

NORTH CAROLINA REGISTER

VOLUME 39 • ISSUE 06 • Pages 282 – 338

September 16, 2024

I. PROPOSED RULES

Health and Human Services, Department of
Medical Care Commission 282 – 316

Justice, Department of
Criminal Justice Education and Training Standards Commission 316 – 322

Public Safety, Department of
Crime Victims Compensation Commission 322 – 324

Occupational Licensing Boards and Commissions
Chiropractic Examiners, Board of 324
Interpreter and Transliterator Licensing Board 324 – 326
Massage and Bodywork Therapy, Board of 326 – 331

II. RULES REVIEW COMMISSION 332 – 338

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For questions or concerns regarding the Administrative Procedure Act or any of its components, consult with the agencies below. The bolded headings are typical issues which the given agency can address but are not inclusive.

Rule Notices, Filings, Register, Deadlines, Copies of Proposed Rules, etc.

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NORTH CAROLINA REGISTER
Publication Schedule for January 2024 – December 2024

FILING DEADLINES			NOTICE OF TEXT		PERMANENT RULE			TEMPORARY RULES
Volume & issue number	Issue date	Last day for filing	Earliest date for public hearing	End of required comment Period	Deadline to submit to RRC for review at next meeting	RRC Meeting Date	Earliest Eff. Date of Permanent Rule	270 th day from publication in the Register
38:13	01/02/24	12/06/23	01/17/24	03/04/24	03/20/24	04/30/2024	05/01/24	09/28/24
38:14	01/16/24	12/19/23	01/31/24	03/18/24	03/20/24	04/30/2024	05/01/24	10/12/24
38:15	02/01/24	01/10/24	02/16/24	04/01/24	04/20/24	05/29/2024	06/01/24	10/28/24
38:16	02/15/24	01/25/24	03/01/24	04/15/24	04/20/24	05/29/2024	06/01/24	11/11/24
38:17	03/01/24	02/09/24	03/16/24	04/30/24	05/20/24	06/26/2024	07/01/24	11/26/24
38:18	03/15/24	02/23/24	03/30/24	05/14/24	05/20/24	06/26/2024	07/01/24	12/10/24
38:19	04/01/24	03/08/24	04/16/24	05/31/24	06/20/24	07/31/2024	08/01/24	12/27/24
38:20	04/15/24	03/22/24	04/30/24	06/14/24	06/20/24	07/31/2024	08/01/24	01/10/25
38:21	05/01/24	04/10/24	05/16/24	07/01/24	07/20/24	08/28/2024	09/01/24	01/26/25
38:22	05/15/24	04/24/24	05/30/24	07/15/24	07/20/24	08/28/2024	09/01/24	02/09/25
38:23	06/03/24	05/10/24	06/18/24	08/02/24	08/20/24	09/25/2024	10/01/24	02/28/25
38:24	06/17/24	05/24/24	07/02/24	08/16/24	08/20/24	09/25/2024	10/01/24	03/14/25
39:01	07/01/24	06/10/24	07/16/24	08/30/24	09/20/24	10/30/2024	11/01/24	03/28/25
39:02	07/15/24	06/21/24	07/30/24	09/13/24	09/20/24	10/30/2024	11/01/24	04/11/25
39:03	08/01/24	07/11/24	08/16/24	09/30/24	10/20/24	11/26/2024	12/01/24	04/28/25
39:04	08/15/24	07/25/24	08/30/24	10/14/24	10/20/24	11/26/2024	12/01/24	05/12/25
39:05	09/03/24	08/12/24	09/18/24	11/04/24	11/20/24	12/19/2024	01/01/25	05/31/25
39:06	09/16/24	08/23/24	10/01/24	11/15/24	11/20/24	12/19/2024	01/01/25	06/13/25
39:07	10/01/24	09/10/24	10/16/24	12/02/24	12/20/24	*01/29/2025	02/01/25	06/28/25
39:08	10/15/24	09/24/24	10/30/24	12/16/24	12/20/24	*01/29/2025	02/01/25	07/12/25
39:09	11/01/24	10/11/24	11/16/24	12/31/24	01/20/25	*02/26/2025	03/01/25	07/29/25
39:10	11/15/24	10/24/24	11/30/24	01/14/25	01/20/25	*02/26/2025	03/01/25	08/12/25
39:11	12/02/24	11/06/24	12/17/24	01/31/25	02/20/25	*03/26/2025	04/01/25	08/29/25
39:12	12/16/24	11/21/24	12/31/24	02/14/25	02/20/25	*03/26/2025	04/01/25	09/12/25

*Dates not approved by the RRC

This document is prepared by the Office of Administrative Hearings as a public service and is not to be deemed binding or controlling.

EXPLANATION OF THE PUBLICATION SCHEDULE

This Publication Schedule is prepared by the Office of Administrative Hearings as a public service and the computation of time periods are not to be deemed binding or controlling. Time is computed according to 26 NCAC 2C .0302 and the Rules of Civil Procedure, Rule 6.

GENERAL

The North Carolina Register shall be published twice a month and contains the following information submitted for publication by a state agency:

- (1) temporary rules;
- (2) text of proposed rules;
- (3) text of permanent rules approved by the Rules Review Commission;
- (4) emergency rules
- (5) Executive Orders of the Governor;
- (6) final decision letters from the U.S. Attorney General concerning changes in laws affecting voting in a jurisdiction subject of Section 5 of the Voting Rights Act of 1965, as required by G.S. 120-30.9H; and
- (7) other information the Codifier of Rules determines to be helpful to the public.

COMPUTING TIME: In computing time in the schedule, the day of publication of the North Carolina Register is not included. The last day of the period so computed is included, unless it is a Saturday, Sunday, or State holiday, in which event the period runs until the preceding day which is not a Saturday, Sunday, or State holiday.

FILING DEADLINES

ISSUE DATE: The Register is published on the first and fifteen of each month if the first or fifteenth of the month is not a Saturday, Sunday, or State holiday for employees mandated by the State Human Resources Commission. If the first or fifteenth of any month is a Saturday, Sunday, or a holiday for State employees, the North Carolina Register issue for that day will be published on the day of that month after the first or fifteenth that is not a Saturday, Sunday, or holiday for State employees.

LAST DAY FOR FILING: The last day for filing for any issue is 15 days before the issue date excluding Saturdays, Sundays, and holidays for State employees.

NOTICE OF TEXT

EARLIEST DATE FOR PUBLIC HEARING: The hearing date shall be at least 15 days but not later than 60 days after the date a notice of the hearing is published.

END OF REQUIRED COMMENT PERIOD
An agency shall accept comments on the text of a proposed rule for at least 60 days after the text is published.

DEADLINE TO SUBMIT TO THE RULES REVIEW COMMISSION: The Commission shall review a rule submitted to it on or before the twentieth of a month by the last day of the next month.

Note from the Codifier: The notices published in this Section of the NC Register include the text of proposed rules. The agency must accept comments on the proposed rule(s) for at least 60 days from the publication date, or until the public hearing, or a later date if specified in the notice by the agency. If the agency adopts a rule that differs substantially from a prior published notice, the agency must publish the text of the proposed different rule and accept comment on the proposed different rule for 60 days. Statutory reference: G.S. 150B-21.2.

TITLE 10A – DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice is hereby given in accordance with G.S. 150B-21.2 and G.S. 150B-21.3A(c)(2)g. that the Medical Care Commission intends to amend the rules cited as 10A NCAC 13F .0206, .1501; 13G .0305, .0308, .0313, repeal the rule cited as 10A NCAC 13F .0310, and readopt with substantive changes the rules cited as 10A NCAC 13F .0301, .0302, .0304-.0307, .0311, .1304; 13G .0206, .0301, .0302, .0306, .0307, .0309, .0312, .0315, .0317, and .0318.

Pursuant to G.S. 150B-21.17, the Codifier has determined it impractical to publish the text of rules proposed for repeal unless the agency requests otherwise. The text of the rule(s) is available on the OAH website at <http://reports.oah.state.nc.us/ncac.asp>.

Link to agency website pursuant to G.S. 150B-19.1(c):
<https://info.ncdhhs.gov/dhsr/index.html>

Proposed Effective Date: February 1, 2025

Public Hearing:

Date: October 22, 2024

Time: 10:00 am

Location: Edgerton Building, 809 Ruggles Drive, Dorothea Dix Campus, Raleigh, North Carolina 27603

Reason for Proposed Action: Pursuant to G.S. 150B-21.3A, Periodic Review and Expiration of Existing Rules, all rules are reviewed at least every 10 years or they shall expire. As a result of the periodic review of Subchapters 10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds, and 10A NCAC 13G, Licensing of Family Care Homes, 40 proposed readoption rules were part of the 97 total rules determined as “Necessary With Substantive Public Interest,” requiring readoption. With input from stakeholder groups, this package has proposed 40 rules for readoption, five rules proposed for amendment, and one rule repeal to update the process that has been followed in the regulation of licensed Adult Care Homes and Family Care Homes in N.C. The proposed changes update and clarify housekeeping and furnishing requirements for adult and family care homes and capacity requirements for family care homes. The proposed changes update fire safety and disaster plan requirements to now include the development of emergency preparedness plans. 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. The agency is proposing changes to update star-rating rules to be consistent with the existing requirements in N.C. Gen. Stat. 131D-10 and to ensure the requirements are clear and unambiguous. Changes are also

being proposed to resident assessment and care plan rules to remove outdated language 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. Most of the rules for both types of assisted living residences, adult care homes of seven beds or more and family care homes, are the same with the primary exception of staffing and physical plant requirements since they serve the same population based on need for care and services. These rules were initially published in N.C. Register on June 17, 2024 and then on July 15, 2024 to update the date of the public hearing. This package was previously published, however based on public comment received during public comment period, these rules are being republished.

Comments may be submitted to: Shanah Black, 809 Ruggles Drive, Edgerton Building; 2701 Mail Service Center, Raleigh, NC 27699; email DHSR.RulesCoordinator@dhhs.nc.gov

Comment period ends: November 15, 2024

Procedure for Subjecting a Proposed Rule to Legislative

Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- ☒ State funds affected
- ☒ Local funds affected
- ☐ Substantial economic impact (\geq \$1,000,000)
- ☒ Approved by OSBM
- ☐ No fiscal note required

CHAPTER 13 - NC MEDICAL CARE COMMISSION

SUBCHAPTER 13F – LICENSING OF ADULT CARE HOMES OF SEVEN OR MORE BEDS

SECTION .0200 – LICENSING

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 beds than the number 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.~~

Authority G.S. 131D-2.4; 131D-2.16; 143B-165.

SECTION .0300 - PHYSICAL PLANT

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 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)~~ (4) New additions, alterations, ~~modifications~~ modifications, and repairs shall meet the technical requirements of this ~~Section~~; Section.
- ~~(4)(5)~~ (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

- ~~(5)(6)~~ (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)~~ (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)~~ (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)~~ (a) the rule citation and the rule requirement that will not be met because strict conformance with current requirements would be:
 - ~~(i)~~ (i) impractical;
 - ~~(ii)~~ (ii) unable to be met due to extraordinary circumstances;
 - ~~(iii)~~ (iii) unable to be met due to new programs; or
 - ~~(iv)~~ (iv) unable to be met due to unusual conditions;
 - ~~(b)~~ (b) the justification for the equivalency; and
 - ~~(c)~~ (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- ~~(8)~~ (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)~~ (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.~~

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

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, 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, 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/>.

~~(f)(e)~~ 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.

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

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.~~

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

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;
 - (4) live-in staff shall not occupy a licensed bed or live in a licensed bed;
 - (5) residents shall reside in bedrooms with residents of the same sex unless other arrangements are made with each resident's consent;

- ~~(3)(6)~~ Only only rooms authorized by the Division of Health Service Regulation as bedrooms shall be used for ~~residents'~~ bedrooms;
 - ~~(4)(7)~~ 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)(8)~~ 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;
 - (9) semi-private residents' bedrooms shall have not less than 80 square feet of floor area per bed excluding vestibules, closets, or wardrobes;
 - ~~(6)(10)~~ 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)(11)~~ A a bedroom may not be occupied by more than two ~~residents~~. residents;
 - ~~(8)(12)~~ Resident residents' bedrooms shall be designed to accommodate all required furnishings;
 - ~~(9)(13)~~ 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)(14)~~ 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~~ 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) ~~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) ~~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) ~~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~~ 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.~~ 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.~~

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

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) have one television and one 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 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 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~~ 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.

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

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.

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

10A NCAC 13F .0310 ELECTRICAL OUTLETS

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

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:

- (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. 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.~~

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

SECTION .1300 - SPECIAL CARE UNITS FOR ALZHEIMER AND RELATED DISORDERS

**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:

- ~~(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.~~

(a) 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: Rule .0305(e)(3), (f)(1), (f)(3), (h)(3), (l), and (k) of this Subchapter.

(b) Special care units shall meet the following additional requirements:

- (1) The unit, if part of an adult care home, shall be separated from the rest of the facility by walls and closed doors;
- (2) 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;
- (3) Unit exit doors may be locked only if the locking devices meet the requirements outlined

in the North Carolina State Building Code for special locking arrangements;

(4) Unit exit doors shall have a sounding device that is activated when the door is opened per Rule .0305(h)(4) of this Subchapter;

(5) 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;

(6) There shall be direct access from the unit to a secured outside area located on the same level as the unit;

(7) 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;

(8) The following service and storage areas shall be provided within the special care unit:

(A) a staff work area;

(B) 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;

(C) lockable space for medication storage;

(D) storage area for the residents' records;

(E) separate storage room or area shall be provided for the storage of soiled linens, and

(F) a housekeeping closet, with mop sink or mop floor receptor.

(9) The living room and dining room/dining area may be sized per Rules .0305(b) and .0305(c) of this Subchapter or may be combined for a minimum of 30 square feet per resident. The combined space may be used as an activity area; 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;
- (11) If each resident bedroom has direct access to a bathroom equipped with a shower meeting the requirements of Rule .0305(e)(7)(B) of this Subchapter, the shower required by this rule is not required to be provided in the unit;
- (12) Fire extinguishers required by Rule .0308(a) of this Subchapter shall be secured in a manner acceptable to the local Fire Marshal to prevent access by residents; and
- (13) This rule shall apply only to newly-licensed special care units.

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

SECTION .1500 - 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, 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.

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

SUBCHAPTER 13G – LICENSING OF FAMILY CARE HOMES

SECTION .0200 - LICENSING

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.

Authority G.S. 131D-2.4; 131D-2.16; 143B-165.

SECTION .0300 - THE BUILDING

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) 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.

Authority G.S. 131D-2.16; 143B –165.

10A NCAC 13G .0302 DESIGN AND CONSTRUCTION

- (a) ~~Any~~ A building licensed for the first time as a family care 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 Chapin 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 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 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/detail?code=72](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.

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

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 to view outdoors,~~ and be lighted to provide 30 ~~foot-candles~~ foot-candles of light at floor level.

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

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.

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

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.

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

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.

~~(e)(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.

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

~~(g)(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.

~~(h)(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.~~

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

10A NCAC 13G .0309 BATHROOM

(a) ~~Adult 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.

(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) floors be water-resistant and slip-resistant.

(h) ~~The bathroom floor shall have a non-slippery water-resistant covering.~~

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

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.

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

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.

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

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.ncddhs.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.

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

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 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;
- (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.~~

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

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.

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

* * * * *

Notice is hereby given in accordance with G.S. 150B-21.2 and G.S. 150B-21.3A(c)(2)g. that the Medical Care Commission intends to amend the rule cited as 10A NCAC 13G .0316 and readopt with substantive changes the rules cited as 10A NCAC 13F .0309, .0801, .0802; 13G .0801 and .0802.

Link to agency website pursuant to G.S. 150B-19.1(c):
<https://info.ncdhhs.gov/dhsr/index.html>

Proposed Effective Date: May 1, 2025

Public Hearing:

Date: October 22, 2024

Time: 10:00 a.m.

Location: Edgerton Building, 809 Ruggles Drive, Dorothea Dix Campus, Raleigh, North Carolina 27603

Reason for Proposed Action: Pursuant to G.S. 150B-21.3A, Periodic Review and Expiration of Existing Rules, all rules are reviewed at least every 10 years or they shall expire. As a result of the periodic review of Subchapters 10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds, and 10A NCAC 13G, Licensing of Family Care Homes, 40 proposed readoption rules were part of the 97 total rules determined as "Necessary With Substantive Public Interest," requiring readoption. With input from stakeholder groups, this package has proposed 40 rules for readoption, five rules proposed for amendment, and one rule repeal to update the process that has been followed in the regulation of licensed Adult Care Homes and Family Care Homes in N.C. The proposed changes update and clarify housekeeping and furnishing requirements for adult and family care homes and capacity requirements for family care homes. The proposed

changes update fire safety and disaster plan requirements to now include the development of emergency preparedness plans. 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. The agency is proposing changes to update star-rating rules to be consistent with the existing requirements in N.C. Gen. Stat. 131D-10 and to ensure the requirements are clear and unambiguous. Changes are also being proposed to resident assessment and care plan rules to remove outdated language 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. Most of the rules for both types of assisted living residences, adult care homes of seven beds or more and family care homes, are the same with the primary exception of staffing and physical plant requirements since they serve the same population based on need for care and services. These rules were initially published in N.C. Register on June 17, 2024 and then on July 15, 2024 to update the date of the public hearing. This package was previously published, however based on public comment period, these rules are being republished.

Comments may be submitted to: Shanah Black, 809 Ruggles Drive, Edgerton Building; 2701 Mail Service Center, Raleigh, NC 27699; email DHSR.RulesCoordinator@dhhs.nc.gov

Comment period ends: November 15, 2024

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- ☒ State funds affected
- ☒ Local funds affected
- ☐ Substantial economic impact ($\geq \$1,000,000$)
- ☒ Approved by OSBM
- ☐ No fiscal note required

CHAPTER 13 - NC MEDICAL CARE COMMISSION

SUBCHAPTER 13F – LICENSING OF ADULT CARE HOMES OF SEVEN OR MORE BEDS

SECTION .0300 - PHYSICAL PLANT

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 of the fire plan 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 ~~copies furnished to the county department of social services annually.~~ be made available upon request to the Division of Health Service Regulation, county department of social services, and local officials. The records shall include the date and time of the ~~rehearsals, drills,~~ 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; and
- (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) A facility that elects to be designated as a special care shelter during an impending disaster or emergency event shall follow the guidelines established by the latest Division of Social Services' State of North Carolina Disaster Plan which is available at no cost from the N.C. Division of Social Services, 2401 Mail Service Center, Raleigh, NC 27699 2401. The facility shall contact the Division of Health Service Regulation to determine which licensure rules may be waived according to G.S. 131D-7 to allow

for emergency care shelter placements prior to sheltering during the emergency event.

(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.

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

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-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf.pdf at no cost.~~

(c) When a facility identifies a change in a resident's baseline condition based upon the factors listed in Part (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 Part (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.

Authority G.S. 131D-2.16; 131D-4.4; 131D-4.5; 143B-165.

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.

(f)(e) 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.

Authority G.S. 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165.

SUBCHAPTER 13G – LICENSING OF FAMILY CARE HOMES

SECTION .0300 - THE BUILDING

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 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.

~~(d)(e)~~ 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~~ 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 the 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. 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/acsls/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.

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

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 Part (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 Part (1)(A) through (M) of this Paragraph. The facility shall ~~assure~~ conduct an assessment of a resident is completed within ~~40~~ 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 ~~40~~ 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.

Authority G.S. 131D-2.16; 131D-4.4; 131D-4.5; 143B-165.

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.~~

~~(f)(e) 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.

Authority G.S. 131D-2.16; 131D-4.3; 131D-4.4; 131D-4.5; 143B-165.

Notice is hereby given in accordance with G.S. 150B-21.3A(c)(2)g. that the Medical Care Commission intends to readopt with substantive changes the rules cited as 10A NCAC 13F .1601-.1604; 13G .1601-.1604 and readopt without substantive changes the rules cited as 10A NCAC 13F .1605; and 13G .1605.

Pursuant to G.S. 150B-21.2(c)(1), the text of the rule(s) proposed for readoption without substantive changes are not required to be published. The text of the rules are available on the OAH website: <http://reports.oah.state.nc.us/ncac.asp>.

Link to agency website pursuant to G.S. 150B-19.1(c): <https://info.ncdhhs.gov/dhsr/index.html>

Proposed Effective Date: August 1, 2025

Public Hearing:

Date: October 22, 2024

Time: 10:00 a.m.

Location: Edgerton Building, 809 Ruggles Drive, Dorothea Dix Campus, Raleigh, North Carolina 27603

Reason for Proposed Action: Pursuant to G.S. 150B-21.3A, Periodic Review and Expiration of Existing Rules, all rules are reviewed at least every 10 years or they shall expire. As a result of the periodic review of Subchapters 10A NCAC 13F, Licensing of Adult Care Homes of Seven or More Beds, and 10A NCAC 13G, Licensing of Family Care Homes, 40 proposed readoption rules were part of the 97 total rules determined as "Necessary With Substantive Public Interest," requiring readoption. With input from stakeholder groups, this package has proposed 40 rules for readoption, five rules proposed for amendment, and one rule repeal to update the process that has been followed in the regulation of licensed Adult Care Homes and Family Care Homes in N.C. The proposed changes update and clarify housekeeping and furnishing requirements for adult and family care homes and capacity requirements for family care homes. The proposed changes update fire safety and disaster plan requirements to now include the development of emergency preparedness plans. 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. The agency is proposing changes to update star-rating rules to be consistent with the existing requirements in N.C. Gen. Stat. 131D-10 and to ensure the

requirements are clear and unambiguous. Changes are also being proposed to resident assessment and care plan rules to remove outdated language 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. Most of the rules for both types of assisted living residences, adult care homes of seven beds or more and family care homes, are the same with the primary exception of staffing and physical plant requirements since they serve the same population based on need for care and services. These rules were initially published in N.C. Register on June 17, 2024 and then on July 15, 2024 to update the date of the public hearing. This package was previously published, however based on public comment received during public comment period, these rules are being republished.

Comments may be submitted to: Shanah Black, 809 Ruggles Drive, Edgerton Building; 2701 Mail Service Center, Raleigh, NC 27699; email DHSR.RulesCoordinator@dhhs.nc.gov

Comment period ends: November 15, 2024

Procedure for Subjecting a Proposed Rule to Legislative

Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- ☒ State funds affected
- ☒ Local funds affected
- ☐ Substantial economic impact (\geq \$1,000,000)
- ☒ Approved by OSBM
- ☐ No fiscal note required

CHAPTER 13 - NC MEDICAL CARE COMMISSION

SUBCHAPTER 13F – LICENSING OF ADULT CARE HOMES OF SEVEN OR MORE BEDS

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.

Authority G.S. 131D-4.5; 131D-10.

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.~~

Authority G.S. 131D-4.5; 131D-10.

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 of this Subchapter Physical Plant Requirements; Plant;~~
- (3) ~~Section .0400 Staff Qualifications;~~
- ~~(3)(4)~~ 10A NCAC 13F Section .0700 of this Subchapter Admission and Discharge Requirements; Discharge;
- ~~(4)(5)~~ 10A NCAC 13F Section .0800 of this Subchapter Resident Assessment and Care Plan;
- ~~(5)(6)~~ 10A NCAC 13F Section .0900 of this Subchapter Resident Care and Services;
- ~~(6)(7)~~ 10A NCAC 13F Section .1000 of this Subchapter Medication Management; Medications;
- ~~(7)(8)~~ 10A NCAC Section 13F .1300 of this Subchapter 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 of this Subchapter Use of Physical Restraints and Alternatives; Alternatives; and
- ~~(10)~~ Section .1800 of this Subchapter Infection Prevention and Control.

Authority G.S. 131D-4.5; 131D-10.

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 ~~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 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;
- (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; 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.

Authority G.S. 131D-4.5; 131D-10.

10A NCAC 13F .1605 CONTENTS OF RATED CERTIFICATE (READoption WITHOUT SUBSTANTIVE CHANGES)

SUBCHAPTER 13G – LICENSING OF FAMILY CARE HOMES

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.

Authority G.S. 131D-4.5; 131D-10.

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)~~ (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.

Authority G.S. 131D-4.5; 131D-10.

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 of this Subchapter~~ The Building;
- (3) ~~Section .0400 of this Subchapter~~ Staff Qualifications;
- ~~(3)(4)~~ (4) ~~10A NCAC 13G Section .0700 of this Subchapter~~ Admission and ~~Discharge Requirements;~~ Discharge;
- ~~(4)(5)~~ (5) ~~10A NCAC 13G Section .0800 of this Subchapter~~ Resident Assessment and Care Plan;
- ~~(5)(6)~~ (6) ~~10A NCAC 13G Section .0900 of this Subchapter~~ Resident Care and Services;
- ~~(6)(7)~~ (7) ~~10A NCAC 13G Section .1000 of this Subchapter~~ Medications; and
- ~~(7)(8)~~ (8) ~~10A NCAC 13G Section .1300 of this Subchapter~~ Use of Physical Restraints and ~~Alternatives;~~ Alternatives; and
- (9) ~~Section .1700 of this Subchapter~~ Infection Prevention and Control.

Authority G.S. 131D-4.5; 131D-10.

10A NCAC 13G .1604 RATING CALCULATION

- (a) Ratings shall be based on:
 - (1) Inspections completed pursuant to G.S. ~~131D-2(b)(1-a);~~ 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 A2 violation, the facility shall receive 5 merit points;~~
- ~~(F)~~(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.

Authority G.S. 131D-4.5; 131D-10.

10A NCAC 13G .1605 CONTENTS OF RATED CERTIFICATE (READOPTION WITHOUT SUBSTANTIVE CHANGES)

TITLE 12 – DEPARTMENT OF JUSTICE

Notice is hereby given in accordance with G.S. 150B-21.2 that the Criminal Justice Education and Training Standards Commission intends to amend the rules cited as 12 NCAC 09A .0103; 09C .0401, .0403 and repeal the rules cited as 12 NCAC 09C .0213-.0216, .0219; and 09G .0312.

Pursuant to G.S. 150B-21.17, the Codifier has determined it impractical to publish the text of rules proposed for repeal unless the agency requests otherwise. The text of the rule(s) is available on the OAH website at <http://reports.oah.state.nc.us/ncac.asp>.

Link to agency website pursuant to G.S. 150B-19.1(c): <https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications>

Proposed Effective Date: May 2, 2025

Public Hearing:

Date: November 15, 2024

Time: 10:00 a.m.

Location: Microsoft Teams. Meeting information will be published on agency's website.

Reason for Proposed Action: *To update language and criteria for accreditation of Commission course delivery sites and documentations, and to repeal rules which are redundant or no longer applicable.*

Comments may be submitted to: Michelle S. Schilling, 1700 Tryon Park Drive, Raleigh, NC 27602; phone (919) 779-8205; email MSchilling@ncdoj.gov

Comment period ends: November 15, 2024

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the

rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- ☐ State funds affected
- ☐ Local funds affected
- ☐ Substantial economic impact ($\geq \$1,000,000$)
- ☐ Approved by OSBM
- ☒ No fiscal note required

CHAPTER 09 - CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS

SUBCHAPTER 09A - CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

SECTION .0100 - COMMISSION ORGANIZATION AND PROCEDURES

12 NCAC 09A .0103 DEFINITIONS

The following definitions apply throughout Subchapters 12 NCAC 09A through 12 NCAC 09F, except as modified in 12 NCAC 09A .0107 for the purpose of the Commission's rule-making and administrative hearing procedures:

- (1) "Active Duty Military" means, for the purpose of determining eligibility for certification pursuant to 12 NCAC 09B .0401 and 12 NCAC 09B ~~0403~~, .0701, full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance while in the active military service at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.
- (2) "Agency" or "Criminal Justice Agency" means those state and local agencies identified in G.S. 17C-2(2).
- (3) "Alcohol Law Enforcement Agent" means a law enforcement officer appointed by the Secretary of the Department of Public Safety as authorized by G.S. 18B-500.
- (4) "Chief Court Counselor" means the person responsible for administration and supervision of juvenile intake, probation, and post-release

supervision in each judicial district, operating under the supervision of the Department of Public Safety, Division of ~~Adult Correction and~~ Juvenile Justice.

- (5) "Commission of an offense" means a finding by the North Carolina Criminal Justice Education and Training Standards Commission or equivalent regulating body from another state that a person performed the acts necessary to satisfy the elements of a specified criminal offense.
- (6) "Convicted" or "Conviction" means the entry of:
 - (a) a plea of guilty;
 - (b) a verdict or finding of guilt by a jury, judge, magistrate, or other adjudicating body, tribunal, or official, either civilian or military; or
 - (c) a plea of no contest, nolo contendere, or the equivalent.
- (7) "Criminal Justice Officer(s)" means those officers identified in G.S. 17C-2(3).
- (8) "Criminal Justice System" means the whole of the State and local criminal justice agencies described in Item (2) of this Rule.
- (9) "Agency Head" means the chief administrator of any criminal justice agency, and specifically includes any chief of police or agency director. "Agency Head" also includes a designee appointed in writing by the Agency Head.
- (10) "Director" means the Director of the Criminal Justice Standards Division of the North Carolina Department of Justice.
- (11) "Educational Points" means points earned toward the Professional Certificate Programs for studies completed, with passing scores achieved, for semester hour or quarter hour credit hours awarded from colleges or universities accredited by the Department of Education of the state in which the institution is located, from an accredited body recognized by either the U.S. Department of Education or the Council for Higher Education Accreditation, or from the state university of the state in which the institution is located. Each semester hour of college credit equals one educational point and each quarter hour of college credit equals two-thirds of an educational point. Diplomas earned from educational institutions outside of the United States must be translated into English and be accompanied by an authentic transcript. The Division's staff shall evaluate these transcripts to ensure they are scholastically comparable to the United States curriculum requirements.
- (12) "Enrolled" means that an individual is currently actively participating in an on-going presentation of a Commission-certified basic training course that has not concluded on the

day probationary certification expires. The term "currently actively participating" as used in this definition means:

- (a) for law enforcement officers, that the officer is attending an approved course presentation averaging a minimum of 12 hours of instruction each week; and
 - (b) for Department of Public Safety, Division of ~~Adult Correction and~~ Juvenile Justice personnel, that the officer is attending the last or final phase of the approved training course necessary for satisfying the total course completion requirements.
- (13) "High School" means an educational program that meets the compulsory attendance requirements in the jurisdiction in which the school is located.
 - (14) "In-Service Training" means all training ~~prescribed in 12 NCAC 09E .0105~~ that must be completed, with passing scores achieved, by all certified law enforcement officers during each full calendar year of certification.
 - (15) "In-Service Training Coordinator" means the person designated by a Criminal Justice Agency head to administer the agency's In-Service Training program.
 - (16) "Lateral Transfer" means the employment of a criminal justice officer by a Criminal Justice Agency based upon the officer's special qualifications or experience, without following the usual selection process established by the agency for basic officer positions.
 - (17) "Law Enforcement Code of Ethics" means the code adopted by the Commission on September 19, 1973, that reads as follows:

As a law enforcement officer, my fundamental duty is to serve the community; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the constitutional rights of all to liberty, equality, and justice.

I will keep my private life unsullied as an example to all, and will behave in a manner that does not bring discredit to me or to my agency. I will maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed both in my personal and official life, I will be exemplary in obeying the law and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, political beliefs, aspirations, animosities or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will never engage in acts or corruption or bribery, nor will I condone such acts by other police officers. I will cooperate with all legally authorized agencies and their representatives in the pursuit of justice.

I know that I alone am responsible for my own standard of professional performance and will take every reasonable opportunity to enhance and improve my level of knowledge and competence.

I will constantly strive to achieve these objectives and ideals, dedicating myself before God or by affirmation to my chosen profession law enforcement.

- (18) "Juvenile Court Counselor" means a person responsible for intake services and court supervision services to juveniles under the supervision of the Chief Court Counselor.
- (19) "Juvenile Justice Officer" means a person designated by the Secretary of the Department of Public Safety, Division of ~~Adult Correction and~~ Juvenile Justice to provide for the care and supervision of juveniles placed in the physical custody of the Department.
- (20) "Law Enforcement Officer" means an appointee of a Criminal Justice Agency, an agency of the State, or of any political subdivision of the State who, by virtue of his or her office, is empowered to make arrests for violations of the laws of this State. Specifically excluded from the title "Law Enforcement Officer" are sheriffs and their sworn appointees with arrest authority who are governed by the provisions of G.S. 17E.
- (21) "Law Enforcement Training Points" means points earned toward the Law Enforcement Officers' Professional Certificate Program by successful completion of Commission-approved law enforcement training courses. Twenty classroom hours of Commission-approved law enforcement training equals one law enforcement training point.
- (22) "LIDAR" is an acronym for "Light Detection and Ranging" and means a speed-measuring instrument that electronically computes, from transmitted infrared light pulses, the speed of a vehicle under observation.
- (23) "Local Confinement Personnel" means any officer, supervisor, or administrator of a local confinement facility in North Carolina as defined in G.S. 153A-217; any officer, supervisor, or administrator of a county confinement facility in North Carolina as defined in G.S. 153A-218; or any officer, supervisor, or administrator of a district confinement facility in North Carolina as defined in G.S. 153A-219.
- (24) "Misdemeanor" means those criminal offenses not classified under the laws, statutes, or

ordinances as felonies. Misdemeanor offenses are classified by the Commission as follows:

- (a) "Class A Misdemeanor" means a misdemeanor committed or omitted in violation of any common law, duly-enacted ordinance, or criminal statute of this State that is not classified as a Class B Misdemeanor pursuant to Sub-item (24)(b) of this Rule. Class A Misdemeanor also includes any act committed or omitted in violation of any common law, duly enacted ordinance, criminal statute, or criminal traffic code of any jurisdiction other than North Carolina, either civil or military, for which the maximum punishment allowable for the designated offense under the laws, statutes, or ordinances of the jurisdiction in which the offense occurred includes imprisonment for a term of not more than six months. Excluded from "Class A Misdemeanor" criminal offenses for jurisdictions other than North Carolina are motor vehicle or traffic offenses designated as misdemeanors under the laws of other jurisdictions or duly enacted ordinances of an authorized governmental entity, with the exception of the offense of impaired driving that is included herein as a Class A Misdemeanor if the offender could have been sentenced for a term of not more than six months. Also included herein as a Class A Misdemeanor is the offense of impaired driving, if the offender was sentenced under punishment level three G.S. 20-179(i), level four G.S. 20-179(j), or level five G.S. 20-179(k). Class A Misdemeanor shall also include acts committed or omitted in North Carolina prior to October 1, 1994, in violation of any common law, duly enacted ordinance, or criminal statute of this State for which the maximum punishment allowable for the designated offense included imprisonment for a term of not more than six months.
- (b) "Class B Misdemeanor" means an act committed or omitted in violation of any common law, criminal statute, or criminal traffic code of this State that is classified as a Class B Misdemeanor as set forth in the Class B Misdemeanor Manual as published by the North Carolina Department of

Justice, incorporated herein by reference, and shall include any later amendments and editions of the incorporated material as provided by G.S. 150B-21.6. The publication is available from the Commission's website:

<http://www.ncdoj.gov/getdoc/60bb12ca-47c0-48cb-a0e3-6095183c4c2a/Class-B-Misdemeanor-Manual-2005.aspx>.

Class B Misdemeanor also includes any act committed or omitted in violation of any common law, duly enacted ordinance, criminal statute, or criminal traffic code of any jurisdiction other than North Carolina, either civil or military, for which the maximum punishment allowable for the designated offense under the laws, statutes, or ordinances of the jurisdiction in which the offense occurred includes imprisonment for a term of more than six months but not more than two years. Excluded from this grouping of "Class B Misdemeanor" criminal offenses for jurisdictions other than North Carolina, are motor vehicle or traffic offenses designated as being misdemeanors under the laws of other jurisdictions with the following exceptions: Class B Misdemeanor includes the following:

- (i) either first or subsequent offenses of driving while impaired if the maximum allowable punishment is for a term of more than six months but not more than two years;
- (ii) driving while license permanently revoked or permanently suspended;
- (iii) those traffic offenses occurring in other jurisdictions which are comparable to the traffic offenses specifically listed in the Class B Misdemeanor Manual; and
- (iv) an act committed or omitted in North Carolina prior to October 1, 1994, in violation of any common law, duly enacted ordinance, criminal statute, or criminal traffic code of this State for which the maximum punishment allowable for the designated

offense included imprisonment for a term of more than six months but not more than two years.

- (25) "Qualified Assistant" means an additional staff person designated by the School Director to assist in the administration of a course when an institution or agency assigns additional responsibilities to the certified School Director during the planning, development, and implementation of a certified course.
- (26) "Radar" means a speed-measuring instrument that transmits microwave energy in the 10,500 to 10,550 MHZ frequency (X) band, the 24,050 to 24,250 MHZ frequency (K) band, or the 33,400 to 36,000 MHZ (Ka) band and operates in either the stationary or moving mode.
- (27) "Resident" means any youth committed to a facility operated by the Department of Public Safety, Division of ~~Adult Correction and~~ Juvenile Justice.
- (28) "School" or "criminal justice school" means an institution, college, university, academy, or agency that offers criminal justice, law enforcement, or traffic control and enforcement training for criminal justice officers or law enforcement officers. "School" includes the criminal justice training course curriculum, instructors, and facilities.
- (29) "School Director" means the person designated by the sponsoring institution or agency to administer the criminal justice school.
- (30) "Speed-Measuring Instruments" (SMI) means those devices or systems, including RADAR, Time-Distance, and LIDAR, approved under authority of G.S. 17C-6(a)(13) for use in North Carolina in determining the speed of a vehicle under observation and particularly includes all devices or systems described or referenced in 12 NCAC 09C .0601.
- (31) "Standards Division" means the Criminal Justice Standards Division of the North Carolina Department of Justice.
- (32) "Time-Distance" means a speed-measuring instrument that electronically computes, from measurements of time and distance, the average speed of a vehicle under observation.

Authority G.S. 17C-2; 17C-6; 17C-10; 153A-217.

SUBCHAPTER 09C - ADMINISTRATION OF CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS

SECTION .0200 - FORMS

12 NCAC 09C .0213 STUDENT COURSE COMPLETION RECORD

~~The Student Course Completion Record, is a form used to report the satisfactory completion of training in courses other than the~~

~~"Basic Law Enforcement Training" course. The Report of Training Course Completion shall include student information, name, date of birth, and Social Security Number; employment information to include department or agency, division where applicable, position name or title, and date of appointment; course information to include course title, location held, course start and end dates, class hours, and total contact hours of instruction. The form must be signed and dated by the School Director along with the name of the accredited institution.~~

Authority G.S. 17C-6; 150B-21.2.

12 NCAC 09C .0214 REQUEST FOR INSTRUCTIONAL CERTIFICATION

~~The Request for Instructional Certification, is used by persons seeking certification as general instructors or as artisan/practitioner lecturers. It seeks information regarding personal and professional background as well as documentation of the specific criteria for certification.~~

Authority G.S. 17C-6; 150B-11.

12 NCAC 09C .0215 PROFESSIONAL LECTURER CERTIFICATION

~~The Application for Professional Lecturer Certification is used by persons seeking certification as a lecturer in an accredited eriminal justice course. It requests information regarding the applicant's credentials and the topic areas of expected instruction.~~

Authority G.S. 17C-6.

12 NCAC 09C .0216 RECOMMENDATION FOR GENERAL INSTRUCTOR CERTIFICATION

~~(a) The recommendation for General Instructor certification pursuant to Rule 12 NCAC 09B .0303 shall be completed by a School Director or In Service Training Coordinator after an instructor has finished the required probationary year.~~

~~(b) In the form, the official shall recommend that the instructor receive General Instructor certification and certify that the official has observed and evaluated the instructor. The F 12 form used for this recommendation is located on the agency's website: <http://www.ncdoj.gov/getdoc/f2ea275c-187d-4d7e-825d-98a8662f7443/F-12.aspx>.~~

Authority G.S. 17C-6; 150B-11.

12 NCAC 09C .0219 FD-258 - FINGERPRINT CARD

~~FD-258 is the Federal Bureau of Investigation's form used by the Commission for the collection of fingerprint impressions of applicants for employment as criminal justice officers.~~

Authority G.S. 17C-6; 150B-11.

SECTION .0400 - ACCREDITATION OF CRIMINAL JUSTICE SCHOOLS AND TRAINING COURSES

12 NCAC 09C .0401 ACCREDITATION OF CRIMINAL JUSTICE SCHOOLS

(a) Any school requesting ~~accreditation~~, accreditation or re-accreditation, pursuant to the Commission's authority to certify criminal justice training schools in G.S. 17C-6, as meeting the requirements contained in 12 NCAC 09B .0200 must submit a completed Form F-10(SA) Request for School Accreditation. The Form F-10(SA) is available on the agency's website: [http://www.ncdoj.gov/getdoc/9134b822-24a7-4d70-8a3b-b2bd807100c4/F-10\(SA\)-6-11.aspx](http://www.ncdoj.gov/getdoc/9134b822-24a7-4d70-8a3b-b2bd807100c4/F-10(SA)-6-11.aspx). The F-10(SA) Request for School Accreditation must contain the following:

- (1) The name of the requesting institution/agency;
- (2) The mailing address, phone number, and name of the institution head or executive officer;
- (3) The name, title or rank, address and phone number of the designated School Director
- (4) The type of Commission approved training course in which accreditation is being sought;
- (5) The type and location of all facilities to be used in administering the Commission approved training course; and
- (6) The signature of the institution head or executive officer.

(b) Upon receipt of a completed Request for School Accreditation application:

- (1) The Standards Division staff reviews the application and conducts a site visit to tour facilities, confirm information on the application, and determine if and where deficiencies exist;
- (2) The Standards Division Staff contacts the applying institution or agency concerning deficiencies and provides assistance on correcting problem areas;
- (3) The Standards Division staff recommends to the Education and Training Committee when the accredited institution has satisfied the requirements outlined in 12 NCAC 09B .0200; and
- (4) The Education and Training Committee recommends to the full Commission at its next regularly scheduled meeting the approval or denial of accreditation for the applicant institution or agency.

~~(b)(c)~~ Accreditation or Re-accreditation of a school shall remain effective for five years from issuance unless earlier suspended or revoked for failure to maintain compliance with the requirements set forth in 12 NCAC 09B .0200, Minimum Standards for Criminal Justice Schools and Criminal Justice Training Programs or Courses of Instruction.

~~(e) The identity of those schools accredited under this Rule are published and distributed by the Standards Division, via the agency's website: <http://www.ncdoj.gov/CMSPages/GetFile.aspx?nodeguid=6eb7e157-87f7-40a3-b281-d95a36807bb9> and the schedule of criminal justice training courses planned for delivery during the succeeding year.~~

~~(d) A school may request reaccreditation from the Commission by submitting a completed Form F-10(SA) Request for School~~

~~Accreditation form, located on the agency's website: [http://ncdoj.gov/getdoc/9134b822-24a7-4d70-8a3b-b2bd807100c4/F-10\(SA\)-6-11.aspx](http://ncdoj.gov/getdoc/9134b822-24a7-4d70-8a3b-b2bd807100c4/F-10(SA)-6-11.aspx). The Form F-10(SA) shall contain information on changes in facilities, equipment, and staffing. Upon receipt of a completed application:~~

- ~~(1) The Standards Division staff reviews the request for reaccreditation, conducts a site visit to tour facilities, confirms information on the application, determines if and where deficiencies exist, and attaches copies of the reports of site visits to the application;~~
- ~~(2) The Standards Division staff submits the application and staff reports to the Education and Training Committee for review; and~~
- ~~(3) The Education and Training Committee recommends to the full Commission at its next regularly scheduled meeting the approval or denial of accreditation of the applicant institution or agency.~~

~~(e) In instances where certified schools have been found to be in compliance with by whom 12 NCAC 09B .0200 through favorable site visit reports, Standards Division staff shall reaccredit on behalf of the Commission. Such action shall be reported to the Education and Training Committee at its next scheduled meeting.~~

~~(f)(d)~~ In instances where the Education and Training Committee determines the school seeking accreditation or reaccreditation is not in compliance with 12 NCAC 09B .0200, the school application and staff reports shall be reviewed by the Probable Cause Committee, as specified in 12 NCAC 09A .0201.

~~(g)(e)~~ The Commission may suspend or revoke a school's accreditation when it finds that the school has failed to meet or continuously maintain any requirement, standard, or procedure for school or course accreditation. The Commission, by and through the Probable Cause Committee, shall summarily suspend the accreditation of a criminal justice school if the public health, safety, or welfare requires action pursuant to G.S. 150B-3.

- (1) For the purpose of considering a summary suspension of accreditation, the Probable Cause Committee shall meet only during its regularly scheduled quarterly meeting or upon notice given by mail, telephone, or other means not less than 48 hours in advance of the meeting;
- (2) A summary suspension shall be effective on the date specified in the order of the summary suspension or upon service of the certified copy of the order at the last known address of the school, whichever is later. The summary suspension shall remain effective during the proceedings for suspension and revocation;
- (3) Upon oral notification to the executive officer or officers of the institution or agency sponsoring any criminal justice training program or course of instruction by the Director that the accreditation of a school is being summarily suspended by written order, the school shall not perform any duties or conduct any courses requiring accreditation by the Commission;

- (4) The matter shall be returned for hearing before the Probable Cause Committee at the next scheduled Commission meeting.

~~(h) The Accreditation of a school whose accreditation is scheduled to expire in calendar year 2015 and who has submitted a request for recertification shall be extended for a maximum of two years under the following conditions:~~

- ~~(1) accreditation has not expired;~~
- ~~(2) the school has submitted a request for reaccreditation along with the required documentation by December 31, 2015.~~
- ~~(3) the Standards Division staff was unable to complete the recertification process by December 31, 2014; and~~
- ~~(4) the school is not denied reaccreditation prior to the expiration of the current accreditation. Accreditation or accreditation extension according to this Paragraph expires when reaccreditation is denied or revoked or the Standards Division staff is able to complete the reaccreditation process and it is determined that the school is in compliance with the Rules for Reaccreditation. If the school reaccreditation is denied or revoked, the school shall not deliver Commission accredited criminal justice courses until such reaccreditation has been granted or reinstated by the Commission.~~

Authority G.S. 17C-6; 17C-11.

12 NCAC 09C .0403 REPORTS OF TRAINING COURSE PRESENTATION AND COMPLETION

(a) Each presentation of the "Basic Law Enforcement Training" course a Commission-accredited training course shall be reported to the Commission as follows:

- (1) After acquiring accreditation for the course and before commencing each delivery of the course, the school director shall notify the Commission of the school's intent to offer the training course by submitting a Form F-10A ~~F-10A(LE)~~ Pre-delivery Report of Training Course Presentation; and
- (2) Not more than 10 days after completing delivery of the accredited course, the school director shall notify the Commission regarding the progress and achievement of each enrolled trainee by submitting a Form F-10B ~~F-10B(LE)~~ Post-delivery Report of Training Course ~~Presentation~~. Presentation and entering all student scores and class documents in the Acadis platform.

~~Forms F-10A(LE) and F-10B(LE) are located on the agency's website at: <http://www.ncdoj.gov/AboutDOJ/Law-Enforcement-Training-and-Standards/Criminal-Justice-Education-and-Training-Standards/Forms-and-Publications.aspx>.~~

~~Note: Special arrangements shall be made between the Standards Division and the school director for the reporting of law enforcement achievement in a Public Safety Officer course.~~

(b) Upon completion of a Commission-accredited training course by Juvenile Justice Officer and Chief/Juvenile Court Counselor trainees, the director of the school conducting such course shall notify the Commission of the achievement of trainees by submitting a Report of Training Course Completion (Form F-11). ~~This form is located on the agency's website: http://www.ncdoj.gov/getattachment/fbf3480e-05a1-4e0e-a81a-04070dea6199/F-11-Form_10-2-14.pdf.aspx.~~

Authority G.S. 17C-6; 17C-10.

SUBCHAPTER 09G - STANDARDS FOR CORRECTIONS EMPLOYMENT, TRAINING, AND CERTIFICATION

SECTION .0300 - CERTIFICATION OF CORRECTIONAL OFFICERS, PROBATION/PAROLE OFFICERS, AND INSTRUCTORS

12 NCAC 09G .0312 INSTRUCTOR CERTIFICATION RENEWAL

~~(a) Individuals who hold Specialized Instructor Certification may, for just cause, be granted an extension of the three year period to teach the 12-hour minimum requirement, pursuant to Rule .0311(c) of this Section. The Director of the Standards Division may grant such extensions on a one-time basis only not to exceed 12 months. For purposes of this Rule, just cause means accident, illness, emergency, course cancellation, or other exceptional circumstances which precluded the instructor from fulfilling the teaching requirement.~~

~~(b) The Director of the Standards Division may, for just cause, grant an extension of the 90-day period in which an instructor's renewal application must be submitted as specified in 12 NCAC 09G .0311(c). Such extension, however, shall not exceed 12 months and shall not extend the instructor's certification period beyond its specified expiration period.~~

Authority G.S. 17C-6.

TITLE 14B – DEPARTMENT OF PUBLIC SAFETY

Notice is hereby given in accordance with G.S. 150B-21.2 that the Crime Victims Compensation Commission intends to amend the rule cited as 14B NCAC 09 .0302.

Link to agency website pursuant to G.S. 150B-19.1(c): www.ncdps.gov/about-dps/administrative-rules

Proposed Effective Date: *January 1, 2025*

Instructions on How to Demand a Public Hearing: *(must be requested in writing within 15 days of notice): A request for a public hearing must be made within 15 days of notice. Email Rulemaking Coordinator Liddie Shropshire at lidd.shropshire@ncdps.gov to request a public hearing.*

Reason for Proposed Action: *The first proposed change to this rule adds the website location (<http://www.ncdps.gov/4victims>) where claimants can find the application for reimbursement. This*

aligns with current practice; the application has been available on the website since 2005.

The second proposed change allows applications to be accepted via an electronic application portal, fax, or email once the Director has determined the submitted application is complete. Under the current process, claimants mail a one-page Victim Compensation application and supporting documentation to the Office of Victim Compensation Services (OVCS). Applications are distributed at District Attorney's offices, law enforcement offices, or can be downloaded from the website listed above.

This was originally published on July 15, 2024, however not published on the agency website on the same day; therefore, the Crime Victims Compensation Commission seeks republication of the text.

Comments may be submitted to: Liddie Shropshire, 4232 Mail Service Center, Raleigh, NC 27699-4232

Comment period ends: November 15, 2024

Procedure for Subjecting a Proposed Rule to Legislative Review:

If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- ☒ State funds affected
- ☐ Local funds affected
- ☐ Substantial economic impact ($\geq \$1,000,000$)
- ☒ Approved by OSBM
- ☐ No fiscal note required

CHAPTER 09 - DIVISION OF VICTIMS SERVICES

SECTION .0300 - CRIME VICTIMS COMPENSATION COMMISSION

14B NCAC 09 .0302 PROCESSING AND PAYMENT OF CLAIMS

(a) ~~An application for a claim shall be accepted only when submitted on an approved claim application form and a determination is made by the Director that the application is complete with the required information in accordance with G.S. 15B-7. An application for a claim shall only be submitted on an approved claim application form located on the Crime Victim~~

Compensation website, <http://www.ncdps.gov/4victim>. An application for a claim shall be submitted on an approved claim application through the Crime Victim Compensation application portal, or by fax, or by email. The portal will be accessed through the NCDPS Victim Compensation Services website where there will be access to the portal using a weblink or a QR code. The public will gain access using electronic devices such as smart phones, computers, tablets and I-pads. The Director shall determine if the application is complete with the required information in accordance with G.S. 15B-7. An application for a claim shall be accepted only if all the preceding conditions are met.

(b) Claims will be processed in the order in which the completed applications are ~~received, deliverable by United States mail, received.~~ In any consideration of competing claims, with respect to priority order of processing, the filed date stamped on the claim shall be controlling. The date stamped on the claim shall control the order of processing any competing claims.

(c) ~~Every claim filed is subject to investigation to determine eligibility in accordance with G.S. 15B-8 by the Director. The Director shall determine compensation eligibility in accordance with G.S. 15B-8. Failure of the claimant to cooperate in the with any investigation in accordance with G.S. 15B-11(c) involving their claim may result in a denial of the claim or a reduction in the amount awarded. Each claim filed is investigated to determine eligibility in accordance with G.S. 15B-8.~~

(d) The Director or the Commission may reopen the investigation ~~of into~~ any claim upon ~~a finding that the claimant has provided additional information.~~ receiving additional information regarding the claim incident. This information may be provided by the victim/claimant, law enforcement, medical documents and the court system according to G.S. 11(d).

(e) The Director shall mail a written statement of the award decision to the ~~claimant~~ claimant, along with the check for the award, if any, within 15 business days of the Director's or the Commission's decision according to G.S. 15B-10 or verification of current collateral source information, whichever occurs ~~last~~ last according to G.S. 15B-16. This written statement shall notify the ~~claimant~~ claimant whether this check is a partial or complete payment of the ~~award~~ award, of any payments made directly to a service ~~provider~~ provider, and of appeal rights.

(f) Claims shall be docketed on a list to be reviewed by the Commission or the Director for determination of payment in accordance with G.S. 15B-8 and 15B-10. ~~in an order determined by the Director.~~

(g) All payments of compensation shall be made in ~~strict~~ accordance with the award issued by the Director or the Commission according to G.S. 15B-2 (1), 15B-10, and 15B-11.

(h) A claimant who fails to cooperate with or supply requested information including medical expenses, current contact information, details regarding circumstances of crime to the Director or who supplies inaccurate or incomplete information may have the claim denied or the award reduced, in the discretion of the Director or the Commission.

(i) The claimant shall inform the Director at any time before any action brought to recover damages for the criminally injurious conduct that is the basis of any claim or award and the availability of any collateral source. Each claim filed is investigated to determine eligibility in accordance with G.S. 15B-7(b). The

failure to provide such information may be considered as fraud in accordance with G.S. 15B-7(b), allowing the Director or the Commission to reduce or deny an award or to recover monies previously paid.

(j) All notifications and payments or other documents transmitted by mailing U.S. Mail will be sent to the address submitted by the claimant. The claimant shall notify the Director in writing of any change of address.

Authority G.S. 15B-2; 15B-3; 15B-4; 15B-6; 15B-7; 15B-8; 15B-10; 15B-11; 15B-16.

TITLE 21 - OCCUPATIONAL LICENSING BOARDS AND COMMISSIONS

CHAPTER 10 – BOARD OF CHIROPRACTIC EXAMINERS

Notice is hereby given in accordance with G.S. 150B-21.2 that the Board of Chiropractic Examiners intends to amend the rule cited as 21 NCAC 10 .0302.

Link to agency website pursuant to G.S. 150B-19.1(c):
<https://ncchiroboard.com>

Proposed Effective Date: *January 1, 2025*

Public Hearing:

Date: *October 7, 2024*

Time: *10:30 a.m.*

Location:

<https://us02web.zoom.us/j/86753802864?pwd=F41pfGjWkbh0rbja30mLWcHS2Elmdf.1>

Reason for Proposed Action: *21 NCAC 10 .0302 - To update statutory authority and clarify language*

Comments may be submitted to: *Dr. Joe Siragusa, 9121 Anson Way, Suite 200, Raleigh, NC 27615; phone (704) 793-1342; email dr. joe@ncchiroboard.com*

Comment period ends: *November 15, 2024*

Procedure for Subjecting a Proposed Rule to Legislative

Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission,

please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- ☐ **State funds affected**
- ☐ **Local funds affected**
- ☐ **Substantial economic impact (>= \$1,000,000)**
- ☐ **Approved by OSBM**
- ☒ **No fiscal note required**

SECTION .0300 - RULES OF UNETHICAL CONDUCT

21 NCAC 10 .0302 ADVERTISING AND PUBLICITY

(a) Methods of Professional Identification. Methods of professional identification that are compliant with G.S. 90-154.2(4) include:

- (1) Signs. Signs may be placed on exterior doors, windows or walls of the licentiate's office or at entrances to the building in which his office is located.
- (2) Stationery. A licentiate may identify himself on his stationery and mailing literature using the terms permitted by this Rule.

(b) Prohibited Advertising. The following shall constitute false or misleading advertising in violation of ~~G.S. 90-154(b)(1)~~ G.S. 90-154.2:

- (1) Advertising that purports to guarantee a beneficial result from chiropractic treatment.
- (2) Advertising that promotes a treatment, therapy, or service that constitutes unacceptable care ~~or~~ in the scope of practice as set forth in G.S. 90-143(a) and G.S. 90-151.
- (3) Advertising in which the licentiate is identified as a specialist, unless the licentiate has complied with the requirements of 21 NCAC 10 .0304, and any reference to the specialty is immediately preceded by the term "chiropractic." Illustrations are as follows:
 - (A) "Pediatrics" standing alone is deemed false or misleading; "chiropractic pediatrics" conforms to this Rule; and
 - (B) "Neurologist" standing alone is deemed false or misleading; "chiropractic neurologist" conforms to this Rule.
- (4) Advertising that implies the licensee holds an additional license(s) in North Carolina ~~not so held~~, including but not limited to a medical physician, physical therapist, massage therapist, or acupuncturist.

Authority G.S. 90-142; ~~90-154~~ 90-154.2.

CHAPTER 25 - INTERPRETER AND TRANSLITERATOR LICENSING BOARD

Notice is hereby given in accordance with G.S. 150B-21.2 that the Interpreter and Transliterators Licensing Board intends to adopt the rule cited as 21 NCAC 25 .0202.

Link to agency website pursuant to G.S. 150B-19.1(c):
<https://ncitlb.org/>

Proposed Effective Date: January 1, 2025

Public Hearing:

Date: October 9, 2024

Time: 10:00 a.m.

Location:

<https://us02web.zoom.us/j/87232095473?pwd=Vf3znqEHZAVheOnXkR0akYALr0vbf.1>

Reason for Proposed Action: *This process to adopt a current temporary rule as a permanent rule for the Board.*

Comments may be submitted to: Caitlin Schwab, PO Box 98328, Raleigh, NC 27624; phone (919) 779-5709; email ncitlb@caphill.com

Comment period ends: November 15, 2024

Procedure for Subjecting a Proposed Rule to Legislative Review:

If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- ☐ State funds affected
- ☐ Local funds affected
- ☐ Substantial economic impact (\geq \$1,000,000)
- ☐ Approved by OSBM
- ☒ No fiscal note required

SECTION .0200 - LICENSING

21 NCAC 25 .0202 THE APPLICATION PACKAGE AND REQUIREMENTS FOR LICENSURE

(a) An applicant for licensure shall submit the following materials to the Board:

- (1) A completed, signed, and dated application in the format provided by the Board;

- (2) A clear, two-inch by two-inch, passport-style photograph of the head and shoulders of the applicant, made within two years of the date of application;
- (3) A legible, fully-completed finger print card obtained from a local law enforcement agency;
- (4) The applicant's signed, written consent to a criminal record check;
- (5) One or more cashier's checks, certified checks or money orders made payable to the North Carolina Interpreter and Transliterators Licensing Board in the amounts necessary to cover the cost of charged by the Department of Public Safety for all necessary local, State and federal criminal record checks; and
- (6) A cashier's check, certified check or money order made payable to the North Carolina Interpreter and Transliterators Licensing Board in the amount specified by Rule .0203 of this Section.

~~(b) An applicant for an initial license under S.L. 2002-182, s. 7, as amended by S.L. 2003-56, shall submit the following materials to the Board:~~

- ~~(1) Written verification that the applicant was actively engaged as an interpreter or transliterator in this State for at least 200 hours for each of the two years immediately preceding 31 October 2002. The written verification must be signed by the individual who paid or approved payment for the services or the individual who supervised the applicant when the services were rendered;~~
- ~~(2) Letters of recommendation from any two individuals who are:~~
 - ~~(A) Interpreters who hold valid National Association of the Deaf level 4 or 5 certifications; or~~
 - ~~(B) Interpreters who are nationally certified by the Registry of Interpreters for the Deaf, Inc.; or~~
 - ~~(C) Transliterators who have national certifications recognized by the National Cued Speech Association ("NCSA"); or~~
 - ~~(D) Interpreters who hold quality assurance North Carolina Interpreter Classification System ("NCICS") level A or B classifications in effect on January 1, 2000; or~~
 - ~~(E) Consumers of interpreter or transliterator services who have observed the applicant's performance as an interpreter or transliterator; or~~
 - ~~(F) The parent or legal guardian of a deaf consumer of interpreter or transliterator services who has observed the applicant's performance as an interpreter or transliterator.~~

(b) Upon application to the Board and payment of the required fees under 21 NCAC 25 .0203(a), the Board may grant an Applicant a full license as an interpreter or transliterator if the applicant meets all of the following qualifications:

- (1) Is 18 years of age or older.
- (2) Is of good moral character presumptively established by the applicant's eligibility under 21 NCAC 25 .0302. If the Board determines there is probable cause to question an applicant's moral character, and after notice to the applicant and a hearing, the Board shall deny a license if there exists clear and convincing evidence rebutting the presumption that the applicant is of good moral character.
- (3) Meets one of the following criteria:
 - (A) Is nationally certified by the Registry of Interpreters for the Deaf, Inc., (RID).
 - (B) Holds a valid Testing, Evaluation and Certification Unit, Inc. (TECUnit) national certification in cued language transliteration.
 - (C) Holds a current Cued Language Transliterator State Level Assessment (CLTSLA) level 3 or above classification.
 - (D) Holds a Board for Evaluation of Interpreters (BEI) assessment of Advanced or above.
 - (E) A Deaf Interpreter who holds a Board for Evaluation of Interpreters (BEI) intermediary certificate level IV or above.

(c) Upon application to the Board and payment of the required fees under 21 NCAC 25 .0203(a), the Board may grant an Applicant a one-time provisional license as an interpreter or transliterator if the applicant meets all of the following qualifications:

- (1) Is 18 years of age or older.
- (2) Is of good moral character presumptively established by the applicant's eligibility under 21 NCAC 25 .0302. If the Board determines there is probable cause to question an applicant's moral character, and after notice to the applicant and a hearing, the Board shall deny a license if there exists clear and convincing evidence rebutting the presumption that the applicant is of good moral character.
- (3) Completes two continuing education units approved by the Board. These units must be completed for each renewable year.
- (4) Holds at least a two-year associate degree in interpreting from an accredited institution and satisfies one the following:
 - (A) Holds a quality assurance North Carolina Interpreter Classification System (NCICS) level C classification.

- (B) Holds a valid National Association of the Deaf (NAD) level 2 or 3 certification.
- (C) Holds a current Educational Interpreter Performance Assessment (EIPA) level 3.5 or above classification.
- (D) Holds a Board for Evaluation of Interpreters (BEI) assessment of Basic.
- (E) A Deaf Interpreter who holds a Board for Evaluation of Interpreters (BEI) intermediary certificate level III.

(d) Upon application to the Board, payment of the required fees under 21 NCAC 25 .0203(a), and meeting the requirements for a provisional license under Subparagraph (c)(1) and (c)(2) of this Rule, the Board shall also issue a provisional license to any of the following categories of persons seeking a one-time provisional license:

- (1) A deaf interpreter who completes 16 hours of training in interpreting coursework or workshops, including role and function or ethics, and 20 hours in the 12 months immediately preceding the date of application in the provision of interpreting services.
- (2) An oral interpreter who completes a total of 40 hours of training in interpreting coursework or workshops related to oral interpreting.
- (3) A cued language transliterator who holds a current TECUnit Cued language Transliterator State Level Assessment (CLTSLA) level 2 or above classification.
- (4) A person providing interpreting or transliterating services who has a recognized credential from another state in the field of interpreting or transliterating.
- (5) An interpreter or transliterator who has accumulated at least 200 hours per year in the provision of interpreting or transliterating services, in this State or another state, totaling at least 400 hours for the two years immediately preceding the date of the application. An applicant must provide documentation of hours when applying for a provisional license under this category, subject to verification by the Board.

(e) Paragraphs (b)–(d) applies to licenses and provisional licenses issued or renewed by the North Carolina Interpreter and Transliterator Licensing Board on or after October 1, 2023.

Authority G.S. 90D-6; 90D-7; 90D-10; S.L. 2002-182, s. 7, as amended by S.L. 2003-56.

CHAPTER 30 – BOARD OF MASSAGE AND BODYWORK THERAPY

Notice is hereby given in accordance with G.S. 150B-21.2 that the Board of Massage and Bodywork Therapy intends to amend the rules cited as 21 NCAC 30 .0201, .0204, .0620, .0623, .0627 and .1012.

Link to agency website pursuant to G.S. 150B-19.1(c):
<https://bmbt.org/mtpages/news.html>

Proposed Effective Date: February 1, 2025

Public Hearing:

Date: October 17, 2024

Time: 10:00 a.m.

Location: GlenLake One, 4th Floor Conference Room, 4140 ParkLake Avenue, Raleigh, NC 27612

Reason for Proposed Action: *The amendments to Rule .0201, .0620 and .0627 are being submitted to comply with a statute change increasing the education hours from 500 to 650. The amendments to Rule .0204 are being submitted to remove a fee not included in the statute and to add that the Board accepts credit/debit cards for payment of fees. The amendments to Rule .0623 are to include various learning resources available to students. The amendments to Rule .1012 are being submitted to provide a process for an establishment to renew late.*

Comments may be submitted to: Elizabeth Kirk, 4140 ParkLake Avenue, Suite 100, Raleigh, NC 27612; phone (919) 832-1380; email admin@bmbt.org

Comment period ends: November 15, 2024

Procedure for Subjecting a Proposed Rule to Legislative Review:

If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- ☐ State funds affected
- ☐ Local funds affected
- ☐ Substantial economic impact ($\geq \$1,000,000$)
- ☐ Approved by OSBM
- ☒ No fiscal note required

SECTION .0200 - APPLICATION FOR LICENSE

21 NCAC 30 .0201 APPLICATION AND SCOPE

(a) Each applicant for a license as a massage and bodywork therapist shall complete an online application. ~~application provided by the Board on its website at www.bmbt.org.~~ The application shall include the following:

- (1) full name (last name, first name, middle name and maiden name, if applicable);
- (2) name as the applicant wants it to appear on license (must be part or all of applicant's legal name);
- (3) current residence;
- (4) personal mailing address;
- (5) city, state, zip code and county;
- (6) Social Security Number;
- (7) city and state of birth;
- (8) date of birth;
- (9) telephone number (e.g. home, mobile and business);
- (10) email address;
- (11) trade name or business name (if applicable);
- (12) business address;
- (13) type of license applying for (Regular, License by Endorsement A or License by Endorsement B);
- (14) examination agency (FSMTB, NCCAOM or NCBTMB, if applicable);
- (15) exam taken (MBLEx, NCETMB, NCETM or ABTE, if applicable);
- (16) whether or not a U.S. citizen;
- (17) physical description (gender, height, eye color, race, weight and hair color);
- (18) ~~place~~ places of residence for the previous 10 years including date, street address, city, state, zip ~~code~~ code, and county;
- (19) professional experience for the previous 10 years including date, job title, type of business, hours worked per week, employer's name, address, state, zip code, area code and phone ~~number~~ number, and reason for leaving, if applicable;
- (20) education (high school, college/university, graduate or professional) including name of educational institution, city, state, zip code, whether or not you were issued a certificate, diploma or degree and month and year of graduation;
- (21) previous or current massage or bodywork therapy licensure, ~~registration~~ registration, or certification in another state or territory, including state, license, registration or certification type, license or credential number, date issued and date of expiration;
- (22) professional affiliations and achievements;
- (23) whether the applicant has had any of the following situations and explain such instances: an explanation of each:
 - (A) charged with, arrested for, convicted of, or ~~plead~~ pled guilty or no contest to a violation of any law;

- (B) had a driver's license canceled, suspended or revoked;
- (C) pending criminal charges in any state or jurisdiction;
- (D) violated any federal or state ~~statue~~ statute or rule which relates to massage and bodywork therapy or any other healthcare profession;
- (E) obtained or attempted to obtain compensation by fraud or deceit;
- (F) ~~involved~~ named as a defendant in a civil suit related to your practice of massage and bodywork therapy or other healthcare profession;
- (G) had any judgments entered against you;
- (H) expelled, fired, asked to ~~resign~~ resign, or otherwise suspended from any educational institution;
- (I) fired, asked to resign or otherwise suspended from employment;
- (J) denied a massage therapy license or a license for any other healthcare profession;
- (K) had a massage therapy license or a license for any other healthcare profession revoked or suspended;
- (L) have any ~~formal~~ disciplinary charges pending or action taken by any massage or bodywork therapy licensing board or medical board;
- (M) been diagnosed with a mental illness;
- (N) been diagnosed as being dependent on alcohol or drugs;
- (O) been diagnosed as abusing ~~abused~~ alcohol or drugs;
- (P) been evaluated or treated for mental health or substance ~~abuse issues~~; abuse;
- (Q) used any drug or alcohol to the extent it adversely affected your professional competence or employment;

(24) an attestation under oath before a notary that the information on the application is true and also complete an affidavit of applicant to the Board of all information pertaining to the application.

(b) This application shall be submitted to the Board and shall be accompanied by:

- (1) One original color photograph of the applicant taken within six months preceding the date of the application of sufficient quality for identification. The photograph shall be of the head and shoulders, passport type, and two inches by two inches in size;
- (2) The ~~proper~~ fees, as required by Rule .0204 of this Section and G.S. ~~90-629.1(b); 90-628(b);~~
- (3) ~~Documentation~~ A copy of a high school diploma or transcript, General Equivalency Diploma (GED), or college diploma or

- (4) transcript showing that the applicant has earned a high school diploma or equivalent;
- (4) ~~Documentation~~ A copy of a driver's license or birth certificate showing that the applicant is 18 years of age or older;
- (5) ~~Documentation~~ An official transcript from the massage therapy school showing that the applicant has completed a course of study at a school approved by the Board ~~according to these rules~~ and consisting of a minimum of ~~500~~ 650 classroom hours of supervised instruction. If the applicant attended a school that is not approved by the Board, the Board ~~may elect to~~ will review that applicant's curriculum on a case-by-case basis. The documentation of such training shall come from a school that is licensed by the educational licensing authority in the state, territory or country in which it operates. In North Carolina the documentation shall come from a proprietary school approved by the Board or a college-based massage program that is exempt from Board approval. The curriculum shall meet or be ~~substantially~~ equivalent to the standards set forth in Rule .0620(2) of this Chapter;
- (6) ~~Documentation~~ An official score report showing that the applicant has achieved a passing score on a competency assessment examination administered or approved by the ~~Board or approved by the Board that meets generally accepted psychometric principles and standards;~~ Board;
- (7) Signed statements from four persons attesting to the applicant's ~~good moral character;~~ personal history of honesty, integrity, trustworthiness, fairness, good reputation for fair dealings, and respect for the rights of others and for state and federal laws;
- (8) Fingerprint card executed by a fingerprinting ~~agency;~~ agency; and
- (9) Consent to a criminal history record check by the North Carolina Department of Justice.

Authority G.S. 90-626(2); 90-629.

21 NCAC 30 .0204 FEES

(a) Fees are as follows:

- (1) Application for Examination of Requirements for License \$ 20.00
- (2) License fee 150.00
- (3) License renewal 100.00
- (4) Late renewal penalty 75.00
- (5) Duplicate license 25.00
- (6) ~~Application for Additional Examination of Moral Character~~ 150.00

(b) Fees shall be nonrefundable and shall be paid ~~in the form of a by credit card, debit card, cashier's check, certified check, check,~~ or money order made payable to the North Carolina Board of Massage and Bodywork Therapy.

Authority G.S. 90-628; 90-626(8).

SECTION .0600 - MASSAGE AND BODYWORK THERAPY SCHOOLS

21 NCAC 30 .0620 PROGRAM REQUIREMENTS

Pursuant to G.S. ~~90-631(1); 90-631(a)(1),~~ programs shall meet the following requirements:

- (1) A school shall develop and adhere to a set of educational objectives that describe the intended ~~skills, skills knowledge, and knowledge~~ attitudes that the program is designed to develop in the student by the completion of the program;
- (2) The program shall have a core curriculum of at least ~~500~~ 650 classroom hours of supervised instruction. The core curriculum shall contain the following hours of specific course ~~work that are consistent with the school's mission and educational objectives; work:~~
 - (a) ~~200~~ 230 hours in the fundamental theory and practice of massage and bodywork therapy that is designed to produce comprehensive entry-level skills in the application of direct manipulation to the soft tissues of the human body, and is based in therapeutic methods consistent with the definition set forth in G.S. 90-622(3) such as Swedish massage, acupressure, shiatsu, deep muscle massage, trigger point therapy, and connective tissue bodywork. Of the ~~200~~ 230 hours in this category, at least ~~400~~ 115 hours shall be in the application of hands-on methods. The balance of the hours shall include client assessment skills, indications and contraindications for treatment, body mechanics, draping procedures, standard practices for hygiene and control of infectious diseases, and the history of massage and bodywork therapy;
 - (b) 100 hours in anatomy and physiology related to the practice of massage and bodywork therapy that shall include the structure and function of the human ~~body and common pathologies; body;~~
 - (c) 55 hours in kinesiology related to the practice of massage and bodywork therapy that shall include the function of movement;

(d) 45 hours in pathology related to the practice of massage and bodywork therapy;

~~(e)(e)~~ 15 ~~20~~ hours in professional ~~ethics, and North Carolina laws and rules~~ ethics for the practice of massage and bodywork therapy;

(f) 10 hours in North Carolina laws and rules for the practice of massage and bodywork therapy;

~~(d)(g)~~ 15 hours in business management practices related to the practice of massage and bodywork therapy;

~~(e)(h)~~ 20 ~~25~~ hours in psychological concepts related to the practice of massage and bodywork therapy, including dynamics of the ~~client/therapist relationship,~~ client-therapist relationship, and boundaries, professional communication skills, and the mind-body connection, and boundary functions; connection;

~~(f)(i)~~ 150 hours in other courses related to the practice of massage and bodywork therapy. The courses may include additional hands-on techniques, specific applications, adjunctive modalities, in-depth anatomy and physiology, kinesiology, psychological concepts, or supervised clinical practice. First Aid or CPR shall not be included in this category. Techniques that are considered exempt from licensure pursuant to G.S. 90-624(6) or (7), and that are further defined by Rule .0203(a) may constitute up to 50 hours of the 150 hours in this category.

(3) ~~For programs that include a student~~ Student clinic or fieldwork experiential component, the ~~hours programs~~ hours shall not exceed 100 hours of the ~~minimum requirement set forth in Sub-item (2)(f)~~ minimum requirement set forth in Sub-item (2)(f) 150 hours required by Sub-item (2)(i) of this Rule. All work shall be in the presence of and directly supervised by and evaluated by an ~~instructional staff member; instructor;~~

(4) For programs that include an externship component, the hours shall not be included in the requirements set forth in Item (2) of this Rule, and shall not comprise more than 20 percent of the total program hours. All work at the externship site shall be supervised by a person at the externship site who is ~~acceptable to~~ approved by the school, and shall be monitored and evaluated by the school;

(5) The program shall provide curriculum hours that allow its graduates to meet the minimum eligibility requirements for at least one of the competency assurance examinations that are

- approved by the Board as meeting the licensure requirement set forth in G.S. 90-629(5) and Rule .0201(a)(15);
- (6) Programs shall consist of a series of courses that are organized ~~in a logical sequence, so that each class prepares the students for the next class and that~~ are consistent with the program's educational objectives. ~~Sequential organization means that within a course, each class prepares students for the next class.~~ Material shall not be ~~not~~ presented unless students have the necessary skills and knowledge to utilize ~~that~~ the material;
- (7) Course titles shall match the content of the ~~course;~~ course and published course descriptions shall reflect the specific learning objectives of each course; ~~and sufficient hours shall be allotted to each course to allow students to gain competence in the subject areas covered;~~
- (8) A ~~course curriculum~~ syllabus shall be developed for each course that shows the basic content of each individual class in the course in the sequence presented;
- (9) Course requirements and competencies shall be consistent from instructor to instructor. Teaching materials, including lesson plans for every class taught, shall be developed and maintained for each course to ensure consistency. Teaching methods shall ~~be appropriate~~ adopt to course content, and ~~to~~ diverse learning styles;
- (10) Programs shall be at least ~~24~~ 25 weeks in length, with no more than nine instructional hours in one day. There shall be no more than two hours of instruction without a break. There shall be no more than four hours of instruction without a meal break;
- (11) For a student to receive credit in a course, the student shall attend ~~75~~ 80 percent of the instructional hours of the course. The student shall also make up missed instructional hours to equal no less than 98 percent of the instructional hours in the course according to the procedures established by the school;
- (12) A syllabus shall be developed for each course and provided to students prior to the beginning of instruction. The syllabus shall include the following elements:
- (a) course title;
 - (b) course description;
 - (c) learning objectives;
 - (d) teaching methodologies;
 - (e) total number of instructional hours;
 - (f) meeting dates and class times;
 - (g) assignments;
 - (h) textbooks;
 - (i) evaluation methods;
 - (j) quiz and examination dates; and

- (k) performance standards.
- (13) For post-secondary institutions, courses that fulfill the requirements set forth in Item (2) of this Rule shall support ~~the program~~ education and training in massage and bodywork therapy. Courses in addition to these requirements may include courses from other departments or programs ~~that are relevant~~ related to the practice of massage and bodywork therapy; and
- (14) For classes that involve hands-on practice, the student to instructor ratio shall not exceed 16 to 1. Both instructors and teaching assistants, as defined in Rule ~~.0612~~ .0602(5) and ~~(12)~~ of this Section, shall be considered in calculating these ratios.

Authority G.S. 90-626(9); 90-631.

21 NCAC 30 .0623 LEARNING RESOURCES

The school shall provide sufficient access to learning resources to students and instructional staff to support the educational objectives of the program as follows:

- (1) the school shall ~~maintain a resource center that contains or provides~~ provide students access to books, periodicals, and other informational materials in the field of massage and bodywork therapy. As an alternative, the school may have a contractual agreement with another ~~facility~~ entity to provide access to such resources; and
- (2) all other resources, such as charts, models, or electronic media, shall be maintained.

Authority G.S. 90-626(9); 90-631.

21 NCAC 30 .0627 TRANSFER OF CREDIT; ADVANCED PLACEMENT CREDIT

(a) A school shall not grant transfer credit from another institution unless the following standards are met:

- (1) The school from where credit is being transferred shall be licensed or approved by the educational licensing authority or be exempt by statute in the state in which it ~~operates, or be exempt by statute;~~ operates;
- (2) The school from where credit is being transferred shall provide an official transcript;
- (3) Courses for which credit is granted shall be parallel in content ~~and intensity~~ to the courses presently offered by the ~~school;~~ and school granting the transfer;
- (4) Documentation of previous training shall be included in each student's permanent file.

(b) A school may only grant ~~advanced placement~~ credit to a student, or exempt the student from curriculum requirements, based on the student's performance on an examination that the school administers to determine competency in that subject area. ~~Advanced placement Credit~~ or exemption shall not exceed 35 percent of the total number of hours in the program and shall not reduce the total hours attended to less than ~~500~~ 650 hours.

Authority G.S. 90-626(9); 90-631.

**SECTION .1000 – MASSAGE AND BODYWORK
THERAPY ESTABLISHMENT LICENSURE**

21 NCAC 30 .1012 LICENSE RENEWAL

(a) Any establishment licensee renewing a license shall comply with all requirements for licensure and shall submit the required renewal fee pursuant to G.S. 90-632.14(a)(3).

(b) An establishment license that has not been renewed prior to its expiration date is expired and the establishment shall submit an initial application for licensure pursuant to Rule .1003 of this Chapter, not operate. The establishment license may be reinstated within 120 days upon payment of the license renewal fee and late renewal penalty pursuant to Rule .1014 of this Chapter. Any establishment license expired for more than 120 days shall not be

renewed and an initial application for licensure shall be submitted pursuant to Rule .1003 of this Chapter.

(c) Any owner whose establishment license has expired and who engages in or permits any massage and bodywork therapy activities governed by the Practice Act shall be subject to the penalties prescribed in G.S. 90-634 and G.S. 90-634.1.

(d) Members of the armed forces whose establishment licenses are in good standing and to whom G.S. 105-249.2 grants an extension of time to file a tax return shall be granted that same extension of time to pay the establishment license renewal fee. A copy of military orders and the extension approval by the Internal Revenue Service shall be furnished to the Board to be granted the extension of time to pay the renewal fee.

Authority G.S. 90-630.5; 90-632.14; 93B-15.

RULES REVIEW COMMISSION

This Section contains information for the meeting of the Rules Review Commission September 25, 2024 at 1711 New Hope Church Road, RRC Commission Room, Raleigh, NC. Anyone wishing to submit written comment on any rule before the Commission should submit those comments to the RRC staff, the agency, and the individual Commissioners. Specific instructions and addresses may be obtained from the Rules Review Commission at 984-236-1850. Anyone wishing to address the Commission should notify the RRC staff and the agency no later than 5:00 p.m. of the 2nd business day before the meeting. Please refer to RRC rules codified in 26 NCAC 05.

RULES REVIEW COMMISSION MEMBERS

Appointed by Senate

Jeanette Doran (Chair)
John Hahn
Jeff Hyde
Brandon Leebrick
Bill Nelson

Appointed by House

Barbara A. Jackson (1st Vice-Chair)
Randy Overton (2nd Vice-Chair)
Wayne R. Boyles, III
Jake Parker
Paul Powell

COMMISSION COUNSEL

Brian Liebman	984-236-1948
William W. Peaslee	984-236-1939
Seth M. Ascher	984-236-1934
Travis Wiggs	984-236-1929

RULES REVIEW COMMISSION MEETING DATES

September 25, 2024	November 25, 2024
October 30, 2024	December 19, 2024

AGENDA

RULES REVIEW COMMISSION

Wednesday, September 25, 2024, 10:00 A.M.
1711 New Hope Church Rd., Raleigh, NC 27609

- I. Ethics reminder by the chair as set out in G.S. 138A-15(e)
- II. Approval of the minutes from the last meeting
- III. Follow-up matters
 1. North Carolina Agricultural Finance Authority - 02 NCAC 63 .0101, .0102, .0103, .0104, .0105, .0106 (Peaslee)
- IV. Review of Log of Filings (Permanent Rules) for rules filed July 21, 2024 through August 20, 2024
 1. Medical Care Commission (Liebman)
 2. Code Officials Qualification Board (Wiggs)
 3. Sheriffs' Education and Training Standards Commission (Peaslee)
 4. Wildlife Resources Commission (Ascher)
 5. State Board of Education (Ascher)
 6. Midwifery Joint Committee (Peaslee)
 7. Board of Examiners in Optometry (Peaslee)
 8. Veterinary Medical Board (Wiggs)
- V. Review of Log of Filings (Temporary Rules) for any rule filed within 15 business days prior to the RRC Meeting
- VI. Existing Rules Review
 - Review of Reports
 1. 02 NCAC 29 - Board of Crop Seed Improvement (Wiggs)
 2. 11 NCAC 10 - Department of Insurance (Wiggs)
 3. 15A NCAC 01A, 01S - Department of Environmental Quality (Ascher)
 4. 15A NCAC 02K - Environmental Management Commission (Ascher)
 5. 18 NCAC 05, 06, 10 - Department of the Secretary of State (Ascher)
 6. 21 NCAC 01 - Acupuncture Licensing Board (Wiggs)
 7. 21 NCAC 30 - Board of Massage and Bodywork Therapy (Wiggs)
 - Readoption

1. 15A NCAC 05A, 05B, 05F, 05G - Mining Commission (Ascher)
- VII. Commission Business
- RRC rule changes to 26 NCAC 05 .0107, .0108, .0115, .0116
 - Review of the 2025 RRC meeting schedule
 - Closed session, to consult with attorneys regarding CRC v. RRC and CJETS v. RRC; and ASHLEY SNYDER, in her official capacity as CODIFIER OF RULES
 - Next meeting: Wednesday, October 30, 2024
-

Commission Review
Log of Permanent Rule Filings
July 21, 2024 through August 20, 2024

MEDICAL CARE COMMISSION

The rules in Subchapter 13S concern licensure of suitable facilities for the performance of surgical abortions including licensure procedure (.0100); minimum standards for construction and equipment (0200); and services (.0300).

<u>Definitions</u>	10A NCAC 13S .0101
Adopt*	
<u>Plans</u>	10A NCAC 13S .0104
Adopt*	
<u>Building Code Requirements</u>	10A NCAC 13S .0201
Adopt*	
<u>Area Requirements</u>	10A NCAC 13S .0207
Adopt*	
<u>Elements and Equipment</u>	10A NCAC 13S .0212
Adopt*	
<u>Governing Authority</u>	10A NCAC 13S .0318
Adopt*	
<u>Policies and Procedures and Administrative Records</u>	10A NCAC 13S .0319
Adopt*	
<u>Admission and Discharge</u>	10A NCAC 13S .0320
Adopt*	
<u>Medical Records</u>	10A NCAC 13S .0321
Adopt*	
<u>Personnel Records</u>	10A NCAC 13S .0322
Adopt*	
<u>Clinic Staffing</u>	10A NCAC 13S .0323
Adopt*	
<u>Quality Assurance</u>	10A NCAC 13S .0324
Adopt*	
<u>Laboratory Services</u>	10A NCAC 13S .0325
Adopt*	
<u>Emergency Back-Up Services</u>	10A NCAC 13S .0326
Adopt*	
<u>Outpatient Procedural Services</u>	10A NCAC 13S .0327
Adopt*	
<u>Medications and Sedation</u>	10A NCAC 13S .0328
Adopt*	
<u>Post Procedural Care</u>	10A NCAC 13S .0329
Adopt*	
<u>Cleaning of Materials and Equipment</u>	10A NCAC 13S .0330
Adopt*	

Food Service
Adopt*

10A NCAC 13S .0331

CODE OFFICIALS QUALIFICATION BOARD

The rules in Chapter 8 are the engineering and building codes including the approval of school maintenance electricians (.0400); qualification board-limited certificate (.0500); qualification board-probationary certificate (.0600); qualification board-standard certificate (.0700); disciplinary actions and other contested matters (.0800); manufactured housing board (.0900); NC Home Inspector Licensure Board (.1000); home inspector standards of practice and code of ethics (.1100); disciplinary actions (.1200); home inspector continuing education (.1300); Manufactured Housing Board continuing education (.1400); and alternate designs and construction appeals (.1500).

<u>Nature of Probationary Certificate</u> Amend*	11	NCAC 08	.0602
<u>Required Qualifications</u> Amend*	11	NCAC 08	.0706
<u>Special Circumstances</u> Amend*	11	NCAC 08	.0707
<u>Building Inspector Level I, II and III</u> Adopt*	11	NCAC 08	.0737
<u>Electrical Inspector Level I, II and III</u> Adopt*	11	NCAC 08	.0738
<u>Mechanical Inspector Level I, II and III</u> Adopt*	11	NCAC 08	.0739
<u>Plumbing Inspector Level I, II and III</u> Adopt*	11	NCAC 08	.0740
<u>Fire Inspector Level I, II and III</u> Adopt*	11	NCAC 08	.0741

SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

The rules in Subchapter 10B govern the commission organization and procedure (.0100); enforcement rules (.0200); minimum standards for employment as a justice officer (deputy or jailer) (.0300); certification of justice officers (.0400); standards and accreditation for justice officers schools, training programs, and the instructors (.0500-.0900); certificate and awards programs for sheriffs, deputies, justice officers, jailers, reserve officers, and telecommunicators (.1000-.1700); in-service training (.2000); firearms in-service training and re-qualification (.2100); and forms (.2200).

<u>Telecommunicator Certification Course</u> Amend**	12	NCAC 10B	.1302
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WILDLIFE RESOURCES COMMISSION

The rules in Chapter 10 are promulgated by the Wildlife Resources Commission and concern wildlife resources and water safety.

The rules in Subchapter 10D are game lands rules.

<u>Buffalo Cove Game Land in Caldwell and Wilkes Counties</u> Amend*	15A	NCAC 10D	.0209
<u>Kings Creek Game Lands in Caldwell and Wilkes Counties</u> Amend*	15A	NCAC 10D	.0243
<u>South Mountains Game Land in Burke, Cleveland, McDowell, ...</u> Amend*	15A	NCAC 10D	.0276

The rules in Subchapter 10F cover motorboats and water safety including boat registration (.0100); safety equipment and accident reports (.0200); and local water safety regulations covering speed limits, no-wake restrictions, restrictions on swimming and other activities, and placement of markers for designated counties or municipalities (.0300).

Pender County 15A NCAC 10F .0321
Amend*

The rules in Subchapter 10H concern activities regulated by the Commission including controlled hunting preserves for domestically raised waterfowl and game birds (.0100), holding wildlife in captivity (.0300), commercial trout ponds (.0400), fish propagation (.0700), falconry (.0800), game bird propagators (.0900), taxidermy (.1000), furbearer propagation (.1100), controlled fox hunting preserves (.1200), reptiles and amphibians (.1300), wildlife captivity and rehabilitation (.1400), wildlife and alligator control agents (.1500) field trials and dog training (.1700) and commercial activity permitting (.1800)..

General Requirements and Fees 15A NCAC 10H .1801
Adopt*

Commercial Use Permits 15A NCAC 10H .1802
Adopt*

Event Permits 15A NCAC 10H .1803
Adopt*

The rules in Subchapter 10I concern endangered and threatened species.

Protection of Endangered/Threatened/Special Concern 15A NCAC 10I .0102
Readopt with Changes*

Endangered Species Listed 15A NCAC 10I .0103
Amend*

Threatened Species Listed 15A NCAC 10I .0104
Amend*

Special Concern Species Listed 15A NCAC 10I .0105
Amend*

EDUCATION, STATE BOARD OF

The rules in Chapter 6 concern elementary and secondary education.

The rules in Subchapter 6C concern personnel including general provisions (.0100); teacher education (.0200); licensure and educator Preparation Programs (EPPS) (.0300); annuities and pensions (.0400); performance appraisal system (.0500); standards of professional conduct for North Carolina educators (.0600); and educator employment (.0700).

Parental Leave 16 NCAC 06C .0408
Adopt*

The rules in subchapter 6I concern the governor morehead school including administrative procedures (.0100); personnel (.0200); student rules (.0300); and discipline (.0400).

Purposes and Responsibilities 16 NCAC 06I .0101
Repeal*

Eligibility 16 NCAC 06I .0102
Repeal*

Medical and Health Services 16 NCAC 06I .0103
Repeal*

Student Information 16 NCAC 06I .0104
Repeal*

The Governor Morehead School Campus Parking 16 NCAC 06I .0105
Repeal*

<u>Authority of Teachers and Houseparents</u>	16	NCAC 06I	.0201
Repeal*			
<u>Who May Give Directions</u>	16	NCAC 06I	.0202
Repeal*			
<u>Compliance with Campus Rules and Authorized Persons</u>	16	NCAC 06I	.0301
Repeal*			
<u>Protection of Property</u>	16	NCAC 06I	.0302
Repeal*			
<u>Use of Drugs</u>	16	NCAC 06I	.0303
Repeal*			
<u>Code of Dress for Students</u>	16	NCAC 06I	.0304
Repeal*			
<u>Definitions of Disciplinary Terms</u>	16	NCAC 06I	.0401
Repeal*			
<u>Procedure for Administering Discipline</u>	16	NCAC 06I	.0402
Repeal*			
<u>Distribution of Policy</u>	16	NCAC 06I	.0403
Repeal*			
<u>Discipline Violations</u>	16	NCAC 06I	.0404
Repeal*			
<u>Disciplinary Actions</u>	16	NCAC 06I	.0405
Repeal*			
<u>Request for Determination</u>	16	NCAC 06I	.0406
Repeal*			
<u>Applicability of Procedures</u>	16	NCAC 06I	.0407
Repeal*			

The rules in subchapter 6J concern the North Carolina schools for the deaf including administrative procedures (.0100); student rules (.0200); and personnel (.0300).

<u>Campuses</u>	16	NCAC 06J	.0101
Repeal*			
<u>Eligibility</u>	16	NCAC 06J	.0102
Repeal*			
<u>Application Procedures</u>	16	NCAC 06J	.0103
Repeal*			
<u>Student Fee</u>	16	NCAC 06J	.0104
Repeal*			
<u>Refunds</u>	16	NCAC 06J	.0105
Repeal*			
<u>Definition</u>	16	NCAC 06J	.0106
Repeal*			
<u>Consent Required from Student or Parent</u>	16	NCAC 06J	.0107
Repeal*			
<u>Consent Required from Former Student or Parent</u>	16	NCAC 06J	.0108
Repeal*			
<u>Use of School's Records for Research</u>	16	NCAC 06J	.0109
Repeal*			
<u>Availability of Records to Staff Members</u>	16	NCAC 06J	.0110
Repeal*			
<u>Home Visits</u>	16	NCAC 06J	.0201
Repeal*			
<u>Visits to Other Student's Homes</u>	16	NCAC 06J	.0202

Repeal*			
<u>Reimbursement for Damaged Property</u>	16	NCAC 06J	.0203
Repeal*			
<u>Alcoholic Beverages</u>	16	NCAC 06J	.0204
Repeal*			
<u>Drugs</u>	16	NCAC 06J	.0205
Repeal*			
<u>Tobacco Products</u>	16	NCAC 06J	.0206
Repeal*			
<u>Leaving Campus</u>	16	NCAC 06J	.0207
Repeal*			
<u>Expulsion</u>	16	NCAC 06J	.0208
Repeal*			
<u>Authority of Classroom Teachers/Dormitory Personnel</u>	16	NCAC 06J	.0301
Repeal*			

The rules in Subchapter 6K concern the education services for the deaf and blind (EDSB).

<u>Placement Procedures</u>	16	NCAC 06K	.0104
Repeal*			
<u>Weapons Prohibited on School Property</u>	16	NCAC 06K	.0105
Repeal*			

MIDWIFERY JOINT COMMITTEE

The rules in Chapter 33 are from the Midwifery Joint Committee.

<u>Administrative Body and Definitions</u>	21	NCAC 33	.0101
Amend*			
<u>Eligibility and Application</u>	21	NCAC 33	.0103
Amend*			
<u>Provider Collaboration Required</u>	21	NCAC 33	.0104
Amend*			
<u>Disciplinary Action</u>	21	NCAC 33	.0105
Amend*			
<u>Continuing Education (CE)</u>	21	NCAC 33	.0111
Amend*			
<u>Scope of Practice</u>	21	NCAC 33	.0112
Adopt*			
<u>Annual Renewal</u>	21	NCAC 33	.0114
Adopt*			
<u>Inactive Status</u>	21	NCAC 33	.0115
Adopt*			
<u>Collaborative Provider Agreement</u>	21	NCAC 33	.0116
Adopt*			
<u>Prescribing Authority</u>	21	NCAC 33	.0117
Adopt*			
<u>Birth Outside Hospital Setting</u>	21	NCAC 33	.0118
Adopt*			
<u>Petitioning for Rulemaking</u>	21	NCAC 33	.0119
Adopt*			
<u>Contact</u>	21	NCAC 33	.0120
Adopt*			

OPTOMETRY, BOARD OF EXAMINERS IN

The rules in Subchapter 42B concern license to practice optometry including license by examination (.0100); responsibility to supply information (.0200); and professional corporations and limited liability companies (.0300).

<u>Branch Office</u>	21 NCAC 42B .0202
Amend*	

VETERINARY MEDICAL BOARD

The rules in Chapter 66 are from the Veterinary Medical Board including statutory and administrative provisions (.0100); practice of veterinary medicine (.0200); examination and licensing procedures (.0300); rules petitions hearings (.0400); declaratory rulings (.0500); administrative hearings procedures (.0600); administrative hearings decisions related rights (.0700) judicial review (.0800); veterinary facility permits (.0900); boarding kennels (.1000); and facilities and operating standards (.1100).

<u>Fees</u>	21 NCAC 66 .0108
Amend*	
<u>Minimum Standards for Continuing Education</u>	21 NCAC 66 .0206
Amend*	
<u>Definitions</u>	21 NCAC 66 .0901
Amend*	
<u>Veterinary Facility Permits</u>	21 NCAC 66 .0902
Amend*	
<u>Supervising Veterinarian</u>	21 NCAC 66 .0903
Amend*	
<u>Discipline Veterinary Facility Permits</u>	21 NCAC 66 .0904
Amend*	
<u>Reinstatement After Revocation of Facility Permit</u>	21 NCAC 66 .0905
Amend*	