) An adult care home shall provide living arrangements ~~to meet the individual needs of~~ for the residents, the live-in ~~staff~~ staff, and other live-in persons.

(b) The requirements for ~~each~~ a living room and recreational area are:

- (1) ~~Each~~ a living room and recreational area shall be located off a lobby or ~~corridor.~~ At least 50 percent of required living and recreational areas shall be enclosed with walls and doors; corridor;
- (2) ~~In~~ in buildings with a licensed capacity of 15 or less, there shall be a minimum area of 250 square feet;
- (3) ~~In~~ in buildings with a licensed capacity of 16 or more, there shall be a minimum of 16 square feet per resident; and
- (4) ~~Each~~ a required living room and recreational area shall have ~~windows.~~ windows with views to the outside. The total gross window area shall not be less than eight percent of the gross floor area of the room. The window shall be openable from the inside and shall have insect-proof screens.

(c) The requirements for the dining room are:

- (1) ~~The~~ the dining room shall be located off a lobby or ~~corridor and enclosed with walls and doors;~~
corridor;
- (2) ~~In~~ in buildings with a licensed capacity of 15 or less, there shall be a minimum of 200 square feet;
- (3) ~~In~~ in building with a licensed capacity of 16 or more, there shall be a minimum of 14 square feet per resident; and
- (4) ~~The~~ the required dining room shall have ~~windows,~~ windows with views to the outside. The total gross window area shall not be less than eight percent of the gross floor area of the room. The window shall be openable from the inside and shall have insect-proof screens.

(d) The requirements for the bedroom are:

- (1) ~~The~~ the number of resident beds set up shall not exceed the licensed capacity of the facility;
- (2) ~~live-in staff shall be permitted in facilities with a capacity of 7 to 12 residents provided all of the requirements of Section .0600 of these Rules are met;~~
- (2) ~~There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, any live in staff and other persons living in the home. Residents shall not share bedrooms with staff or other live in non residents;~~
- (3) ~~there shall be separate bedrooms for any live-in staff and other persons living in the facility. Residents shall not share bedrooms with live-in staff and other live-in non-residents;~~
- (5) ~~live-in staff shall not occupy a licensed bed or live in a licensed bed;~~
- (6) ~~residents shall reside in bedrooms with residents of the same sex unless other arrangements are made with each resident's consent;~~
- (3)(7) ~~Only~~ only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for residents' bedrooms;
- (4)(8) ~~Bedrooms~~ bedrooms shall be located on an outside wall and off a corridor. A room where access is through a bathroom, kitchen, or another bedroom shall not be approved ~~for~~ as a resident's bedroom;
- (5)(9) ~~There shall be a minimum area of 100 square feet excluding vestibule, closet or wardrobe space in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two people; private residents' bedrooms shall have not less than 100 square feet of floor area excluding vestibules, closets, or wardrobes;~~
- (10) ~~semi-private residents' bedrooms shall have not less than 80 square feet of floor area per bed excluding vestibules, closets, or wardrobes;~~
- (6)(11) ~~The~~ the total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Health Service Regulation for that particular bedroom;
- (7)(12) ~~A~~ a bedroom may not be occupied by more than two ~~residents.~~ residents;
- (8)(13) ~~Resident~~ residents' bedrooms shall be designed to accommodate all required furnishings;
- (9)(14) ~~Each resident bedroom~~ residents' bedrooms shall be ventilated with one or more windows which are maintained ~~operable and well lighted.~~ operable. The window area shall ~~be equivalent to at least~~ not be less than eight percent of the floor space and be ~~provided~~ equipped with ~~insect~~ insect-proof

screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and

~~(10)~~(15) ~~Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one half shall be for hanging clothes with an adjustable height hanging bar. Residents' bedrooms shall have one closet or wardrobe per resident. A closet or wardrobe shall have clothing storage space of not less than 48 cubic feet per bed, approximately two feet deep by three feet wide by eight feet high, of which one-half of this space shall be for hanging with an adjustable height hanging bar;~~

(e) The requirements for ~~bathrooms and toilet rooms~~ bathrooms, toilet rooms, bathtubs, showers, a manufactured walk-in tub, or a similar manufactured bathtub, and central bathing rooms are:

- (1) ~~Minimum~~ minimum bathroom and toilet ~~facilities~~ rooms shall include a toilet and a hand lavatory for each 5 ~~residents~~ residents, and a ~~tub or shower~~ bathtub, shower, a manufactured walk-in tub, or a similar manufactured bathtub for each 10 residents or portion ~~thereof;~~ thereof. The hand lavatory shall be trimmed with valves that can be operated without hands. If the hand lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the hand lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (2) ~~Entrance~~ entrance to the ~~bathroom~~ bathrooms and toilet rooms shall not be through a kitchen, another person's bedroom, or another bathroom;
- (3) ~~Toilets~~ toilet rooms and ~~baths~~ bathrooms for staff and visitors shall be in accordance with the North Carolina State Building Code, Plumbing Code;
- (4) ~~Bathrooms~~ bathrooms and ~~toilets~~ toilet rooms accessible to the physically handicapped shall be provided as required by ~~Volume I-C, the North Carolina State Building Code, Accessibility Code;~~ Codes;
- (5) ~~The~~ bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each ~~tub or shower~~ bathtub, shower, a manufactured walk-in tub, or a similar manufactured bathtub shall have privacy partitions or ~~curtains;~~ curtains. The requirements of this Paragraph shall apply to new and existing facilities.
- (6) ~~Hand~~ hand grips shall be installed at all commodes, ~~tubs and showers used by or accessible to residents;~~ bathtubs, showers, a manufactured walk-in tub, and similar manufactured bathtubs;
- ~~(7)~~ ~~Each home shall have at least one bathroom opening off the corridor with:~~
 - (A) ~~a door of three feet minimum width;~~

- (B) ~~— a three feet by three feet roll in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet;~~
 - (C) ~~— a bathtub accessible on at least two sides;~~
 - (D) ~~— a lavatory; and~~
 - (E) ~~— a toilet.~~
- (7) there shall be one central bathing room opening off the corridor in a facility. In multi-level facilities, each resident floor shall contain a minimum of one central bathing room opening off the corridor. Central bathing room(s) shall have the following:
- (A) a door of three feet minimum width;
 - (B) a roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the facility, the central bathing area is not required to have a roll-in shower;
 - (C) a bathtub, a manufactured walk-in tub, or a similar manufactured bathtub designed for easy transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides. Staff shall not be required to reach over or through the tub faucets and other fixture fittings to assist the resident in the tub;
 - (D) a toilet and a lavatory trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet shall have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
 - (E) individual cubicle curtain enclosing each toilet, bathtub, shower, manufactured walk-in tub, or a similar manufactured bathtub and shower. A closed cubicle curtain at one of these plumbing fixtures shall not restrict access to the other plumbing fixtures.
- (8) If ~~where~~ the tub and shower are in separate rooms, each room shall have a lavatory and a ~~toilet;~~ toilet. The lavatory shall be trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;

- (9) ~~Bathrooms and toilet rooms shall be located as conveniently as possible to the residents' bedrooms;~~
in facilities where resident bedrooms do not have direct access to a bathroom or toilet room,
bathrooms and toilet rooms shall be evenly distributed throughout the facility for residents' use;
- (10) ~~Resident~~ resident toilet rooms and bathrooms shall not be ~~utilized~~ used for storage or ~~purposes~~ other
than those indicated in Item (4) of this Rule; purposes;
- (11) ~~Toilets~~ toilet rooms and ~~baths~~ bathrooms shall be well ~~lighted~~ and ~~mechanically ventilated~~ at two
cubic feet per minute. ~~The mechanical ventilation requirement does not apply to facilities licensed~~
~~before April 1, 1984, with natural ventilation;~~ lighted;
- (12) ~~toilet rooms and bathrooms shall have an exhaust system per the North Carolina State Building~~
~~Code. Exhaust vents shall be vented directly to the outdoors;~~
- ~~(12)(13) Nonskid~~ nonskid surfacing or strips shall be installed in ~~showers~~ showers, and bath ~~areas;~~ areas, and
bathtubs; and
- ~~(13)(14) The~~ the floors of the bathrooms and toilet rooms shall ~~have~~ be water-resistant ~~covering,~~ and slip-
resistant.
- (f) The requirements for storage rooms and closets are:
- (1) ~~General Storage for the Home. A facility shall have a minimum area of five square feet (40 cubic~~
~~feet) per licensed capacity shall be provided.~~ capacity for general storage for the facility. This
storage space shall be either in the facility or within 500 feet of the facility on the same site;
- (2) ~~Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean~~
~~linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor~~
~~or laundry room;~~
- (2) separate storage room or area shall provide for the storage of clean linens. Clean linens shall not be
stored in the same room or area as soiled linens;
- (3) separate storage room shall provide for the storage of soiled linens. Access to soiled linen storage
shall be from a corridor or laundry room. If space for the storage of soiled linen is provided in the
soiled utility room, a separate soiled linen room is not required;
- ~~(3)(4) Food Storage. Space there shall be provided~~ space for the storage of dry, refrigerated ~~refrigerated,~~
and frozen food ~~items to~~ items, and shall comply with ~~sanitation rules;~~ Rules Governing the
Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A
NCAC 18A .1300, which is incorporated by reference including subsequent amendments and
editions, for facilities with a licensed capacity of 13 or more residents, and Rules Governing the
Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600, which is incorporated
by reference including subsequent amendments and editions, for facilities with a licensed capacity
of 7 to 12 residents;
- ~~(4)(5) Housekeeping~~ the requirements for housekeeping storage requirements are:

- (A) ~~A~~ a housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion ~~thereof; and thereof.~~ In multi-level facilities, each resident floor shall have a housekeeping closet; and
- (B) ~~There~~ there shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, ~~inhaled~~ inhaled, or handled. Cleaning supplies shall be monitored while in use;
- ~~(5)(6)~~ (6) ~~Handwashing facilities with wrist type lever handles~~ there be a sink which can be operated without the use of hands located ~~shall be provided immediately adjacent to the drug storage area; area.~~ If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- ~~(6)(7)~~ (7) ~~Storage for Resident's Articles. Some means for residents to lock personal articles within the home shall be provided; and~~ the facility shall have locked storage for residents' personal articles within the facility; and
- ~~(7)(8)~~ (8) ~~Staff Facilities. Some means for staff to lock personal articles within the home shall be provided.~~ the facility shall have some means for staff to lock personal articles within the facility.
- (g) The requirements for corridors are:
- (1) ~~Doors~~ doors to spaces other than reach-in closets shall not swing into the corridor;
 - (2) ~~Handrails~~ handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;
 - (3) ~~Corridors~~ corridors shall be lighted with night lights providing 1 foot-candle power at the floor; and
 - (4) ~~Corridors~~ corridors shall be free of all equipment and other obstructions.
- (h) The requirements for outside entrances and exits are:
- (1) Service entrances shall not be through resident use areas;
 - (2) All steps, porches, ~~stoops~~ stoops, and ramps shall ~~be provided with~~ have handrails and ~~guardrails;~~ guards. Handrails shall be on both sides of steps and ramps including sides bordered by the facility wall. Handrails shall extend the full length of steps and ramps. Guards shall be on all open sides of steps, porches, stoops, and ramps. For the purposes of this Rule, "guards" are building components or a system of building components located at or near the open side of elevated walking surfaces that minimizes the possibility of a fall from a walking surface to any adjacent change in elevation;
 - (3) All exit door locks shall ~~be easily operable, by a single hand motion,~~ operate from the inside at all times by a single hand motion without ~~keys; and~~ keys, tools or special knowledge; and
 - (4) In homes with at least one resident who is determined by a physician or is otherwise known to be ~~disoriented or a wanderer,~~ disoriented or exhibits wandering behavior, ~~each exit door accessible by residents shall be equipped with~~ a continuously sounding device that is activated when the door is

~~opened.~~ opened shall be located on each exit door that opens to the outside. The sound shall be of ~~sufficient~~ such volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel ~~for the system~~ shall be powered by the facility's electrical system, and be located in the office of the administrator or in a location accessible only to by staff authorized by the administrator to operate the control panel. The requirements of this Paragraph shall apply to new and existing facilities.

(i) The requirements for floors are:

- (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable;
- (2) Scatter or throw rugs shall not be used; and
- (3) All floors shall be kept in good repair.

~~(j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities.~~ The requirements for soiled utility rooms are:

- (1) for facilities with a licensed capacity of 13 or more residents, a separate soiled utility room shall be provided and equipped for the cleaning and sanitizing of bed pans as required by 15A NCAC 18A .1312, which is incorporated by reference including subsequent amendments and editions. The soiled utility room shall have a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and
- (2) for facilities with a licensed capacity of 7 to 12 residents, a separate soiled utility room shall be provided and equipped for the cleaning and sanitizing of bed pans. The soiled utility room shall have a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have battery backup capability or an emergency power source. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets.

~~(k) Office. There~~ The facility shall be have an area within the ~~home~~ facility large enough to accommodate normal administrative functions.

(l) The requirements for laundry facilities are:

- (1) Laundry facilities shall be large enough to accommodate washers, dryers, and ironing equipment or work tables;
- (2) These facilities shall be located where soiled linens will not be carried through the kitchen, dining, clean linen storage, living rooms or recreational areas; and
- (3) A minimum of one residential type washer and dryer each shall be provided in a separate room ~~which that~~ is accessible by staff, residents residents, and family, even if all laundry services are contracted. In multi-level facilities, each resident floor shall have a minimum of one

residential type washer and dryer each in a separate room which is accessible by staff, residents, and family.

(m) The requirements for outside premises are:

- (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe ~~condition;~~ condition. Creeks, ravines, ponds, pools, and other similar areas shall have safety protection;
- (2) If the ~~home~~ facility has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or ~~be hazardous; and have sharp edges, rusting posts, or other similar conditions that may cause injury; and~~
- (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.

~~(n) Alternate methods, procedures, design criteria and functional variations from the physical environment requirements, because of extraordinary circumstances, new programs or unusual conditions, shall be approved by the Division when the facility can effectively demonstrate to the Division's satisfaction that the intent of the physical environment requirements are met and the variation does not reduce the safety or operational effectiveness of the facility.~~

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; July 1, 1984; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Recodified from Rule .0303 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005- 2005;
Readopted Eff. January 1, 2025.

10A NCAC 13F .0306 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS

(a) Adult care homes shall:

- (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
- (2) have no ~~chronic unpleasant odors;~~ odors that are considered by the residents to be chronic and unpleasant;
- (3) have furniture ~~clean and in good repair;~~ that is clean, safe, and functional;

- (4) have a sanitation report in accordance with one of the following: North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more;
- (A) A North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section approved sanitation classification at all times in facilities with 12 beds or less, which are incorporated by reference including all subsequent amendments. The “Rules Governing the Sanitation of Residential Care Facilities”, 15A NCAC 18A .1600, can be accessed electronically free of charge at <http://ehs.dph.ncdhhs.gov/rules.htm>; and
- (B) A North Carolina Department of Health and Human Services Division of Public Health, and Environmental Health Section sanitation scores of 85 or above at all times in facilities with 13 beds or more. The “Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes, and Other Institutions”, 15A NCAC 18A .1300, can be accessed electronically free of charge at <http://ehs.dph.ncdhhs.gov/rules.htm>.
- (5) be maintained in an uncluttered, ~~clean~~ clean, and orderly manner, free of all obstructions and hazards;
- (6) have a supply on hand at all times of bath soap, clean towels, washcloths, sheets, pillowcases, blankets, and additional ~~coverings~~ adequate covers for resident ~~use on hand at all times; use;~~
- (7) make available the following items as needed through ~~any~~ means other than charge to the personal funds of recipients of State-County Special Assistance:
- (A) ~~sheets~~ protective mattress covers, and clean, absorbent, ~~soft~~, soft, and smooth mattress pads;
- (B) ~~bedpans, urinals, hot water bottles, and ice caps;~~ bedpans and urinals; and
- (C) bedside commodes, walkers, and wheelchairs.
- ~~(8)~~(9) have one television and one radio, ~~each~~ in good working order;
- ~~(9)~~(10) have curtains, ~~draperies~~ draperies, or blinds at windows in resident use areas to provide for resident privacy;
- ~~(10)~~(11) have recreational equipment, supplies for games, books, ~~magazines~~ magazines, and a current newspaper available for residents;
- ~~(11)~~(12) have a clock that has numbers at least 1½ inches tall in ~~an area commonly used by the residents;~~ the living room or in the dining room or dining area; and
- (12) have at least one telephone that does not ~~depend on~~ require electricity or cellular service to operate.
- (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:
- (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped with all accessories required for use shall be arranged

for as needed. A waterbed is allowed if requested by a resident and permitted by the ~~home~~ facility.

Each bed shall have the following:

- (A) at least one pillow with clean pillowcase;
 - (B) a clean top and bottom sheets sheet on the bed, with bed changed as often as necessary but at least once a week; and week and when soiled; and
 - (C) clean bedspread and other clean coverings as needed.
- (2) a bedside type table;
 - (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;
 - (4) a wall or dresser mirror that ~~can~~ may be used by each ~~resident~~; resident in each bedroom;
 - (5) a minimum of one ~~comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising;~~ chair that is comfortable as preferred by the resident, which may include a rocking or straight chair, with or without arms, that is high enough for the resident to easily rise without discomfort;
 - (6) additional chairs available, as needed, for use by visitors;
 - (7) individual clean towel, wash ~~cloth~~ cloth, and towel bar in the bedroom or an adjoining bathroom; and
 - (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.
- (c) The living room shall have ~~functional~~ living room furnishings for the comfort of aged and disabled persons, that are in good working order and provide comfort as preferred by residents with coverings that are easily cleanable.
- (d) The dining room shall have the following furnishings:
- (1) small tables serving from two to eight persons and chairs to seat all residents eating in the dining room; tables and chairs equal to the resident capacity of the home shall be on the premises; and
 - (2) chairs that are sturdy, without rollers unless retractable or on front legs only, non-folding and designed to minimize tilting.
- (e) This Rule shall apply to new and existing facilities.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. September 1, 2003.
Amended Eff. June 1, 2004;
Recodified from Rule .0304 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, ~~2005~~; 2005;*

Readopted Eff. January 1, 2025.

10A NCAC 13F .0307 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .0307 FIRE ALARM SYSTEM

(a) The fire alarm system in adult care homes shall be able to transmit the fire alarm signal automatically to the local emergency fire department dispatch center, ~~either directly or through a central station monitoring company connection.~~ center that is legally committed to serving the area in which the facility is located. The alarm shall be transmitted either to a fire department or through a third-party service that shall transmit the alarm to the fire department. The method used to transmit the alarm shall be in accordance with local ordinances.

(b) ~~Any applicable fire safety requirements required by city ordinances or county building inspectors shall be provided. The facility shall comply with fire safety requirements of the city and county in which the facility is located as required by local building and fire officials.~~

(c) In a facility licensed before April 1, 1984 and constructed prior to January 1, 1975, the building, in addition to meeting the requirements of the North Carolina State Building Code in effect at the time the building was constructed, shall ~~be provided with~~ have the following:

- (1) A fire alarm system with pull stations within five feet of ~~each~~ an exit and sounding devices which are audible throughout the building;
- (2) Products of combustion (smoke) U/L listed detectors in all corridors. The detectors shall be no more than 60 feet from each other and no more than 30 feet from ~~any~~ an end wall;
- (3) Heat detectors or products of combustion detectors in all storage rooms, kitchens, living rooms, dining rooms and laundries;
- (4) All detection systems interconnected with the fire alarm system; and
- (5) Emergency power for the fire alarm system, heat detection system, and products of combustion detection with automatic start generator or trickle charge battery system capable of operating the fire alarm systems for 24 hours and able to sound the alarm for five minutes at the end of that time. Emergency egress lights and exit signs shall be powered from an automatic start generator or a U/L approved trickle charge battery system capable of operation for 1-1/2 hours when normal power fails.

(d) When ~~any~~ a facility not equipped with a complete automatic fire extinguishment system replaces the fire alarm system, ~~each bedroom~~ all bedrooms shall ~~be provided with~~ have smoke detectors. Other building spaces shall ~~be provided with such~~ provide fire detection devices as required by the North Carolina State Building Code and requirements of this Subchapter.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;

Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Recodified from Rule .0305 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005- 2005;
Readopted Eff. January 1, 2025.

10A NCAC 13F .0309 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .0309 FIRE SAFETY AND EMERGENCY PREPAREDNESS PLANS PLAN FOR EVACUATION

- (a) ~~A~~ Each facility shall have a written fire evacuation plan (including a diagrammed drawing) that includes a diagram of the facility floor plan including evacuation routes. The plan shall have which has the written approval of the local Code Enforcement Official fire code enforcement official. The approved diagram shall be prepared in large legible print and be posted in a central location on each floor of an adult care home; the facility in a location visible to staff, residents, and visitors. The fire evacuation plan and diagram shall be reviewed with each resident on upon admission and shall be a part of included in the orientation for all new staff.
- (b) There shall be unannounced ~~rehearsals~~ fire drills conducted quarterly on each shift in accordance with the requirement of the local ~~Fire Prevention Code Enforcement Official~~ fire prevention code enforcement official and the 2018 North Carolina Building Code: Fire Prevention Code, which is hereby incorporated by reference and includes all subsequent editions, available at <https://codes.iccsafe.org/content/NCFC2018>.
- (c) ~~Records of rehearsals~~ Documentation of fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and local officials. copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of ~~what the rehearsal involved.~~ drill.
- (d) ~~A~~ Each facility shall develop and implement an emergency preparedness plan to ensure resident health and safety and continuity of care and services during an emergency. The emergency preparedness plan shall include the following: written disaster plan, which has the written approval of or has been documented as submitted to the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the facility.
- (1) Procedures to address the following threats and hazards that may create an emergency for the facility:
- (A) weather events including hurricanes, tornadoes, ice storms, and extreme heat or cold;
- (B) fires;

- (C) utility failures, to include power, water, and gas;
 - (D) equipment failures, to include fire alarm, automatic sprinkler systems, HVAC systems;
 - (E) interruptions in communication including phone service and the internet;
 - (F) unforeseen widespread communicable public health and emerging infectious diseases;
 - (G) intruders and active assailants; and
 - (H) other potential threats to the health and safety of residents as identified by the facility or the local emergency management agency.
- (2) The procedures outlined in Subparagraph (d)(1) shall address the following:
- (A) provisions for the care of all residents in the facility before, during, and after an emergency such as required emergency supplies including water, food, resident care items, medical supplies, medical records, medications, medication records, emergency power, and emergency equipment;
 - (B) provisions for the care of all residents when evacuated from the facility during an emergency, such as evacuation procedures, procedures for the identification of residents, evacuation transportation arrangements, and sheltering options that are safe and suitable for the resident population served;
 - (C) identification of residents with Alzheimer’s disease and related dementias, residents with mobility limitations, and any other residents who may have specialized needs such as dialysis, oxygen, tracheostomy, and gastrostomy feeding tubes, special medical equipment, or accommodations either at the facility or in case of evacuation;
 - (D) strategies for staffing to meet the needs of the residents during an emergency and for addressing potential staffing issues;
 - (E) procedures for coordinating and communicating with the local emergency management agency and local law enforcement;
- (3) The emergency preparedness plan shall include contact information for state and local resources for emergency response, local law enforcement, facility staff, residents and responsible parties, vendors, contractors, utility companies, and local building officials such as the fire marshal and local health department.

(e) The facility’s emergency preparedness plan shall have the written approval of or documentation that the plan has been submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters.

(f) The facility’s emergency preparedness plan shall be reviewed at least annually and updated as needed by the administrator and shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. Any changes to the plan shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 60 days of the change. For the purpose of this Rule, correction of grammatical or spelling errors do not constitute a

change. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(g) The emergency preparedness plan outlined in Paragraph (d) of this Rule shall be maintained in the facility and accessible to staff working in the facility.

(h) Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days after obtaining the new license. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(i) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(j) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in accordance with the facility's emergency preparedness plan as outlined in Paragraph (d) of this Rule. Staff shall be trained upon employment and annually in accordance with Rule .1211 of this Subchapter.

(k) The facility shall conduct at least one drill per year to test the facility's emergency preparedness plan. The drill may be conducted as a tabletop exercise. The facility shall maintain documentation of the annual drill which shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(l) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate, and shall notify the agencies within four hours of the return of residents to the facility.

(m) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section within four hours or as soon as practicable of the incidence occurring.

(n) If a facility is ordered to evacuate residents by the local emergency management or public health official due to an emergency, the facility shall not re-occupy the building until local building or public health officials have given approval to do so.

(o) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division of Health Service Regulation prior to accepting the additional residents into the facility or as soon as practicable but no later than 48 hours after the facility has accepted the residents for sheltering. The waiver request form can be found on the Division of Health Service Regulation Adult Care Licensure Section website at <https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident>.

(p) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care, supervision, and safety of each resident, including providing required staffing and supplies in accordance with the Rules of this Subchapter. Evacuation to a public emergency shelter should be a last resort, and the decision shall be

made in consultation with the local emergency management agency, or the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. If a facility evacuates residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation Adult Care Licensure Section and the county department of social services within four hours of the decision to evacuate or as soon as practicable.

(q) Where a fire alarm or automatic sprinkler system is out of service, the facility shall immediately notify the fire department, the fire marshal, and the Division of Health Service Regulation Construction Section and, where required by the fire marshal, a fire watch shall be conducted until the impaired system has been returned to service as approved by the fire marshal. The facility will adhere to the instructions provided by the fire marshal related to the duties of staff performing the fire watch. The facility will maintain documentation of fire watch activities which shall be made available upon request to the DHSR Construction Section and fire marshal. The facility shall notify the DHSR Construction Section when the facility is no longer conducting a fire watch as directed by the fire marshal.

(r) This Rule shall apply to new and existing facilities.

*History Note: Authority G.S. 131D.2.16; 131D-7 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Recodified from Rule .0307 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, ~~2005~~ 2005;
Readopted Eff. May 1, 2025.*

10A NCAC 13F .0310 is proposed for readoption as a repeal as follows:

10A NCAC 13F .0310 ELECTRICAL OUTLETS

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Recodified from Rule .0308 Eff. July 1, 2004;
Temporary Amendment July 1, 2004;
Amended Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018~~ 2018;
Repealed Eff. January 1, 2025.*

10A NCAC 13F .0311 is proposed for reoption with substantive changes as follows:

10A NCAC 13F .0311 OTHER REQUIREMENTS

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(b) ~~There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions.~~
~~In addition, the~~ The following shall apply to heaters and cooking appliances-appliances:

- (1) ~~Built in~~ built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room ~~furnishings.~~ furnishings:
- (2) ~~Unvented~~ unvented fuel burning room heaters and portable electric heaters are ~~prohibited.~~ prohibited:
- (3) ~~Fireplaces,~~ fireplaces, ~~fireplace inserts~~ inserts, and wood stoves shall be designed ~~or~~ and installed so as to avoid a burn hazard to residents. ~~Fireplace inserts and wood stoves shall be U.L. listed.~~ listed:
- (4) ~~Ovens, ranges and the power supply for ovens, ranges, microwaves, cook tops~~ tops, and other domestic cooking appliances located in resident activity or recreational areas ~~shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.~~ shall have a locking feature provided that shall be controlled by staff. These appliances shall not be used except under facility staff supervision.
- (5) ~~Ovens, ranges and the power supply for ovens, and ranges, microwaves, cook tops~~ tops, and other domestic cooking appliances located in resident rooms shall have a locking feature provided that shall be controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. ~~staff. Each resident shall be assessed by the administrator or their designee to determine the resident's capability to operate the appliances in a safe manner, and the degree of staff supervision necessary to ensure safe operation of the appliances.~~

(c) ~~Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).~~ The facility shall have heating and cooling systems such that environmental temperature controls shall be capable of maintaining temperatures in the facility at 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season.

(d) ~~The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets~~ closets, and ~~soil~~ soiled utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (~~38 degrees C~~) and shall not exceed 116 degrees F (~~46.7 degrees C~~). F. The requirements of this Paragraph shall apply to new and existing facilities.

- (e) ~~All multi-story~~ Multi-story facilities shall be equipped with elevators.
- (f) In addition to the required emergency lighting, minimum lighting shall be as follows:
- (1) 30 foot-candle power for ~~reading; reading; and~~
 - (2) 10 foot-candle power for general ~~lighting; and lighting.~~
 - (3) ~~1 foot candle power at the floor for corridors at night.~~
- (g) The spaces listed in this Paragraph shall ~~be provided with~~ have an exhaust ventilation system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors: at the rate of two cubic feet per minute per square foot. foot of floor area. This requirement does not apply to facilities licensed before April 1, 1984, ~~with natural ventilation in these specified spaces:~~
- (1) soiled linen storage;
 - (2) ~~soil~~ soiled utility room;
 - (3) bathrooms and toilet rooms;
 - (4) housekeeping closets; and
 - (5) laundry area.
- (h) In facilities licensed for ~~7-12-7 to 12~~ residents, ~~an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.~~ there shall be an electrically operated call system meeting the following requirements:
- (1) the call system shall connect residents' bedrooms and bathrooms to the live-in staff bedroom. Where there are no live-in staff for the facility, the call system shall connect residents' bedrooms and bathrooms to a location accessible to staff;
 - (2) residents' bedrooms shall have a resident call system activator at the resident's bed;
 - (3) the resident call system activator shall be within reach of a resident lying on the bed;
 - (4) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin; and
 - (5) when activated, the call system shall activate an audible and visual signal in the live-in staff bedroom, in a location accessible to staff, or register with the floor staff.
- (i) In ~~newly~~ licensed facilities without live-in staff, ~~an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.~~ there shall be an electrically operated call system meeting the following requirements:
- (1) the call system shall connect residents' bedrooms and bathrooms to a location accessible to staff;
 - (2) residents' bedrooms shall have a resident call system activator at the resident's bed;
 - (3) the resident call system activator shall be within reach of a resident lying on the bed;

(4) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin; and

(5) when activated, the call system shall activate an audible and visual signal in a location accessible to staff.

(j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices.

~~(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.~~

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Recodified from Rule .0309 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005- 2005;
Readopted Eff. January 1, 2025.*

10A NCAC 13F .0801 is proposed for readoption with substantive changes as follows:

SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN

10A NCAC 13F .0801 RESIDENT ASSESSMENT

~~(a) An adult care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.~~

~~(b)(a) The facility shall assure complete an assessment of each resident ~~is completed~~ within 30 days following admission and at least annually thereafter thereafter. using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.~~

(b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed in accordance with Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment instrument established by the Department shall include the following:

- (1) resident identification and demographic information;
- (2) current diagnoses;
- (3) current medications;
- (4) the resident's ability to self-administer medications;
- (5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating;
- (6) mental health history;
- (7) social history;
- (8) mood and behaviors;
- (9) nutritional status, including specialized diet or dietary needs;
- (10) skin integrity;
- (11) memory, orientation and cognition;
- (12) vision and hearing;
- (13) speech and communication;
- (14) assistive devices needed; and
- (15) a list of and contact information for health care providers or services used by the resident.

The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicare/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf at no cost.

(c) When a facility identifies a change in a resident's baseline condition based upon the factors listed in Subparagraph (1)(A) through (M) of this Paragraph, the facility shall monitor the resident's condition for no more than 10 days to determine if a significant change in the resident's condition has occurred. For the purposes of this rule, "significant change" means a major decline or improvement in a resident's status related to factor in Subparagraph (1)(A) through (M) of this Paragraph. The facility shall assure conduct an assessment of a resident is completed within 10 three days following after the facility identifies that a significant change in the resident's baseline condition has occurred. The facility shall use using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:

- (1) Significant change is one or more of the following:

- (A) ~~deterioration in two or more activities of daily living;~~ living including bathing, dressing, personal hygiene, toileting, or eating;
 - (B) ~~change in ability to walk or transfer;~~ transfer, including falls if the resident experiences repeated falls on the same day, recurrent falls overall several days to weeks, new onset of falls not attributed to a readily identifiable cause, or a fall with consequent change in neurological status, or findings suggesting a possible injury;
 - (C) ~~change in the ability to use one's hands to grasp small objects;~~ Pain worsening in severity, intensity, or duration, and/or occurring in a new location, or new onset of pain associated with trauma;
 - (D) ~~deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic;~~ change in the pattern of usual behavior, new onset of resistance to care, abrupt onset or progression of significant agitation or combative behavior, deterioration in affect or mood, or violent or destructive behaviors directed at self or others.
 - (E) no response by the resident to the ~~treatment~~ intervention for an identified problem;
 - (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;
 - (G) ~~threat to life such as stroke, heart condition, or metastatic cancer;~~ when a resident has been enrolled in hospice;
 - (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or ~~higher;~~ any pressure ulcer determined to be greater than Stage II;
 - (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being; ~~well-being such as initial diagnosis of Alzheimer's disease or diabetes;~~
 - (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer meets the resident's needs; ~~matches what is needed;~~
 - (K) new onset of impaired decision-making;
 - (L) continence to incontinence or indwelling catheter; or
 - (M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident.
- (2) Significant change ~~is not any of~~ does not include the following:
- (A) changes that suggest slight upward or downward movement in the resident's status;
 - (B) changes that resolve with or without intervention;
 - (C) changes that arise from easily reversible causes;
 - (D) an acute illness or episodic ~~event;~~ event. For the purposes of this Rule "acute illness" means symptoms or a condition that develops quickly and is not a part of the resident's baseline physical health or mental health status;

- (E) an established, predictive, cyclical pattern; or
- (F) steady improvement under the current course of care.

(d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other ~~appropriate~~ licensed health professional ~~such as a mental health professional, nurse practitioner, physician assistant or registered nurse in a timely manner consistent with the resident's condition but~~ no longer than ~~10~~ three days from the date of the significant change, change assessment, and document the referral in the resident's record. Referral shall be made immediately when significant changes are identified that pose an immediate risk to the health and safety of the resident, other ~~residents~~ residents, or staff of the facility.

(e) The assessments required in Paragraphs (a) ~~(b)~~ and (c) of this Rule shall be completed and signed by the person designated by the administrator to perform resident assessments.

*History Note: Authority G.S. 131D-2.16; 131D-4.4; 131D-4.5; 143B-165;
 Temporary Adoption Eff. January 1, 1996;
 Eff. May 1, 1997;
 Temporary Amendment Eff. September 1, 2003; July 1, 2003;
 Amended Eff. July 1, 2005; June 1, ~~2004~~ 2004;
Readopted Eff. March 1, 2025.*

10A NCAC 13F .0802 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .0802 RESIDENT CARE PLAN

(a) ~~An adult care home~~ The facility shall assure a care plan is developed ~~develop and implement a care plan~~ for each resident ~~in conjunction with~~ based on the resident ~~resident's~~ assessment to be completed within 30 days following admission according to in accordance with Rule .0801 of this Section. ~~The care plan is an individualized, written program of personal care for each resident.~~ shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan.

(b) ~~The care plan shall be revised as needed based on further assessments of the resident according to Rule .0801 of this Section.~~ The resident shall be offered the opportunity to participate in the development of his or her care plan. If the resident is unable to participate in the development of the care plan due to cognitive impairment, the responsible person shall be offered the opportunity to participate in the development of the care plan.

(c) The care plan shall include the following:

- (1) ~~a statement of the care or service to be provided based on the assessment or reassessment; and~~ description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Subchapter;

- ~~(2) frequency of the service provision. Services or tasks to be performed;~~
- ~~(3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Subchapter;~~
- ~~(4) licensed health professional tasks required according to Rule .0903 of this Subchapter;~~
- ~~(5) a dated signature of the assessor upon completion; and~~
- ~~(6) a dated signature of the resident's physician or physician extender within 15 days of completion of the care plan certifying the resident as being under this physician's care with medical diagnoses justifying the tasks specified in the care plan. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid. The activities of daily living relevant to the Medicaid State Plan Personal Care Services Assessment are bathing, dressing, mobility, toileting, and eating.~~

~~(d) The assessor shall sign the care plan upon its completion.~~

~~(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:~~

- ~~(1) the resident is under the physician's care; and~~
- ~~(2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.~~

~~(d) If the resident received home health or hospice services, the facility shall communicate with the home health or hospice agency to coordinate care and services to ensure the resident's needs are met.~~

~~(c) The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance abuse use services includes resident specific instructions regarding how to contact that provider, including emergency contact, and after-hours contacts. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance abuse use services in accordance with Rule .0801(d) of this Subchapter.~~

~~(f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section.~~

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165;
 Temporary Adoption Eff. January 1, 1996;
 Eff. May 1, 1997;
 Temporary Amendment Eff. September 1, 2003; July 1, 2003;
 Amended Eff. July 1, 2005; June 1, 2004. 2004;
 Readopted Eff. March 1, 2025.*

10A NCAC 13F .1304 is proposed for readoption with substantive changes as follows:

**10A NCAC 13F .1304 SPECIAL CARE UNIT ~~BUILDING~~ PHYSICAL ENVIRONMENT
REQUIREMENTS**

In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements:

(a) For facilities licensed prior to January 1, 2025, the following shall apply:

- (1) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the Division of Health Service Regulation for review and approval.
- (2) If the special care unit is a portion of a facility, it shall be separated from the rest of the building by closed doors.
- (3) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices.
- (4) Where exit doors are not locked, a system of security monitoring shall be provided.
- (5) The unit shall be located so that other residents, staff and visitors do not have to routinely pass through the unit to reach other areas of the building.
- (6) At a minimum the following service and storage areas shall be provided within the special care unit: staff work area, nourishment station for the preparation and provision of snacks, lockable space for medication storage, and storage area for the residents' records.
- (7) Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident and may be used as an activity area.
- (8) Direct access from the facility to a secured outside area shall be provided.
- (9) A toilet and hand lavatory shall be provided within the unit for every five residents.
- (10) A tub and shower for bathing of residents shall be provided within the unit.
- (11) Use of potentially distracting mechanical noises such as loud ice machines, window air conditioners, intercoms and alarm systems shall be minimized or avoided.

(b) For facilities licensed on or after January 1, 2025, the following shall apply:

- (1) A special care unit that is part of an adult care home shall meet licensure rules for adult care homes contained in Rules .0301-.0311 of this Subchapter with the following exceptions: 13F .0305(e)(3), 13F .0305(f)(1), 13F .0305(f)(4), 13F .0305(h)(3), 13F .0305(k), and 13F .0305(l).
- (2) The unit, if part of an adult care home, shall be separated from the rest of the facility by walls and closed doors.
- (3) The unit, if part of an adult care home, shall be located so that other residents, staff, and visitors will not have to pass through the unit to reach other areas of the facility.
- (4) Unit exit doors shall be locked with locking devices meeting the requirements outlined in the North Carolina State Building Code for special locking arrangements.
- (5) Unit exit doors shall have a sounding device that is activated when the door is opened per Rule 13F .0305(h)(4).

- (6) Operable exterior windows shall be equipped with mechanisms to limit window openings to no less than four inches and no greater than six inches to minimize the chance of elopement.
- (7) There shall be direct access from the unit to a secured outside area located on the same level as the unit.
- (8) Fences used to enclose the secured outside area shall be at least six feet high and shall be constructed to prevent residents' ability to climb over the fence.
- (9) The following service and storage areas shall be provided within the special care unit:
- (A) a staff work area;
 - (B) a staff bathroom;
 - (C) a nourishment station for the preparation and provision of snacks. The nourishment station shall be provided with a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (D) lockable space for medication storage;
 - (E) storage area for the residents' records;
 - (F) separate storage room or area shall be provided for the storage of soiled linens, and
 - (G) a housekeeping closet, with mop sink or mop floor receptor.
- (10) The living room and dining room/dining area may be sized per Rules 13F .0305(b) and 13F .0305(c) or may be combined for a minimum of 30 square feet per resident. The combined space may be used as an activity area.
- (11) The unit shall have a central bathing area meeting the following:
- (A) a door of three feet minimum width;
 - (B) a roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the facility, the central bathing area is not required to have a roll-in shower;
 - (C) a bathtub, a manufactured walk-in tub or a similar manufactured bathtub designed for easy transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides. Staff shall not be required to reach over or through the tub faucets and other fixture fittings to assist the resident in the tub;
 - (D) a toilet and a lavatory trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade handles shall not be less than four and

one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and

(E) individual cubicle curtains shall enclose each toilet, bathtub, manufactured walk-in tub or similar manufactured bathtub, and shower.

(12) If each resident bedroom has direct access to a bathroom equipped with a shower meeting the requirements of Rule 13F .0305(e)(7)(B), the shower required by this rule is not required to be provided in the unit.

(13) Fire extinguishers required by Rule 13F .0308(a) shall be secured in a manner acceptable to the local Fire Marshal to prevent access by residents.

*History Note: Authority G.S. 131D-2.16; 131D-4.5; 131D-4.6; 131D-8; 143B-165;
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, ~~2000~~ 2000;
Readopted Eff. January 1, 2025.*

10A NCAC 13F .1501 is proposed for amendment as follows:

SECTION .1501 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

10A NCAC 13F .1501 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES

(a) An adult care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and ~~which that~~ restricts freedom of movement or normal access to one's body, shall be:

- (1) used only in those circumstances in which the resident has medical symptoms for which the resident's physician or physician extender has determined that warrant the use of restraints and not for discipline or convenience purposes;
- (2) used only with a written order from a physician or physician extender except in ~~emergencies,~~ emergencies where the health or safety of the resident is threatened, according to Paragraph ~~(e)~~ (d) of this Rule;
- (3) the least restrictive restraint that would ~~provide safety;~~ provide a safe environment for the resident and prevent physical injury;
- (4) used only after alternatives that would provide ~~safety to~~ a safe environment for the resident to prevent physical injury and prevent a potential decline in the resident's functioning have been tried

and documented by the administrator or their designee in the resident's ~~record.~~ record as being unsuccessful.

- (5) used only after an assessment and care planning process has been completed, except in ~~emergencies,~~ emergencies where the health or safety of the resident is threatened, according to Paragraph (d) of this Rule;
- (6) applied correctly according to the manufacturer's instructions and the physician's or the physician extenders' order; and
- (7) used in conjunction with alternatives in an effort to reduce restraint use. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner.

Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and providing supportive devices such as wedge cushions.

(b) The facility shall ~~ask~~ obtain written consent from the ~~resident or~~ resident, the resident's responsible person, or legal representative ~~if the resident may for the resident to~~ be restrained based on an order from the resident's ~~physician.~~ physician or physician extender. The facility shall inform the ~~resident~~ resident, the resident's responsible person, or legal representative of the reason for the ~~request and~~ request, the benefits of restraint ~~use~~ use, and the negative outcomes and alternatives to restraint use. The resident or the resident's legal representative may accept or refuse restraints based on the information provided. Documentation shall consist of a statement signed by the resident or the resident's legal representative indicating the signer has been informed, the signer's acceptance or refusal of restraint use and, if accepted, the type of restraint to be used and the medical indicators for restraint use.

Note: Potential negative outcomes of restraint use include incontinence, decreased range of motion, decreased ability to ambulate, increased risk of pressure ulcers, symptoms of withdrawal or ~~depression~~ depression, and reduced social contact.

(c) In addition to the requirements in Rules 13F .0801, .0802 and .0903 of this Subchapter regarding assessments and care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph (a)(5) of this Rule shall meet the following requirements:

- (1) The assessment and care planning shall be implemented through a team process with the team consisting of at least a ~~staff~~ supervisor or personal care aide, a registered nurse, the resident and the resident's responsible person or legal representative. If the resident or resident's responsible person or legal representative is unable to participate, there shall be documentation in the resident's record that they were notified and declined the invitation or were unable to attend.
- (2) The assessment shall include consideration of the following:
 - (A) medical symptoms that warrant the use of a restraint;
 - (B) how the medical symptoms affect the resident;

- (C) when the medical symptoms were first observed;
 - (D) how often the symptoms occur;
 - (E) alternatives that have been provided and the resident's response; and
 - (F) the least restrictive type of physical restraint that would provide safety.
- (3) The care plan shall include the following:
- (A) alternatives and how the alternatives will be used prior to restraint use and in an effort to reduce restraint time once the resident is restrained;
 - (B) the type of restraint to be used; and
 - (C) care to be provided to the resident during the time the resident is restrained.
- (d) The following applies to the restraint order as required in Subparagraph (a)(2) of this Rule:
- (1) The order shall indicate:
 - (A) the medical need for the ~~restraint~~; restraint based on the assessment and care plan;
 - (B) the type of restraint to be used;
 - (C) the period of time the restraint is to be used; and
 - (D) the time intervals the restraint is to be checked and released, but no longer than every 30 minutes for checks and no longer than two hours for releases.
 - (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify the resident's physician or physician extender of the order within seven days.
 - (3) The restraint order shall be updated by the resident's physician or physician extender at least every three months following the initial order.
 - (4) If the resident's physician changes, the physician or physician extender who is to attend the resident shall update and sign the existing order.
 - (5) In ~~emergency situations~~, an emergency, where the health or safety of the resident is threatened, the administrator or ~~administrator in charge~~ their designee, shall make the determination relative to the need for a restraint and its type and duration of use until a physician or physician extender is contacted. Contact with a physician shall be made within 24 hours and documented in the resident's record. For the purpose of this Rule, an "emergency" means a situation where there is a certain risk of physical injury or death to a resident.
 - (6) The restraint order shall be kept in the resident's record.
- (e) All instances of the use of physical restraints and alternatives shall be documented by the facility in the resident's record and include the following:
- (1) restraint alternatives that were provided and the resident's response;
 - (2) type of restraint that was used;
 - (3) medical symptoms warranting restraint use;
 - (4) the time the restraint was applied and the duration of restraint use;
 - (5) care that was provided to the resident during restraint use; and
 - (6) behavior of the resident during restraint use.

(f) Physical restraints shall be applied only by staff who have received training on the use of alternatives to physical restraint use and on the care of residents who are physically restrained according to Rule .0506 of this Subchapter and have been validated on ~~restraint use~~ the care of residents who are physically restrained and the use of care practices as alternative to restraints according to Rule .0504 of this Subchapter.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Temporary Adoption Eff. July 1, 2004;
Temporary Adoption Expired March 12, 2005;
Eff. June 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018- 2018;
Amended Eff. January 1, 2025.*

10A NCAC 13F .1601 is proposed for readoption with substantive changes as follows:

SECTION .1600 – STAR RATED CERTIFICATES

10A NCAC 13F .1601 SCOPE DEFINITIONS

~~(a) This Section applies to all licensed adult care homes for seven or more residents that have been in operation for more than one year.~~

~~(b) As used in this Section a "rated certificate" means a certificate issued to an adult care home on or after January 1, 2009 and based on the factors contained in G.S. 131D-10.~~

(a) As used in this Section, the following definitions shall apply:

- (1) “Demerits” means points which are subtracted from a facility’s star rating calculation as set forth in the requirements of Rule .1604 of this Section.
- (2) “Merits” means points which are added to a facility’s star rating calculation as set forth in the requirements of Rule .1604 of this Section.
- (3) “Standard deficiency” means a citation issued by the Division of Health Service Regulation to a facility for failure to comply with licensure rules and statutes governing adult care homes and the non-compliance does not meet the criteria for a Type A1, Type A2 or Type B violation defined in G.S. 131D-34.
- (4) “Star rated certificate” means a certificate issued by the Division of Health Service Regulation that includes a numerical score and corresponding number of stars issued to an adult care home based on the factors contained in G.S. 131D-10.
- (5) “Star rating” means the numerical score and corresponding number of stars a facility receives based on the factors contained in G.S. 131D-10.

- (6) “Star rating worksheet” means a document issued by the Division of Health Service Regulation which demonstrates how a facility’s star rating was calculated.
- (7) “Type A1 violation” means the term as defined in G.S. 131D-34.
- (8) “Type A2 violation” means the term as defined in G.S. 131D-34.
- (9) “Type B violation” means the term as defined in G.S. 131D-34.

*History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008-2008;
Readopted Eff. August 1, 2025.*

10A NCAC 13F .1602 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .1602 ISSUANCE OF ~~RATED CERTIFICATES~~ A STAR RATING

- (a) A star rated certificate and worksheet shall be issued to a facility by the Division of Health Service Regulation within 45 days ~~completion of a new rating calculation pursuant to Rule .1604 of this Subchapter.~~ from the date that the Division mails the survey or inspection report to the facility, except when a timely request has been made by the facility under G.S. 131D-2.11 for informal dispute resolution. If a facility makes a timely request for informal dispute resolution, the Division of Health Service Regulation shall issue a star rating to the facility within 15 days from the date the Division mails the informal dispute decision to the facility.
- (b) If the ownership of the facility changes, the ~~rated certificate~~ star rating in effect at the time of the change of ownership shall remain in effect until the next annual or biennial survey or until a new certificate is issued pursuant to Rule .1604(b) of this Subchapter.
- (c) The star rated certificate and ~~any~~ worksheet the Division used to calculate the ~~rated certificate~~ rating shall be displayed in a location visible to the public.
- (d) The star rating worksheet shall be posted on the Division of Health Service Regulation website.
- ~~(d)~~ (e) The facility may contest the ~~rated certificate~~ star rating by requesting a contested case hearing pursuant to Article 3 of G.S. 150B. The star rating ~~rated certificate~~ and any subsequent ~~certificates~~ star ratings shall remain in effect during any contested case hearing process.

*History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008- 2008;
Readopted Eff. August 1, 2025.*

10A NCAC 13F .1603 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .1603 STATUTORY AND RULE REQUIREMENTS AFFECTING STAR RATED CERTIFICATES

The following Statutes and Rules comprise the standards that contribute to rated certificates:

- (1) G.S. 131D-21 Resident's Rights;
- (2) ~~10A NCAC 13F Section .0300 Physical Plant Requirements; Plant;~~
- (3) ~~Section .0400 Staff Qualifications;~~
- (3)(4) ~~10A NCAC 13F Section .0700 Admission and Discharge Requirements; Discharge;~~
- (4)(5) ~~10A NCAC 13F Section .0800 Resident Assessment and Care Plan;~~
- (5)(6) ~~10A NCAC 13F Section .0900 Resident Care and Services;~~
- (6)(7) ~~10A NCAC 13F Section .1000 Medication Management; Medications;~~
- (7)(8) ~~10A NCAC Section 13F .1300 Special Care Units for Alzheimer's and Related Disorders;~~
- (8) ~~10A NCAC 13F .1400 Special Care Units for Mental Health Disorders; and~~
- (9) ~~10A NCAC 13F Section .1500 Use of Physical Restraints and Alternatives; Alternatives; and~~
- (10) ~~Section .1800 Infection Prevention and Control.~~

*History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008; 2008;
Readopted Eff. August 1, 2025.*

10A NCAC 13F .1604 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .1604 RATING CALCULATION

(a) Ratings shall be based on:

- (1) Inspections completed pursuant to G.S. ~~131D-2(b)(1a)~~; 131D-2.11(a) and (a1);
- (2) Statutory and Rule requirements listed in Rule .1603 of this Section;
- (3) Type A A1, Type A2, or uncorrected Type B penalty violations identified pursuant to G.S. 131D-34; and
- (4) Other items listed in Subparagraphs (c)(1) and (c)(2) of this Rule.

(b) The initial rating a facility receives shall remain in effect until the next inspection. If an activity occurs which results in the assignment of additional merit or demerit points, a new certificate shall be issued pursuant to Rule .1602(a) of this Section.

(c) The rating shall be based on a 100 point scale. Beginning with the initial rating and repeating with each annual or biennial inspection, the facility shall be assigned 100 points and shall receive merits or demerits, which shall be added or subtracted from the 100 points, respectively. The merits and demerits shall be assigned as follows:

- (1) Merit Points
 - (A) If the facility corrects ~~violations~~ a standard deficiency of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, ~~which are not related to the identification of a Type A violation or an uncorrected Type B violation~~, the facility shall receive 1.25 merit points for each corrected deficiency;

- (B) ~~If the facility receives citations on its annual inspection with no Type A or Type B violations and the rating from the annual inspection is one or zero stars the facility may request Division of Health Service Regulation to conduct a follow up inspection not less than 60 days after the date of the annual inspection. A follow up inspection shall be completed depending upon the availability of Division of Health Service Regulation staff. As determined by the follow up review, the facility shall receive 1.25 merit points for each corrected deficiency; If the facility corrects a citation for which a Type B violation was identified, the facility shall receive 1.75 merit points;~~
- (C) ~~If the facility corrects the citation for which a Type A violation was identified, the facility shall receive 2.5 merit points and shall receive an additional 2.5 merit points following the next annual inspection if no further Type A violations are identified; If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.75 merit points;~~
- (D) ~~If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.25 merit points; If the facility corrects the citation for which a Type A1 or Type A2 violation was identified, the facility shall receive 5 merit points;~~
- ~~(E) If the facility corrects a previously uncorrected Type A1 or Type A2 violation, the facility shall receive 5 merit points;~~
- ~~(E)(F)~~ If the facility's admissions have been suspended, the facility shall receive 5 merit points if the suspension is removed;
- ~~(G) If the facility's license is restored to a full license after being downgraded to a provisional license, the facility shall receive 5 merit points;~~
- ~~(F)(H)~~ If the facility participates in any quality improvement program pursuant to G.S. 131D-10, the facility shall receive 2.5 merit points;
- ~~(G) If the facility receives NC NOVA special licensure designation, the facility shall receive 2.5 merit points;~~
- ~~(I) If the facility establishes an ongoing resident council which meets at least quarterly, the facility shall receive .5 merit point;~~
- ~~(J) If the facility establishes an ongoing family council which meets at least quarterly, the facility shall receive .5 merit point;~~
- ~~(K) If the facility's designated on-site staff member who directs the facility's infection control activities in accordance with G.S. 131D-4.4A has completed the "Infection Control in Long Term Care Facilities" course offered by the University of North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) every two years, the facility shall receive .5 merit point.~~
- ~~(H)(L)~~ ~~On or after the effective date of this Rule, if~~ If the facility permanently installs a generator or has a contract with a generator provider to provide emergency power for essential functions of the facility, the facility shall receive 2 merit points. For purposes of this

~~Section, Rule,~~ essential functions mean those functions necessary to maintain the health or safety of residents during power outages greater than 6 ~~hours.~~ hours and include the fire alarm system, heating, lighting, refrigeration for medication storage, minimal cooking, elevators, medical equipment, computers, door alarms, special locking systems, sewage and well operation where applicable, sprinkler system, and telephones. If the facility has an existing permanently installed generator or an existing contract with a generator provider, the facility shall receive 1 merit point for maintaining the generator in working order or continuing the contract with a generator provider; ~~and~~

~~(H)(M)~~ ~~On or after the effective date of this Rule, if~~ If the facility installs automatic sprinklers in compliance with the North Carolina Building Code, and maintains the system in working order, the facility shall receive 3 merit points. If the facility has an existing automatic sprinkler, the facility shall receive 2 merit points for subsequent ratings for maintaining the automatic sprinklers in ~~good working order.~~ order; and

~~(N)~~ If the facility engages the services of a third-party company to conduct resident and family satisfaction surveys at least annually for the purpose of improving resident care, the facility shall receive 1 merit point. Resident and family satisfaction surveys shall not be conducted by any employees of the facility, or a third-party company affiliated with the facility. The satisfaction survey results shall be made available upon request and in a location accessible to residents and visitors in the facility.

(2) Demerit Points

(A) For each standard deficiency citation of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, the facility shall receive a demerit of 2 points. The facility shall receive demerit points only once for citations in which the findings are identical to those findings used for another citation;

(B) For each citation of a ~~Type A~~ A1 or Type A2 violation, the facility shall receive a demerit of 10 ~~points;~~ points, and if the Type A1 or Type A2 violation remains uncorrected as result of a follow-up inspection, the facility shall receive an additional demerit of 10 points;

(C) For each citation of a Type B violation, the facility shall receive a demerit of 3.5 points and if the Type B violation remains uncorrected as the result of a follow-up inspection, the facility shall receive an additional demerit of 3.5 points;

(D) If the facility's admissions are suspended, the facility shall receive a demerit of 10 points; however, if the facility's admissions are suspended pursuant to G.S. 131D-4.2, G.S. 131D-2.7, the facility shall not receive any demerit points; and

~~(E)~~ If the facility's license is downgraded to a provisional license pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 10 points;

~~(E)(F)~~ If the facility receives a notice of revocation against its license, license pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 31 ~~points.~~ points; and

(G) If the facility's license is summarily suspended pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 31 points.

(d) Facilities shall be given a rating of zero to four stars depending on the score assigned pursuant to Paragraph (a), (b) or (c) of this Rule. Ratings shall be assigned as follows:

- (1) Four stars shall be assigned to any facility whose score is 100 points or greater on two consecutive annual or biennial inspections;
- (2) Three stars shall be assigned for scores of 90 to 99.9 points, or for any facility whose score is 100 points or greater on one annual or biennial inspection;
- (3) Two stars shall be assigned for scores of 80 to 89.9 points;
- (4) One star shall be assigned for scores of 70 to 79.9 points; and
- (5) Zero stars shall be assigned for scores of 69.9 points or lower.

*History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, ~~2008~~ 2008;
Readopted Eff. August 1, 2025.*

10A NCAC 13F .1605 is proposed for re adoption without substantive changes as follows:

10A NCAC 13F .1605 CONTENTS OF STAR RATED CERTIFICATE

(a) The certificate shall contain a rating determined pursuant to Rule .1604 of this Subchapter.

(b) The certificate or accompanying worksheet from which the score is derived shall contain a breakdown of the point merits and demerits by the factors listed in Rules .1603 and .1604(c) of this Subchapter in a manner that the public can determine how the rating was assigned and the factors that contributed to the rating.

~~(c) The certificate shall be printed on the same type of paper that is used to print the facility's license.~~

~~(d)~~(c) The Division of Health Service Regulation shall issue the certificate pursuant to Rule .1602 of this Subchapter.

*History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, ~~2008~~ 2008;
Readopted Eff. August 1, 2025.*

10A NCAC 13G .0206 is proposed for re adoption with substantive changes as follows:

10A NCAC 13G .0206 CAPACITY

- (a) Pursuant to G.S. 131D-2(a)(5), 131D-2.1(5), family care homes may have a capacity of two to six residents. For the purposes of this Rule, “capacity” means the maximum number of residents permitted to live in a licensed family care home in accordance with the North Carolina Building Code and the evacuation capability of each resident.
- (b) The total number of residents shall not exceed the number shown on the license. The license shall indicate the facility’s capacity according to the number of ambulatory and non-ambulatory individuals permitted to live in the home. For the purposes of this Rule, “ambulatory” means the individual is able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency. “Non-ambulatory” means the individual is not able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency.
- (c) A request for an increase in capacity by adding rooms, remodeling remodeling, or without any building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation, Regulation Construction Section and shall include accompanied by two copies of blueprints or floor plans. One plan shall show showing the existing building with the current use of rooms rooms, and the second plan indicating showing the addition, remodeling remodeling, or change in use of spaces spaces, and showing the use of each every room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure.
- (d) When licensed homes facilities increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home facility shall meet all current fire safety regulations.
- (e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation Adult Care Licensure Section if the overall evacuation capability capabilities of the residents changes from and the facility no longer complies with the evacuation capability facility’s licensed capacity as listed on the homes facility’s license, license or of the addition of any non-resident that will be residing within the home. facility. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Health Service Regulation for review of any possible changes that may be required to the building.
- (f) If there is a temporary change in the capacity of the facility due to a resident’s short term illness or condition that renders the resident temporarily non-ambulatory, such as end of life condition, the licensee or the licensee’s designee shall immediately notify the Division of Health Service Regulation Construction Section upon the knowledge of the change in the resident’s ambulatory status to request approval for the resident to temporarily remain in the facility.

*History Note: Authority G.S. 131D-2.4; 131D-2.16; 143B-165;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984; January 1, 1983. 1983.
 Readopted Eff. January 1, 2025.*

10A NCAC 13G .0301 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

~~The physical plant requirements for each A family care home shall be applied as follows~~ meet the following physical plant requirements:

- (1) New construction and ~~existing~~ buildings proposed for use as a Family Care Home shall comply with the requirements of this ~~Section;~~ Section.
- (2) Except where otherwise specified, ~~existing~~ licensed homes or portions of ~~existing~~ licensed homes shall meet the licensure and code requirements in effect at the time of licensure, construction, change in ~~service or service, change in~~ bed count, addition, modification, renovation or alteration; ~~renovation, or alteration. however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost;~~
- (3) ~~In no case shall the requirements for a licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at no cost at the Division of Health Service Regulation, 1800 Umstead Drive, Raleigh, North Carolina 27603.~~
- ~~(3)(4)~~ (4) New additions, alterations, ~~modifications~~ modifications, and repairs shall meet the requirements of this ~~Section;~~ Section.
- ~~(4)~~ ~~Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that exceed minimum requirements;~~
- (5) ~~Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division when the home can effectively demonstrate to the Division's satisfaction, that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the home; and The Division may grant an equivalency to allow alternate methods, procedures, design criteria, or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a facility submits a written equivalency request to the Division that states the following:~~
 - (a) ~~the rule citation and the rule requirement that will not be met because strict conformance with current requirements would be:~~
 - (i) ~~impractical;~~
 - (ii) ~~unable to be met due to extraordinary circumstances;~~
 - (iii) ~~unable to be met due to new programs; or~~
 - (iv) ~~unable to be met due to unusual conditions;~~
 - (b) ~~the justification for the equivalency; and~~
 - (c) ~~how the proposed equivalency meets the intent of the corresponding rule requirement.~~

- (6) ~~Where rules, codes or standards have any conflict, the most stringent requirement shall apply. In determining whether to grant an equivalency request, the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The facility shall maintain a copy of the approved equivalency issued by the Division, and~~
- (7) ~~Where rules, codes or standards have any conflict, the more stringent requirement shall apply.~~

*History Note: Authority G.S. 131D-2.16; 143B –165;
Eff. July 1, 2005–2005;
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0302 is proposed for re adoption with substantive changes as follows:

10A NCAC 13G .0302 DESIGN AND CONSTRUCTION

- (a) ~~Any A building licensed for the first time as a family care home home, or a licensed family care home relicensed after the license is terminated for more than 60 days, shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Codes, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). Code: Residential Code, and Licensed Residential Care Facilities, if applicable, in effect at the time of licensure or relicensure. Applicable volumes of The North Carolina State Building Codes, which are hereby incorporated by reference, including all subsequent amendments and editions, may be purchased from the International Code Council online at <https://shop.iccsafe.org/> at a cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at <https://codes.iccsafe.org/codes/north-carolina>.~~
- (b) ~~New construction, additions, alterations, modifications, and renovations to buildings shall meet the requirements of the North Carolina State Building Code: Residential Code, and Licensed Residential Care Facilities, if applicable, at the time of construction, alteration, modifications, and renovations.~~
- (b) ~~Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.~~
- (c) ~~A family care home shall not offer services for which the home was not planned, constructed, equipped, or maintained.~~
- (e)(d) ~~Any existing A building converted from another use to a family care home shall meet all the requirements of a new facility. Paragraph (a) of this Rule.~~
- (d) ~~Any existing licensed home when the license is terminated for more than 60 days shall meet all requirements of a new home prior to being relicensed.~~

(e) ~~Any existing~~ A licensed home that plans to have new construction, remodeling or physical changes done to the facility shall have drawings submitted by the owner or his appointed representative to the Division of Health Service Regulation for review and approval prior to commencement of the work.

(f) If the building is two stories in height, it shall meet the following requirements:

- (1) ~~Each each~~ Each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for Group R-4 occupancy in the North Carolina State Building ~~Code~~; Codes;
- (2) ~~Aged~~ aged or disabled persons are not to be housed on any floor above or below grade level;
- (3) ~~Required~~ required resident facilities are not to be located on any floor above or below grade level; and
- (4) ~~A a~~ a complete fire alarm ~~system with pull~~ system meeting the requirements of the National Fire Protection Association 72, NFPA 72: National Fire Alarm and Signaling Code, which is hereby incorporated by reference, including all subsequent amendments and editions. Copies of this code may be obtained from the National Fire Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=72>. For the purpose of this Rule, a “complete fire alarm system” is a system that consists of components and circuits arranged to monitor and annunciate the status of fire alarm and supervisory signal-initiating devices and to initiate the appropriate response to those signals. Pull stations shall be installed on each floor at each exit, and ~~sounding~~ Sounding devices which that are audible throughout the building shall be ~~provided~~, provided on each floor. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch ~~center~~, either directly or through a central station monitoring company connection, center that is legally committed to serving the area in which the facility is located. The alarm shall be transmitted either directly to a fire department or through a third-party service that shall transmit the alarm to the fire department. The method used to transmit the alarm shall be in accordance with local ordinances.

(g) The basement and the attic shall not ~~to~~ be used for storage or sleeping.

(h) The ceiling height throughout the family care home shall be at least seven and one-half feet from the floor.

(i) In homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps and ramps between levels are not permitted.

(j) The following shall have door width widths shall be a minimum of two feet and six ~~inches in the kitchen, dining room, living rooms, bedrooms and bathrooms.~~ inches:

- (1) the kitchen;
- (2) dining rooms;
- (3) living rooms;
- (4) bedrooms; and
- (5) bathrooms.

- (k) All windows that are operable shall be maintained operable.
- (l) The local code enforcement official shall be consulted before starting any construction or renovations for information on required permits and construction requirements.
- (m) The building shall meet sanitation requirements as determined by the North Carolina Department of ~~Environment and Natural Resources; Division of Environmental Health.~~ Health and Human Services, Division of Public Health, Environmental Health Section.
- (n) The home shall maintain and have available for review current sanitation and fire ~~and building~~ safety inspection ~~reports which shall be maintained in the home and available for review.~~ reports.

*History Note: Authority G.S. 131D-2.16; 143B-165;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 1990; April 1, 1984; January 1, 1983;
 Temporary Amendment Eff. September 1, 2003;
 Amended Eff. July 1, 2005; June 1, ~~2004.~~ 2004;
 Readopted Eff. January 1, 2025.*

10A NCAC 13G .0305 is proposed for amendment as follows:

10A NCAC 13G .0305 LIVING ROOM

- (a) Family care homes licensed on or after April 1, 1984 shall have a living room or area of at least a minimum of 200 square feet.
- (b) All living rooms or areas shall have at least one operable windows window to meet meeting the North Carolina State Building ~~Code Codes~~ Codes to view outdoors. and be lighted to provide 30 ~~foot-candles foot-candles~~ of light at floor level.

*History Note: Authority G.S. 131D-2.16; 143B-165;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
 Recodified from 10A NCAC 13G .0304 Eff. July 1, 2005;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, ~~2019-2019.~~
 Amended Eff. January 1, 2025.*

10A NCAC 13G .0306 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0306 ~~DINING ROOM~~ DINING ROOM OR DINING AREA

- (a) Family care homes licensed on or after April 1, 1984 shall have a dining room or dining area ~~of at least a minimum of 120 square feet~~. The dining room or dining area may be used for other activities during the day.
- (b) When the dining area is used in combination with a kitchen, an area five feet wide in front of the kitchen, including the sink, kitchen appliances, and any kitchen island used for food preparation, shall be ~~allowed as work space for the kitchen, in front of the kitchen work areas~~. The work space shall not be used as calculations for the required minimum ~~the dining area~~.
- (c) The dining room or dining area shall have at least one operable windows window meeting the North Carolina State Building Codes to view the outdoors, or a door unit with a vision panel directly to the outside. The dining room or dining area shall and be lighted to provide 30 foot-candles foot-candles of light at floor level.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0305 Eff. July 1, 2005-2005;
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0307 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0307 KITCHEN

- (a) The kitchen in a family care home shall be large enough to provide for the preparation and preservation of food and the washing of dishes.
- (b) The cooking unit shall be mechanically ventilated to the outside or be an unvented, recirculating fan provided with ~~any special filter per~~ the type of filter required by manufacturers' instructions for ventless use.
- (c) The kitchen floor shall have a non-slippery water-resistant covering.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Amended Eff. April 22, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Recodified from 10A NCAC 13G .0306 Eff. July 1, 2005-2005;
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0308 is proposed for amendment as follows:

10A NCAC 13G .0308 BEDROOMS

(a) There shall be bedrooms ~~sufficient~~ in number and size to meet the individual needs according to age and sex of the residents, the administrator or supervisor-in-charge, other live-in ~~staff~~ staff, and ~~any~~ other persons living in a family care home. Residents ~~are~~ shall not ~~to~~ share bedrooms with staff or other live-in non-residents.

(b) Only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for bedrooms.

(c) A room where access is through a bathroom, ~~kitchen~~ kitchen, or another bedroom shall not be approved for a resident's bedroom.

~~(d) There shall be a minimum area of 100 square feet, excluding vestibule, closet or wardrobe space, in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two persons. Private resident bedrooms shall provide not less than 100 square feet of net floor area excluding vestibules, closets, or wardrobes. For the purpose of this Rule, net floor area is the actual occupiable area not including unoccupied accessory areas such as vestibules, closets, wardrobes, and bathrooms.~~

~~(e) Semi-private resident bedrooms shall provide not less than 80 square feet of net floor area per bed excluding vestibules, closets, or wardrobes. For the purpose of this Rule, net floor area is the actual occupiable area not including unoccupied accessory areas such as vestibules, closets, wardrobes, and bathrooms.~~

~~(f)~~(f) The total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Health Service Regulation for that particular bedroom.

~~(g)~~(g) A bedroom shall not be occupied by more than two residents.

~~(h)~~(h) ~~Each~~ A resident bedroom ~~must~~ shall have one or more operable windows meeting the requirements of the North Carolina State Building Codes for emergency egress, and be lighted to provide 30 ~~foot-candles~~ foot-candles of light at floor level. The window area shall ~~be equivalent to at least~~ not be less than eight percent of the floor ~~space~~ space, and be equipped with insect-proof screens. ~~The windows~~ Windows in resident bedrooms shall have a maximum of 44 inch sill height.

~~(i)~~(i) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar. A resident bedroom shall provide one closet or wardrobe per resident. Closets or wardrobes shall have clothing storage space of not less than 48 cubic feet per bed, approximately two feet deep by three feet wide by eight feet high, of which one-half of this space shall be for hanging with an adjustable height hanging bar.

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

Eff. January 1, 1977;

Readopted Eff. October 31, 1977;

Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0307 Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February
16, 2019-2019;
Amended Eff. January 1, 2025.

10A NCAC 13G .0309 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0309 BATHROOM

- (a) ~~Adult Family~~ Family care homes licensed on or after April 1, 1984, shall have one full bathroom for ~~each~~ five or fewer ~~persons-persons~~, including live-in ~~staff and family~~ staff. For the purpose of this rule, a full bathroom is a room containing a sink, water closet (commode), and a bathtub, shower, spa tub, or similar bathing fixture.
- (b) ~~The bathrooms shall be designed to provide privacy. A bathroom~~ Bathrooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. ~~Each tub or shower~~ Bathtubs, showers, spas, or similar bathing fixtures shall have privacy partitions or curtains. The requirements of this Paragraph shall apply to new and existing facilities.
- (c) ~~Entrance~~ Entrances to ~~the bathroom~~ bathrooms shall not be through a kitchen, another person's bedroom, or another bathroom.
- (d) ~~The required~~ Required residents' bathrooms shall be located so that there is no more than 40 feet from ~~any residents'~~ a resident's bedroom door to a resident use bathroom door.
- (e) ~~Hand grips shall be installed at all commodes, tubs and showers used by the residents.~~ Water closets (commodes), bathtubs, showers, spas, and similar bathing fixtures shall have hand grips meeting the following requirements:
- (1) be mechanically fastened or anchored to the walls;
 - (2) be located to assist in entering and exiting bathtubs, showers, spas, or similar bathing fixtures; and
 - (3) be within reach of water closets (commodes).
- (f) Nonskid surfacing or strips must be installed in ~~showers and bath areas~~ bathtubs, showers, spas, and similar bathing fixtures.
- (g) ~~The bathrooms~~ Bathrooms shall meet the following requirements:
- (1) be lighted to provide 30 ~~foot-candles~~ foot-candles of light at floor level and have level;
 - (2) have ~~mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area.~~ an exhaust system per the North Carolina State Building Code: Residential Code. These Exhaust vents shall vent directly to the ~~outdoors.~~ outdoors; and
 - (3) have floors that are water-resistant and slip-resistant.
- (h) ~~The bathroom floor shall have a non-slippery water resistant covering.~~

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;

Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; July 1, 1990; April 1, 1984;
Recodified from 10A NCAC 13G .0308 Eff. July 1, 2005-2005;
Readopted Eff. January 1, 2025.

10A NCAC 13G .0312 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS

- (a) In family care homes, ~~all~~ floor levels shall have at least two ~~exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition.~~ outside entrances/exits that are so located and constructed to minimize the possibility that both outside entrances/exits from the home may be blocked by a fire or other emergency condition. Exiting through another resident's bedroom is not permitted.
- (b) At least one outside entrance/exit door shall be a minimum width of three feet and another shall be a minimum width of two feet and eight inches.
- (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has ~~any~~ a resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.
- (d) All ~~exit~~ outside entrance/exit door locks shall be ~~easily operable, operable by a single hand motion, motion~~ from the inside at all times without keys, keys, tools, or special knowledge. Existing ~~deadbolts or deadbolts and~~ turn buttons on the inside of ~~exit doors~~ outside entrances/exit doors, including screen and storm doors, shall be removed or disabled.
- (e) All outside entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.
- (f) All ~~steps, steps, porches, stoops~~ stoops, and ramps shall ~~be provided with~~ have handrails and ~~guardrails, guards.~~ Handrails shall be on both sides of steps and ramps, including sides bordered by the facility wall. Handrails shall extend the full length of steps and ramps. Guards shall be on open sides of steps, porches, stoops, and ramps. For the purposes of this Rule, guards are building components, or a system of building components located at or near the open sides of elevated walking surfaces that minimizes the possibility of a fall from a walking surface to an adjacent change in elevation.
- (g) In homes with at least one resident who is determined by a physician or is otherwise known to be ~~disoriented or a wanderer,~~ each exit door for resident use disoriented or exhibiting wandering behavior, all outside entrance/exit doors shall be equipped with have a continuously sounding device that is activated when the door is opened. The sound shall be ~~of sufficient~~ of such volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be powered by the facility's electrical system, and be located in ~~the bedroom of the person on call, the office area or in a location~~ an area accessible only to staff authorized by the

~~administrator to operate the control panel.~~ to staff. The requirements of this Paragraph shall apply to new and existing facilities.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1987; July 1, 1984; April 1, 1984;
Recodified from 10A NCAC 13G .0311 Eff. July 1, ~~2005~~-2005;
Readopted Eff. January 1, 2025.*

10A NCAC 13G .0313 is proposed for amendment as follows:

10A NCAC 13G .0313 LAUNDRY ROOM

~~The laundry equipment in a family care home shall be located out of the living, dining, and bedroom areas.~~

- (a) Laundry equipment shall be inside family care homes.
- (b) Laundry equipment shall be in a dedicated room or enclosure, and shall be located out of living rooms, dining rooms, dining areas, bathrooms, and bedrooms.
- (c) Laundry equipment shall be on the same floor level as required residents' facilities.
- (d) Laundry equipment shall be accessible to all residents, and shall be maintained operable.

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 2005; April 1, 1984;
Recodified from 10A NCAC 13G .0312 Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, ~~2019~~-2019;
Amended Eff. January 1, 2025.*

10A NCAC 13G .0315 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS

- (a) ~~Each~~ A family care home shall:
 - (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
 - (2) have no ~~chronic unpleasant odors~~; odors that are considered by the residents to be chronic and unpleasant;
 - (3) have furniture ~~clean and in good repair~~; that is clean, safe, and functional.

- (4) have a North Carolina ~~Division of Environmental Health~~ Department of Health and Human Services, Division of Public Health, Environmental Health Section approved sanitation classification at all ~~times;~~ times, which is incorporated by reference including all subsequent amendments. The “Rules Governing the Sanitation of Residential Care Facilities”, 15A NCAC 18A .1600, may be accessed electronically free of charge at <http://ehs.dph.ncdhdh.gov/rules.htm>;
 - (5) be maintained in an uncluttered, ~~clean~~ clean, and orderly manner, free of all obstructions and hazards;
 - (6) have a supply on hand at all times of bath soap, clean towels, washcloths, sheets, pillowcases, blankets, and additional ~~coverings adequate~~ covers for resident ~~use on hand at all times;~~ use;
 - (7) make available the following items as needed through ~~any~~ means other than charge to the personal funds of recipients of State-County Special Assistance:
 - (A) protective ~~sheets~~ mattress covers, and clean, absorbent, ~~soft~~ soft, and smooth mattress pads;
 - (B) ~~bedpans, urinals, hot water bottles, and ice caps;~~ bedpans and urinals; and
 - (C) bedside commodes, walkers, and wheelchairs.
 - (8) have one television and one radio ~~radio,~~ each in good working order;
 - (9) have curtains, ~~draperies~~ draperies, or blinds at windows in resident use areas to provide for resident privacy;
 - (10) have recreational equipment, supplies for games, books, ~~magazines~~ magazines, and a current weekly newspaper available for residents;
 - (11) have a clock that has numbers at least 1½ inches tall in ~~an area commonly used by the residents;~~ the living room or in the dining room or dining room area; and
 - (12) have at least one telephone that does not ~~depend on~~ require electricity or cellular service to operate.
- (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:
- (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped with all accessories required for use shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the ~~home.~~ facility. Each bed is to have the following:
 - (A) at least one pillow with a clean pillow case;
 - (B) a clean top and bottom ~~sheets~~ sheet on the bed, with bed changed ~~as often as necessary but~~ at least once a week; and week and when soiled; and
 - (C) a clean bedspread and other clean coverings as needed.
 - (2) a bedside type table;
 - (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;
 - (4) a wall or dresser mirror that ~~can~~ may be used by each

- (5) a minimum of one ~~comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising;~~ chair that is comfortable as preferred by the resident, which may include a rocking or straight chair, with or without arms, that is high enough for the resident to easily rise without discomfort;
 - (6) additional chairs available, as needed, for use by visitors;
 - (7) individual clean towel, wash cloth, and towel bar within bedroom or adjoining bathroom; and
 - (8) a light overhead of bed with a switch ~~within reach of~~ that may be reached by a person lying on the bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.
- (c) The living room shall have ~~functional living room furnishings for the comfort of aged and disabled persons,~~ that are in good working order and provide comfort as preferred by residents with coverings that are easily cleanable.
- (d) The dining room shall have the following furnishings:
- (1) tables and chairs to seat all residents eating in the dining room; and
 - (2) chairs that are sturdy, non-folding, without rollers unless retractable or on front legs only, and designed to minimize tilting.
- (e) This Rule shall apply to new and existing homes.

*History Note: Authority G.S. 131D-2.16; 143B-165;
 Eff. January 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 2005; September 1, 1987; April 1, 1987; April 1, 1984;
 Recodified from 10A NCAC 13G .0314 Eff. July 1, 2005-2005;
 Readopted Eff. January 1, 2025.*

10A NCAC 13G .0316 is proposed for re-adoption with substantive changes as follows:

10A NCAC 13G .0316 FIRE SAFETY AND ~~DISASTER~~ EMERGENCY PREPAREDNESS PLAN

- (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:
- (1) one five pound or larger (net charge) "A-B-C" type ~~centrally located;~~ located in an area that can be accessed by staff and not stored in rooms with doors or the kitchen;
 - (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and
 - (3) any other location as determined by the ~~code~~ local fire code enforcement official.
- (b) ~~The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L.-listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. The facility shall be provided with smoke detectors in locations as required by the North Carolina State Building Code: Residential Code and Licensed Residential Care~~

Facilities, if applicable. All smoke detectors in the facility shall be hard-wired, interconnected, and provided with battery backup.

(c) Underwriters Laboratories, Incorporated (U.L.) listed heat detectors shall be installed in all attic spaces and in the basement of the facility. Heat detectors shall be hard-wired, interconnected, and connected to a dedicated sounding device located inside the living area of the facility. Heat detectors shall be of the rate of rise type as not to create nuisance alarms and be provided with battery backup.

(e)(d) ~~Any~~ All fire safety requirements required by city ordinances or county building inspectors shall be met.

(4)(c) ~~A~~ The facility shall have a written fire evacuation plan plan. (including a diagrammed drawing) For the purpose of this rule, a written fire evacuation plan is a written document that details the procedures and steps that facility occupants shall follow in a fire or other emergency to ensure safe evacuation while minimizing the risk of injury or loss of life. The written fire evacuation plan shall include a diagram of the facility floor plan which clearly marks all emergency egress and escape routes from the facility. The plan shall have ~~which has~~ the approval of the local fire code enforcement official ~~shall be~~ official. The approved diagram shall be prepared in large legible print and be posted in a central location on each floor. on every floor of the facility in a location visible to staff, residents, and visitors. The fire evacuation plan and diagram shall be reviewed with each resident ~~on~~ upon admission and shall be ~~a part of~~ included in the orientation for all new staff.

(e)(f) There shall be at least four ~~rehearsals~~ unannounced fire drills of the fire evacuation plan each year. every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. ~~Records of rehearsals~~ Documentation of fire drills shall be maintained by the administrator or their designee in the facility and copies furnished to the county department of social services annually. and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The ~~records~~ documentation shall include the date and time of the ~~rehearsals~~, fire drill, the shift, the names of staff members present, and a short description of ~~what the rehearsal involved.~~ drill.

(f) (g) ~~A written disaster plan which has the written approval of, or has been documented as submitted to, the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the home. This written disaster plan requirement shall apply to new and existing homes.~~ Each facility shall develop and implement an emergency preparedness plan to ensure resident health and safety and continuity of care and services during an emergency. The emergency preparedness plan shall include the following:

- (1) Procedures to address the following threats and hazards that may create an emergency for the facility:
 - (A) weather events including hurricanes, tornadoes, ice storms, and extreme heat or cold;
 - (B) fires;
 - (C) utility failures, to include power, water, and gas;
 - (D) equipment failures, to include fire alarm, automatic sprinkler systems, HVAC systems;
 - (E) interruptions in communication including phone service and the internet;

- (F) unforeseen widespread communicable public health and emerging infectious diseases;
- (G) intruders and active assailants; and
- (H) other potential threats to the health and safety of residents as identified by the facility or the local emergency management agency.

(2) The procedures outlined in Subparagraph (g)(1) shall address the following:

- (A) provisions for the care of all residents in the facility before, during, and after an emergency such as required emergency supplies including water, food, resident care items, medical supplies, medical records, medications, medication records, emergency power, and emergency equipment;
- (B) provisions for the care of all residents when evacuated from the facility during an emergency, such as evacuation procedures, procedures for the identification of residents, evacuation transportation arrangements, and sheltering options that are safe and suitable for the resident population served;
- (C) identification of residents with Alzheimer’s disease and related dementias, residents with mobility limitations, and any other residents who may have specialized needs such as dialysis, oxygen, tracheostomy, and gastrostomy feeding tubes, special medical equipment, or accommodations either at the facility or in case of evacuation;
- (D) strategies for staffing to meet the needs of the residents during an emergency and for addressing potential staffing issues;
- (E) Procedures for coordinating and communicating with the local emergency management agency and local law enforcement;

(3) The emergency preparedness plan shall include contact information for state and local resources for emergency response, local law enforcement, facility staff, residents and responsible parties, vendors, contractors, utility companies, and local building officials such as the fire marshal and local health department.

(h) The facility’s emergency preparedness plan shall have the written approval of or documentation that the plan has been submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters.

(i) The facility’s emergency preparedness plan shall be reviewed at least annually and updated as needed by the administrator and shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. Any changes to the plan shall be submitted to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 60 days of the change. For the purpose of this Rule, correction of grammatical or spelling errors do not constitute a change. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(j) The emergency preparedness plan outlined in Paragraph (g) of this Rule shall be maintained in the facility and accessible to staff working in the facility.

(k) Newly licensed facilities and facilities that have changed ownership shall submit an emergency preparedness plan to the local emergency management agency and the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters within 30 days after obtaining the new license. Documentation of submissions shall be maintained at the facility and made available for review upon request to the Division of Health Service Regulation and county department of social services.

(l) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(m) The administrator shall ensure staff are trained on their roles and responsibilities related to emergencies in accordance with the facility's emergency preparedness plan as outlined in Paragraph (g) of this Rule. Staff shall be trained upon employment and annually in accordance with Rule .1211 of this Subchapter.

(n) The facility shall conduct at least one drill per year to test the facility's emergency preparedness plan. The drill may be conducted as a tabletop exercise. The facility shall maintain documentation of the annual drill which shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials.

(o) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate, and shall notify the agencies within four hours of the return of residents to the facility.

(p) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section within four hours or as soon as practicable of the incidence occurring.

(q) If a facility is ordered to evacuate residents by the local emergency management or public health official due to an emergency, the facility shall not re-occupy the building until local building or public health officials have given approval to do so.

(r) In accordance with G.S. 131D-7, if a facility intends to shelter residents from an evacuating adult care home or desires to temporarily increase the facility's licensed bed capacity, the facility shall request a waiver from the Division of Health Service Regulation prior to accepting the additional residents into the facility or as soon as practicable but no later than 48 hours after the facility has accepted the residents for sheltering. The waiver request form can be found on the Division of Health Service Regulation Adult Care Licensure Section website at <https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident>.

(s) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care, supervision, and safety of each resident, including providing required staffing and supplies in accordance with the Rules of this Subchapter. Evacuation to a public emergency shelter should be a last resort, and the decision shall be made in consultation with the local emergency management agency, or the local agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters. If a facility evacuates

residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation Adult Care Licensure Section and the county department of social services within four hours of the decision to evacuate or as soon as practicable.

(t) Where a fire alarm or automatic sprinkler system is out of service, the facility shall immediately notify the fire department, the fire marshal, and the Division of Health Service Regulation Construction Section and, where required by the fire marshal, a fire watch shall be conducted until the impaired system has been returned to service as approved by the fire marshal. The facility will adhere to the instructions provided by the fire marshal related to the duties of staff performing the fire watch. The facility will maintain documentation of fire watch activities which shall be made available upon request to the DHSR Construction Section and fire marshal. The facility shall notify the DHSR Construction Section when the facility is no longer conducting a fire watch as directed by the fire marshal.

(u) This Rule shall apply to new and existing facilities.

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

Eff. January 1, 1977;

Amended Eff. April 22, 1977;

Readopted Eff. October 31, 1977;

Amended Eff. July 1, 2005; July 1, 1990; April 1, 1987; April 1, 1984;

Recodified from 10A NCAC 13G .0315 Eff. July 1, 2005;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 16, 2019; 2019;

Readopted Eff. May 1, 2025.

10A NCAC 13G .0317 is proposed for reoption with substantive changes as follows:

10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.

~~(b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions.~~ Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited.

~~(c) Air conditioning or at least one fan per resident bedroom and living room and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).~~ The facility shall have heating and cooling systems such that environmental temperature controls are capable of maintaining temperatures in the home at 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season.

~~(d) The hot Hot water tank shall be of such size to provide an adequate supply of hot water supplied to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at~~ maintain a

minimum of 100 degrees F (~~38 degrees C~~) and shall not exceed 116 ~~degrees F (46.7 degrees C)~~. degrees F at all fixtures used by or accessible to residents. This requirements of this Paragraph shall apply to new and existing facilities.

(e) All resident areas shall be well lighted for the safety and comfort of the residents. The minimum lighting required is:

- (1) ~~30 foot candle power~~ foot-candles for reading; reading; and
- (2) ~~10 foot candle power~~ foot-candles for general lighting; and lighting.
- (3) ~~1 foot candle power at the floor for corridors at night.~~

(f) ~~Where the bedroom of the live in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed.~~

Where there is live-in staff in a family care home, a hard-wired, electrically operated call system meeting the following requirements shall be provided:

- (1) the call system shall connect residents' bedrooms to the live-in staff bedroom;
- (2) when activated, the resident call shall activate a visual and audible signal in the live-in staff bedroom;
- (3) a resident call system activator shall be in residents' bedrooms at the resident's bed;
- (4) the resident call system activator shall be within reach of a resident lying on the bed; and
- (5) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin.

(g) Fireplaces, fireplace ~~inserts~~ inserts, and wood stoves shall be designed ~~or~~ and installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves must be U.L. listed.

(h) Gas logs may be installed if they are of the vented type, installed according to the manufacturers' installation instructions, approved through the local building ~~department~~ department, and protected by a guard or screen to prevent residents and furnishings from burns.

(i) ~~Alternate methods, procedures, design criteria and functional variations from the requirements of this Rule or other rules in this Section because of extraordinary circumstances, new programs or unusual conditions, shall be approved by the Division when the facility can effectively demonstrate to the Division's satisfaction that the intent of the requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility.~~

(j) ~~This Rule shall apply to new and existing family care homes.~~

*History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984; July 1, 1982;
Temporary Amendment Eff. December 1, 1999;*

Amended Eff. July 1, 2005; July 1, 2000;
Recodified from 10A NCAC 13G .0316 Eff. July 1, 2005-2005;
Readopted Eff. January 1, 2025.

10A NCAC 13G .0318 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0318 OUTSIDE PREMISES

- (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. Creeks, ditches, ponds, pools, and other similar areas shall have safety protection.
- (b) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering ~~freely~~ freely, or be hazardous have sharp edges, rusting posts, or other similar conditions that may cause injury.
- (c) Outdoor stairways and ramps shall be illuminated by no less than five ~~foot-candles~~ foot-candles of light at grade level.
- (d) The requirements of Paragraphs (a) and (b) shall apply to new and existing facilities.

History Note: Authority G.S. 131D-2.16; 143B-165;
Eff. April 1, 1984;
Amended Eff. July 1, 2005; July 1, 1990;
Recodified from 10A NCAC 13G .0317 Eff. July 1, 2005- 2005;
Readopted Eff. January 1, 2025.

10A NCAC 13G .0801 is proposed for readoption with substantive changes as follows:

SECTION .0800 - RESIDENT ASSESSMENT AND CARE PLAN

10A NCAC 13G .0801 RESIDENT ASSESSMENT

- ~~(a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.~~
- ~~(b)~~(a) The facility shall ~~assure~~ complete an assessment of each resident ~~is completed~~ within 30 days following admission and ~~at least annually thereafter~~ thereafter, using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing,

~~personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.~~

(b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed in accordance with Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating. The assessment instrument established by the Department shall include the following:

- (1) resident identification and demographic information;
- (2) current diagnoses;
- (3) current medications;
- (4) the resident's ability to self-administer medications;
- (5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating;
- (6) mental health history;
- (7) social history;
- (8) mood and behaviors;
- (9) nutritional status, including specialized diet or dietary needs;
- (10) skin integrity;
- (11) memory, orientation and cognition;
- (12) vision and hearing;
- (13) speech and communication;
- (14) assistive devices needed; and
- (15) a list of and contact information for health care providers or services used by the resident.

The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf at no cost.

(c) When a facility identifies a change in a resident's baseline condition based upon the factors listed in Subparagraph (1)(A) through (M) of this Paragraph, the facility shall monitor the resident's condition for no more than 10 days to determine if a significant change in the resident's condition has occurred. For the purposes of this rule, "significant change" means a major decline or improvement in a resident's status related to factor in Subparagraph (1)(A) through (M) of this Paragraph. The facility shall assure conduct an assessment of a resident is completed within 10 three days following after the facility identifies that a significant change in the resident's baseline condition has occurred. The

facility shall use ~~using~~ the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:

- (1) Significant change is one or more of the following:
 - (A) deterioration in two or more activities of daily ~~living;~~ living including bathing, dressing, personal hygiene, toileting, or eating;
 - (B) change in ability to walk or ~~transfer;~~ transfer, including falls if the resident experiences repeated falls on the same day, recurrent falls overall several days to weeks, new onset of falls not attributed to a readily identifiable cause, or a fall with consequent change in neurological status, or findings suggesting a possible injury;
 - (C) ~~change in the ability to use one's hands to grasp small objects;~~ Pain worsening in severity, intensity, or duration, and/or occurring in a new location, or new onset of pain associated with trauma;
 - (D) ~~deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic;~~ change in the pattern of usual behavior, new onset of resistance to care, abrupt onset or progression of significant agitation or combative behavior, deterioration in affect or mood, or violent or destructive behaviors directed at self or others.
 - (E) no response by the resident to the ~~treatment~~ intervention for an identified problem;
 - (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;
 - (G) ~~threat to life such as stroke, heart condition, or metastatic cancer;~~ when a resident has been enrolled in hospice;
 - (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or ~~higher;~~ any pressure ulcer determined to be greater than Stage II;
 - (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being; ~~well-being such as initial diagnosis of Alzheimer's disease or diabetes;~~
 - (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer meets the resident's needs; ~~matches what is needed;~~
 - (K) new onset of impaired decision-making;
 - (L) continence to incontinence or indwelling catheter; or
 - (M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident.
- (2) Significant change ~~is not any of~~ does not include the following:
 - (A) changes that suggest slight upward or downward movement in the resident's status;
 - (B) changes that resolve with or without intervention;
 - (C) changes that arise from easily reversible causes;

- (D) an acute illness or episodic ~~event; event~~. For the purposes of this Rule “acute illness” means symptoms or a condition that develops quickly and is not a part of the resident’s baseline physical health or mental health status;
- (E) an established, predictive, cyclical pattern; or
- (F) steady improvement under the current course of care.

(d) If a resident experiences a significant change as defined in Paragraph (c) of this Rule, the facility shall refer the resident to the resident's physician or other ~~appropriate~~ licensed health professional ~~such as a mental health professional, nurse practitioner, physician assistant or registered nurse in a timely manner consistent with the resident's condition but~~ no longer than ~~10~~ three days from the date of the significant change, change assessment, and document the referral in the resident's record. Referral shall be made immediately when significant changes are identified that pose an immediate risk to the health and safety of the resident, other ~~residents~~ residents, or staff of the facility.

(e) The assessments required in Paragraphs (a) (b) and (c) of this Rule shall be completed and signed by the person designated by the administrator to perform resident assessments.

*History Note: Authority G.S. 131D-2.16; 131D-4.4; 131D-4.5; 143B-165;
 Temporary Adoption Eff. January 1, 1996;
 Eff. May 1, 1997;
 Temporary Amendment Eff. December 1, 1999;
 Amended Eff. July 1, 2000;
 Temporary Amendment Eff. September 1, 2003;
 Amended Eff. July 1, 2005; ~~June 1, 2004.~~ 2004;
Readopted Eff. March 1, 2025.*

10A NCAC 13G .0802 is proposed for re-adoption with substantive changes as follows:

10A NCAC 13G .0802 RESIDENT CARE PLAN

(a) ~~A family care home~~ The facility shall assure a care plan is developed ~~develop and implement a care plan for each resident in conjunction with~~ based on the resident ~~resident’s~~ assessment to be completed within 30 days following admission according to in accordance with Rule .0801 of this Section. ~~The care plan shall be an individualized, written program of personal care for each resident.~~ resident-centered and include the resident’s preferences related to the provision of care and services. A copy of each resident’s current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan.

(b) ~~The care plan shall be revised as needed based on further assessments of the resident according to Rule .0801 of this Subchapter.~~ The resident shall be offered the opportunity to participate in the development of his or her care plan. If the resident is unable to participate in the development of the care plan due to cognitive impairment, the responsible person shall be offered the opportunity to participate in the development of the care plan.

(c) The care plan shall include the following:

- (1) ~~a statement of the care or service to be provided based on the assessment or reassessment; and~~ description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Subchapter;
- (2) ~~frequency of the service provision.~~ services or tasks to be performed;
- (3) ~~revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this~~ Subchapter;
- (4) ~~licensed health professional tasks required according to Rule .0903 of this Subchapter;~~
- (5) ~~a dated signature of the assessor upon completion; and~~
- (6) ~~a dated signature of the resident's physician or physician extender within 15 days of completion of~~ the care plan certifying the resident as being under this physician's care with medical diagnoses justifying the tasks specified in the care plan. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid. The activities of daily living relevant to the Medicaid State Plan Personal Care Services Assessment are bathing, dressing, mobility, toileting, and eating.

~~(d) The assessor shall sign the care plan upon its completion.~~

~~(e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment:~~

- ~~(1) the resident is under the physician's care; and~~
- ~~(2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.~~

~~(d) If the resident received home health or hospice services, the facility shall communicate with the home health or hospice agency to coordinate care and services to ensure the resident's needs are met.~~

~~(c)~~ The facility shall assure that the care plan for each resident who is under the care of a provider of mental health, developmental disabilities or substance ~~abuse~~ use services includes ~~resident-specific~~ instructions regarding how to contact that provider, including emergency ~~contact~~ and after-hours contacts. Whenever significant behavioral changes described in Rule .0801(c)(1)(D) of this Subchapter are identified, the facility shall refer the resident to a provider of mental health, developmental disabilities or substance ~~abuse~~ use services in accordance with Rule .0801(d) of this Subchapter.

~~(f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section.~~

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165;
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. January 1, 2001;*

Temporary Amendment Expired October 13, 2001;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. July 1, 2005; June 1, 2004; 2004;
Readopted Eff. March 1, 2025.

10A NCAC 13G .1601 is proposed for readoption with substantive changes as follows:

SECTION .1600 – STAR RATED CERTIFICATES

10A NCAC 13G .1601 SCOPE DEFINITIONS

~~(a) This Section applies to all licensed family care homes for two to six residents that have been in operation for more than one year.~~

~~(b) As used in this Section a "rated certificate" means a certificate issued to a family care home on or after January 1, 2009 and based on the factors contained in G.S. 131D-10.~~

(a) As used in this Section, the following definitions shall apply:

- (1) “Demerits” means points which are subtracted from a facility’s star rating calculation as set forth in the requirements of Rule .1604 of this Section.
- (2) “Merits” means points which are added to a facility’s star rating calculation as set forth in the requirements of Rule .1604 of this Section.
- (3) “Standard deficiency” means a citation issued by the Division of Health Service Regulation to a facility for failure to comply with licensure rules and statutes governing adult care homes and the non-compliance does not meet the criteria for a Type A1, Type A2 or Type B violation defined in G.S. 131D-34.
- (4) “Star rated certificate” means a certificate issued by the Division of Health Service Regulation that includes a numerical score and corresponding number of stars issued to an adult care home based on the factors contained in G.S. 131D-10.
- (5) “Star rating” means the numerical score and corresponding number of stars a facility receives based on the factors contained in G.S. 131D-10.
- (6) “Star rating worksheet” means a document issued by the Division of Health Service Regulation which demonstrates how a facility’s star rating was calculated.
- (7) “Type A1 violation” means the term as defined in G.S. 131D-34.
- (8) “Type A2 violation” means the term as defined in G.S. 131D-34.
- (9) “Type B violation” means the term as defined in G.S. 131D-34.

*History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008; 2008;
Readopted Eff. August 1, 2025.*

10A NCAC 13G .1602 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .1602 ISSUANCE OF ~~RATED CERTIFICATES~~ A STAR RATING

- (a) A star rated certificate and worksheet shall be issued to a facility by the Division of Health Service Regulation within 45 days ~~completion of a new rating calculation pursuant to Rule .1604 of this Subchapter.~~ from the date that the Division mails the survey or inspection report to the facility, except when a timely request has been made by the facility under G.S. 131D-2.11 for informal dispute resolution. If a facility makes a timely request for informal dispute resolution, the Division of Health Service Regulation shall issue a star rating to the facility within 15 days from the date the Division mails the informal dispute decision to the facility.
- (b) If the ownership of the facility changes, the ~~rated certificate~~ star rating in effect at the time of the change of ownership shall remain in effect until the next annual or biennial survey or until a new certificate is issued pursuant to Rule .1604(b) of this Subchapter.
- (c) The star rated certificate and ~~any~~ worksheet the Division used to calculate the rated certificate shall be displayed in a location visible to the public.
- (d) The star rating worksheet shall be posted on the Division of Health Service Regulation website.
- ~~(d)~~ (e) The facility may contest the ~~rated certificate~~ star rating by requesting a contested case hearing pursuant to Article 3 of G.S. 150B. The star rating ~~rated certificate~~ and any subsequent ~~certificates~~ star ratings shall remain in effect during any contested case hearing process.

*History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, 2008; 2008;
Readopted Eff. August 1, 2025.*

10A NCAC 13G .1603 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .1603 STATUTORY AND RULE REQUIREMENTS AFFECTING STAR RATED CERTIFICATES

The following Statutes and Rules comprise the standards that contribute to rated certificates:

- (1) G.S. 131D-21 Resident's Rights;
- (2) ~~10A NCAC 13G-Section~~ .0300 The Building;
- (3) Section .0400 Staff Qualifications;

- ~~(3)~~(4) 10A NCAC 13G Section .0700 Admission and Discharge Requirements; Discharge;
- (4)(5) 10A NCAC 13G Section .0800 Resident Assessment and Care Plan;
- ~~(5)~~(6) 10A NCAC 13G Section .0900 Resident Care and Services;
- ~~(6)~~(7) 10A NCAC 13G Section .1000 Medications; and
- ~~(7)~~(8) 10A NCAC 13G Section .1300 Use of Physical Restraints and Alternatives; Alternatives; and
- (9) Section .1700 Infection Prevention and Control.

*History Note: Authority G.S. 131D-4.5; 131D-10;
 Eff. July 3, 2008; 2008;
 Readopted Eff. August 1, 2025.*

10A NCAC 13G .1604 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .1604 RATING CALCULATION

(a) Ratings shall be based on:

- (1) Inspections completed pursuant to G.S. ~~131D-2(b)(1a);~~ 131D-2.11(a) and (a1);
- (2) Statutory and Rule requirements listed in Rule .1603 of this Section;
- (3) Type A A1, Type A2, or uncorrected Type B penalty violations identified pursuant to G.S. 131D-34; and
- (4) Other items listed in Subparagraphs (c)(1) and (c)(2) of this Rule.

(b) The initial rating a facility receives shall remain in effect until the next inspection. If an activity occurs which results in the assignment of additional merit or demerit points, a new certificate shall be issued pursuant to Rule .1602(a) of this Section.

(c) The rating shall be based on a 100 point scale. Beginning with the initial rating and repeating with each annual or biennial inspection, the facility shall be assigned 100 points and shall receive merits or demerits, which shall be added or subtracted from the 100 points, respectively. The merits and demerits shall be assigned as follows:

- (1) Merit Points
 - (A) If the facility corrects ~~citations~~ a standard deficiency of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, ~~which are not related to the identification of a Type A violation or an uncorrected Type B violation,~~ the facility shall receive 1.25 merit points for each corrected deficiency;
 - (B) ~~If the facility receives citations on its annual inspection with no Type A or Type B violations and the rating from the annual inspection is one or zero stars, the facility may request Division of Health Service Regulation to conduct a follow up inspection not less than 60 days after the date of the annual inspection. A follow up inspection shall be completed depending upon the availability of Division of Health Service Regulation staff.~~

~~As determined by the follow-up review, the facility shall receive 1.25 merit points for each corrected deficiency; If the facility corrects a citation for which a Type B violation was identified, the facility shall receive 1.75 merit points;~~

- (C) ~~If the facility corrects the citation for which a Type A violation was identified, the facility shall receive 2.5 merit points and shall receive an additional 2.5 merit points following the next annual inspection if no further Type A violations are identified; If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.75 merit points;~~
- (D) ~~If the facility corrects a previously uncorrected Type B violation, the facility shall receive 1.25 merit points; If the facility corrects the citation for which a Type A1 or Type A2 violation was identified, the facility shall receive 5 merit points;~~
- (E) ~~If the facility corrects a previously uncorrected Type A1 or A2 violation, the facility shall receive 5 merit points;~~
- ~~(E)~~(F) If the facility's admissions have been suspended, the facility shall receive 5 merit points if the suspension is removed;
- (G) ~~If the facility's license is restored to a full license after being downgraded to a provisional license, the facility shall receive 5 merit points;~~
- ~~(F)~~(H) If the facility participates in any quality improvement program pursuant to G.S. 131D-10, the facility shall receive 2.5 merit points;
- (G) ~~If the facility receives NC NOVA special licensure designation, the facility shall receive 2.5 merit points;~~
- (I) ~~If the facility establishes an ongoing resident council which meets at least quarterly, the facility shall receive .5 merit point;~~
- (J) ~~If the facility establishes an ongoing family council which meets at least quarterly, the facility shall receive .5 merit point;~~
- (K) ~~If the facility's designated on-site staff member who directs the facility's infection control activities in accordance with G.S. 131D-4.4A has completed the "Infection Control in Long Term Care Facilities" course offered by the University of North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) every two years, the facility shall receive .5 merit point;~~
- (H)~~(L)~~ ~~On or after the effective date of this Rule, if~~ If the facility permanently installs a generator or has a contract with a generator provider to provide emergency power for essential functions of the facility, the facility shall receive 2 merit points. For purposes of this ~~Section, Rule,~~ essential functions mean those functions necessary to maintain the health or safety of residents during power outages greater than ~~6 hours.~~ hours and include the fire alarm system, heating, lighting, refrigeration for medication storage, minimal cooking, elevators, medical equipment, computers, door alarms, special locking systems, sewage and well operation where applicable, sprinkler system, and telephones. If the facility has

an existing permanently installed generator or an existing contract with a generator provider, the facility shall receive 1 merit point for maintaining the generator in working order or continuing the contract with a generator provider; ~~and~~

~~(M)~~ ~~On or after the effective date of this Rule, if~~ If the facility installs automatic sprinklers in compliance with the North Carolina Building Code, and maintains the system in working order, the facility shall receive 3 merit points. If the facility has an existing automatic sprinkler, the facility shall receive 2 merit points for subsequent ratings for maintaining the automatic sprinklers in good working order; and

~~(N)~~ If the facility engages the services of a third-party company to conduct resident and family satisfaction surveys at least annually for the purpose of improving resident care, the facility shall receive 1 merit point. Resident and family satisfaction surveys shall not be conducted by any employees of the facility, or a third-party company affiliated with the facility. The satisfaction survey results shall be made available upon request and in a location accessible to residents and visitors in the facility.

(2) Demerit Points

(A) For each ~~standard deficiency citation~~ standard deficiency citation of noncompliance with the statutes or rules listed in Rule .1603 of this Subchapter, the facility shall receive a demerit of 2 points. The facility shall receive demerit points only once for citations in which the findings are identical to those findings used for another citation;

(B) For each citation of a Type ~~A~~ A1 or Type A2 violation, the facility shall receive a demerit of 10 ~~points; points, and if the Type A1 or Type A2 violation remains uncorrected as result of a follow-up inspection, the facility shall receive an additional demerit of 10 points;~~

(C) For each citation of a Type B violation, the facility shall receive a demerit of 3.5 points and if the Type B violation remains uncorrected as the result of a follow-up inspection, the facility shall receive an additional demerit of 3.5 points;

(D) If the facility's admissions are suspended, the facility shall receive a demerit of 10 points; however, if the facility's admissions are suspended pursuant to ~~G.S. 131D-4.2, G.S. 131D-2.7,~~ the facility shall not receive any demerit points; ~~and~~

~~(E)~~ If the facility's license is downgraded to a provisional license pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 10 points;

~~(F)~~ If the facility receives a notice of revocation against its license, license pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 31 ~~points. points; and~~

~~(G)~~ If the facility's license is summarily suspended pursuant to G.S. 131D-2.7, the facility shall receive a demerit of 31 points.

(d) Facilities shall be given a rating of zero to four stars depending on the score assigned pursuant to Paragraph (a), (b) or (c) of this Rule. Ratings shall be assigned as follows:

- (1) Four stars shall be assigned to any facility whose score is 100 points or greater on two consecutive annual or biennial inspections;
- (2) Three stars shall be assigned for scores of 90 to 99.9 points, or for any facility whose score is 100 points or greater on one annual or biennial inspection;
- (3) Two stars shall be assigned for scores of 80 to 89.9 points;
- (4) One star shall be assigned for scores of 70 to 79.9 points; and
- (5) Zero stars shall be assigned for scores of 69.9 points or lower.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, ~~2008~~ 2008;
Readopted Eff. August 1, 2025.

10A NCAC 13G .1605 is proposed for readoption without substantive changes as follows:

10A NCAC 13G .1605 CONTENTS OF STAR RATED CERTIFICATE

- (a) The certificate shall contain a rating determined pursuant to Rule .1604 of this Subchapter.
- (b) The certificate or accompanying worksheet from which the score is derived shall contain a breakdown of the point merits and demerits by the factors listed in Rules .1603 and .1604(c) of this Subchapter in a manner that the public can determine how the rating was assigned and the factors that contributed to the rating.
- ~~(c)~~ ~~The certificate shall be printed on the same type of paper that is used to print the facility's license.~~
- ~~(d)~~(c) The Division of Health Service Regulation shall issue the certificate pursuant to Rule .1602 of this Subchapter.

History Note: Authority G.S. 131D-4.5; 131D-10;
Eff. July 3, ~~2008~~ 2008;
Readopted Eff. August 1, 2025.