

1 10A NCAC 13G .0903 is readopted with changes as published in 36:18 NCR 1487-1495 as follows:

2
3 **10A NCAC 13G .0903 LICENSED HEALTH PROFESSIONAL SUPPORT**

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

- 7 (1) applying and removing ace bandages, ~~ted~~ TED hose, binders, and braces and splints;
- 8 (2) feeding techniques for residents with swallowing problems;
- 9 (3) bowel or bladder training programs to regain continence;
- 10 (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;
- 11 (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;
- 12 (6) chest physiotherapy or postural drainage;
- 13 (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic
14 debriding agents;
- 15 (8) collecting and testing of fingerstick blood samples;
- 16 (9) care of well-established colostomy or ~~ileostomy~~ ileostomy. For the purpose of this Rule, "well-
17 established colostomy or ileostomy" means (having having a healed surgical site without sutures or
18 drainage); drainage;
- 19 (10) care for pressure ulcers, up to and including a Stage II pressure ~~ulcer~~ ulcer, which is a superficial
20 ulcer presenting as an abrasion, ~~blister~~ blister, or shallow crater;
- 21 (11) inhalation medication by machine;
- 22 (12) forcing and restricting fluids;
- 23 (13) maintaining accurate intake and output data;
- 24 (14) medication administration through a well-established gastrostomy feeding ~~tube~~ tube. For the
25 purpose of this Rule, "well-established gastrostomy feeding tube" means (having having a healed
26 surgical site without sutures or drainage and through which a feeding regimen has been successfully
27 established); established;
- 28 (15) medication administration through subcutaneous ~~injection;~~ injection in accordance with Rule
29 .1004(q) except for anticoagulant medications;
30 Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of
31 this Subchapter;
- 32 (16) oxygen administration and monitoring;
- 33 (17) the care of residents who are physically restrained and the use of care practices as alternatives to
34 restraints;
- 35 (18) oral suctioning;

- 1 (19) care of well-established tracheostomy, not to include ~~intra-tracheal endotracheal suctioning;~~
 2 suctioning. For the purpose of this Rule, “well-established tracheostomy” means the stoma is well-
 3 healed and the airway is patent;
- 4 (20) administering and monitoring of tube feedings through a well-established gastrostomy feeding tube
 5 (see description in Subparagraph (14) of this Paragraph); in accordance with Subparagraph (a)(14)
 6 of this Rule;
- 7 (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);
- 8 (22) application of prescribed heat therapy;
- 9 (23) application and removal of prosthetic devices except as used in early post-operative treatment for
 10 shaping of the extremity;
- 11 (24) ambulation using assistive devices that requires physical assistance;
- 12 (25) range of motion exercises;
- 13 (26) any other prescribed physical or occupational therapy;
- 14 (27) transferring semi-ambulatory or non-ambulatory residents; or
- 15 (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and
 16 rules promulgated under that ~~act~~ Act in 21 NCAC 36.

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

- 18 (1) a registered nurse licensed under G.S. 90, Article 9A, for tasks listed in Subparagraphs (a)(1)
 19 through (28) of this Rule;
- 20 (2) an occupational therapist licensed under G.S. 90, Article 18D or physical therapist licensed under
 21 ~~G.S. 90-270.24, Article 18B~~ G.S. 90-270.90, Article 18E, for tasks listed in Subparagraphs (a)(17)
 22 and (a)(22) through (27) of this Rule;
- 23 (3) a respiratory care practitioner licensed under G.S. 90, Article 38, for tasks listed in Subparagraphs
 24 (a)(6), (11), (16), (18), ~~(19)~~ (19), and (21) of this Rule; or
- 25 (4) a registered nurse licensed under G.S. 90, Article 9A, for tasks that can be performed by a nurse
 26 aide II according to the scope of practice as established in the Nursing Practice Act and rules
 27 promulgated under that ~~act~~ Act in 21 NCAC 36.

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

- 33 (1) performing a physical assessment of the resident as related to the resident's diagnosis or current
 34 condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;
- 35 (2) evaluating the resident's progress to care being provided;
- 36 (3) recommending changes in the care of the resident as needed based on the physical assessment and
 37 evaluation of the progress of the resident; and

- 1 (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.
- 2 ~~(d) The facility shall assure action is taken in response to the licensed health professional review and documented,~~
- 3 ~~and that the physician or appropriate health professional is informed of the recommendations when necessary.~~
- 4 (d) The facility shall follow-up and implement recommendations made by the licensed health professional including
- 5 referral to the physician or appropriate health professional when indicated. The facility shall document follow-up on
- 6 all recommendations made by the licensed health professional.

7

8 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*

9 *Temporary Adoption Eff. January 1, 1996;*

10 *Eff. May 1, 1997;*

11 *Temporary Amendment Eff. December 1, 1999;*

12 *Amended Eff. July 1, 2000;*

13 *Temporary Amendment Eff. September 1, 2003;*

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

15 *Readopted Eff. October 1, 2022.*