

1 10A NCAC 13G .0316 is proposed for amendment as follows:

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3 **10A NCAC 13G .0316 FIRE SAFETY AND ~~DISASTER~~ EMERGENCY PREPAREDNESS PLAN**

4 (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:

- 5 (1) one five pound or larger (net charge) "A-B-C" type ~~centrally located;~~ located in an area that can be
6 accessed by staff and not stored in rooms with doors or the kitchen;
7 (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and
8 (3) any other location as determined by the local fire code enforcement official.

9 ~~(b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and~~
10 ~~U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors~~
11 ~~shall be interconnected and be provided with battery backup. The facility shall be provided with smoke detectors in~~
12 ~~locations as required by the North Carolina State Building Code: Residential Code and Licensed Residential Care~~
13 ~~Facilities, if applicable. All smoke detectors in the facility shall be hard-wired, interconnected, and provided with~~
14 ~~battery backup.~~

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

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

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

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

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

7 (1) Procedures to address the following threats and hazards that may create an emergency for the
8 facility:

9 (A) weather events including hurricanes, tornadoes, ice storms, and extreme heat or cold;

10 (B) fires;

11 (C) utility failures, to include power, water, and gas;

12 (D) equipment failures, to include fire alarm, automatic sprinkler systems, HVAC systems;

13 (E) interruptions in communication including phone service and the internet;

14 (F) unforeseen widespread communicable public health and emerging infectious diseases;

15 (G) intruders and active assailants; and

16 (H) other potential threats to the health and safety of residents as identified by the facility or
17 the local emergency management agency.

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

19 (A) provisions for the care of all residents in the facility before, during, and after an emergency
20 such as required emergency supplies including water, food, resident care items, medical
21 supplies, medical records, medications, medication records, emergency power, and
22 emergency equipment;

23 (B) provisions for the care of all residents when evacuated from the facility during an
24 emergency, such as evacuation procedures, procedures for the identification of residents,
25 evacuation transportation arrangements, and sheltering options that are safe and suitable
26 for the resident population served;

27 (C) identification of residents with Alzheimer's disease and related dementias, residents with
28 mobility limitations, and any other residents who may have specialized needs such as
29 dialysis, oxygen, tracheostomy, and gastrostomy feeding tubes, special medical equipment,
30 or accommodations either at the facility or in case of evacuation;

31 (D) strategies for staffing to meet the needs of the residents during an emergency and for
32 addressing potential staffing issues;

33 (E) Procedures for coordinating and communicating with the local emergency management
34 agency and local law enforcement;

35 (3) The emergency preparedness plan shall include contact information for state and local resources for
36 emergency response, local law enforcement, facility staff, residents and responsible parties, vendors,

1 contractors, utility companies, and local building officials such as the fire marshal and local health
2 department.

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

6 (i) The facility's emergency preparedness plan shall be reviewed at least annually and updated as needed by the
7 administrator and shall be submitted to the local emergency management agency and the local agency designated to
8 coordinate and plan for the provision of access to functional needs support services in shelters during disasters. Any
9 changes to the plan shall be submitted to the local emergency management agency and the local agency designated to
10 coordinate and plan for the provision of access to functional needs support services in shelters during disasters within
11 60 days of the change. For the purpose of this Rule, correction of grammatical or spelling errors do not constitute a
12 change. Documentation of submissions shall be maintained at the facility and made available for review upon request
13 to the Division of Health Service Regulation and county department of social services.

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

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

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

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

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

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

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

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

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

10 (s) If a facility evacuates residents to a public emergency shelter, the facility remains responsible for the care,
11 supervision, and safety of each resident, including providing required staffing and supplies in accordance with the
12 Rules of this Subchapter. Evacuation to a public emergency shelter should be a last resort, and the decision shall be
13 made in consultation with the local emergency management agency, or the local agency designated to coordinate and
14 plan for the provision of access to functional needs support services in shelters during disasters. If a facility evacuates
15 residents to a public emergency shelter, the facility shall notify the Division of Health Service Regulation Adult Care
16 Licensure Section and the county department of social services within four hours of the decision to evacuate or as
17 soon as practicable.

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

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

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

28 *Eff. January 1, 1977;*

29 *Amended Eff. April 22, 1977;*

30 *Readopted Eff. October 31, 1977;*

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

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

33 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February*
34 *16, 2019, 2019;*

35 *Amended Eff. May 1, 2025.*