

1 10A NCAC 13J .1402 is readopted with changes as published in 31:24 NCR 2442-2448 as follows:

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3 **10A NCAC 13J .1402 CONTENT OF RECORD**

4 (a) If the agency is providing services to a ~~client which do not require a physician's order,~~ client, the service record  
5 shall contain the following ~~information at a minimum:~~ information:

6 (1) Admission data:

- 7 (A) identification data such as name, address, telephone number, date of birth, sex, and marital  
8 ~~status, social security number; all information essential to the identification of the client;~~  
9 ~~and a copy of the signed client's right's form or documentation of its delivery; status;~~  
10 (B) ~~names of next of kin or legal guardian; a copy of the signed client's rights form or~~  
11 ~~documentation of its delivery;~~  
12 (C) names of next of kin, legal guardian, or other family members;  
13 (D) source of referral; and  
14 (E) assessment of home environment.

15 (2) Service data:

- 16 (A) initial assessments by ~~appropriate professional~~ the health care practitioner of the client's  
17 functional status in the areas of social, mental, physical health, environmental, economic,  
18 ~~activities of daily living ADLs, and instrumental activities of daily living; IADLs;~~  
19 (B) identification of problems, the establishment of goals and proposed ~~intervention~~  
20 ~~intervention,~~ and indication of the client's understanding of and approval for services to be  
21 provided. If the client is diagnosed as not ~~competent to understand the treatment plan,~~  
22 ~~competent,~~ the approval of the client's responsible party shall be recorded;  
23 (C) a record of all services ~~provided, provided directly and by contract,~~ with entries dated with  
24 date and time of service, and signed by the individual providing the ~~service. Records shall~~  
25 ~~include dates and times of services provision; service;~~  
26 (D) discharge summary ~~which that~~ includes an overall summary of services provided by the  
27 agency and the date and reason for discharge. When a specific service to a client is  
28 terminated and other services continue, there shall be documentation of the date and reason  
29 for terminating the specific service; and  
30 (E) evidence of coordination of services when the client is receiving more than one ~~home in-~~  
31 home care service.

32 (b) If the agency is providing services to a client ~~which that~~ require a physician's order, the service record shall include  
33 ~~at a minimum~~ all of the items described in Paragraph (a) of this Rule and the following items:

34 (1) Admission data:

- 35 (A) admission and discharge dates from hospital or other institution when applicable; and  
36 (B) names of physician(s) responsible for the client's care.

37 (2) Service data:

- 1 (A) client's diagnoses;
- 2 (B) physician's orders for pharmaceuticals and medical treatments; and
- 3 (C) ~~if~~ if the agency is providing services to a hospital or nursing facility patient, the agency's
- 4 record shall include ~~at a minimum the following items:~~ referral information, dates and
- 5 times of services, and documentation of services provided.
- 6 (i) ~~referral information;~~
- 7 (ii) ~~dates and times of services; and~~
- 8 (iii) ~~documentation of services provided.~~
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10 *History Note: Authority G.S. 131E-140;*

11 *Eff. July 1, 1992;*

12 *Amended Eff. February 1, ~~1996-1996;~~*

13 *Readopted Eff. January 1, 2018.*