

**Fiscal Impact Analysis for Proposed Changes to Rules
10A NCAC 13D Nursing Home Licensure & Certification**

Agency Proposing Rule Change

North Carolina Medical Care Commission

Contact Persons

Megan Lamphere, Rule Making Coordinator – (919) 855-3781

Steven Lewis, Chief, DHSR Construction Section – (919) 855-3907

Carey Gurlitz, Engineering Supervisor, DHSR Construction Section – (919) 855-3854

Rule Titles

10A NCAC 13D .2111 ADMINISTRATIVE PENALTY DETERMINATION PROCESS

10A NCAC 13D .2402 PRESERVATION OF MEDICAL RECORDS

10A NCAC 13D .3101 GENERAL RULES

10A NCAC 13D .3103 SITE

10A NCAC 13D .3104 PLANS AND SPECIFICATIONS

10A NCAC 13D .3201 REQUIRED SPACES

10A NCAC 13D .3202 FURNISHINGS

10A NCAC 13D .3301 NEW FACILITY REQUIREMENTS

10A NCAC 13D .3302 ADDITIONS

10A NCAC 13D .3401 HEATING AND AIR CONDITIONING

10A NCAC 13D .3402 EMERGENCY ELECTRICAL SERVICE

10A NCAC 13D .3403 GENERAL ELECTRICAL

10A NCAC 13D .3404 OTHER

See proposed text of these rules in Appendix A.

Authorizing Statutes

G.S. §131D-34; G.S. §131E-102; G.S. §131E-104; G.S. §131E-105; G.S. §131E-129; G.S. §143B-165.

Note: No statutory changes were involved in the revision of these rules.

Impact Summary for Rules 10A NCAC 13D .2111, .2402, .3101, .3103, 3202, .3401, .3402, .3403:

State government: No

Local government: No

Substantial economic impact: No

Federal Government: No

Impact Summary for Rules 10A NCAC 13D .3104, .3201, .3404:

State government: Minimal

Local government: No

Substantial economic impact: No

Federal Government: No

Summary of the Proposed Regulations

Summary Table of Quantified Costs and Benefits

Rule	Proposed Changes	Costs	Benefits
10A NCAC 13D .3201 REQUIRED SPACES (k)	Central bathing room required for every 120 patient rooms or fraction thereof instead of every 60 patient rooms or fraction thereof		Range of \$30,000 to \$120,000 per year
10A NCAC 13D .3201 REQUIRED SPACES (l)(5)	Soiled linen and soiled utility rooms are allowed to be combined in one room.		\$500 to \$1,000 per set of soiled linen and soiled utility rooms
10A NCAC 13D .3401 HEATING AND AIR CONDITIONING (b)	Requiring operable windows in dining, activity and living spaces and patient bedrooms	For patient rooms only, range of \$120 to \$480 per year	

Summary Table of Non-Quantified Costs and Benefits

Rule	Proposed Changes	Costs	Benefits
10A NCAC 13D .2111 ADMINISTRATIVE PENALTY DETERMINATION PROCESS	The language of the rule has been modified to be consistent with changes in G.S. 131E-129, which was amended in 2011. The current rule language is outdated and does not reflect current practice.	Minimal impact, if any, related to proposed repeal in paragraph (c) relating to a 30-day extension for submitting additional information. The Section only imposes about one penalty per year and there have not been any (or very few) providers that have requested an extension.	

Rule	Proposed Changes	Costs	Benefits
10A NCAC 13D .2402 PRESERVATION OF MEDICAL RECORDS	This rule was outdated and not consistent with federal regulations. For discontinued facilities, storage requirements were reduced from 11 to 5 years.		Minimal potential savings to licensed nursing home providers from being required to store records for 6 less years, thereby reducing the amount of storage space needed.
10A NCAC 13D .3104 PLANS AND SPECIFICATIONS (d)	Changes made during construction affecting compliance with 10A NCAC 13D Sections .3100, .3200 and .3400 must be approved by the Construction Section.	Any costs associated with the reporting and communicating of construction changes to the Construction Section.	A decrease in the cost to correct deficiencies found during inspection. Occupation of the project soon after the project is complete. A decrease in Construction Section staff time spent on inspection activities.

The nursing home stakeholders requested a series of meetings to revise and update the physical environment portion of the 10A NCAC Subchapter 13D – Rules for the Licensing of Nursing Homes. These rules have not been updated since 1996.

Licensure and Medical Records Rules

Stakeholders identified the need to update the licensure rules 10A NCAC 13D .2111 and .2402. Rule 10A NCAC 13D .2111, *Administrative Penalty Determination Process*, has been modified to be consistent with changes to G.S. 131E-129, which was amended in 2011. Rule 10A NCAC 13D .2402, *Preservation of Medical Records*, has been updated and the length of time for record storage for discontinued facilities was reduced to lessen the burden upon licensed facilities. This change makes the licensure rule consistent with the federal record retention requirement for nursing homes that participate in Medicare and Medicaid.

Construction Rules

In the past 16 years, significant changes have been made in the design and construction of nursing home facilities. In particular, the nursing home industry is moving away from an institutional model of facility design to a household model.¹ In the household model, 15 to 30 people live in one housing unit with patient rooms clustered around a small kitchen, dining room and living area, which are open to the corridor. Decentralized kitchens and small dining rooms

¹ Society for the Advancement of Gerontological Environments (SAGE), Household Model: Part One – Living Areas, Retrieved from <http://www.sagefederation.org/txchapter/household-model-part-one-living-areas.aspx>

help to create the feeling of a home. This “culture change” movement toward the household model of design is very strong in the United States today.²

The Division of Health Service Regulation held a series of meetings with nursing home stakeholders starting in late 2011 and ending in mid-2012. Stakeholders discussed a different set of rules at each meeting. The NC Medical Care Commission is now proposing to adopt the rule revisions or deletions to which stakeholders agreed in these. These rule deletions and revisions: allow for innovations in nursing home facility design, update the rules for technical changes, clarify and modify rule language to align with how the Construction Section currently enforces certain rules, and align rule language with current Construction Section administrative procedures.

The nursing home stakeholders involved in these rule revision meetings included: the Construction and Nursing Home Licensure and Certification Sections of the North Carolina Division of Health Service Regulation, the North Carolina Division of Aging and Adult Services, the State Long Term Care Ombudsman, the North Carolina Health Care Facilities Association, the Society for the Advancement of Gerontological Environments (SAGE), the North Carolina Coalition for Long Term Care Enhancement, architects and engineers, and nursing home providers.

Impact of Proposed Changes to 10A NCAC 13D .3101 General Rules

Description: Revisions to this rule included the following technical changes: the *North Carolina State Building Code*³ citation and cost were updated in paragraph (b), the North Carolina Sanitation Rules citation was updated in paragraph (d), and the terminology of “domiciliary homes” was changed to “adult care homes” in paragraph (e) to be consistent with other rules in this subchapter. Paragraph (e) was revised because the rules in section .3300 were repealed.

Purpose: To update the rule for technical changes and to revise paragraph (e) to be consistent with the repeal of section .3300 rules.

Benefit to the public interest: These revisions make it easier for the general public and nursing home stakeholders to understand and use this rule.

Impact of Proposed Changes to 10A NCAC 13D .3103 SITE

Description: The revision of this rule includes changes to sub-item .3103(1) and corrects grammar errors in the rule language.

- Sub-Item .3103(1): This revision removes the requirement that the site of a nursing home needs to be accessible to public transportation. This requirement has never been enforced because counties within North Carolina have large rural areas without public transportation. The nursing home stakeholders requested this revision.

² Rahman, Anna N., and John F. Schnelle. "The nursing home culture-change movement: Recent past, present, and future directions for research." *The Gerontologist* 48, no. 2 (2008): 142-148.

³ The North Carolina Department of Insurance, *2012 North Carolina State Building Codes* (International Code Council, 2011).

Purpose: To remove a requirement for the location of nursing homes that is not enforceable in most counties of North Carolina. This requirement has never been enforced.

Benefit to the public interest: Nursing homes can be located in either rural or urban areas. This change makes this rule less burdensome to nursing home providers and aligns the rule with current policy.

Impact of Proposed Changes to 10A NCAC 13D .3104 PLANS AND SPECIFICATIONS

Description: The majority of changes to this rule are related to technical changes, rule clarifications, requiring nursing home providers to submit construction changes, and administrative changes for plan review and submittal as follows:

- Paragraph (a): Changes to this paragraph are technical modifications. The Construction Section requires only one set of plans at the construction document phase of design. Nursing home providers are permitted -- but not required -- to submit earlier versions of the drawings. This is in line with current procedures in the Section. At one time, the Construction Section required three copies of the plans. One set was used internally and the second and third sets were sent to the North Carolina Department of Insurance (NCDOI) and the Environmental Health Section, respectively. Currently, NCDOI requires that plans be submitted directly to them. The Environmental Health Section no longer reviews plans. Instead, the plans are reviewed by local health departments.
- Paragraph (b), (c) and (e): In each of these paragraphs, the change from “plans” to “construction documents and specifications” is a technical change, which modifies the terminology to conform to industry standards. In paragraph (e), after approval “by the Department prior to licensure,” the phrase “or patient and resident occupancy” was added because existing licensed facilities undergoing a renovation are already licensed and Department approval is required prior to patient and resident occupancy instead of licensure. A minor change removed the requirement to submit “as-built drawings”, which have not been required by the Construction Section for many years. The Construction Section does not use the “as-built drawings” in the review of future projects. Additionally, the Construction Section does not have adequate space to save these drawings.
- Paragraph (d): This paragraph added new language to the rule which clarifies to the provider that, after construction is started, any changes to the project that affect compliance with sections .3100, .3200 and .3400 of this subchapter shall be approved by the Department. If providers construct a nursing home facility different from what was approved on the construction documents and if the changes are not in compliance sections .3100, .3200 and .3400, the provider must modify the building to comply before it can be licensed. During construction, many providers currently submit plans indicating changes.
- Paragraph (f): These changes are a technical modification. The Construction Section requires notification only at the completion of the project. The requirement to notify the Construction Section “when construction is 50 percent, 75 percent, and 90 percent complete” has not been enforced for many years. Currently, the Construction Section does not have enough staff to conduct inspections at these different phases of construction and no longer needs to be contacted.

Purpose: To update the rule for technical changes, rule formatting and grammar errors, and clarifications. To notify providers that, during construction, plans should be submitted when

changes are made to the project related to physical plant requirements. This is a benefit to the provider because non-compliant changes made during construction may be costly to correct at the end of construction.

Scope of Analysis: None of the technical or administrative changes to this rule will result in additional costs. The cost and benefit estimates for paragraph (d) are based on a review of nursing home projects submitted in 2011 and 2012.

Baseline: N/A

Cost Estimate: None of the technical changes to this rule result in an additional cost. The addition of paragraph (d) will result in a non-quantifiable cost impact to nursing home providers. The majority of the impact will be due to the time spent reporting changes made during construction to the Construction Section. It is cost prohibitive to obtain a potential estimate of the costs associated with the addition of paragraph (d). Many nursing home providers are, on a voluntary basis, currently submitting construction documents with changes to the Section for approval.

Benefit Estimate: A non-quantifiable benefit for the addition of paragraph (d) was determined by reviewing the number of deficiencies found during the inspection of completed projects in 2011 and 2012. The cost to correct construction deficiencies decreases as the number of construction deficiencies decrease. For projects where the Construction Section was contacted by the design professional with changes, the range of construction deficiencies was 10 to 19 deficiencies per project. For a project where the Construction Section was minimally contacted by the design professional with changes, the construction deficiencies were approximately 37 deficiencies.

Another non-quantifiable benefit impact for the addition of paragraph (d) was determined by reviewing the number of days from the date of inspection to the date the project was transmitted to the Nursing Home Licensure Section for licensing and occupancy. There is a benefit to the provider to occupy the project soon after the construction is complete. For projects where the Construction Section was contacted by the design professional with construction changes, the range of time from inspection to transmittal was two to four weeks. For a project where the Construction Section was minimally contacted by the design professional with construction changes, the time from inspection to transmittal was eight weeks. It is cost prohibitive to obtain a potential estimate of the benefits associated with the addition of paragraph (d).

There is also a likely benefit in the form of a decrease in DHSR staff time spent on the inspection paper work.

Parties Affected: Parties who may be affected by these changes include the Construction Section of the North Carolina Division of Health Service Regulation and private-sector entities such as nursing home providers

Impact of Proposed Changes to 10A NCAC 13D .3201 REQUIRED SPACES

Description: Many of the revisions to this rule are corrections for formatting and grammar errors. Noted below are substantive changes requested by nursing home stakeholders and the Construction Section:

- Paragraph (c): Current trends in nursing home design utilize the household design model, which provides a small nursing unit for 30 or fewer patients in a home-like setting. This model requires the dining and activity areas to be open to one another. This revision allows a dining and activity area to be open to each other when a household design model is used. The nursing home stakeholders requested this revision. SAGE has recommended this design model because there is evidence indicating that it may improve the quality of life of residents.⁴
- Paragraph (e): The “gross window area” was substituted for “glazing material of the window” to clarify that the window area is determined by the gross area of the window opening, not the area of all the glass panes within a window. These changes were requested by the Construction Section and approved by the nursing home stakeholders.
- Paragraph (k): This paragraph requires a three-sided bath tub and shower in a central bathing room to accommodate patients who need staff assistance while bathing. This reduces the risk of injuries to both patients and staff. A three-sided accessible bathtub and shower for every “60 patient beds or fraction thereof” was revised to every “120 patient beds or fraction thereof”. Many patient rooms today are constructed with adjoining bathrooms with wheel chair accessible roll-in showers. These patient room accessible showers can be a substitute for the central bathing room’s three-sided bathtub and shower. Therefore, it is acceptable to require the three-sided accessible bathtub and shower for every 120 patient beds instead of 60 patient beds. The requirement for a three-sided accessible bathtub was revised to allow the installation of a “manufactured walk-in bathtub or a similar manufactured bathtub designed for easy transfer of patients into the tub”. Manufactured bathtubs, which are designed for easy transfer of patients, are as safe as three-sided bathtubs. The nursing home stakeholders requested these changes and the Construction Section agreed with them. The “shower” was revised to a “roll-in shower designed and equipped for unobstructed ease of shower chair entry and use”. This revision aligns the paragraph language with the standard of practice for the design and installation of accessible showers in nursing home facilities.
- Paragraph (l) Subparagraph (1): The requirement for a “narcotic storage room” was changed to a “narcotic storage area” and the area is to be under the visual control of the “nursing staff” instead of the “nurse station”. The nursing home stakeholders requested this change because narcotics are typically either stored in a locked storage cabinet in an office or a medicine-dispensing cart, which is stored in a locked room when not in use. Deleting “with four inch trim handles” and adding “the sink shall be trimmed with valves that can be operated without hands” allows the installation of sinks with either lever handles or infrared sensors. The Construction Section requested these changes because many owners are submitting plans with infrared sensors in place of lever handles. According to the 2010 edition of the *Guidelines for Design and Construction of Health Care Facilities*, hands-free operation at the work sink, with either infrared controls or blade handles, improves infection control.⁵ Adding “the sink water spout shall be mounted so that its discharge point is a

⁴ Society for the Advancement of Gerontological Environments (SAGE), Household Model: Part One – Living Areas, Retrieved from <http://www.sagefederation.org/txchapter/household-model-part-one-living-areas.aspx>

⁵ Facility Guidelines Institute, *Guidelines for Design and Construction of Health Care Facilities*, 2010 Edition. (American Society of Healthcare Engineering of the American Hospital Association, 2010).

minimum of ten inches above the bottom of the sink basin” prevents splashing to nearby surfaces and also improves infection control.⁶ This revision aligns the paragraph language with the standard of practice for the installation of hand-wash sinks in nursing home facilities.

- Paragraph (1) Subparagraph (2): The requirement for “wall and under counter storage” in a clean utility room was changed to “storage”. This change allows a nursing home provider to install the most appropriate storage for their situation, which may be all under counter storage with overhead shelves. The same changes were made to allow for the hands-free operation of the of the work sink as noted in paragraph (1) subparagraph (1). These changes were accepted by both the nursing home stakeholders and the Construction Section.
- Paragraph (1) Subparagraph (3): The requirement for “wall and under counter storage” in a soiled utility room was changed to “storage” for the same reason as noted in paragraph (1) subparagraph (2). The same changes were made to allow for the hands-free operation of the of the work sink and the water spout discharge point as noted in paragraph (1) subparagraph (1). In order to be consistent with “Subchapter 18A Section .1300 Sanitations of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions,” which concerns the provision of “facilities for emptying, cleaning and disinfecting bedpans, urinals or emesis basins”, “Rule 15A NCAC 18A .1312 Toilet: Hand-washing: Laundry: And Bathing Facilities” was cited in this subparagraph. According to the Environmental Health Section of the Division of Public Health, “facilities” can be one of the following: a flush rim clinical sink and separate cleaning and disinfecting sink; a bedpan washing device which empties, cleans and sanitizes bedpans; and a patient room water closet with bedpan spray arms and a bedpan cleaning and disinfecting sink in the soiled utility room.⁷ Depending on how a facility operates, this rule provides the requirements for the installation of either a flush rim clinical sink, bedpan washing device or a water closet with bedpan spray arms.
- Paragraph (1) Subparagraph (5): This subparagraph was deleted and requirements for a nurse patient call system were moved down to paragraph (1) subparagraph (8).
- Paragraph (1) Subparagraph (5): This was subparagraph (6). Language was added to this subparagraph that allows a soiled utility room to be combined with a soiled linen room. The 2010 edition of the *Guidelines for Design and Construction of Health Care Facilities*, which is a national standard for the design of health care facilities, allows these two rooms to be combined.⁸ The nursing home stakeholders requested this change and the Construction Section agreed with it because it was supported by the national standard.
- Paragraph (1) Subparagraph (7): The household design model, which provides a small nursing unit for 30 or fewer patients in a home like setting, typically has a “patient dietary area” for use by patients. Therefore, language was added to this subparagraph that allows facilities to use the “patient dietary area” as their “nourishment station”. The nursing home stakeholders requested this change and the Construction Section agreed with it.
- Paragraph (1) Subparagraph (8) & (9): The requirement for a “nurses’ station consisting of desk space” was replaced with “a control point with an area for charting patient records”

⁶ Ibid.

⁷ Jim Hayes, Email dated January 24, 2012, NC Department of Health and Human Services Division of Public Health Environmental Health Section.

⁸ Facility Guidelines Institute, *Guidelines for Design and Construction of Health Care Facilities*, 2010 Edition. (American Society of Healthcare Engineering of the American Hospital Association, 2010).

because nursing home providers utilizing the household design model in their facilities are not installing institution-style nurse stations. Instead, household design model facilities include a control point -- with the same functions as a nurse station in an office off a main corridor. Requirements for “an audio-visual nurse-patient call system” located at a “staff station” was moved from the deleted paragraph (l) subparagraph (5) and changed to “an audio-visual nurse-patient call system arranged to ensure that a patient's call in the facility readily notifies and directs staff to the location where the call was activated”. This allows nursing home providers to use wireless nurse call systems in their facilities. The nursing home stakeholders requested this change and the Construction Section agreed with it.

- Paragraph (l) Subparagraph (10): The requirement for “a janitor’s closet” in a nursing unit was moved from paragraph (n) to this subparagraph. All spaces required in a nursing unit are now located in paragraph (l).
- Deleted Paragraph (n): This paragraph was deleted because it is a duplicate of paragraph (l) subparagraph (3).
- Paragraph (p): Information was added to this paragraph to clarify that “bulk storage” can be located outside a nursing home “within 500 feet of the facility on the same site”. This paragraph has always been enforced by the Construction Section in this manner.

Purpose: To update the rule to accommodate the nursing home household design model, to clarify the meaning of certain paragraphs of the rule and how they are enforced by the Construction Section, and to update the rule to accommodate new technologies and systems. This rule change will allow nursing home providers to use the household model of design when designing new nursing home facilities. In addition, rule language was changed to clarify and modify language to align with how the Construction Section currently enforces this rule. Because this rule is related to adequacy of space and quality of life issues, these changes may improve the welfare of patients housed in nursing home facilities.

Scope Analysis: For those cost and benefit estimates that were quantifiable, the estimates were made for nursing homes built in 2011 and 2012. The number of nursing homes constructed is indicated in Table 1 below.

Table 1

Year	No. of nursing homes constructed and no. of beds constructed
2011	4 nursing homes with 100, 90 ,114, 142 beds
2012	1 nursing homes with 117 beds

Cost and Benefit Estimate:

- Paragraph (c): Currently, a provider can seek approval of designing their facility using the household model of design by requesting an equivalency as per 10A NCAC 13D .3102. The equivalency will be approved if the provider can demonstrate that the intent of the physical plant requirements can be met by the household design model. To date, many household design model equivalencies have been approved. As a result, there is a small benefit for incorporating the household model requirements into the rules. Because a nursing home provider can choose either model of design, and because the proposed rule requirements mirror those involved in the equivalency process, the proposed rule change would not *impose* any additional costs on nursing home providers. Potential benefits to patients and nursing

home providers for using the household model of design include: improved quality of life for patients, reduced resident disruptive behavior and elopement attempts, and increased positive interactions with other patients and staff.⁹

- Paragraph (e): The proposed rule change is a clarification and therefore has no impact.
- Paragraph (k): Requiring a central bathing room for every 120 patient beds instead of 60 patient beds may reduce facility construction costs. The cost of a central bathing room is approximately \$30,000.¹⁰ Table 3 indicates the central bathing room costs for new nursing homes in 2011 and 2012, based on the current rule requirements. Table 4 indicates the cost for central bathing rooms for new nursing homes in 2011 and 2012, based on the revised rule language. For nursing homes constructed in 2011, construction costs would have been lower by up to \$120,000 (\$270,000 - \$150,000). For nursing homes constructed in 2012, construction costs would have been lower by up to \$30,000 (60,000 - \$30,000). Therefore, the benefit estimate per year for future years is expected to range from \$30,000 to \$120,000. In the past, the number of central bathing rooms constructed met the minimum requirements of this paragraph. It is expected that after this revision only the minimum number of central bathing rooms will be constructed. The rule change is unlikely to result in additional costs to nursing home providers or patients.

Table 3 - Baseline Current Paragraph

*Cost of one central bathing room = \$30,000 for every 60 beds or fraction thereof.

	No. of nursing home beds per facility built each year	No. of Central Bathing Room	Cost of central bathroom with current rule*
2011	90	2	\$60,000
	100	2	\$60,000
	114	2	\$60,000
	142	3	\$90,000
2011 total			\$270,000
2012 total	117	2	\$60,000

Table 4 - Revised Paragraph (k)

**Cost of one central bathing room = \$30,000 for every 120 beds or fraction thereof.

	No. of nursing home beds per facility built each year	No. of Central Bathing Room	Cost of central bathroom revised Paragraph (k)**
2011	90	1	\$30,000
	100	1	\$30,000
	114	1	\$30,000

⁹ Society for the Advancement of Gerontological Environments (SAGE), *Household Model: Part One – Living Areas*, Retrieved from <http://www.sagefederation.org/txchapter/household-model-part-one-living-areas.aspx>

¹⁰ Reed Construction Data, *RS Means Building Construction Cost Data 63rd Edition*, (Construction Publishers and Consultants, 2005).

	142	2	\$60,000
2011 total			\$150,000
2012 total	117	1	\$30,000

- Paragraph (l) Subparagraph (1); Subparagraph (2); Subparagraph (3): At present, the Construction Section enforces these subparagraphs as re-written because currently available technology was much less common at the time the rules were last amended. Therefore, there is no impact from these proposed changes.
- Paragraph (l) Subparagraph (5): Combining the soiled linen and soiled utility rooms will result in a minor reduction in nursing home construction costs. The total benefit estimate is difficult to quantify because the number and size of soiled linen and soiled utility rooms constructed vary depending on the size and layout of a facility. The benefit estimate would be based on a reduction in the length of walls constructed. The benefit (i.e. reduction in costs) for combining these rooms for one set of soiled linen and utility rooms is expected to range from \$500 to \$1,000.¹¹
- Paragraph (l) Subparagraph (7): This rule change will have a minimal impact because the cost of a nourishment station is approximately equal to the cost of a residential food preparation area.
- Paragraph (l) Subparagraph (8) & (9): This rule change will have a minimal impact because the cost of a control point in an office and a nurse station are approximately equal. In addition, costs of a wireless nurse call system may be less than or greater than a hard wired system, but the rule change allows a nursing home provider to choose either system.
- Paragraph (l) Subparagraph (10): There is no impact from changing this subparagraph.
- Deleted Paragraph (n): There is no impact from deleting this paragraph.
- Paragraph (p): Currently, the Construction Section enforces these subparagraphs as re-written due to inadequate specificity in the current wording of the rule. Therefore, there is no impact from these changes.

Parties Affected: Parties who may be affected by these changes include the Construction Section of the North Carolina Division of Health Service Regulation and private sector entities such as nursing home providers. For those changes where the cost and benefit estimates are non-quantifiable, it cannot be determined how much these parties may be affected.

Impact of PROPOSED CHANGES TO 10A NCAC 13D .3202 FURNISHINGS

Description: The revisions to paragraph (a) makes it clear to facilities that handrails are only required in corridors enclosed with walls not in dining rooms, lobbies and activity areas. The nursing home stakeholders requested this change and the Construction Section agreed with it. The revisions to paragraph (b) corrected a rule formatting error.

Purpose: To clarify the meaning of this rule and to correct a rule formatting error.

¹¹ Reed Construction Data, *RS Means Building Construction Cost Data 63rd Edition*, (Construction Publishers and Consultants, 2005).

Benefit to the public interest: These revisions make it easier for the general public and nursing home stakeholders to understand and use this rule.

Impact of Proposed Changes to 10A NCAC 13D .3401 HEATING AND AIR CONDITIONING

Description: In paragraph (a) (1), the citation to “American Society of Heating, Refrigerating, and Air Conditioning Engineers Inc. *Guide*” was changed to “American National Standards Institute/American Society of Heating, Refrigerating, and Air Conditioning Engineers *Standard 170: Ventilation of Health Care Facilities*”.¹² This is a technical change. The American Society of Heating, Refrigerating, and Air Conditioning Engineers Inc. *Guide* is now called the 2011 *ASHRAE Handbook—HVAC Applications*, and it includes an entire chapter related to standards for health care facilities (chapter 8), which is equivalent to *Standard 170: Ventilation of Health Care Facilities* (Standard 170).¹³ Standard 170 was not in existence when this rule was created. Because Standard 170 pertains only to health care facilities, the nursing home stakeholders and the Construction Section decided to cite Standard 170 instead of the 2011 *ASHRAE Handbook—HVAC Applications*. In paragraph (a) (2), a technical change was made to update the citation and cost of NFPA Standard 90A. In paragraph (b), language was added to the rule that requires windows in dining, activity and living spaces and bedrooms to be operable. This requirement was added to allow for natural ventilation in case a facility’s heating, ventilating and air conditioning system becomes inoperable.

Purpose: To update this rule for technical changes and add a requirement for the windows in certain rooms within facilities to be operable. Because this rule is related to improved ventilation of rooms and quality of life issues, these changes may improve the welfare of patients housed in nursing home facilities.

Scope of Analysis The cost estimate for the operable windows is based on nursing homes built in 2011 and 2012. Because the number of patient beds is known and the number of dining, activity and living spaces vary between facilities, the cost estimate was based on the number of beds per facility.

Baseline: The cost of a window can vary, depending on the quality. An 8-foot square aluminum window with a mid-range cost of \$36.00 was used in the baseline calculation.¹⁴

Table 5 – Baseline:

Cost of Non-operable Windows in Patient Rooms for Nursing Homes Built in 2011 to 2012

	No. of nursing home beds per	Cost of aluminum windows
--	------------------------------	--------------------------

¹² American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc., Approved American National Standard, American Society of Healthcare Engineering, Standard 170-2008 Ventilation of Health Care Facilities (American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc., 2008).

¹³ American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc., 2011 ASHRAE Handbook—HVAC Applications (American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc., 2011).

¹⁴ Reed Construction Data, *RS Means Building Construction Cost Data 63rd Edition*, (Construction Publishers and Consultants, 2005).

	facility built each year	
2011	90	\$3,240
	100	\$3,600
	114	\$4,104
	142	\$5,112
2011 total		\$16,056
x 15%		~\$2,400
x 20%		~\$480
2012 total	117	\$4,212
x 15%		~\$600
x 20%		~\$120

Cost Estimate: Typically, operable windows cost 15% more than non-operable windows.¹⁵ Based on the most conservative assumption that all windows would be non-operable without the rule, the cost for requiring windows to be operable, based on 2011 construction figures, would be 15% times \$16,056 which is \$2,408. Based on 2012 construction figures, the cost for requiring windows to be operable would be 15% times \$4,212 which is \$632. According to federal nursing home surveyors, nearly all nursing homes constructed in North Carolina already incorporate the installation of operable windows. Consequently, the cost of this requirement would be expected to be a small fraction of this estimated cost, approximately \$120 to \$480 based on a conservative assumption of 20 percent of new windows being non-operable in the absence of the rule.

Benefit Estimate: Insufficient evidence exists to provide a reasonable quantitative estimate of the benefits of requiring operable windows. There is, however, evidence that increasing outdoor air supply rates is associated with improvements in perceived air quality and lower rates of Sick Building Syndrome (SBS).¹⁶ Requiring operable windows would also allow for ventilating nursing home facilities when the HVAC system is not working, allow patients to remain in a nursing home while the air conditioning system is being fixed, and allow patients to open windows when needed for fresh air or to change room temperature.

Parties Affected: The operable window requirement will affect nursing home providers and their patients.

Impact of of Proposed Changes to 10A NCAC 13D .3402 EMERGENCY ELECTRICAL SERVICE

Description: Revisions to this rule include corrections for rule formatting and grammar errors and other changes as indicated below:

- **Item (1) (a):** Technical change was made to the citation reference for the North Carolina State Electrical Code.¹⁷ **Sub-Item (b) and (c):** “Nursing station” was changed to “control

¹⁵ Reed Construction Data, *RS Means Building Construction Cost Data 63rd Edition*, (Construction Publishers and Consultants, 2005).

¹⁶ Wargocki, Pawel, et.al. “Ventilation and health in non-industrial indoor environments: reports from a European multidisciplinary Scientific Consensus Meeting (EUROVEN).” *Indoor Air* 12.2 (2002): 113-128.

¹⁷ The North Carolina Department of Insurance, 2011 North Carolina Amendments to the 2011 NEC (International Code Council, 2011).

point” for consistency with changes to rule .3201 REQUIRED SPACES. Sub-Item (d): “Suitable” was removed and “on-site fuel storage” was added. This change clarified the meaning of “suitable” which is enforced by the Construction Section as on-site fuel storage.

- Deleted Items (2) and (3): These items are redundant and are already required by Rule .3101.
- Items (2), (3), (4), (5), (8), (9) and (11): Technical and clarifying changes were made to these items. Rule language was changed to be consistent with nomenclature changes in the *North Carolina Electrical Code*¹⁸ and the *NFPA 99: Health Care Facilities Code*.¹⁹ None of these changes will have an impact.
- Item (10): “On site fuel storage” was added to be consistent with changes to sub-item (d). Proposed revisions also include technical changes for updating the citation reference for *NFPA 99: Health Care Facilities Code* and the cost of the code. The phrase, “records of running time shall be maintained and kept available for reference,” was changed to “the facility shall maintain records of the generator system tests and shall make these records available to the Department for inspection upon request.” This change makes it clear to nursing home providers that they are responsible for maintaining the records for generator system running time.
- Item (11): Changes to this item clarifies rule language to indicate compliance with specific rules of the subchapter.

Purpose: To update the rule for technical changes, rule formatting errors, clarifications and consistency with other rule changes.

Benefit to the public interest: These revisions make it easier for the general public and nursing home stakeholders to understand and use this rule.

Impact of Proposed Changes to 10A NCAC 13D .3403 GENERAL ELECTRICAL

Description: This rule was revised as indicated below:

- Paragraph (a): Corrections for rule formatting errors were made to this paragraph.
- Paragraph (h): The NC State Building Codes (NCSBC), which includes the Electrical Code, is adopted by reference in rule .3101 of this subchapter and does not need to be cited again in this paragraph.

Purpose: To update the rule to remove redundant references to the NCSBC and to correct rule formatting errors.

Benefit to the public interest: These revisions make it easier for the general public and nursing home stakeholders to understand and use this rule.

Impact of Proposed Changes to 10A NCAC 13D .3404 OTHER

Description: This rule was revised as indicated below:

¹⁸ The North Carolina Department of Insurance, 2011 North Carolina Amendments to the 2011 NEC (International Code Council, 2011).

¹⁹ National Fire Protection Association, 2012 edition NFPA 99 Health Care Facilities Code (National Fire Protection Association, 2011).

- Paragraph (a) and (d): Revisions in these paragraphs were due to corrections for formatting and grammar errors.
- Paragraph (b): This revision clarified the requirements for providing telephones in a facility.
- Deleted Paragraph (e): The NCSBC, which includes the Plumbing Code, is adopted by reference in rule .3101 of this subchapter and does not need to be cited again in this paragraph.
- Paragraph (e): Technical changes for updating the reference for NFPA 99: Health Care Facilities and the cost of the code were made to this paragraph.
- Paragraph (f): This revision clarified the requirements for a control mechanism for patients who wander or are disoriented. These requirements are not new and align with the Construction Section's interpretation of the existing rule.
- Deleted Paragraph (g): This paragraph was deleted because nursing homes do not house any patients with communicable diseases. This requirement has not been enforced for many years.
- Paragraph (g): To facilitate the household model of design, the Centers for Medicare and Medicaid Services have changed their requirements for nursing homes.²⁰ These requirements are provided in the 2012 *NFPA 101 Life Safety Code*, which is a national standard.²¹ If certain requirements of the 2012 *NFPA 101 Life Safety Code* are met, paragraph (g) (1) allows furniture in corridors; paragraph (g) (2) allows cook tops and ranges to be open to the corridor; paragraph (g) (3) allows fireplace in smoke compartments; and paragraph (g) (4) allows the installation of decorations on walls, doors and ceilings. As a safety precaution, paragraph (g) (2) also requires that the cook tops or ranges are rendered inoperable by a locked switch when not in use.
- Paragraph (h): To keep patients safe from burning hazards, this paragraph requires staff to be present when ovens, ranges and cook tops are in use.

Purpose: To update the rule for technical changes and rule formatting and grammar errors. As per federal requirements, Medicare certified nursing homes are required to comply with the paragraph (g) requirements of this rule. There are a small percentage of non-certified state licensed nursing homes that are not subject to federal requirements. These nursing homes would not be required to comply with any of the paragraph (g) requirements unless these requirements are included in this rule.

Scope of Analysis: N/A

Baseline: N/A

Cost and Benefit Estimate: The technical changes and clarifications to this rule do not result in any cost increases or decreases. The proposed provisions in paragraph (g) are currently required by federal requirements for certified nursing homes. Consequently, additional costs and benefits for these requirements would only apply to non-certified nursing home facilities. Approximately 3 percent of the nursing homes in the state are non-certified. At this time, the cost and benefit

²⁰ Centers for Medicare and Medicaid Services, 2012, S&C-12-21-LSC, Retrieved from https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter12_21-.pdf

²¹ National Fire Protection Association, 2012 edition NFPA 101 Life Safety Code (National Fire Protection Association, 2011).

estimate for the requirements of paragraph (g) are non-quantifiable because none of the non-certified facilities in the state have floor plans which have these items or areas, and it is unclear whether any future non-certified facilities will use the relevant style of floor plan. Additionally, a nursing home provider can choose whether or not to add these items or areas to their facility. Potential benefits associated with adding these requirements are as follows: improved quality of life for patients; reduced resident disruptive behavior and elopement attempts; and increased positive interactions with other patients and staff.²²

The proposed provision in paragraph (h) is a more specific version of the general requirement included in existing rule 10A NCAC 13D .2208(e), which states that “[t]he facility shall ensure that: (2) each patient receives adequate supervision and assistance to prevent accidents”. As a result, paragraph (h) requirements do not add additional costs to the construction of a nursing home. There is a small benefit to providers of reiterating the requirement to supervise patients in areas with ovens ranges and cook tops to prevent accidents due to burning hazards.

Parties Affected: Parties who may be affected by these changes include the Construction Section of the North Carolina Division of Health Service Regulation and private-sector entities such as nursing home providers. For those changes where the cost and benefit estimates are non-quantifiable, it cannot be determined how much these parties may be affected.

²² Society for the Advancement of Gerontological Environments (SAGE), Household Model: Part One – Living Areas, Retrieved from <http://www.sagefederation.org/txchapter/household-model-part-one-living-areas.aspx>

Appendix A. Proposed Rule Changes

10A NCAC 13D .2111 is proposed for amendment as follows:

10A NCAC 13D .2111 ADMINISTRATIVE PENALTY DETERMINATION PROCESS

- (a) The surveyor ~~or complaints investigator~~ shall identify and notify the facility of areas of noncompliance resulting from a survey ~~or investigation~~ which may be violations of patients' rights contained in G.S. 131E-117 or rules contained in this Subchapter. The facility may submit additional written information which was not available at the time of the visit for evaluation by the surveyor. ~~surveyor, investigator, or branch head~~. The surveyor ~~surveyor, investigator or branch head~~ shall notify the facility if a decision is made, based on information received, not to recommend a penalty. If the decision is to recommend a penalty, the surveyor ~~or investigator~~ shall complete and submit a negative action an administrative penalty proposal, which includes the classification of the violation and penalty assessed in compliance with G.S. 131E-129, and recommend a penalty, by Type (A or B), to the branch head to the Nursing Home Licensure & Certification Section designee. ~~who shall~~ The designee shall make a decision on ~~determine the~~ type and amount of the penalty to be submitted for consideration. The ~~negative action penalty~~ proposal shall then be submitted to the Section administrative penalty monitor for processing.
- (b) The ~~Department~~ Nursing Home Licensure & Certification Section shall notify the licensee by certified mail within 10 working days from the time the penalty proposal is received by the Section administrative penalty monitor that an administrative penalty is being considered.
- (c) The licensee shall have 10 working days from receipt ~~of the notification of the penalty proposal notification~~ to provide the ~~Department~~ Section with any additional written information relating to the proposed administrative penalty. ~~Upon request by the licensee, the Department shall grant the licensee an extension of up to 30 days to submit additional written information relating to the proposed administrative penalty.~~
- (d) If the penalty recommendation is classified as a Type B violation and is not a repeat violation as defined by G.S. 131E-129, the licensee shall be notified of the type and amount of penalty and may accept the recommendation instead of review by the Penalty Review Committee. If the penalty recommendation is accepted, the licensee must notify the administrative penalty monitor by certified mail within five working days following receipt of the recommendation. The licensee must include payment of the penalty with the notification. If payment is not received, the recommendation shall be forwarded to the Penalty Review Committee.
- (e) The Penalty Review Committee must review a recommended penalty proposal when: it is a Type A violation; is a Type B violation that has been previously cited during the previous 12 months or within the time period of the previous licensure inspection, whichever time period is longer; or is a ~~when it is a:~~ Type A1 violation; Type A2 violation that has not been corrected; Type B violation that has been cited during the previous 12 months or within the time period of the previous licensure inspection, whichever time period is longer; or a Type B violation as provided in Paragraph (d) of this Rule which is not accepted by the licensee.
- (f) ~~A subcommittee of the Penalty Review Committee consisting of four committee members assigned by the Penalty Review Committee chair shall meet to initially review non-repeat Type B violations. The Penalty Review~~

Exhibit D

Committee chair shall appoint the subcommittee chair and shall be an ex officio member of the Penalty Review Committee subcommittee. The surveyor or investigator recommending the penalty or a branch representative shall attend the meeting when work schedules permit. Providers, complainants, affected parties and any member of the public may also attend the meeting. The administrative penalty monitor shall be responsible for informing parties of these public meetings.

~~(g) Time shall be allowed during the Penalty Review Committee subcommittee meetings for individual presentations regarding proposed penalties. The total time allowed for presentations regarding each facility, the order in which presenters shall speak and length of presentations shall be determined by the Penalty Review Committee subcommittee chair.~~

~~(h) The administrative penalty monitor shall have five working days from the meeting date to notify the facility and involved parties of penalty recommendations made by the Penalty Review Committee subcommittee. These recommendations including the vote of the Penalty Review Committee subcommittee shall be submitted for review by the full Penalty Review Committee at a meeting scheduled for the following month.~~

~~(i) The full Penalty Review Committee shall consider Type A violations, repeat Type B violations and non-repeat Type B violations referred by the Penalty Review Committee subcommittee. Providers, complainants, affected parties and any member of the public may attend full Penalty Review Committee meetings. Upon written request of any affected party for reasons of illness or schedule conflict, the Department may grant a delay until the following month for Penalty Review Committee review. The Penalty Review Committee chair may ask questions of any of these persons, as resources, during the meeting. Time shall be allowed during the meeting for individual presentations which provide pertinent additional information. The order in which presenters speak and the length of each presentation shall be at the discretion of the Penalty Review Committee chair.~~

~~(j) The Penalty Review Committee and Penalty Review Committee subcommittee shall have for review the entire record relating to the penalty recommendation. The Penalty Review Committee and Penalty Review Committee subcommittee shall make recommendations after review of negative action proposals, any supporting evidence, and any additional information submitted by the licensee as described in Paragraph (c) of this Rule that may have a bearing on the proposal such as documentation not available during the investigation or survey, action taken to correct the violation and plans to prevent the violation from recurring.~~

~~(k) There shall be no taking of sworn testimony nor cross examination of anyone during the course of the Penalty Review Committee subcommittee or full Penalty Review Committee meetings.~~

~~(l) (f) If the Penalty Review Committee determines that the licensee has violated applicable rules or statutes, the Penalty Review Committee shall recommend an administrative penalty type and amount for each violation pursuant to G.S. 131E- 129. Recommendations for nursing home penalties shall be submitted to the Chief of the ~~Medical Facilities Licensure~~ Nursing Home Licensure & Certification Section who shall have five working days from the date of the Penalty Review Committee meeting to determine and impose administrative penalties for each violation and notify the licensee of his or her final decision by certified mail.~~

~~(m)~~ (g) The licensee shall have 60 days from receipt of the notification of the Section Chief's final decision to pay the penalty as provided by G.S. 131E-129 or must file a petition for contested case with the Office of Administrative Hearings within 30 days of the mailing of the notice of penalty imposition as provided by G.S. 131E-2.

*History Note: Authority G.S. 131D-34; 131E-104; 143B-165;
Eff. August 3, 1992;
Amended Eff. March 1, 1995; July 1, 2014;
Transferred and recodified from 10 NCAC 03H .0221 Eff. January 10,
1996.*

10A NCAC 13D .2402 is proposed for amendment as follows:

10A NCAC 13D .2402 PRESERVATION OF MEDICAL RECORDS

- (a) ~~The manager of medical records~~ A facility shall ensure that keep medical records records, whether original, computer media or microfilm, be kept on file for a minimum of five years following the discharge of an adult patient.
- (b) ~~The manager of medical records shall ensure that if~~ If the patient is a minor when discharged from the nursing facility, then the records shall be kept on file until his or her 19th birthday ~~and, then, for~~ plus an additional five years.
- (c) If a facility discontinues operation, the licensee shall ~~make known to~~ inform the Division of Health Service Regulation where its records are stored. Records ~~are to~~ shall be stored in a business offering retrieval services for at least ~~4~~ five years after the closure date.
- (d) ~~The manager of medical records~~ A facility may authorize ~~the microfilming~~ copying of medical records. Microfilming Copying may be done on or off the premises. If done off the premises, the facility shall take precautions to ensure the confidentiality and safekeeping of the records. ~~The original of the microfilmed medical records shall not be destroyed until the manager of medical records has had an opportunity to review the processed film for content.~~
- (e) Nothing in this Subchapter shall be construed to prohibit the use of automation of medical records, provided that all of the provisions in this Rule are met and the medical record is readily available for use in patient care.
- (f) (e) All medical records are confidential. ~~Only authorized personnel shall have access to the records. Signed authorization forms concerning approval or disapproval of release of medical information outside the facility shall be a part of each patient's medical record. The facility shall be compliant with the Health Insurance Portability and Accountability Act. Representatives of the Department shall be notified at the time of inspection of the name and record number of any patient who has denied medical record access to the Department. At the time of the inspection, the facility shall inform the surveyor of the name of any patient who has denied the Department access to their medical record.~~

~~(g)~~(f) Medical records are the property of the facility, and they shall not be removed from the facility except through a court order. Copies shall be made available for authorized purposes such as insurance ~~claims and claims,~~ physician ~~review,~~ review, and patient requests.

*History Note: Authority G.S. 131E-104; 131E-105;
Eff. January 1, 1996.
Amended Eff. July 1, 2014.*

10A NCAC 13D .3101 is proposed for amendment as follows:

SECTION .3100 - DESIGN AND CONSTRUCTION

10A NCAC 13D .3101 GENERAL RULES

- (a) Each facility shall be planned, constructed, equipped, and maintained to provide the services offered in the facility.
- (b) A new facility or remodeling of an existing facility shall meet the requirements of the North Carolina State Building Code ~~Codes all applicable volumes~~ which is are incorporated by reference, including all subsequent amendments. Copies of ~~this code~~ these codes may be purchased from the ~~Department of Insurance Engineering and Codes Division located at 410 North Boylan Avenue, Raleigh, NC 27603 at a cost of two hundred fifty dollars (\$250.00).~~ International Code Council online at <http://www.iccsafe.org/Store/Pages/default.aspx> at a cost of \$527.00 or accessed electronically free of charge at http://www.ecodes.biz/ecodes_support/Free_Resources/2012NorthCarolina/12NorthCarolina_main.html. Existing licensed facilities shall meet the requirements of the North Carolina State Building Code ~~Codes~~ in effect at the time of construction or remodeling.
- (c) Any existing building converted from another use to a nursing facility shall meet all requirements of a new facility.
- (d) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the ~~Commission for Public Health,~~ North Carolina Division of Public Health, Environmental Health Services Section, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Services Section 5605 Six Forks Road, Raleigh, North Carolina 27509. Copies of ~~these Rules~~ may be obtained from the ~~Department of Environment and Natural Resources, Division of Environmental Health,~~ Environmental Health Services Section, 1630 1632 Mail Service Center, Raleigh, NC 27699-1630 27699-1632 at no cost.

(e) The adult care home portion of a combination facility shall meet the rules for a nursing facility contained in Sections .3100, .3200, ~~.3300~~, and .3400 of this Subchapter, except when separated by two-hour fire resistive construction. When separated by two-hour fire-resistive construction, the adult care home portion of the facility shall meet the rules for ~~domiciliary homes~~ adult care homes in 10A NCAC 13F, Licensing of Adult Care Homes, which are incorporated by reference, including all subsequent amendments; and ~~domiciliary~~ adult care home resident areas must be located in the ~~domiciliary~~ adult care home section of the facility. Copies of 10A NCAC 13F can be obtained free of charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

(f) An addition to an existing facility shall meet the same requirements as a new facility.

History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104; 42 U.S.C. 1396;~~
~~Eff. January 1, 1996. 1996;~~
Amended Eff.

10A NCAC 13D .3103 is proposed for amendment as follows:

10A NCAC 13D .3103 SITE

The site of ~~the~~ a proposed facility must be approved by the Department prior to construction ~~and shall~~ as:

- (1) ~~be~~ accessible by public roads; ~~and public transportation;~~
- (2) ~~be~~ accessible to fire fighting services;
- (3) ~~have~~ having a water supply, sewage disposal system, garbage disposal system and trash disposal system approved by the local health department having jurisdiction;
- (4) ~~meet~~ meeting all local ordinances and zoning laws; and
- (5) ~~be~~ being free from exposure to hazards and pollutants.

History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~
~~Eff. January 1, 1996. 1996;~~
Amended Eff.

10A NCAC 13D .3104 is proposed for amendment as follows:

10A NCAC 13D .3104 PLANS AND SPECIFICATIONS

(a) When construction or remodeling of a facility is planned, one copy of final working drawings construction documents and specifications shall be submitted by the owner or ~~his~~ owner's appointed representative to the Department for review and approval. ~~Schematic drawings and preliminary working drawings shall be submitted by the owner prior to the required submission of final working drawings. As a preliminary step to avoid last minute~~

~~difficulty with construction documents approval, schematic design drawings and design development drawings may be submitted for approval prior to the required submission of construction documents. The Department will forward copies of each submittal to the Department of Insurance and the Division of Environmental Health for review and approval. Three copies of the plan shall be provided at each submittal.~~

(b) Approval of ~~final plans and specifications~~ construction documents and specifications ~~must shall~~ be obtained from the Department prior to licensure. Approval of ~~plans~~ construction documents and specifications shall expire after one year unless a building permit for the construction has been obtained prior to the expiration date of the approval of ~~final plans~~ construction documents and specifications.

(c) If an approval expires, renewed approval shall be issued by the Department, provided revised ~~plans~~ construction documents and specifications meeting ~~all current regulations, codes, and the~~ standards established in Sections .3100, .3200, and .3400 of this Subchapter are submitted by the owner or appointed representative and reviewed by the Department.

(d) Any changes made during construction shall require the approval of the Department in order to maintain compliance with the standards established in Sections .3100, .3200, and .3400 of this Subchapter.

~~(d)(e)~~ (e) Completed construction or remodeling shall conform to the ~~minimum~~ standards established in Sections .3100, .3200, .3300, and .3400 of this Subchapter. ~~Prior to approval for licensure, one set of "as built working drawings" shall be furnished to the Department. Final working drawings~~ construction documents and building construction including the operation of all building systems ~~operation~~ must shall be approved in writing by the Department prior to licensure or patient and resident occupancy.

~~(e)(f)~~ (f) The owner or ~~his designated agent~~ owner's appointed representative shall notify the Department when actual construction or remodeling ~~starts and at points when construction is 50 percent, 75 percent, and 90 percent complete and upon final completion is complete.~~ New construction or remodeling must be approved in writing by the Department prior to use.

*History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~
Eff. January 1, 1996. 1996;
Amended Eff.*

10A NCAC 13D .3201 is proposed for amendment as follows:

SECTION .3200 - FUNCTIONAL REQUIREMENTS

10A NCAC 13D .3201 REQUIRED SPACES

(a) In a facility, ~~The the~~ net floor area of a single bedroom shall not be less than 100 square feet and the ~~net~~ floor area of a room for more than one bed shall not be less than 80 square feet per bed. The 80 square feet and 100 square feet requirements shall be exclusive of closets, toilet rooms, vestibules or wardrobes. When a designated single room exceeds 159 ~~net~~ square feet in floor area, it shall remain a single bedroom and ~~cannot shall not~~ be used as a

Exhibit D

multi-bedroom unless approved in advance by the Division ~~to meet~~ as meeting the requirements of G.S. 131E, Article 9.

(b) The total space set aside for dining, ~~recreation activity~~ and other common use shall not be less than 25 square feet per bed for a nursing facility and 30 square feet per bed for the adult care home portion of a combination facility. Physical therapy, occupational therapy and rehabilitation space shall not be included in this total.

(c) In nursing facilities, included in the total square footage required by ~~Rule .3201 (b) of this Section~~ Paragraph (b) of this Rule, a separate dining area or areas ~~at with~~ with a minimum of 10 square feet per bed shall be provided and a separate activity area or areas ~~at with~~ with a minimum of 10 square feet per bed shall be provided. The remainder of the total ~~required space for dining and activities~~ square footage required by Paragraph (b) of this Rule may be in a separate area or combined with either of the ~~required~~ separate dining and activity areas required by this Paragraph. If a facility is designed with patient household units for 30 or less patients, the dining and activity areas in the household units are not required to be separate.

(d) In combination facilities, included in the total square footage required by ~~Rule .3201(b) of this Section~~ Paragraph (b) of this Rule, a separate dining area or areas ~~at with~~ with at least 14 square feet per adult care home bed shall be provided. The adult care home dining area or areas may be combined with the nursing facility dining area or areas. A separate activity area or areas for ~~domiciliary adult care home~~ adult care home beds shall be provided ~~at with~~ with at least 16 square feet per ~~domiciliary adult care home~~ adult care home bed. The adult care home activity area ~~may~~ shall not be combined with the activity area or areas required for nursing beds;

(e) Dining, activity, and living space shall be designed and equipped to provide accessibility to both patients confined to wheelchairs and ambulatory patients. ~~Required dining,~~ Dining, activity, and living areas required by Paragraph (b) of this Rule shall have windows with views to the outside. ~~The glazing material for the windows. The gross window area~~ shall not be less than eight percent of the floor area required for each dining, activity, or living space.

(f) Closets and storage units for equipment and supplies shall not be included as part of the ~~required~~ dining, activity, and living floor space ~~area.~~ area required by Paragraph (b) of this Rule.

(g) ~~Handicap accessible outdoor~~ Outdoor areas for individual and group activities shall be provided and shall be accessible to patients and residents with physical disabilities.

(h) For nursing beds, separate bedroom closets or wardrobes shall be provided in each bedroom to provide each occupant with a minimum of 36 cubic feet of clothing storage space at least half of which is for hanging clothes.

(i) For adult care home beds, separate bedroom closets or wardrobes shall be provided in each bedroom to provide each adult care home resident with a minimum of 48 cubic feet of clothing storage space at least half of which is for hanging clothes.

(j) Some means for patients and residents to lock personal articles within the facility shall be provided.

(k) A toilet room shall be directly accessible from each patient room and from each central bathing area without going through the general corridor. One toilet room may serve two patient rooms but not more than eight beds. The lavatory may be omitted from the toilet room if one is provided in each patient room. One tub or shower shall be

Exhibit D

provided for each 15 beds not individually served. ~~There shall be at least one bathtub accessible on three sides and one shower provided for each 60 beds or fraction thereof.~~

For each 120 beds or fraction thereof the following shall be provided:

- (1) at least one bathtub or a manufactured walk-in bathtub or a similar manufactured bathtub designed for easy transfer of patients into the tub. All bathtubs must be accessible on three sides; and
 - (2) at least one roll-in shower designed and equipped for unobstructed ease of shower chair entry and use.
- (1) For each nursing unit, or fraction thereof on each floor, the following shall be provided:
- (1) a medication preparation area with a counter, a sink with four inch faucet trim handles, a medication refrigerator, eye level medication storage, cabinet storage and a double locked narcotic storage room area located adjacent to the nursing station or under the visual control of the nursing station staff. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of ten inches above the bottom of the sink basin;
 - (2) a clean utility room with a counter, sink with four inch handles, wall and under counter sink, and storage. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of ten inches above the bottom of the sink basin;
 - (3) a soiled utility room with a counter, sink with four inch handles, wall and under counter storage, a flush rim clinical sink or water closet with a device for cleaning bedpans; and a means for washing and sanitizing bedpans and other utensils. sink, and storage. The sink shall be trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. The sink water spout shall be mounted so that its discharge point is a minimum of ten inches above the bottom of the sink basin. The soiled utility room shall be equipped for the cleaning and sanitizing of bedpans as required by Rule 15A NCAC 18A .1312 Toilet: Handwashing: Laundry: And Bathing Facilities;
 - (4) a nurses' toilet and locker space for coats, purses, and personal belongings;
 - (5) an audio visual nurse patient call system arranged to ensure that a patient's call in the facility is noted at a staffed station;
 - (6)(5) a soiled linen storage room. If the soiled linen storage room is combined with the soiled utility room, a separate soiled linen storage room is not required;
 - (7)(6) a clean linen storage room;
 - (8)(7) a nourishment station in an area enclosed with walls and doors which that contains work space, cabinets and refrigerated storage, and a small stove, microwave oven or hot plate. If a facility is designed with patient household units, a patient dietary area located within the patient household unit may substitute for the nourishment station. The patient dietary area shall include cooking equipment, a kitchen sink, refrigerated storage and storage areas and shall be for the use of staff, patients and families;

and

~~(9)(8) one nurses' station consisting of desk space for writing, storage space for office supplies, storage space for patients' records and space for nurses' call equipment. an audio-visual nurse-patient call system arranged to ensure that a patient's call in the facility readily notifies and directs staff to the location where the call was activated;~~

~~(9) _____ a control point with an area for charting patient records, space for storage of emergency equipment and supplies, and nurse-patient call and alarm annunciation systems; and~~

~~(10) _____ a janitor's closet.~~

(m) Clean linen storage shall be provided in a separate room from bulk supplies. Clean linen for nursing units may be stored in closed carts, ~~or in~~ cabinets in the clean utility room, or in a linen closet on the unit floor.

~~(n) A soiled linen room shall be provided.~~

~~(o)(n) Each nursing unit shall be provided with at least one janitor's closet. The~~ If provided, the kitchen area and laundry area each shall have a janitor's closet. Administration, occupational and physical therapy, recreation, personal care and employee ~~facilities~~ areas shall ~~be provided~~ have janitor's closets and may share one as a group.

~~(p)(o) Stretcher and wheelchair storage shall be provided.~~

~~(p)(p) Bulk storage shall be provided at the rate of~~ at least five square feet of floor area per licensed bed. This storage space shall be either in the facility or within 500 feet of the facility on the same site. This storage space shall be in addition to the other storage space required by this Rule.

~~(q)(q) Office space shall be provided for business transactions. Office space shall also be provided for persons holding the following positions: administrator, director of nursing, social services director, activities director and physical therapist. There shall also be a business office.~~

~~(1) _____ administrator;~~

~~(2) _____ director of nursing;~~

~~(3) _____ social services director;~~

~~(4) _____ activities director; and~~

~~(5) _____ physical therapist.~~

~~(r)(r) Each combination facility shall provide a minimum of one residential washer and residential dryer located to be accessible by adult care home staff, residents, and family unless personal laundry service is provided by the facility.~~

*History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~
Eff. January 1, 1996;
~~Amended Eff. October 1, 2008. 2008;~~
Amended Eff.*

10A NCAC 13D .3202 is proposed for amendment as follows:

10A NCAC 13D .3202 FURNISHINGS

- (a) A facility shall provide Handgrips handgrips shall be provided for at all toilet and bath facilities used by patients. Handrails patients and handrails shall be provided on both sides of all corridors where corridors are defined by walls and used by patients.
- (b) A facility shall provide Flame flame resistant privacy screens or curtains shall be provided in multi-bedded rooms.

*History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~
Eff. January 1, ~~1996.~~ 1996;
Amended Eff.*

10A NCAC 13D .3301 - .3302 are proposed for repeal as follows:

10 NCAC 13D .3301 NEW FACILITY REQUIREMENTS

10 NCAC 13D .3302 ADDITIONS

*History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~
Eff. January 1, ~~1996~~ 1996;
Repealed Eff*

10A NCAC 13D .3401 is proposed for amendment as follows:

SECTION .3400 - MECHANICAL: ELECTRICAL: PLUMBING

10A NCAC 13D .3401 HEATING AND AIR CONDITIONING

~~Heating and cooling systems shall meet the American Society of Heating, Refrigerating, and Air Conditioning Engineers Inc. Guide [which is incorporated by reference, including all subsequent amendments; copies of this document may be obtained from the American Society of Heating, Refrigerating & Air Conditioning Engineers Inc. at 1791 Tullie Circle NE, Atlanta, GA 30329 at a cost of one hundred nineteen dollars (\$119.00.); and the National Fire Protection Association Code 90A, [current addition with all subsequent amendments which is adopted by reference; copies of this code may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101 at a cost of nineteen dollars and fifty cents (\$19.50)] with the following modifications:~~

- ~~(1) — Drug rooms must have positive pressure with relationship to adjacent areas.~~

- ~~(2) Environmental temperature control systems shall be capable of maintaining temperatures in the facility at 72 degrees F. minimum in the heating season and a maximum of 81 degrees F. during the non heating season.~~
- ~~(3) Rooms designated for isolation shall have negative or positive pressure with relationship to adjacent areas depending upon the type of patient to be isolated. Exhaust for isolation rooms shall be ducted to the outdoors with exhaust fans located at the discharge end of the duct.~~

(a) A facility shall provide heating and cooling systems complying with the following:

- (1) The American National Standards Institute and American Society of Heating, Refrigerating, and Air Conditioning Engineers Standard 170: Ventilation of Health Care Facilities, which is incorporated by reference, including all subsequent amendments and editions, and may be purchased for a cost of \$54.00 online at http://www.techstreet.com/ashrae/lists/ashrae_standards.tmpl. This incorporation does not apply to Section 7.1, Table 7-1 Design Temperature for Skilled Nursing Facility. The environmental temperature control systems shall be capable of maintaining temperatures in the facility at 71 degrees F. minimum in the heating season and a maximum of 81 degrees F. during the non-heating season; and
- (2) The National Fire Protection Association 90A: Standard for the Installation of Air-Conditioning and Ventilating Systems, which is incorporated by reference, including all subsequent amendments and editions, and may be purchased at a cost of \$39.00 from the National Fire Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=90A>.

(b) In a facility, the windows in dining, activity and living spaces and bedrooms shall be openable from the inside. To inhibit patient and resident elopement from any window, the facility may restrict the window opening to a six-inch opening.

*History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~
Eff. January 1, ~~1996.~~ 1996;
Amended Eff.*

10 NCAC 13D .3402 is proposed for amendment as follows:

10A NCAC 13D .3402 EMERGENCY ELECTRICAL SERVICE

~~Emergency electrical service shall be provided~~ A facility shall provide an emergency electrical service for use in the event of failure of the normal electrical service. This emergency electrical service shall consist of the following:

- (1) In any existing facility, the following shall be provided: facility:
 - (a) type 1 or 2 emergency lights as required by the North Carolina State Building Code, Codes: Electrical Code;

Exhibit D

- (b) additional emergency lights for all ~~nursing stations~~ control points required by Rule .3201(1)(9) of this Subchapter, ~~drug medication preparation areas~~ required by Rule .3201(1)(1) of this Subchapter and storage areas, and for the telephone switchboard, if applicable;
 - (c) one or more portable battery-powered lamps at each ~~nursing station~~ control point required by Rule .3201(1)(9) of this Subchapter; and
 - (d) a ~~suitable~~ source of emergency power for life-sustaining equipment, if the facility admits or cares for occupants needing such equipment, to ensure continuous operation with on-site fuel storage for a minimum of 72 hours.
- ~~(2) — Any new addition to an existing facility shall meet the same requirements as new construction.~~
- ~~(3) — Any conversion of an existing building (hotel, motel, abandoned hospital, abandoned school, or other building) shall meet the same requirements for emergency electrical services as required for new construction.~~
- ~~(4)(2)~~ An emergency power generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency essential electrical system. For the purposes of this Rule, the “essential electrical system” means a system comprised of alternate sources of power and all connected distribution systems and ancillary equipment, designed to ensure continuity of electrical power to designated areas and functions of a facility during disruption of normal power sources, and also to minimize disruption within the internal wiring system as defined by the North Carolina State Building Codes: Electrical Code.
- ~~(5)(3)~~ Emergency electrical services shall be provided as required by Rule .3101(b) of this Subchapter with the following ~~modifications~~: modification: Section 517.10(B)(2) of the North Carolina State Building Codes: Electrical Code shall not apply to new facilities.
- ~~(a) — Section (B)(2) contained in Section 517-10 of the North Carolina State Building Code, Electrical Code shall not apply to new facilities.~~
 - ~~(b) — Egress lighting shall be connected to the essential electrical system at exterior of exits.~~
 - ~~(c) — Task illumination in the switchgear and boiler rooms shall be connected to the essential electrical system.~~
- ~~(6)(4)~~ The following equipment, devices, and systems which are essential to life ~~safety~~, safety and the protection of important equipment or vital materials shall be connected to the critical branch of the emergency essential electrical system as follows:
- (a) nurses' calling system;
 - (b) fire ~~pump pump~~, if installed;
 - (c) ~~sewerage lift or sump pumps if installed~~;
 - ~~(d)(c)~~ one elevator, where elevators are used for ~~vertical~~ the transportation of patients;

- ~~(e)~~(d) equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating and sterilization, if installed;
 - ~~(f)~~(e) equipment necessary for maintaining telephone service; and
 - ~~(g)~~(f) task illumination of boiler rooms, if applicable.
- ~~(7)~~ (5) A ~~minimum of one~~ dedicated emergency critical branch circuit per bed for ventilator-dependent patients is required in addition to the normal system receptacle at each bed location required by the North Carolina State Building Code, Codes: Electrical Code. This ~~emergency critical branch~~ circuit shall be provided with a ~~minimum of~~ two duplex receptacles identified for emergency use. ~~Additional emergency branch circuits/receptacles shall be provided where~~ When staff determines that the electrical life support needs of the patient exceed the minimum requirements stated in this Paragraph, item, additional critical branch circuits and receptacles shall be provided. Each emergency power circuit serving ventilator dependent patients shall be fed from the automatically transferred critical branch of the essential electrical system. This ~~Paragraph shall apply~~ Item applies to both new and existing facilities.
- ~~(8)~~(6) Heating equipment provided for ventilator dependent patient bedrooms shall be connected to the critical branch of the essential electrical system and arranged for delayed automatic or manual connection to the emergency power source if the heating equipment depends upon electricity for proper operation. This ~~Paragraph shall apply~~ Item applies to both new and existing facilities.
- ~~(9)~~(7) Task lighting connected to the automatically transferred critical branch of the essential electrical system shall be provided for each ventilator dependent patient bedroom. This ~~Paragraph shall apply~~ Item applies to both new and existing facilities. For the purposes of this Item, task lighting is defined as lighting needed to carry out necessary tasks for the care of a ventilator dependent patient.
- ~~(10)~~(8) Where electricity is the only source of power normally used for ~~space~~ the heating of space, the an emergency service essential electrical system shall provide for heating of patient rooms. Emergency heating of patient rooms ~~will not be~~ is not required in areas where the facility is supplied by at least two separate generating ~~sources,~~ sources or a network distribution system with the facility feeders so routed, connected, and protected that a fault any place between the ~~generators~~ generating sources and the facility will not ~~likely~~ cause an interruption of more than one of the facility service feeders.
- ~~(11)~~(9) ~~The emergency~~ An essential electrical system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected ~~with~~ within 10 seconds through one or more primary automatic transfer switches to all emergency lighting, alarms, nurses' call, and equipment necessary for maintaining telephone service. All other lighting and equipment required to be connected to the ~~emergency~~ essential electrical system shall either be connected through the 10 second primary automatic transfer switching or shall be

~~subsequently~~ connected through ~~other~~ delayed automatic or manual transfer switching. If manual transfer switching is provided, staff of the facility shall operate the manual transfer switch.

Receptacles connected to the emergency system shall be distinctively marked for identification.

~~(12)~~(10) Sufficient fuel shall be stored for the operation of the emergency power generator for a period not less than 72 hours, on a 24-hour per day operational basis with on-site fuel storage. The generator system shall be tested and maintained per National Fire Protection Association (NFPA) ~~code 99, current addition with all subsequent amendments~~) Health Care Facilities Code, NFPA 99, which is adopted incorporated by reference, including all subsequent amendments and editions. Copies of this code may be obtained from the National Fire Protection Association ~~4 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101 at a cost of thirty one dollars (\$31.00).~~ online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=99>. Records of running time shall be maintained and kept available for reference. The facility shall maintain records of the generator system tests and shall make these records available to the Department for inspection upon request.

~~(13)~~(11) ~~Existing facilities shall have electrical systems~~ The electrical emergency service at existing facilities that shall comply with licensure standards the requirements established in Sections .3100, and .3400 of this Subchapter in effect at the time a license is first issued. Any remodeling of an existing facility that results in changes in to the emergency electrical service delivery shall comply with current licensure requirements. to support the delivery of those services. the requirements established in Sections .3100, and .3400 of this Subchapter in effect at the time of remodeling.

*History Note: Authority G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;
Eff. January 1, ~~1996.~~ 1996;
Amended Eff.*

10A NCAC 13D .3403 is proposed for amendment as follows:

10A NCAC 13D .3403 GENERAL ELECTRICAL

- (a) In a facility, All ~~all~~ main water supply shut off valves in the sprinkler system shall be electronically supervised so that if any valve is closed an alarm will sound at a continuously manned central station.
- (b) No two adjacent emergency lighting fixtures shall be on the same circuit.
- (c) Receptacles in bathrooms shall have ground fault protection.
- (d) Each patient bed location shall be provided with a minimum of four single or two duplex receptacles. Two single receptacles or one duplex receptacle shall be connected to the critical branch of the emergency power system at each bed location. Each patient bed location shall also be provided with a minimum of two single receptacles or one duplex receptacle connected to the normal electrical system.

- (e) Each patient bed location shall be supplied by at least two branch circuits.
- (f) The fire alarm system shall be installed to transmit an alarm automatically to the fire department that is legally committed to serve the area in which the facility is located, by the most direct and reliable method approved by local ordinances.
- (g) In patient areas, fire alarms shall be gongs or chimes rather than horns or bells.
- ~~(h) All receptacles in patient use areas must be grounded by an insulated conductor sized in accordance with Table 250-95 of the North Carolina State Building Code, Electrical Code.~~

*History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~
Eff. January 1, 1996. 1996;
Amended Eff.*

10A NCAC 13D .3404 is proposed for amendment as follows:

10A NCAC 13D .3404 OTHER

- (a) In general patient areas of a facility, each room shall be served by at least one calling station and each bed shall be provided with a call button. Two call buttons serving adjacent beds may be served by one calling station. Calls shall register with the floor staff and shall activate a visible signal in the corridor at the patient's or resident's door. ~~In~~ On multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each station. Nurses' calling systems ~~which that~~ provide two-way voice communication shall be equipped with an indicating light at each calling station ~~which that~~ lights and remains lighted as long as the voice circuit is operating. A nurses' call emergency button shall be provided for patients' and residents' use at each patient and resident toilet, bath, and shower.
- (b) ~~At least one telephone shall be available in each area to which patients are admitted and additional telephones or extensions as are necessary to ensure availability in case of need. A facility shall provide:~~
 - (1) at least one telephone located to be accessible by patients, residents and families for making local phone calls; and
 - (2) cordless telephones or telephone jacks in patient and resident rooms to allow access to a telephone by patients and residents when needed.
- (c) ~~General outdoor~~ Outdoor lighting shall be provided ~~adequate~~ to illuminate walkways and ~~drive~~. drives.
- (d) A flow of hot water shall be within safety ranges specified as follows:
 - (1) Patient Areas - 6 1/2 gallons per hour per bed and at a temperature of 100 to 116 degrees F; and
 - (2) Dietary Services - 4 gallons per hour per bed and at a minimum temperature of 140 degrees F; and
 - (3) Laundry Area - 4 1/2 gallons per hour per bed and at a minimum temperature of 140 degrees F.
- ~~(e) Plumbing systems shall meet the requirements of the North Carolina State Building Code, Plumbing Code.~~
~~(f)~~(e) If provided in a facility, Medical medical gas and vacuum systems shall be installed, tested, and maintained in accordance with the National Fire Protection Association Health Care Facilities Code, NFPA 99, Code 99 ~~current~~

Exhibit D

~~addition with all subsequent amendments, which is adopted by reference.~~ which is incorporated by reference, including all subsequent amendments and editions. Copies of this code may be obtained purchased for a cost of \$61.50 from the National Fire Protection Association, Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=99>, 4 Battery March Park, P.O. Box 9101, Quincy, MA 02269 74719101. at a cost of thirty one dollars (\$31.00).

~~(g) The Administrator shall assure that isolation facilities are available and used for any patient admitted or retained with a communicable disease.~~

~~(h)(f) Each facility shall have a control system or procedure~~ mechanism and staff procedures to aid staff in the supervision of for monitoring and managing patients who wander or are disoriented. The control mechanism shall include egress alarms and any of the following:

- (1) an electronic locking system;
- (2) manual locks; and
- (3) staff supervision.

This requirement ~~shall apply~~ applies to new and existing facilities.

~~(g) Sections of the National Fire Protection Association Life Safety Code, NFPA 101, 2012 edition listed in this Paragraph are adopted by reference. Copies of this code may be purchased for a cost of \$93.00 from the National Fire Protection Association online at <http://www.nfpa.org/catalog/> or accessed electronically free of charge at <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=101>.~~

- (1) 18.2.3.4 with requirements for projections into the means of egress corridor width of wheeled equipment and fixed furniture;
- (2) 18.3.2.5 with requirements for the installation of cook tops, ovens and ranges in rooms and areas open to the corridors;
- (3) 18.5.2.3(2), (3) and (4) with requirements for the installation of direct-vent gas and solid fuel-burning fireplaces in smoke compartments; and
- (4) 18.7.5.6 with requirements for the installation of combustible decorations on walls, doors and ceilings.

Smoke compartments where the requirements of these Sections are applied must be protected throughout by an approved automatic sprinkler system. Where these Sections are in conflict with the North Carolina State Building Code, the most stringent requirements shall apply.

(h) Ovens, ranges and cook tops located in rooms or areas accessible by patients or residents shall not be used by patients or residents except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each patient and resident.

*History Note: Authority ~~G.S. 131E-104; G.S. 131E-102; G.S. 131E-104;~~
~~Eff. January 1, 1996. 1996;~~
~~Amended Eff.~~*