STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL CARE COMMISSION QUARTERLY MEETING
DIVISION OF HEALTH SERVICE REGULATION
809 RUGGLES DRIVE, RALEIGH NC 27603
EDGERTON BUILDING
CONFERENCE ROOM – 026A
OR
TEAMS Video Conference: Click here to join the meeting
OR
Dial-IN: 1-984-204-1487 / Passcode: 947 464 630#

August 12, 2022 (Friday)
9:00 a.m.

Agenda

I. Meeting Opens – Roll Call

II. Chairman's Comments……Dr. John Meier

III. Public Meeting Statement……Dr. John Meier

This meeting of the Medical Care Commission is open to the public but is not a public hearing. Therefore, any discussion will be limited to members of the Commission and staff unless questions are specifically directed by the Commission to someone in the audience.

IV. Ethics Statement……Dr. John Meier

The State Government Ethics Act requires members to act in the best interest of the public and adhere to the ethical standards and rules of conduct in the State Government Ethics Act, including the duty to continually monitor, evaluate, and manage personal, financial, and professional affairs to ensure the absence of conflicts of interest.

V. Approval of Minutes (Action Items)……..Dr. John Meier

- **May 3, 2022** (Medical Care Commission Special Meeting) (**See Exhibit A/1**)
- **June 8, 2022** (Executive Committee) (**See Exhibit B/1**)

VI. Bond Program Activities……Geary W. Knapp

A. Quarterly Report on Bond Program (**See Exhibit B**)
B. Notices & Non-Action Items & Technical Rule Changes

July 8, 2022 – Cone Health Series 2013A (**Partial Redemption**)

- Par Value Redeemed: $30,000,000
- Cash provided from sale of Brookwood CCRC

VII. Old Business (Discuss Rules, Fiscal Note, & Comments Submitted) (Action Item)

A. Rules for Adoption

1. Adult/Family Care Home Rules…….N. Pfeiffer & M. Lamphere
Readoption of 20 rules following Periodic Review; Amendment of 4 rules; Repeal of 1 rule (Phase 3) (Total 25 rules)

- Rules: 10A NCAC 13F .0404, .0407, .0501, .0502, .0503, .0504, .0508, .0905, .1006, .1008, .1010, .1207

- 10A NCAC 13G .0404, .0406, .0501, .0502, .0503, .0504, .0507, .0508, .0903, .0905, .1005, .1006, .1208

(**See Exhibits C thru C/3**)

VIII. Refunding of Commission Bond Issues (Action Item)…….……Geary W. Knapp

Recommended:

WHEREAS the bond market is in a period of generally fluctuating interest rates, and

WHEREAS, in the event of decline of rates during the next quarter, refunding of certain projects could result in significant savings in interest expense thereby reducing the cost of health care to patients, and

WHEREAS, the Commission will not meet again until November 4, 2022 in Raleigh, North Carolina;

THEREFORE, BE IT RESOLVED; that the Commission authorize its Executive Committee to approve projects involving the refunding of existing debt and amend previously approved projects to include refunding components only between this date and November 4, 2022. Refunding projects may be for non-Commission debt, and non-material, routine capital improvement expenditures.

IX. Closed Session…….……..……....Dr. John Meier

X. Meeting Adjournment

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL CARE COMMISSION EMERGENCY TELECONFERENCE MEETING
DIVISION OF HEALTH SERVICE REGULATION
809 RUGGLES DRIVE, RALEIGH NC 27603
EDGERTON BUILDING
CONFERENCE ROOM - 026A
Or
Via TEAMS Video Conference: Click here to join the meeting
Or
Dial-In: 1-984-204-1487 / Passcode: 901 048 016#

Tuesday, May 3, 2022
12:30 P.M.

MINUTES

I. Meeting Attendance

MEMBERS PRESENT	MEMBERS ABSENT
John J. Meier, IV, M.D., Chairman Joseph D. Crocker, Vice-Chairman Kathy G. Barger Sally B. Cone John A. Fagg, M.D. Bryant C. Foriest Linwood B. Hollowell, III Anita L. Jackson, M.D. Eileen C. Kugler, RN, MSN, MPH, FNP Stephen T. Morton Robert E. Schaaf, M.D. Neel G. Thomas, M.D. Lisa A. Tolnitch, M.D. Jeffrey S. Wilson **DHSR STAFF** Mark Payne, Director, DHSR/Secretary, MCC Geary W. Knapp, JD, CPA, Assistant Secretary, MCC Bethany Burgon, Attorney General's Office Kimberly Randolph, Attorney General's Office Nadine Pfeiffer, Rules Review Manager, DHSR Becky Wertz, Chief, Nursing Home Licensure Beverly Speroff, Assistant Chief, Nursing Home Licensure Crystal Abbott, Auditor, MCC Alice Creech, Executive Assistant, MCC	Paul R.G. Cunningham, M.D. Ashley H. Lloyd, D.D.S. Karen E. Moriarty

OTHERS PRESENT	
Tom Akins, LeadingAge North Carolina Charles Keller, Nursing Home Badge Petitioner Adam Sholar, North Carolina Healthcare Facilities Assoc. Polly Welsh, North Carolina Healthcare Facilities Assoc. Ben Popkin, Popkin Strategies	

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V. New Business

A. Petition for Rulemaking (Approve or deny petition received)

1. Petition for rulemaking for Nursing Home name badges……N. Pfeiffer & B. Speroff **(See Exhibits A-A/1)**

COMMISSION ACTION: *A motion was made by Mrs. Eileen Kugler to deny the Nursing Home Badge petition as written, seconded by Dr. John Fagg, and unanimously approved.*

COMMISSION ACTION: *A motion was made by Mrs. Eileen Kugler for the agency to evaluate the need for such a rule for nursing home identification badges with requirements designed to achieve regulatory objective in a cost effective manner that reduces the burden upon those persons who must comply with the rule requirements, seconded by Mr. Bryant Foriest, and approved with the disapproval of Mr. Joe Crocker.*

VI. Meeting Adjournment

There being no further business the meeting was adjourned at 1:35 p.m.

Respectfully Submitted,

_____

Geary W. Knapp, Assistant Secretary

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There being no further business the meeting was adjourned at 1:35 p.m.

Respectfully Submitted,

Geary W. Knapp, Assistant Secretary

Payne, Mark

From: Charles Keller <charles.w.keller@gmail.com>
Sent: Tuesday, January 11, 2022 1:09 PM
To: Payne, Mark
Subject: [External] Rule Making Proposal RE: Name Badges

January 11, 2022
Office of the Director

Division of Health Service Regulation

2701 Mail Service Center

Raleigh, North Carolina, 27699-2701

DELIVERED VIA EMAIL (Mark.Payne@dhhs.nc.gov)

Dear Mr. Payne:

Please accept this correspondence at my petition for rulemaking pursuant to G.S. 150B-20. The reason I present this petition is because seniors in nursing facilities and their advocates have difficulty obtaining identification of the person providing them care. Names are often forgotten, misheard, nicknames or aliases are provided, staff claim not to know the name of their coworkers, some nursing facility management has instructed staff to only provide a first name, and then flatly refuse to give it when asked directly. Not knowing the accurate name of a caregiver presents an issue of patient safety because complaints regarding care cannot be expeditiously addressed, reports to regulatory agencies lack vital identifying information, family and patients have no way to verify professional licensure is in good standing (for example NC LPN licensure look up requires a first and last name to search), or privately run a criminal records check on staff that may only had a check years earlier upon being hired. The dignity of the patent is violated when they have no way to meaningfully identify a person who provides them care.

This rule, if enacted, will promote professionalism in an industry that holds great power over their frail and elderly customers. It will protect this population from nursing home malfeasance and benign neglect. A savvy, wealthy senior, whose cognitive abilities can obtain a copy of their records and sometimes glean the name of some staff from their records, but not everyone knows to make the request and the facility charges for the copy.

This rule petition has no effect on existing rules or orders.

An internet search of name badge suppliers indicates the cost of the badge is anywhere between $2.00 and $10.00. Given that most nursing facilities charge at least between $191.79 per day, per resident as of July 1, 2021,[1] this is a small cost in comparison to the public benefit.

Currently, Georgia, Minnesota, Oregon, New York, California, Illinois, Massachusetts and Rhode Island have identification badge laws. North Carolina should join these states in vigorously giving vulnerable senior citizens the maximum protection possible.

Proposed Rule Text

10 NCAC 13D .XXXX Identification Badges

All nursing facilities shall issue name badges that conspicuously display the full legal name, nickname and the licensure, if applicable, in 18 point font for every staff member, contractor or volunteer that examines patients, provides treatment or care to patients, and gives custodial care to a patient. The badge must be prominently displayed on the staff member, contractor or volunteer's person at all times.

The name of any staff member, contractor or volunteer must be immediately provided in writing upon the request of a patient, visitor or family member of a patient within twenty-four hours of the request being made.

History Note: Authority: G.S. 131E-104; G.S. 131E-117(1); G.S. 131E-117(5); G.S. 131E-117(6); G.S. 131E-131;
Effective Date: April 1, 2022.

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[1] https://medicaid.ncdhhs.gov/providers/fee-schedules/nursing-facility-fee-schedules

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Thank you for your time and consideration,

Charles Keller, Jr.

"I will find a way or make one!"

NH Name Badge Petition for Proposed Rule
Agency Recommendation

The Agency supports the idea and intent of the rule proposed in this petition; however, the Agency recommends denial of the petition based upon G.S. 150B-19.1 (a)(2) and (6). In lieu of granting the petition, the Agency recommends evaluating the need for such a rule for identification badges with requirements designed to achieve the regulatory objective in a cost-effective manner and reduced burden upon those persons or entities who must comply with the rule.

G.S. 90-640 requires licensed, certified, or registered health care practitioners to wear identification badges and does not include this requirement for unlicensed direct care and indirect care staff employed in a facility.

The North Carolina Health Care Facilities Association and Leading Age North Carolina stated that many skilled nursing facilities already use identification badges with all staff, licensed and unlicensed.

The Agency proposes evaluating the potential need to develop such a rule that would allow the preservation of the badges that are already in use so long as the badges in use can achieve the regulatory objective of proper identification of the staff at the facilities. This proposal could allow the facilities to use the resources that already exist instead of having to devote time and resources to comply with new specifications for identification badges during an on-going pandemic.

NC Medical Care Commission

Quarterly Report on **Outstanding Debt** (End: 4th Quarter FYE 2022)

Program Measures	FYE 2021 Ending: 6/30/2021	FYE 2022 Ending: 6/30/2022
Outstanding Debt	**$5,458,749,746**	**$5,062,795,270**
Outstanding Series	**126**[1]	**117**[1]

Detail of Program Measures	Ending: 6/30/2021	Ending: 6/30/2022
Outstanding Debt per Hospitals and Healthcare Systems	$3,987,631,982	$3,560,138,783
Outstanding Debt per CCRCs	$1,416,747,763	$1,502,656,487
Outstanding Debt per Other Healthcare Service Providers	$54,370,000	$0
Outstanding Debt Total	**$5,458,749,746**	**$5,062,795,270**
Outstanding Series per Hospitals and Healthcare Systems	68	59
Outstanding Series per CCRCs	56	58
Outstanding Series per Other Healthcare Service Providers	2	0
Series Total	**126**	**117**
Number of Hospitals and Healthcare Systems with Outstanding Debt	14	12
Number of CCRCs with Outstanding Debt	17	18
Number of Other Healthcare Service Providers with Outstanding Debt	1	0
Facility Total	32	30

Exhibit B (Outstanding Balance)

Note 1: For FYE 2022, NCMCC has closed 28 **Bond Series**. Out of the closed Bond Series: 11 were conversions, 6 were new money projects, 1 combination of new money project and refunding, and 10 were refundings. The Bond Series outstanding from FYE 2021 to current represents all new money projects, refundings, conversions, and redemptions.

GENERAL NOTES: Facility Totals represent a parent entity total and do not represent each individual facility owned/managed by the parent entity. CCRCs are licensed by the NC Department of Insurance. "Other Healthcare Service Providers" would include nursing homes, rehabilitation facilities, assisted living, blood donation centers, and hospice facilities. The following parent entities represent the current "other healthcare service providers" with outstanding NC MCC debt: NONE AT THIS TIME

NC Medical Care Commission

Quarterly Report on **History** of NC MCC Finance Act Program (End: 4th Quarter FYE 2022)

Program Measures	FYE 2021 Ending: 6/30/2021	FYE 2022 Ending: 6/30/2022
Total PAR Amount of Debt Issued	**$27,586,164,692**	**$28,681,980,327**
Total Project Debt Issued (excludes refunding/conversion proceeds) [1]	**$13,433,214,540**	**$13,517,222,552**
Total Series Issued	**665**	**694**

Detail of Program Measures	Ending: 6/30/2021	Ending: 6/30/2022
PAR Amount of Debt per Hospitals and Healthcare Systems	$22,123,409,855	$22,868,969,855
PAR Amount of Debt per CCRCs	$5,088,459,607	$5,438,715,242
PAR Amount of Debt per Other Healthcare Service Providers	$374,295,230	$374,295,230
Par Amount Total	**$27,586,164,692**	**$28,681,980,327**
Project Debt per Hospitals and Healthcare Systems	$10,273,019,674	$10,273,019,674
Project Debt per CCRCs	$2,913,180,952	$2,997,188,964
Project Debt per Other Healthcare Service Providers	$247,013,915	$247,013,915
Project Debt Total	**$13,433,214,540**	**$13,517,222,552**
Series per Hospitals and Healthcare Systems	414	428
Series per CCRCs	212	227
Series per Other Healthcare Service Providers	39	39
Series Total	**665**	**694**
Number of Hospitals and Healthcare Systems issuing debt	99	99
Number of CCRCs issuing debt	40	41
Number of Other Healthcare Service Providers issuing debt	46	46
Facility Total	185	186

Note 1: Project Debt excludes bond proceeds that directly refunded prior NCMCC outstanding issues and conversion par amounts. Project Debt is an accumulation of all new project money, issuance costs (including issuance costs for refundings/conversions (if any)), and refundings of non-NCMCC debt.

GENERAL NOTES: Facility Totals represent each individual facility and do not represent parent entity totals. CCRCs are licensed by the NC Department of Insurance. "Other Healthcare Service Providers" would include nursing homes, rehabilitation facilities, assisted living, blood donation centers, and hospice facilities.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

The North Carolina Medical Care Commission
809 Ruggles Drive
Raleigh, North Carolina

MINUTES

CALLED MEETING OF THE EXECUTIVE COMMITTEE CONFERENCE TELEPHONE MEETING ORIGINATING FROM THE COMMISSION'S OFFICE

June 8, 2022
11:30 A.M.

Members of the Executive Committee Present:

John J. Meier, IV, Chairman
Joseph D. Crocker, Vice-Chairman
Sally B. Cone
Bryant C. Foriest
Linwood B. Hollowell, III
Eileen C. Kugler

Members of the Executive Committee Absent:

Jeffrey S. Wilson

Members of Staff Present:

Geary W. Knapp, JD, CPA, Assistant Secretary
Kathy C. Larrison, MCC Auditor
Alice S. Creech, Executive Assistant

Others Present:

Paul Billow, Womble Bond Dickinson (US) LLP
David Hughes, ECU Health
Jon Mize, Womble Bond Dickinson (US) LLP
Chuck Stafford, Ponder & Co.

1. Purpose of Meeting

To consider a resolution authorizing the sale and issuance of bonds, the proceeds of which will be loaned to University Health Systems of Eastern Carolina, Inc. d/b/a ECU Health and Pitt County Memorial Hospital, Incorporated d/b/a ECU Health Medical Center.

2. Series Resolution Authorizing the Sale and Issuance of North Carolina Medical Care Commission Health Care Facilities Revenue Refunding Bonds (ECU Health), Series 2022B (the "2022B Bonds") and North Carolina Medical Care Commission Health Care Facilities Revenue Refunding Bonds (ECU Health), Series 2022C (the "2022C Bonds, and together with the 2022B Bonds, the "Bonds").

Executive Committee Action: *A motion was made to approve the final sale of bonds for ECU Health by Mrs. Sally Cone, seconded by Mrs. Eileen Kugler, and unanimously approved.*

WHEREAS, the North Carolina Medical Care Commission (the "Commission") is a commission of the Department of Health and Human Services of the State of North Carolina and is authorized under Chapter 131A of the General Statutes of North Carolina, as amended (the "Act"), to borrow money and to issue in evidence thereof bonds and notes for the purpose of providing funds to pay all or any part of the cost of financing or refinancing health care facilities; and

WHEREAS, University Health Systems of Eastern Carolina, Inc. d/b/a ECU Health (the "Parent Corporation") and Pitt County Memorial Hospital, Incorporated d/b/a ECU Health Medical Center (the "Corporation") are each a North Carolina nonprofit corporation and a "non-profit agency" within the meaning and intent of the Act, which operate, by themselves and through controlled affiliates, various health care facilities; and

WHEREAS, the Parent Corporation and the Corporation have made application to the Commission for issuance of the 2022B Bonds and the lending of the proceeds thereof to the Parent Corporation and the Corporation for the purpose of providing funds, together with other available funds, to (a) refund all of the outstanding (i) North Carolina Medical Care Commission Health Care Facilities Revenue Refunding Bonds (Vidant Health), Series 2013A (the "2013A Bonds") and (ii) North Carolina Medical Care Commission Health Care Facilities Revenue Refunding Bonds (Vidant Health), Series 2013B (the "2013B Bonds") and (b) pay the fees and expenses incurred in connection with the sale and issuance of the 2022B Bonds; and

WHEREAS, the Parent Corporation and the Corporation have also made application to the Commission for issuance of the 2022C Bonds and the lending of the proceeds thereof to the Parent Corporation and the Corporation for the purpose of providing funds, together with other available funds, to (a) refund all of the outstanding North Carolina Medical Care Commission Health Care Facilities Revenue Bonds (University Health Systems of Eastern Carolina), Series 2011 (the "2011 Bonds") and (b) pay the fees and expenses incurred in connection with the sale and issuance of the 2022C Bonds; and

WHEREAS, the Commission has, by resolution duly adopted on May 13, 2022 (the "Commission Resolution"), approved the issuance of the Bonds, subject to compliance with the

conditions set forth in such resolution, and the Parent Corporation and the Corporation have complied with such conditions to the satisfaction of the Commission; and

WHEREAS, there have been presented at this meeting draft forms or executed copies, as applicable, of the following documents relating to the Bonds:

(a) Trust Agreement, to be dated as of June 1, 2022 (the "2022B Trust Agreement"), between the Commission and U.S. Bank Trust Company, National Association, as bond trustee (the "Bond Trustee"), together with the form of the 2022B Bonds attached thereto, relating to the 2022B Bonds;

(b) Trust Agreement, to be dated as of June 1, 2022 (the "2022C Trust Agreement" and, together with the 2022B Trust Agreement, the "Trust Agreements"), between the Commission and the Bond Trustee, together with the form of the 2022C Bonds attached thereto, relating to the 2022C Bonds;

(c) Loan Agreement, to be dated as of June 1, 2022 (the "2022B Loan Agreement"), between the Parent Corporation, the Corporation and the Commission, relating to the 2022B Bonds;

(d) Loan Agreement, to be dated as of June 1, 2022 (the "2022C Loan Agreement" and, together with the 2022B Loan Agreement, the "Loan Agreements"), between the Parent Corporation, the Corporation and the Commission, relating to the 2022C Bonds;

(e) Contract of Purchase, to be dated the date of delivery thereof (the "2022B Contract of Purchase"), between the Local Government Commission of North Carolina (the "LGC") and Banc of America Public Capital Corp. (the "Purchaser"), and approved by the Commission and the Parent Corporation, relating to the sale of the 2022B Bonds;

(f) Contract of Purchase, to be dated the date of delivery thereof (the "2022C Contract of Purchase" and, together with the 2022B Contract of Purchase, the "Contracts of Purchase"), between the LGC and the Purchaser, and approved by the Commission and the Parent Corporation, relating to the sale of the 2022C Bonds;

(g) the Master Trust Indenture (Amended and Restated), dated as of February 1, 2006 (as supplemented and amended, the "Master Indenture"), between the Parent Corporation, the Corporation and First-Citizens Bank & Trust Company (succeeded by U.S. Bank Trust Company, National Association), as master trustee (the "Master Trustee");

(h) Supplemental Master Trust Indenture No. 34, to be dated as of June 1, 2022 ("Supplemental Indenture No. 34"), between the Parent Corporation, the Corporation and the Master Trustee, supplementing the Master Indenture, including the form of Master Obligation, Series 2022B, to be dated the date of delivery thereof (the "2022B Master Obligation"), executed and delivered by the Parent Corporation to the Commission;

(i) Supplemental Master Trust Indenture No. 35, to be dated as of June 1, 2022 ("Supplemental Indenture No. 35"), between the Parent Corporation, the Corporation and

the Master Trustee, supplementing the Master Indenture, including the form of Master Obligation, Series 2022B-1, to be dated the date of delivery thereof (the "2022B-1 Master Obligation"), executed and delivered by the Parent Corporation to the Purchaser;

(j) Supplemental Master Trust Indenture No. 36, to be dated as of June 1, 2022 ("Supplemental Indenture No. 36"), between the Parent Corporation, the Corporation and the Master Trustee, supplementing the Master Indenture, including the form of Master Obligation, Series 2022C, to be dated the date of delivery thereof (the "2022C Master Obligation"), executed and delivered by the Parent Corporation to the Commission;

(k) Supplemental Master Trust Indenture No. 37, to be dated as of June 1, 2022 ("Supplemental Indenture No. 37" and, together with Supplemental Indenture No. 34, Supplemental Indenture No. 35 and Supplemental Indenture No. 36, the "Supplemental Indentures"), between the Parent Corporation, the Corporation and the Master Trustee, supplementing the Master Indenture, including the form of Master Obligation, Series 2022C-1, to be dated the date of delivery thereof (the "2022C-1 Master Obligation" and, together with the 2022B Master Obligation, the 2022B-1 Master Obligation and the 2022C Master Obligation, the "Obligations"), executed and delivered by the Parent Corporation to the Purchaser;

(l) Continuing Covenant Agreement, to be dated as of June 1, 2022 (the "2022B Covenant Agreement"), among the Parent Corporation, the Corporation and the Purchaser, relating to the 2022B Bonds;

(m) Continuing Covenant Agreement, to be dated as of June 1, 2022 (the "2022C Covenant Agreement" and, together with the 2022B Covenant Agreement, the "Covenant Agreements"), among the Parent Corporation, the Corporation and the Purchaser, relating to the 2022C Bonds; and

WHEREAS, the Commission has determined that the Parent Corporation and the Corporation are financially responsible and capable of fulfilling their obligations under each of the documents described above to which the Parent Corporation and/or the Corporation are a party; and

WHEREAS, the Commission has determined that the public interest will be served by the proposed financing and refinancing and that adequate provision has been made for the payment of the principal of, redemption premium, if any, and interest on the Bonds;

NOW THEREFORE, BE IT RESOLVED by the Executive Committee of the North Carolina Medical Care Commission as follows:

Section 1. Capitalized terms used in this Series Resolution and not defined herein shall have the meanings given such terms in the Trust Agreements, the Loan Agreements and the Master Indenture, as applicable.

Section 2. Pursuant to the authority granted to it by the Act, the Commission hereby authorizes the issuance of the 2022B Bonds and the 2022C Bonds in an aggregate principal amount not-to-exceed $149,080,000 for the purposes set forth above. Each series of the Bonds shall be dated as of their respective dates of delivery. The 2022B Bonds shall initially bear

interest at the Daily SOFR Index Rate with an initial rate not-to-exceed 6.00% per annum. The 2022C Bonds shall initially bear interest at the BSBY Index Rate with an initial rate not-to-exceed 6.00% per annum. The interest rates on the Bonds shall be subject to adjustment and conversion to other interest rate index modes in the manner provided in the Trust Agreements. The Bonds will be subject to mandatory tender for purchase on October 1, 2029 as provided in the respective Trust Agreements. The final maturity date for the 2022B Bonds shall be December 1, 2036, and the final maturity date for the 2022C Bonds shall be December 1, 2040. The mandatory sinking fund redemption schedules for the 2022B Bonds and the 2022C Bonds are set forth in Exhibit A hereto.

The Bonds shall be initially issued as fully registered bonds in denominations of $100,000 or any integral multiple of $5,000 in excess of $100,000 as described in the Trust Agreements. While the Bonds bear interest at an Index Interest Rate, interest on the Bonds shall be payable on the first Business Day of each calendar month. Payments of principal of and interest on the Bonds shall be forwarded by the Bond Trustee to the registered owners of the Bonds in such manner as is set forth in the Trust Agreements.

Section 3. The Bonds shall be subject to optional, extraordinary optional and mandatory sinking fund redemption and optional and mandatory tender for purchase and shall be subject to conversion to different interest rate modes, at the times, upon the terms and conditions and, with respect to redemptions and tenders, at the prices set forth in the Trust Agreements.

Section 4. The proceeds of the 2022B Bonds shall be applied as provided in Section 2.08 of the 2022B Trust Agreement. The proceeds of the 2022C Bonds shall be applied as provided in Section 2.08 of the 2022C Trust Agreement.

Section 5. The forms, terms and provisions of the Loan Agreements and the Trust Agreements are hereby approved in all respects, and the Chairman, the Vice Chairman or any member of the Commission designated in writing by the Chairman for such purpose and the Secretary or any Assistant Secretary of the Commission are hereby authorized and directed to execute and deliver the Loan Agreements and the Trust Agreements in substantially the forms presented at this meeting, together with such modifications as such persons, with the advice of counsel, may deem necessary or appropriate, including but not limited to changes, modifications necessary or appropriate to incorporate the final terms of the Bonds as shall be set forth in the Contracts of Purchase, and such execution and delivery shall be conclusive evidence of the approval and authorization thereof by the Commission.

Section 6. The form, terms and provisions of the Contracts of Purchase are hereby approved in all respects and the Chairman, the Vice Chairman or any member of the Commission designated in writing by the Chairman for such purpose is hereby authorized and directed to execute and deliver the Contracts of Purchase in substantially the forms presented at this meeting, together with such modifications as such persons, with the advice of counsel, may deem necessary or appropriate, including but not limited to changes, modifications necessary or appropriate to incorporate the final terms of the Bonds, and such execution and delivery shall be conclusive evidence of the approval and authorization thereof by the Commission.

Section 7. The forms of the Bonds as set forth in the Trust Agreements are hereby approved in all respects and the Chairman, the Vice Chairman or any member of the

Commission designated in writing by the Chairman for such purpose and the Secretary or any Assistant Secretary of the Commission are hereby authorized and directed to execute, by manual or facsimile signature as provided in such forms of the respective Bonds, and to deliver to the Bond Trustee for authentication on behalf of the Commission, the Bonds in definitive form, which shall be in substantially the form presented at this meeting, together with such modifications as such persons, with the advice of counsel, may deem necessary or appropriate and consistent with the Trust Agreements, and such execution and delivery shall be conclusive evidence of the approval and authorization thereof by the Commission.

Section 8. The forms, terms and provisions of the Supplemental Indentures, the Obligations and the Covenant Agreements are hereby approved in substantially the forms presented at this meeting, together with such modifications as the Chairman or Vice Chairman, with the advice of counsel, may deem necessary and appropriate, and the execution and delivery of the Trust Agreements by the Commission shall be conclusive evidence of the approval of such documents by the Commission.

Section 9. The Commission hereby approves the action of the LGC in authorizing the private sale of the 2022B Bonds to the Purchaser in accordance with the 2022B Contract of Purchase and the private sale of the 2022C Bonds to the Purchaser in accordance with the 2022C Contract of Purchase, in each case at a purchase price equal to 100% of the principal amount thereof.

Section 10. Upon execution of the Bonds in the form and manner set forth in the Trust Agreements, the Bonds shall be deposited with the Bond Trustee for authentication, and the Bond Trustee is hereby authorized and directed to authenticate the Bonds and, upon compliance with the provisions of Section 2.08 of the 2022B Trust Agreement, with respect to the 2022B Bonds and Section 2.08 of the 2022C Trust Agreement, with respect to the 2022C Bonds, the Bond Trustee shall deliver the Bonds to the Purchaser against payment therefor.

Section 11. U.S. Bank Trust Company, National Association is hereby appointed as the Bond Trustee and Tender Agent for the Bonds.

Section 12. S. Mark Payne, Secretary of the Commission, Geary W. Knapp, Assistant Secretary, Kathy C. Larrison, Auditor, and Crystal Watson-Abbott, Auditor, for the Commission, are each hereby appointed a Commission Representative (as that term is defined in the Loan Agreements) of the Commission with full power to carry out the duties set forth therein.

Section 13. The Chairman, the Vice Chairman, any member of the Commission designated in writing by the Chairman, the Secretary or Secretary and the Assistant Secretary of the Commission are authorized and directed (without limitation except as may be expressly set forth herein) to take such action and to execute and deliver any such documents, certificates, undertakings, agreements or other instruments as they, with the advice of counsel, may deem necessary or appropriate to effect the transactions contemplated by the Trust Agreements, the Loan Agreements and the Contracts of Purchase.

Section 14. The redemption on June 15, 2022 of all of the outstanding 2013A Bonds in accordance with the provisions of the 2013A Bonds and the trust agreement relating thereto, is hereby authorized, ratified and approved, and all prior actions taken by the Commission and its officers in connection with such redemption are hereby ratified and approved. The redemption

on June 15, 2022 of all of the outstanding 2013B Bonds in accordance with the provisions of the 2013B Bonds and the trust agreement relating thereto, is hereby authorized, ratified and approved, and all prior actions taken by the Commission and its officers in connection with such redemption are hereby ratified and approved. The redemption on June 15, 2022 of all of the outstanding 2011 Bonds in accordance with the provisions of the 2011 Bonds and the trust agreement relating thereto, is hereby authorized, ratified and approved, and all prior actions taken by the Commission and its officers in connection with such redemption are hereby ratified and approved.

Section 15. A comparison of the professional fees as set forth in the Commission Resolution granting preliminary approval of this financing with the actual professional fees incurred in connection with the financing is set forth as Exhibit B hereto.

Section 16. This Series Resolution shall take effect immediately upon its adoption.

3. Adjournment

There being no further business, the meeting was adjourned at 11:45 a.m.

Respectfully submitted,

Geary W. Knapp
Assistant Secretary

EXHIBIT A

MANDATORY SINKING FUND REDEMPTION SCHEDULES

2022B Bonds

Bond Year Ending November 30	Amount	Bond Year Ending November 30	Amount
2022	$13,530,000	2030	$815,000
2023	14,035,000	2031	840,000
2024	14,535,000	2032	865,000
2025	15,070,000	2033	890,000
2026	15,615,000	2034	955,000
2027	16,160,000	2035	955,000
2028	15,680,000	2036*	985,000
2029	790,000		

* Maturity

2022C Bonds

Bond Year Ending November 30	Amount	Bond Year Ending November 30	Amount
2022	$1,410,000	2032	$2,000,000
2023	1,460,000	2033	2,070,000
2024	1,510,000	2034	2,145,000
2025	1,565,000	2035	2,220,000
2026	1,620,000	2036	2,300,000
2027	1,680,000	2037	2,380,000
2028	1,740,000	2038	2,465,000
2029	1,800,000	2029	2,555,000
2030	1,865,000	2040*	2,645,000
2031	1,930,000		

* Maturity

EXHIBIT B

PROFESSIONAL FEES

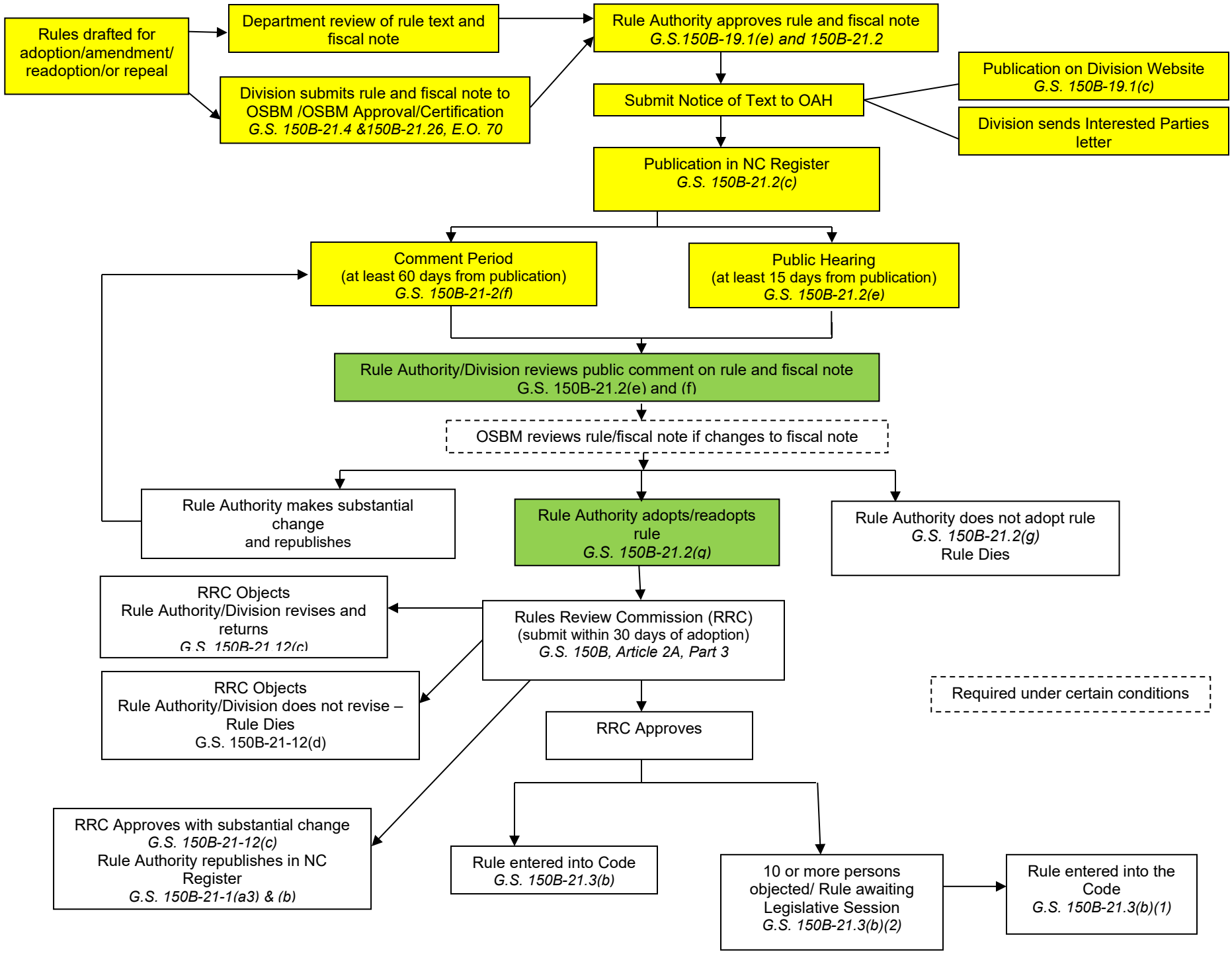
Professional	Preliminary Approval	Actual*
Financial Advisor	$149,500	$149,500
Bond Counsel	146,000	145,000
Purchaser's Counsel	35,000	35,000
Combined Group Counsel	63,000	60,000
Trustee (including counsel)	18,000	17,500

* Not-to-exceed fees (excluding out of pocket expenses). Includes fees relating to issuance of the 2022B Bonds and the 2022C Bonds.

NC MCC Bond Sale Approval Form								
Facility Name: Vidant Health								
	Time of Preliminary Approval		**Time of Mailing POS (if applicable)**		**Time of Final Approval**		**Total Variance**	**Explanation of Variance**
SERIES: 2022B								
PAR Amount	$111,720,000.00		N/A		$111,720,000.00		No variance	par unchanged
Estimated Interest Rate [1]	1.38%		N/A		1.38%		No variance	estimated interest rate unchanged
All-in True Interest Cost	1.38%		N/A		1.38%		No variance	estimated interest rate unchanged
Maturity Schedule (Interest) - Date [2]	Monthly, 7/1/2022 - 10/1/2029		N/A		Monthly, 7/1/2022 - 10/1/2029		No variance	payment schedule unchanged
Maturity Schedule (Principal) - Date	Annually, 12/1/2022 - 12/1/2036		N/A		Annually, 12/1/2022 - 12/1/2036		No variance	payment schedule unchanged
Bank Holding Period (if applicable) - Date	10/1/2029		N/A		10/1/2029		No variance	unchanged
Estimated NPV Savings ($) (if refunded bonds)	$735,881		N/A		$735,881		No variance	unchanged
Estimated NPV Savings (%) (if refunded bonds)	0.66%		N/A		0.66%		No variance	unchanged
NOTES:								
1. Estimated variable interest rate is based on 5-year average of SOFR								
2. Represents interest payments to intial mandatory tender date of 10/1/2029								
Bonds are being refunding due to upcoming mandatory purchase dates and LIBOR cessation, not necessarily for refunding savings								
	Time of Preliminary Approval		**Time of Mailing POS (if applicable)**		**Time of Final Approval**		**Total Variance**	**Explanantion of Variance**
SERIES: 2022C								
PAR Amount	$37,360,000.00		N/A		$37,360,000.00		No variance	par unchanged
Estimated Interest Rate [1]	1.35%		N/A		1.35%		No variance	estimated interest rate unchanged
All-in True Interest Cost	1.35%		N/A		1.35%		No variance	estimated interest rate unchanged
Maturity Schedule (Interest) - Date [2]	Monthly, 7/1/2022 - 10/1/2029		N/A		Monthly, 7/1/2022 - 10/1/2029		No variance	payment schedule unchanged
Maturity Schedule (Principal) - Date	Annually, 12/1/2022 - 12/1/2040		N/A		Annually, 12/1/2022 - 12/1/2040		No variance	payment schedule unchanged
Bank Holding Period (if applicable) - Date	10/1/2029		N/A		10/1/2029		No variance	unchanged
Estimated NPV Savings ($) (if refunded bonds)	$875,938		N/A		$875,938		No variance	unchanged
Estimated NPV Savings (%) (if refunded bonds)	2.34%		N/A		2.34%		No variance	unchanged
NOTES:								
1. Estimated variable interest rate is based on 5-year average of BSBY								
2. Represents interest payments to intial mandatory tender date of 10/1/2029								
Bonds are being refunding due to upcoming mandatory purchase dates and LIBOR cessation, not necessarily for refunding savings								

Process for Medical Care Commission to Adopt/Readopt Rule

Exhibit C



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

10A NCAC 13F .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR

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

(1) The activity director ~~(employed~~ hired on or after ~~August 1, 1991)~~ September 30, 2022 shall meet a minimum educational requirement by being ~~at least~~ a high school graduate or certified under the GED ~~Program or by passing an alternative examination established by the Department of Health & Human Services.~~ Program.

(2) The activity director hired on or after ~~July 1, 2005~~ September 30, 2022 shall ~~have completed or~~ complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. ~~A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professionals meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005.~~ An activity director shall be exempt from the required basic activity course if one or more of the following applies:

(a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C;

(b) have two years of experience working in a social or recreation program within the last five years, one year of which was full-time in a patient activities program in a health care setting;

(c) be a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D; or

(d) be certified as an Activity Director by the National Certification Council for Activity Professionals.

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, ~~2005.~~ 2005;

Readopted Eff. October 1, 2022.

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

10A NCAC 13F .0407 OTHER STAFF QUALIFICATIONS

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

(1) have a job description that reflects ~~actual~~ the positions, duties and responsibilities and is signed by the administrator and the employee;

(2) be able to ~~apply~~ implement all of the adult care home's accident, fire ~~safety~~ safety, and emergency procedures for the protection of the residents;

(3) be informed of the confidential nature of resident information and shall protect and preserve ~~such~~ the information from unauthorized use and ~~disclosure.~~ disclosure, in accordance with ~~Note: G.S. 131D-2(b)(4), 131D-21(6),~~ G.S. 131D-21(6) and ~~131D-21.1 govern the disclosure of such information;~~ 131D-21.1;

(4) not hinder or interfere with the exercise of the rights guaranteed under the Declaration of Residents' Rights in G.S. 131D-21;

(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;

(6) have documented annual immunization against influenza virus according to G.S. 131D-9, except as documented otherwise according to exceptions in this law;

(7) have a criminal background check in accordance with G.S. ~~114-19.10 and~~ 131D-40;

(8) have results of the examination and screening for the presence of controlled substances in accordance with G.S. 131D-45;

~~(8)~~(9) maintain a ~~valid~~ current driver's license if responsible for transportation of residents; and

~~(9)~~(10) be willing to ~~work~~ cooperate with ~~bona fide~~ state and local inspectors ~~and the monitoring and licensing agencies toward meeting and maintaining~~ when determining and maintaining compliance with the rules of this Subchapter.

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

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

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

History Note: *Authority G.S. 131D-2.16; ~~131D-4.5;~~ 131D-4.5(4); 143B-165;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;

Amended Eff. April 1, 1984;

Temporary Amendment Eff. September 1, 2003; July 1, 2003.

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

Readopted Eff. October 1, 2022.

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

SECTION .0500 - STAFF ORIENTATION, TRAINING, COMPETENCY AND CONTINUING EDUCATION

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

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

(1) observation and documentation skills;

(2) basic nursing skills, including special health-related tasks;

(3) activities of daily living and personal care skills;

(4) cognitive, behavioral, and social care;

(5) basic restorative services; and

(6) residents' rights as established by G.S. 131D-21.

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

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

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

(1) licensed health professionals;

(2) listed on the Nurse Aide Registry; or

(3) documented as having ~~successfully~~ completed ~~a 40-45 or 75-80 hour training program or competency evaluation program approved by the Department since January 1, 1996 according to Rule .0502 of this Section.~~ one of the following previously approved training programs:

(A) a 40-hour or 75-hour training and competency evaluation program prior to July 1, 2000; or

(B) a 45-hour or 80-hour training and competency evaluation program for training exemption from July 1, 2000 through August 31, 2003.

~~(d) The facility shall assure that staff who perform or directly supervise staff who perform personal care receive on-the-job training and supervision as necessary for the performance of individual job assignments prior to meeting the training and competency requirements of this Rule. Documentation of the on-the-job training shall be maintained in the facility and available for review.~~

History Note: *Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018.~~ 2018;
Repealed Eff. October 1, 2022.

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

10A NCAC 13F .0503 MEDICATION ADMINISTRATION COMPETENCY

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

(1) medical abbreviations and terminology;

(2) transcription of medication orders;

(3) obtaining and documenting vital signs;

(4) procedures and tasks involved with the preparation and administration of oral (including liquid, sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications;

(5) infection control procedures;

(6) documentation of medication administration;

(7) monitoring for reactions to medications and procedures to follow when there appears to be a change in the resident's condition or health status based on those reactions;

(8) medication storage and disposition;

(9) ~~regulations~~ rules pertaining to medication administration in adult care facilities; and

(10) the facility's medication administration policy and procedures.

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

(c) A certificate of successful completion of the written examination shall be issued to each participant ~~successfully completing the examination.~~ who successfully completes the examination as required in Paragraph (b) of this rule. A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable from one facility to another as proof of successful completion of the written examination. ~~A medication study guide for the written examination is available at no charge by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.~~

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

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

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

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

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

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

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

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

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

10A NCAC 13F .0504 COMPETENCY VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT TASKS

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

(b) Competency validation shall be performed by the following licensed health professionals:

(1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks specified in Subparagraphs (a)(1) through (28) of Rule .0903 of this Subchapter.

(2) In lieu of a registered nurse, a licensed respiratory care practitioner ~~licensed under G.S. 90, Article 38,~~ may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (a)(11), (a)(16), (a)(18), ~~(a)(19)~~(a)(19), and (a)(21) of Rule .0903 of this Subchapter.

(3) In lieu of a registered nurse, a ~~registered~~ licensed pharmacist may validate the competency of staff who perform the personal care ~~task~~ tasks specified in Subparagraph (a)(8) and (a)(11) of Rule .0903 of this Subchapter. An immunizing pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(15) of Rule .0903 of this Subchapter.

(4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (27) of Rule .0903 of this Subchapter.

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. September 1, 2003;
Eff. July 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018;
Amended Eff. October 1, 2022; July 1, 2021.

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

10A NCAC 13F .0508 ASSESSMENT TRAINING

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

History Note: *Authority G.S. 131D-2.15; 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018.~~ 2018;
Amended Eff. October 1, 2022; April 1, 2022.

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

10A NCAC 13F .0905 ACTIVITIES PROGRAM

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

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

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

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

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

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

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

(5) encourage residents to participate in activities; and

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

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

(e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression. ~~Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and nature walks.~~

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

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

History Note: *Authority G.S. 131D-2.16; ~~131D-4.5; 143B-165;~~ 131D-4.1; 131D-4.3;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004 (This temporary amendment replaces the permanent rule approved by RRC on May 20, 2004);
Amended Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018.~~ 2018;
Amended Eff. October 1, 2022.

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

10A NCAC 13F .1006 MEDICATION STORAGE

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

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

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

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

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

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

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

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

(1) irrigation solutions in single unit quantities exceeding 49 ml. and related diagnostic agents;

(2) diagnostic agents;

(3) vaccines; and

(4) water for injection and normal saline for injection.

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. July 1, ~~2005.~~ 2005;
Readopted Eff. October 1, 2022.

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

10A NCAC 13F .1008 CONTROLLED SUBSTANCES

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

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

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

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

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

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

(g) A dose of a controlled substance accidentally contaminated or not administered shall be destroyed at the facility. The destruction shall be documented on the medication administration record (MAR) or the controlled substance record showing the time, date, quantity, manner of ~~destruction~~ destruction, and the initials or signature of the person destroying the substance.

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. July 1, ~~2005.~~ 2005;
Readopted Eff. October 1, 2022.

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

10A NCAC 13F .1010 PHARMACEUTICAL SERVICES

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

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

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

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

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

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

(A) the name and strength of the medication;

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

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

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

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

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

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

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. July 1, 2005;
Amended Eff. April 1, ~~2015.~~ 2015;
Readopted Eff. October 1, 2022.

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

10A NCAC 13F .1207 FACILTIES TO REPORT RESIDENT DEATHS

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

History Note: *Authority G.S. 131D-2.4; 131D-2.16; ~~131D-2.4;~~ 131D-34.1;143B-165;*
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, 2002;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018.~~ 2018;
Amended Eff. October 1, 2022.

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

10A NCAC 13G .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR

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

(1) The activity director ~~(employed~~ hired on or after ~~August 1, 1991)~~ September 30, 2022 shall meet a minimum educational requirement by being ~~at least~~ a high school graduate or certified under the GED ~~Program or by passing an alternative examination established by the Department of Health & Human Services.~~ Program.

(2) The activity director hired on or after ~~July 1, 2005~~ September 30, 2022 shall have ~~completed or~~ complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. ~~A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professional meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005.~~ An activity director shall be exempt from the required basic activity course if one or more of the following applies:

(a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C;

(b) have two years of experience working in a social or recreation program within the last five years, one year of which was full-time in a patient activities program in a health care setting;

(c) be a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D; or

(d) be certified as an Activity Director by the National Certification Council for Activity Professionals.

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. April 1, 1984;
Amended Eff. July 1, 1990; April 1, 1987; January 1, 1985;
ARRC Objection Lodged March 18, 1991;
Amended Eff. August 1, 1991;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, ~~2005.~~ 2005;
Readopted Eff. October 1, 2022.

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

10A NCAC 13G .0406 OTHER STAFF QUALIFICATIONS

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

(1) have a job description that reflects ~~actual~~ the positions, ~~duties~~ duties, and responsibilities and is signed by the administrator and the employee;

(2) be able to ~~apply~~ implement all of the family care home's accident, fire ~~safety~~ safety, and emergency procedures for the protection of the residents;

(3) be informed of the confidential nature of resident information and shall protect and preserve ~~such~~ the information from unauthorized use and ~~disclosure;~~ disclosure, in accordance with ~~Note: G.S. 131D-2(b)(4),~~ G.S. 131D-21(6), and ~~G.S. 131D-21.1 govern the disclosure of such the information;~~ G.S. 131D 21.1;

(4) not hinder or interfere with the exercise of the rights guaranteed under the Declaration of Residents' Rights in G.S. 131D-21;

(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;

(6) have documented annual immunization against influenza virus according to G.S. 131D-9, except as documented otherwise according to exceptions in this law.

(7) have a criminal background check in accordance with ~~G.S. 114-19.10 and~~ G.S. 131D-40;

(8) have results of the examination and screening for the presence of controlled substances in accordance with G.S. 131D-45;

~~(8)~~(9) maintain a ~~valid~~ current driver's license if responsible for transportation of residents; and

~~(9)~~(10) be willing to ~~work~~ cooperate with ~~bona fide~~ state and local inspectors ~~and the monitoring and licensing agencies toward meeting and maintaining~~ when determining and maintaining compliance with the rules of this Subchapter.

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

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;

Amended Eff. April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

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

SECTION .0500 – STAFF ORIENTATION, TRAINING, COMPETENCY AND CONTINUING EDUCATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(2) assist residents with mobility and transferring;~~

~~(3) provide care for normal, unbroken skin;~~

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

~~(5) trim hair;~~

~~(6) shave resident;~~

~~(7) provide basic first aid;~~

~~(8) assist residents with dressing;~~

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

~~(10) assist and encourage physical activity;~~

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

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

~~(13) perineal care;~~

~~(14) apply condom catheters;~~

~~(15) turn and position;~~

~~(16) collect urine or fecal specimens;~~

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

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

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

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

~~(1) assist with feeding residents with swallowing difficulty;~~

~~(2) assist with gait training using assistive devices;~~

~~(3) assist with or perform range of motion exercises;~~

~~(4) empty and record drainage of catheter bag;~~

~~(5) administer enemas;~~

~~(6) bowel and bladder retraining to regain continence;~~

~~(7) test urine or fecal specimens;~~

~~(8) use of physical or mechanical devices attached to or adjacent to the resident which restrict movement or access to one's own body used to restrict movement or enable or enhance functional abilities;~~

~~(9) non-sterile dressing procedures;~~

~~(10) force and restrict fluids;~~

~~(11) apply prescribed heat therapy;~~

~~(12) care for non-infected pressure ulcers; and~~

~~(13) vaginal douches.~~

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

~~(1) recognition of residents' usual patterns of responding to other people;~~

~~(2) individualization of appropriate interpersonal interactions with residents;~~

~~(3) interpersonal distress and behavior problems;~~

~~(4) knowledge of and use of techniques, as alternatives to the use of restraints, to decrease residents' intrapersonal and interpersonal distress and behavior problems; and~~

~~(5) knowledge of procedures for obtaining consultation and assistance regarding safe, humane management of residents' behavioral problems.~~

(a) The facility shall assure that staff who provide or directly supervise staff who provide personal care to residents complete an 80-hour personal care training and competency evaluation program established by the Department. For the purpose of this Rule, "Directly supervise" means being on duty in the facility to oversee or direct the performance of staff duties. A copy of the 80-hour training and competency evaluation program is available online at https://info.ncdhhs.gov/dhsr/acls/training/PCA-trainingmanual.html, at no cost. The 80-hour personal care training and competency evaluation program curriculum shall include:

(1) observation and documentation skills;

(2) basic nursing skills, including special health-related tasks;

(3) activities of daily living and personal care skills;

(4) cognitive, behavioral, and social care;

(5) basic restorative services; and

(6) residents' rights as established by G.S. 131D-21.

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

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

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

(1) licensed health professionals;

(2) listed on the Nurse Aide Registry; or

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

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, ~~2000.~~ 2000;
Readopted Eff. October 1, 2022.

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, ~~2000.~~ 2000;
Repealed Eff. October 1, 2022.

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

10A NCAC 13G .0503 MEDICATION ADMINISTRATION COMPETENCY EVALUATION

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

(1) medical abbreviations and terminology;

(2) transcription of medication orders;

(3) obtaining and documenting vital signs;

(4) procedures and tasks involved with the preparation and administration of oral (including liquid, sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications;

(5) infection control procedures;

(6) documentation of medication administration;

(7) monitoring for reactions to medications and procedures to follow when there appears to be a change in the resident's condition or health status based on those reactions;

(8) medication storage and disposition;

(9) ~~regulations~~ rules pertaining to medication administration in adult care facilities; and

(10) the facility's medication administration policy and procedures.

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

(c) A certificate of successful completion of the written examination shall be issued to each participant ~~successfully completing the examination.~~ who successfully completes the examination as required in Paragraph (b) of this Rule. A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable from one facility to another as proof of successful completion of the written examination. ~~A medication study guide for the written examination is available at no charge by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.~~

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

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

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

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

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

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

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

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

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

10A NCAC 13G .0504 COMPETENCY VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT TASKS

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

(b) Competency validation shall be performed by the following licensed health professionals:

(1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks specified in Subparagraphs (a)(1) through (28) of Rule .0903 of this Subchapter.

(2) In lieu of a registered nurse, a licensed respiratory care practitioner ~~licensed under G.S. 90, Article 38,~~ may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (11), (16), (18), ~~(19)~~(19), and (21) of Rule .0903 of this Subchapter.

(3) In lieu of a registered nurse, a ~~registered~~ licensed pharmacist may validate the competency of staff who perform the personal care ~~task~~ tasks specified in Subparagraph (a)(8) and (11) of Rule .0903 of this Subchapter. An immunizing pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(15) of Rule .0903 of this Subchapter.

(4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (27) of Rule .0903 of this Subchapter.

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. September 1, 2003;
Eff. July 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

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

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. September 1, 2003;
Eff. July 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

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

10A NCAC 13G .0508 ASSESSMENT TRAINING

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, 2004;
Amended April 1, ~~2022;~~ 2022;
Readopted Eff. October 1, 2022.

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

10A NCAC 13G .0903 LICENSED HEALTH PROFESSIONAL SUPPORT

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

(1) applying and removing ace bandages, ~~ted~~ TED hose, binders, and braces and splints;

(2) feeding techniques for residents with swallowing problems;

(3) bowel or bladder training programs to regain continence;

(4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;

(5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;

(6) chest physiotherapy or postural drainage;

(7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents;

(8) collecting and testing of fingerstick blood samples;

(9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage);

(10) care for pressure ulcers, up to and including a Stage II pressure ~~ulcer~~ ulcer, which is a superficial ulcer presenting as an abrasion, ~~blister~~ blister, or shallow crater;

(11) inhalation medication by machine;

(12) forcing and restricting fluids;

(13) maintaining accurate intake and output data;

(14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established);

(15) medication administration through subcutaneous ~~injection;~~ injection in accordance with Rule .1004(q) except for anticoagulant medications;

~~Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter;~~

(16) oxygen administration and monitoring;

(17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;

(18) oral suctioning;

(19) care of well-established tracheostomy, not to include ~~indo-tracheal~~ endotracheal suctioning;

(20) administering and monitoring of tube feedings through a well-established gastrostomy tube ~~(see description in Subparagraph (14) of this Paragraph);~~ in accordance with Subparagraph (a)(14) of this Rule;

(21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);

(22) application of prescribed heat therapy;

(23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;

(24) ambulation using assistive devices that requires physical assistance;

(25) range of motion exercises;

(26) any other prescribed physical or occupational therapy;

(27) transferring semi-ambulatory or non-ambulatory residents; or

(28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that ~~act~~ Act in 21 NCAC 36.

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

(1) a registered nurse licensed under G.S. 90, Article 9A, for tasks listed in Subparagraphs (a)(1) through (28) of this Rule;

(2) an occupational therapist licensed under G.S. 90, Article 18D or physical therapist licensed under ~~G.S. 90-270.24, Article 18B~~ G.S. 90-270.90, Article 18E, for tasks listed in Subparagraphs (a)(17) and (a)(22) through (27) of this Rule;

(3) a respiratory care practitioner licensed under G.S. 90, Article 38, for tasks listed in Subparagraphs (a)(6), (11), (16), (18), ~~(19)~~ (19), and (21) of this Rule; or

(4) a registered nurse licensed under G.S. 90, Article 9A, for tasks that can be performed by a nurse aide II according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that ~~act~~ Act in 21 NCAC 36.

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

(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;

(2) evaluating the resident's progress to care being provided;

(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and

(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.

~~(d) The facility shall assure action is taken in response to the licensed health professional review and documented, and that the physician or appropriate health professional is informed of the recommendations when necessary.~~

(d) The facility shall follow-up and implement recommendations made by the licensed health professional including referral to the physician or appropriate health professional when indicated. The facility shall document follow-up on all recommendations made by the licensed health professional.

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

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

10A NCAC 13G .0905 ACTIVITIES PROGRAM

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

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

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

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

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

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

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

(5) encourage residents to participate in activities; and

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

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

(e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression. ~~Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and nature walks.~~

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

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

History Note: *Authority G.S. 131D-2.16; ~~143B-165;~~ 131D-4.1; 131D-4.3;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. August 3, 1992; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, ~~2005.~~ 2005;
Readopted Eff. October 1, 2022.

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

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

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

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

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

(b) When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance with the physician's orders or the facility's medication policies and procedures, the facility staff shall notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.

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

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

10A NCAC 13G .1006 MEDICATION STORAGE

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

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

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

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

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

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

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

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

(1) irrigation solutions in single unit quantities exceeding 49 ml. and related diagnostic agents;

(2) diagnostic agents;

(3) vaccines; and

(4) water for injection and normal saline for injection.

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

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

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

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

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

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

History Note: *Authority G.S. 131D-2.4; 131D-2.16; 131D-34.1; 143B-165;*
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, ~~2002.~~ 2002;
Readopted Eff. October 1, 2022.

DHSR Adult Care Licensure Section
Fiscal Impact Analysis
Permanent Rule Readoption and Amendment without Substantial Economic Impact

Agency: North Carolina Medical Care Commission

Contact Persons: Nadine Pfeiffer, DHSR Rules Review Manager, (919) 855-3811
Megan Lamphere, Adult Care Licensure Section Chief, (919) 855-3784
Shalisa Jones, Regulatory Analyst, (704) 589-6214

Impact:

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

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

Rule Readoptions (*See proposed text of these rules in Appendix)*
10A NCAC 13F .0404 Qualifications of Activity Director
10A NCAC 13F .0407 Other Staff Qualifications
10A NCAC 13F .0501 Personal Care Training and Competency
10A NCAC 13F .0503 Medication Administration Competency
10A NCAC 13F .1006 Medication Storage
10A NCAC 13F .1008 Controlled Substances
10A NCAC 13F .1010 Pharmaceutical Services
10A NCAC 13G .0404 Qualifications of Activity Director
10A NCAC 13G .0406 Other Staff Qualifications
10A NCAC 13G .0501 Personal Care Training and Competency
10A NCAC 13G .0503 Medication Administration Competency
10A NCAC 13G .0504 Competency Validation for Licensed Health Professional Support Tasks
10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation
10A NCAC 13G .0508 Assessment Training
10A NCAC 13G .0903 Licensed Health Professional Support
10A NCAC 13G .0905 Activities Program
10A NCAC 13G .1005 Self-Administration of Medication
10A NCAC 13G .1006 Medication Storage
10A NCAC 13G .1208 Facilities to Report Resident Deaths

Rule Amendment (*See proposed text of these rules in Appendix)*
10A NCAC 13F .0504 Competency Validation for Licensed Health Professional Support Tasks
10A NCAC 13F .0508 Assessment Training
10A NCAC 13F .0905 Activities Program
10A NCAC 13F .1207 Facilities to Report Resident Deaths

Authorizing Statutes: G.S. 131D-2.16; 131D-4.5; 143B-165

Introduction

The agency is proposing changes to update access to the Personal Care Training by making training available on the internet; and technical changes to align with general statutes and clarify current rule language to meet current style standards. The technical changes are proposed for clarity and consistency but do not affect current operations.

The proposed changes will generate costs and/or benefits for adult care homes and family care homes and their residents in the form of time and cost savings for new hires and providers as additional qualified professionals are exempt from completing the basic activity course. Facilities are given the additional benefit of flexibility and minor operational time savings with the inclusion of an immunizing pharmacist to complete the personal care task inhalation medication by machine. The agency does not anticipate any additional impact on state government or local government (i.e. county Departments of Social Services who monitor and conduct complaint investigations in adult care homes and family care homes) beyond their current job requirements to implement, monitor, or regulate the proposed amendments.

Periodic Review Process Background

Under the authority of G.S. 150B-21.3A, Periodic review of existing rules, the North Carolina Medical Care Commission and Rule Review Commission approved the Subchapter reports with classifications for the rules under 10A NCAC 13F Licensing of Adult Care Homes of Seven or More
Beds and 10 NCAC 13G Licensing of Family Care Homes. The rules were classified in the reports as necessary with substantive public interest. Rules 10A NCAC 13F .0404, 13F .0407, 13F .0501, 13G .0404, 13G .0406, 13G .0501, 13G .0504, 13G .0507 are being presented for readoption with substantive changes. The following rules were not identified for readoption with substantive changes based on public comment but are being proposed for amendment to correlate with the 13G rule of the same title and similar content being proposed for readoption: 10A NCAC 13F .0504, 13F .0508, 13F .0905, 13F .1207. 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 generally serve the same population based on need for care and services. Therefore, the 13F rules corresponding to the 13G rules being proposed for readoption with substantive changes are being amended concurrently to assure this traditional consistency. The rules proposed for amendment, while not receiving comment for substantive change, are being amended for clarification and updating purposes. The following rules were identified for readoption without substantive changes:10A NCAC 13F .0503, 13F .1006, 13F .1008, 13F .1010, 13G .0503, 13G .0503, 13G .0508, 13G .0903, 13G .0905, 13G .1005, 13G .1006, 13G .1208. Rules 10A NCAC 13F. 0502 and 13G .0502 are being readopted as repeals and will not be discussed in this analysis.

Rules Summary and Anticipated Fiscal Impact

10A NCAC 13F .0404 and 13G .0404 Qualifications of Activity Director: This rule outlines the qualification requirements of an activity director. The rule is currently written to allow the activity director to meet a minimum educational requirement of either a high school diploma, certification under the GED program or passing an alternative examination established by the department. Activity directors must also complete a 'basic activity course" unless they hold a related professional certification.

The agency proposes to remove the alternate examination option for meeting minimum education requirements. Moving forward, the activity director must have either a high school diploma or GED.

Review of the data provided by the NC Division of Health Service Regulation, Health Care Personnel Education and Credentialing Section, reveals the total test takers for the alternate exam in 2021 was 25. Due to the minimal amount of times the test has been administered, this change will have minimum impact.

In Item (2) the rule was updated to include additional exemptions from the required basic activity course including having two years of experience in a social or recreation program within the last five years in a health care setting or being an occupational therapist or occupation therapy assistant.

Activity directors plan and oversee engaging activities in adult and family care homes to enhance the quality of life of residents. Proper knowledge of planning and implementing activity programs is essential to have a successful activity program. The agency believes that on-the job experience or occupational therapy education provides the necessary knowledge and skills to fulfill this role. The proposed changes allow facilities to hire qualified and experienced individuals for the activity director position without the individuals being required to take the basic activity course upon hire, ultimately starting the position without any further mandated requirements.

Fiscal Impact: Activity director hires that qualify for the exemption from the basic activity course will ultimately save time and money associated with the completion of the course. This basic activity course requires between 52-60 hours of class training and 25-33 hours of practicum. The cost for this course ranges from $300.00-$435.00 per person. Potential cost savings associated with payment for the course and supplies depends on the agreement between staff and providers regarding responsibility for payment of the course. The exemption offers time savings for staff as the requirement for class training and practicum would not be required.

10A NCAC 13F .0407 and 13G .0406 Other Staff Qualifications: The rule was modified to include the existing requirement for examination and screening for controlled substances in accordance with N.C. Gen. Stat. 131D-45 for the purpose of capturing staff qualifications in a comprehensive manner. Technical changes were also made to this rule to update statutory references.

There are no additional costs for providers to have the examination and screening results as they are currently required by statute to ensure all related examination and screening information are maintained confidentially. Additionally, there is no fiscal impact as a result of updating the statutes.

10A NCAC 13F .0501 and 13G .0501 Personal Care Training and Competency: Technical changes were made to be consistent with current writing styles, to provide the web link for the free training program and to specify the divisions responsible for reviewing employee training. Additionally, the language of

paragraph (a) was changed from "adult care home" to "facility" to be consistent with other paragraphs of the rule.

1. Paragraph (a) previously required individuals to mail a request and pay for copies of the 80-hour training and competency evaluation program. The proposed language provides the website address were the 80-hour training and competency evaluation program is available at no cost. Technical changes are also proposed to bring the rule in alignment with the repeal of 10A NCAC 13F .0502 and 13G .0502 by including the content for the training requirements.

There is no fiscal impact as a result providing free access to the training and competency evaluation program beyond improving awareness of where and how to access the program.

2. Paragraph (b) currently requires providers to maintain copies of employees' successful completion of the 80-hour training and competency evaluation program for review. The proposed rule language provides clarification by listing the agencies that will review the documents. The Division of Health Service Regulation and Department of Social Services currently review the documents as needed during survey and monitoring activities.

3. The proposed language in Paragraph (c) was replaced by language in Paragraph (d). The rule also clarified the documentation would be available for the Division of Health Service Regulation and Department of Social Services.

The revisions do not change how this rule is implemented but simplifies the interpretation of the rule by including the training and competency requirements before discussing reasons for exemptions.

4. In October 2017, N.C. Gen. Stat. 131D-4.3, required personal aides to have a minimum 80 hours of training. The proposed rule language allows staff who completed personal care aide training prior to the effective date of the statute to have trainings grandfathered based on the rules in effect at the time of training. The proposed language in Paragraph (d) was updated to reflect the current statutory training requirements.

There is no cost to implement these requirements as facilities have been required to comply with the general statute since it was established in 2017.

10A NCAC 13F .0504 and 13G .0504 Competency Validation for Licensed Health Professional Support Tasks: The proposed changes include an additional task that can be validated by a licensed health professional and included an additional licensed health professional to complete validations. The proposed change ensures that all health professionals who have the qualifications are allowed to complete competency validations. Technical changes were also made to be consistent with current writing styles.

1. The personal care task of "inhalation medication by machine" has been added as a task a pharmacist can validate; this change updates the rules to conform with existing pharmacist licensure laws and do not expand their scope of practice.

The proposed rules would also allow an immunizing pharmacist to validate the personal care task of "medication administration through injection."

Rationale: Due to the most recent pandemic COVID-19, pharmacists now administer the COVID-19 vaccines and other vaccines but only if they are designated as an immunizing pharmacist. Immunizing pharmacists are currently required to complete the training for the Long Acting IM administration as indicated in S.L. 2021-3 and G.S. 90-

85.15B. The immunizing pharmacist was added to give facilities the option to utilize an additional appropriate licensed health professional to validate the personal care task "medication administration through injection."

Fiscal Impact: The intent of this proposed change was to ensure each health professional qualified to competency validate medication administration via injection was proactively given the permission to complete the task, giving facilities the maximum amount of flexibility, however there is no significant impact. While this may result in minor operational time savings, the main intent was to make sure that the rules are comprehensive and treat professionals consistently based on their qualifications.

2. The rules as written use specific language such as "adult care home" in 13F .0504 and "family care home" in 13G .0504. The language has been updated in both rules to "facility". The rules as written also include the term "personnel" which has been updated to "staff". Reference to the occupational laws that give licensed professional authority to complete validation tasks was updated to provide clarity. Additional language regarding competency validation was included to make clear what needed to occur prior to staff performing tasks. These technical changes have no additional impact beyond improving rule clarity.

10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation: The rule as written included an exemption from the training if the staff were deemed physically incapable of performing procedures by a licensed physician. The proposed language includes the use of one-way valve pocket mask for CPR trained staff for resuscitation.

The proposed language aligns with the current language in 10 NCAC 13F .0507 and updates outdated requirements for CPR training and to now include the use of a pocket mask to utilize when performing CPR.

Fiscal Impact: None

10A NCAC 13F .0905 and 13G .0905 Activities Program: Technical changes were made to be consistent with current writing styles and to provide clarity. The rule as written included an exemption for homes that care exclusively for residents with HIV disease. The proposed language removes the exemption to align with current licensing practices.

The proposed language aligns with current statutes, rules and licensing criteria. Current licensing laws and regulations only differentiate license types by adult care home or family care home, facilities that serve only individuals age 55 and older, and facilities that operate a special care unit. Licenses are otherwise not specific to disease or condition. There are no facilities licensed to serve only individuals with HIV disease. Additional language was included to provide clarity regarding resident's participation in volunteer activities.

Fiscal impact: None

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1 USDA Dietary Guidelines for Americans, 2020-2025

2 Data from the Adult Care Homes 2020 Facility License Renewal Applications

3(BMJ, 2021) "Effect of dietary sources of calcium and protein on hip fractures and falls in older adults in residential care: cluster randomized controlled trial"

Appendix

10A NCAC 13F .0404 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR

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

(1) The activity director ~~(employed~~ hired on or after ~~August 1, 1991)~~ September 30, 2022 shall meet a minimum educational requirement by being ~~at least~~ a high school graduate or certified under the GED ~~Program or by passing an alternative examination established by the Department of Health & Human Services.~~ Program.

(2) The activity director hired on or after ~~July 1, 2005~~ September 30, 2022 shall ~~have completed or~~ complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. ~~A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professionals meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005.~~ An activity director shall be exempt from the required basic activity course if one or more of the following applies:

(a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C;

(b) have two years of experience working in a social or recreation program within the last five years, one year of which was full-time in a patient activities program in a health care setting;

(c) be a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D; or

(d) be certified as an Activity Director by the National Certification Council for Activity Professionals.

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, ~~2005.~~ 2005;
Readopted Eff. October 1, 2022.

10A NCAC 13F .0407 is proposed for readoption with substantive changes as follows:

10A NCAC 13F .0407 OTHER STAFF QUALIFICATIONS

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

(1) have a job description that reflects ~~actual~~ the positions, duties and responsibilities and is signed by the administrator and the employee;

(2) be able to ~~apply~~ implement all of the adult care home's accident, fire ~~safety~~ safety, and emergency procedures for the protection of the residents;

(3) be informed of the confidential nature of resident information and shall protect and preserve ~~such~~ the information from unauthorized use and ~~disclosure.~~ disclosure, in accordance with

~~Note: G.S. 131D 2(b)(4), 131D 21(6),~~ 131D-21(6) and ~~131D 21.1 govern the disclosure of such information;~~ 131D 21.1;

(4) not hinder or interfere with the exercise of the rights guaranteed under the Declaration of Residents' Rights in G.S. 131D-21;

(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;

(6) have documented annual immunization against influenza virus according to G.S. 131D-9, except as documented otherwise according to exceptions in this law;

(7) have a criminal background check in accordance with G.S. ~~114-19.10 and~~ 131D-40;

(8) have results of the examination and screening for the presence of controlled substances in accordance with G.S. 131D-45;

~~(8)~~ (9) maintain a ~~valid~~ current driver's license if responsible for transportation of residents; and

~~(9)~~ (10) be willing to ~~work~~ cooperate with ~~bona fide~~ state and local inspectors ~~and the monitoring and licensing agencies toward meeting and maintaining~~ when determining and maintaining compliance with the rules of this Subchapter.

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

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

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

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

10A NCAC 13F .0501 is proposed for readoption with substantive changes as follows:

SECTION .0500 - STAFF ORIENTATION, TRAINING, COMPETENCY AND CONTINUING EDUCATION

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

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

(1) observation and documentation skills;

(2) basic nursing skills, including special health-related tasks;

(3) activities of daily living and personal care skills;

(4) cognitive, behavioral, and social care;

(5) basic restorative services; and

(6) residents' rights as established by G.S. 131D-21.

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

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

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

(1) licensed health professionals;

(2) listed on the Nurse Aide Registry; or

(3) documented as having ~~successfully~~ completed ~~a 40-45 or 75-80 hour training program or competency evaluation program approved by the Department since January 1, 1996 according to Rule .0502 of this Section.~~ one of the following previously approved training programs:

(A) a 40-hour or 75-hour training and competency evaluation program prior to July 1, 2000; or

(B) a 45-hour or 80-hour training and competency evaluation program for training exemption from July 1, 2000 through August 31, 2003.

~~(d) The facility shall assure that staff who perform or directly supervise staff who perform personal care receive on the job training and supervision as necessary for the performance of individual job assignments prior to meeting the training and~~

~~competency requirements of this Rule. Documentation of the on-the-job training shall be maintained in the facility and available for review.~~

History Note: *Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

10A NCAC 13F .0503 is proposed for readoption without substantive changes as follows:

10A NCAC 13F .0503 MEDICATION ADMINISTRATION COMPETENCY

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

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

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

(c) A certificate of successful completion of the written examination shall be issued to each participant ~~successfully completing the examination.~~ who successfully completes the examination as required in Paragraph (b) of this rule. A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable from one facility to another as proof of successful completion of the written examination. ~~A medication study guide for the written examination is available at no charge by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.~~

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

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

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

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

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

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

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

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

10A NCAC 13F .0503 is proposed for readoption without substantive changes as follows:

10A NCAC 13F .0503 MEDICATION ADMINISTRATION COMPETENCY

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

(1) medical abbreviations and terminology;

(2) transcription of medication orders;

(3) obtaining and documenting vital signs;

(4) procedures and tasks involved with the preparation and administration of oral (including liquid, sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications;

(5) infection control procedures;

(6) documentation of medication administration;

(7) monitoring for reactions to medications and procedures to follow when there appears to be a change in the resident's condition or health status based on those reactions;

(8) medication storage and disposition;

(9) ~~regulations~~ rules pertaining to medication administration in adult care facilities; and

(10) the facility's medication administration policy and procedures.

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

(c) A certificate of successful completion of the written examination shall be issued to each participant ~~successfully completing the examination.~~ who successfully completes the examination as required in Paragraph (b) of this rule. A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable from one facility to another as proof of successful completion of the written examination. ~~A medication study guide for the written examination is available at no charge by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.~~

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

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

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

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

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

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

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

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

10A NCAC 13F .1006 is proposed for readoption without substantive changes as follows:

10A NCAC 13F .1006 MEDICATION STORAGE

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

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

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

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

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

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

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

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

(1) irrigation solutions in single unit quantities exceeding 49 ml. and related diagnostic agents;

(2) diagnostic agents;

(3) vaccines; and

(4) water for injection and normal saline for injection.

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. July 1, ~~2005.~~ 2005;
Readopted Eff. October 1, 2022.

10A NCAC 13F .1008 is proposed for readoption without substantive changes as follows:

10A NCAC 13F .1008 CONTROLLED SUBSTANCES

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

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

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

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

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

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

(g) A dose of a controlled substance accidentally contaminated or not administered shall be destroyed at the facility. The destruction shall be documented on the medication administration record (MAR) or the controlled substance record showing the time, date, quantity, manner of ~~destruction~~ destruction, and the initials or signature of the person destroying the substance.

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. July 1, ~~2005.~~ 2005;
Readopted Eff. October 1, 2022.

10A NCAC 13F .1010 is proposed for readoption without substantive changes as follows:

10A NCAC 13F .1010 PHARMACEUTICAL SERVICES

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

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

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

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

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

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

(A) the name and strength of the medication;

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

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

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

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

The facility shall maintain documentation in the resident's record of medications provided for the resident's leave of absence, including the quantity released from the facility and the quantity returned to the facility. The documentation of the quantities of medications released from and returned to the facility for a resident's leave of absence shall be verified by signature of the facility staff and resident or the person accompanying the resident upon the medications' release from and return to the facility.

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. July 1, 2005;
Amended Eff. April 1, ~~2015.~~ 2015;
Readopted Eff. October 1, 2022.

10A NCAC 13G .0404 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0404 QUALIFICATIONS OF ACTIVITY DIRECTOR

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

(1) The activity director ~~(employed~~ hired on or after ~~August 1, 1991)~~ September 30, 2022 shall meet a minimum educational requirement by being ~~at least~~ a high school graduate or certified under the GED ~~Program or by passing an alternative examination established by the Department of Health & Human Services.~~ Program.

(2) The activity director hired on or after ~~July 1, 2005~~ September 30, 2022 shall have ~~completed or~~ complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. ~~A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professional meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005.~~ An activity director shall be exempt from the required basic activity course if one or more of the following applies:

(a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C;

(b) have two years of experience working in a social or recreation program within the last five years, one year of which was full-time in a patient activities program in a health care setting;

(c) be a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D; or

(d) be certified as an Activity Director by the National Certification Council for Activity Professionals.

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

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

10A NCAC 13G .0406 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0406 OTHER STAFF QUALIFICATIONS

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

(1) have a job description that reflects ~~actual~~ the positions, ~~duties~~ duties, and responsibilities and is signed by the administrator and the employee;

(2) be able to ~~apply~~ implement all of the family care home's accident, fire ~~safety~~ safety, and emergency procedures for the protection of the residents;

(3) be informed of the confidential nature of resident information and shall protect and preserve ~~such~~ the information from unauthorized use and ~~disclosure;~~ disclosure, in accordance with ~~Note: G.S. 131D-2(b)(4),~~ G.S. 131D-21(6), and ~~G.S. 131D-21.1 govern the disclosure of such the information;~~ G.S. 131D 21.1;

(4) not hinder or interfere with the exercise of the rights guaranteed under the Declaration of Residents' Rights in G.S. 131D-21;

(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;

(6) have documented annual immunization against influenza virus according to G.S. 131D-9, except as documented otherwise according to exceptions in this law.

(7) have a criminal background check in accordance with ~~G.S. 114-19.10 and~~ G.S. 131D-40;

(8) have results of the examination and screening for the presence of controlled substances in accordance with G.S. 131D-45;

~~(8)~~ (9) maintain a ~~valid~~ current driver's license if responsible for transportation of residents; and

~~(9)~~ (10) be willing to ~~work~~ cooperate with ~~bona fide~~ state and local inspectors ~~and the monitoring and licensing agencies toward meeting and maintaining~~ when determining and maintaining compliance with the rules of this Subchapter.

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

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;

Amended Eff. April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

10A NCAC 13G .0501 is proposed for readoption with substantive changes as follows:

SECTION .0500 – STAFF ORIENTATION, TRAINING, COMPETENCY AND CONTINUING EDUCATION

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

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

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

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

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

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

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

(2) The Department shall exempt staff from the 80-hour training requirement upon successful completion of a 15-hour refresher training and competency evaluation program or a competency evaluation program approved by the Department according to Rule .0502 of this Section if staff have been employed to perform or directly supervise personal care tasks listed in Paragraph (i) and the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule in a comparable long-term care setting for a total of at least 12 months during the three years prior to January 1, 1996, or the date they are hired, whichever is later.

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

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

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

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

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

(2) assist residents with mobility and transferring;

(3) provide care for normal, unbroken skin;

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

(5) trim hair;

(6) shave resident;

(7) provide basic first aid;

(8) assist residents with dressing;

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

(10) assist and encourage physical activity;

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

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

(13) perineal care;

(14) apply condom catheters;

(15) turn and position;

(16) collect urine or fecal specimens;

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

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

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

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

~~(1) assist with feeding residents with swallowing difficulty;~~

~~(2) assist with gait training using assistive devices;~~

~~(3) assist with or perform range of motion exercises;~~

~~(4) empty and record drainage of catheter bag;~~

~~(5) administer enemas;~~

~~(6) bowel and bladder retraining to regain continence;~~

~~(7) test urine or fecal specimens;~~

~~(8) use of physical or mechanical devices attached to or adjacent to the resident which restrict movement or access to one's own body used to restrict movement or enable or enhance functional abilities;~~

~~(9) non-sterile dressing procedures;~~

~~(10) force and restrict fluids;~~

~~(11) apply prescribed heat therapy;~~

~~(12) care for non-infected pressure ulcers; and~~

~~(13) vaginal douches.~~

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

~~(1) recognition of residents' usual patterns of responding to other people;~~

~~(2) individualization of appropriate interpersonal interactions with residents;~~

~~(3) interpersonal distress and behavior problems;~~

~~(4) knowledge of and use of techniques, as alternatives to the use of restraints, to decrease residents' intrapersonal and interpersonal distress and behavior problems; and~~

~~(5) knowledge of procedures for obtaining consultation and assistance regarding safe, humane management of residents' behavioral problems.~~

(a) The facility shall assure that staff who provide or directly supervise staff who provide personal care to residents complete an 80-hour personal care training and competency evaluation program established by the Department. For the purpose of this Rule, "Directly supervise" means being on duty in the facility to oversee or direct the performance of staff duties. A copy of the 80-hour training and competency evaluation program is available online at https://info.ncdhhs.gov/dhsr/acls/training/PCA-trainingmanual.html, at no cost. The 80-hour personal care training and competency evaluation program curriculum shall include:

(1) observation and documentation skills;

(2) basic nursing skills, including special health-related tasks;

(3) activities of daily living and personal care skills;

(4) cognitive, behavioral, and social care;

(5) basic restorative services; and

(6) residents' rights as established by G.S. 131D-21.

(b) The facility shall assure that training specified in Paragraph (a) of this Rule is completed within six months after hiring for staff hired after October 1, 2022. Documentation of the successful completion of the 80-hour training and competency evaluation

program shall be maintained in the facility and available for review by the Division of Health Service Regulation and the county department of social services.

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

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

(1) licensed health professionals;

(2) listed on the Nurse Aide Registry; or

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

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, ~~2000.~~ 2000;
Readopted Eff. October 1, 2022.

10A NCAC 13G .0503 is proposed for readoption without substantive changes as follows:

10A NCAC 13G .0503 MEDICATION ADMINISTRATION COMPETENCY EVALUATION

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

(1) medical abbreviations and terminology;

(2) transcription of medication orders;

(3) obtaining and documenting vital signs;

(4) procedures and tasks involved with the preparation and administration of oral (including liquid, sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications;

(5) infection control procedures;

(6) documentation of medication administration;

(7) monitoring for reactions to medications and procedures to follow when there appears to be a change in the resident's condition or health status based on those reactions;

(8) medication storage and disposition;

(9) ~~regulations~~ rules pertaining to medication administration in adult care facilities; and

(10) the facility's medication administration policy and procedures.

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

(c) A certificate of successful completion of the written examination shall be issued to each participant ~~successfully completing the examination.~~ who successfully completes the examination as required in Paragraph (b) of this Rule. A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable from one facility to another as proof of successful completion of the written examination. ~~A medication study guide for the written examination is available at no charge by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.~~

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

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

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

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

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

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

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

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

10A NCAC 13G .0504 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0504 COMPETENCY VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT TASKS

(a) ~~A family care home~~ The facility shall assure that ~~non-licensed personnel and licensed personnel~~ non-licensed staff and licensed staff not practicing in their licensed capacity ~~as governed by their practice act and~~ in accordance with occupational

licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this ~~Subchapter~~ Subchapter. The facility shall assure the competency validation occurs prior to staff performing the task and ~~that their~~ ongoing competency is assured through facility staff oversight and supervision.

(b) Competency validation shall be performed by the following licensed health professionals:

(1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks specified in Subparagraphs (a)(1) through (28) of Rule .0903 of this Subchapter.

(2) In lieu of a registered nurse, a licensed respiratory care practitioner ~~licensed under G.S. 90, Article 38,~~ may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (11), (16), (18), ~~(19)~~ (19), and (21) of Rule .0903 of this Subchapter.

(3) In lieu of a registered nurse, a ~~registered~~ licensed pharmacist may validate the competency of staff who perform the personal care ~~task~~ tasks specified in Subparagraph (a)(8) and (11) of Rule .0903 of this Subchapter. An immunizing pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(15) of Rule .0903 of this Subchapter.

(4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (27) of Rule .0903 of this Subchapter.

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. September 1, 2003;
Eff. July 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

10A NCAC 13G .0507 is proposed for readoption with substantive changes as follows:

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

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. September 1, 2003;
Eff. July 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

10A NCAC 13G .0508 is proposed for readoption without substantive changes as follows:

10A NCAC 13G .0508 ASSESSMENT TRAINING

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

10A NCAC 13G .0903 is proposed for readoption without substantive changes as follows:

10A NCAC 13G .0903 LICENSED HEALTH PROFESSIONAL SUPPORT

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

(1) applying and removing ace bandages, ~~ted~~ TED hose, binders, and braces and splints;
(2) feeding techniques for residents with swallowing problems;
(3) bowel or bladder training programs to regain continence;
(4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;
(5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;
(6) chest physiotherapy or postural drainage;
(7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents;
(8) collecting and testing of fingerstick blood samples;
(9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage);

(10) care for pressure ulcers, up to and including a Stage II pressure ~~ulcer~~ ulcer, which is a superficial ulcer presenting as an abrasion, ~~blister~~ blister, or shallow crater;

(11) inhalation medication by machine;

(12) forcing and restricting fluids;

(13) maintaining accurate intake and output data;

(14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established);

(15) medication administration through subcutaneous ~~injection;~~ injection in accordance with Rule .1004(q) except for anticoagulant medications;

~~Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter;~~

(16) oxygen administration and monitoring;

(17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;

(18) oral suctioning;

(19) care of well-established tracheostomy, not to include ~~indo-tracheal~~ endotracheal suctioning;

(20) administering and monitoring of tube feedings through a well-established gastrostomy tube ~~(see description in Subparagraph (14) of this Paragraph);~~ in accordance with Subparagraph (a)(14) of this Rule;

(21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);

(22) application of prescribed heat therapy;

(23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;

(24) ambulation using assistive devices that requires physical assistance;

(25) range of motion exercises;

(26) any other prescribed physical or occupational therapy;

(27) transferring semi-ambulatory or non-ambulatory residents; or

(28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that ~~act~~ Act in 21 NCAC 36.

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

(1) a registered nurse licensed under G.S. 90, Article 9A, for tasks listed in Subparagraphs (a)(1) through (28) of this Rule;

(2) an occupational therapist licensed under G.S. 90, Article 18D or physical therapist licensed under ~~G.S. 90-270.24, Article 18B~~ G.S. 90-270.90, Article 18E, for tasks listed in Subparagraphs (a)(17) and (a)(22) through (27) of this Rule;

(3) a respiratory care practitioner licensed under G.S. 90, Article 38, for tasks listed in Subparagraphs (a)(6), (11), (16), (18), ~~(19)~~ (19), and (21) of this Rule; or

(4) a registered nurse licensed under G.S. 90, Article 9A, for tasks that can be performed by a nurse aide II according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that ~~act~~ Act in 21 NCAC 36.

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

(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;

(2) evaluating the resident's progress to care being provided;

(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and

(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.

~~(d) The facility shall assure action is taken in response to the licensed health professional review and documented, and that the physician or appropriate health professional is informed of the recommendations when necessary.~~

(d) The facility shall follow-up and implement recommendations made by the licensed health professional including referral to the physician or appropriate health professional when indicated. The facility shall document follow-up on all recommendations made by the licensed health professional.

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, ~~2004.~~ 2004;
Readopted Eff. October 1, 2022.

10A NCAC 13G .0905 is proposed for readoption with substantive changes as follows:

10A NCAC 13G .0905 ACTIVITIES PROGRAM

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

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

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

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

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

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

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

(5) encourage residents to participate in activities; and

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

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

(e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression. ~~Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and nature walks.~~

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

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

History Note: *Authority G.S. 131D-2.16; ~~143B-165;~~ 131D-4.1; 131D-4.3;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. August 3, 1992; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, ~~2005.~~ 2005;
Readopted Eff. October 1, 2022.

10A NCAC 13G .1005 is proposed for readoption without substantive changes as follows:

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

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

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

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

(b) When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance with the physician's orders or the facility's medication policies and procedures, the facility staff shall notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.

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

10A NCAC 13G .1006 is proposed for readoption without substantive changes as follows:

10A NCAC 13G .1006 MEDICATION STORAGE

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

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

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

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

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

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

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

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

(1) irrigation solutions in single unit quantities exceeding 49 ml. and related diagnostic agents;

(2) diagnostic agents;

(3) vaccines; and

(4) water for injection and normal saline for injection.

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

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

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

10A NCAC 13G .1208 is proposed for readoption without substantive changes as follows:

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

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

History Note: *Authority G.S. 131D-2.4; 131D-2.16; 131D-34.1; 143B-165;*
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, ~~2002.~~ 2002;
Readopted Eff. October 1, 2022.

10A NCAC 13F .0504 is proposed for amendment as follows:

10A NCAC 13F .0504 COMPETENCY VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT TASKS

(a) ~~An adult care home~~ The facility shall assure that ~~non-licensed personnel and licensed personnel~~ non-licensed staff and licensed staff not practicing in their licensed capacity ~~as governed by their practice act and~~ in accordance with occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1)

through (28) of Rule .0903 of this ~~Subchapter~~ Subchapter. The facility shall assure the competency validation occurs prior to staff performing the task and ~~that their~~ ongoing competency is assured through facility staff oversight and supervision.

(b) Competency validation shall be performed by the following licensed health professionals:

(1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks specified in Subparagraphs (a)(1) through (28) of Rule .0903 of this Subchapter.

(2) In lieu of a registered nurse, a licensed respiratory care practitioner ~~licensed under G.S. 90, Article 38,~~ may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (a)(11), (a)(16), (a)(18), ~~(a)(19)~~ (a)(19), and (a)(21) of Rule .0903 of this Subchapter.

(3) In lieu of a registered nurse, a ~~registered~~ licensed pharmacist may validate the competency of staff who perform the personal care ~~task~~ tasks specified in Subparagraph (a)(8) and (a)(11) of Rule .0903 of this Subchapter. An immunizing pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(15) of Rule .0903 of this Subchapter.

(4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (27) of Rule .0903 of this Subchapter.

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

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. September 1, 2003;
Eff. July 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018;
Amended Eff. October 1, 2022; July 1, 2021.

10A NCAC 13F .0508 is proposed for amendment as follows:

10A NCAC 13F .0508 ASSESSMENT TRAINING

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

History Note: *Authority G.S. 131D-2.15; 131D-2.16; 131D-4.5; 143B-165;*
Temporary Adoption Eff. September 1, 2003;
Eff. June 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018.~~ 2018;
Amended Eff. October 1, 2022.

10A NCAC 13F .0905 is proposed for amendment as follows:

10A NCAC 13F .0905 ACTIVITIES PROGRAM

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

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

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

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

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

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

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

(5) encourage residents to participate in activities; and

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

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

(e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression. ~~Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and nature walks.~~

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

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

History Note: *Authority G.S. 131D-2.16; ~~131D-4.5; 143B-165;~~ 131D-4.1; 131D-4.3;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004 (This temporary amendment replaces the permanent rule approved by RRC on May 20, 2004);
Amended Eff. July 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018.~~ 2018;
Amended Eff. October 1, 2022.

10A NCAC 13F .1207 is proposed for amendment as follows:

10A NCAC 13F .1207 FACILTIES TO REPORT RESIDENT DEATHS

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

History Note: *Authority G.S. 131D-2.4; 131D-2.16; ~~131D-2.4;~~ 131D-34.1;143B-165;*
Temporary Adoption Eff. May 1, 2001;
Eff. July 18, 2002;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018.~~ 2018;
Amended Eff. October 1, 2022.

10A NCAC 13F .0502 is proposed for repeal as follows:

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

History Note: *Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Temporary Amendment Eff. September 1, 2003;
Amended Eff. June 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, ~~2018.~~ 2018;
Repealed Eff. October 1, 2022.

10A NCAC 13G .0502 is proposed for readoption as a repeal as follows:

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

History Note: *Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;*
Temporary Adoption Eff. January 1, 1996;
Eff. May 1, 1997;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, ~~2000.~~ 2000;
Repealed Eff. October 1, 2022.