

Rule Title	Rule Citation	Date	First Name	Last Name	Company	Email Address	Zip	Comment	Agency Response
DEFINITIONS	10A NCAC 13D .2001	7/1/2014	Erin	Glendening				This is a test of the system.	This comment has no merit. It is a test of the comment
INSPECTIONS	10A NCAC 13D .2109	7/2/2014	Jonathan	Thomas	Autumn Care of Marshville	admin111@autumncorp.com		Under Section (f), the use of 'mail' seems to prohibit the use of the ePOC system since the CMS-2567 is not longer mailed in. Perhaps as an alternate, it should state 'submit' rather than 'mail.'	The Agency determined this rule was necessary without substantive public interest. The electronic plan of correction (EPOC) is designed for use with nursing homes that participate in Medicare and/or Medicaid. Licensed nursing homes that do not participate in Medicare or Medicaid will continue to mail
REPORTING AND INVESTIGATING ABUSE, NEGLECT OR MISAPPROPRIATION	10A NCAC 13D .2210	7/2/2014	Jonathan	Thomas	Autumn Care of Marshville	admin111@autumncorp.com		Under Section (d), it states providers must have reports (allegations) of abuse postmarked within 5 working days. As this is stated, I am concerned the use of fax would be deemed out of compliance since only US Mail can be postmarked.	The Agency determined this rule was necessary without substantive public interest. Reports can be submitted to the Health Care Personnel Registry Section via fax. The
DEFINITIONS	10A NCAC 13D .2001	8/12/2014	William	Croft	NC Respiratory Care Board	bcroft@ncrcb.org		In several rules, you refer to respiratory therapist providing care. Respiratory therapy is a licensed healthcare practitioner group not mentioned in 10A NCAC 13D .2001 DEFINITIONS. For example: 10A NCAC 13D .2506 'PHYSICIAN SERVICES FOR VENTILATOR DEPENDENT PATIENTS': Facilities with ventilator dependent care patients shall contract with a physician who has specialized training in pulmonary medicine. This physician shall be responsible for respiratory services and shall: (1) establish, with the respiratory therapist and nursing staff, appropriate ventilator policies and procedures, including emergency procedures; (2) assess each ventilator dependent patient's status at least monthly with corresponding progress notes; (3) be available on an emergency basis; and (4) participate in individual care planning. Under rule 10A NCAC 13D .3003 'VENTILATOR DEPENDENCE': In addition, facilities having patients requiring the use of ventilators for more than eight hours a day shall meet the following requirements: (1) The facility shall be located within 30 minutes of an acute care facility. (2) Respiratory therapy shall be provided and supervised by a respiratory therapist currently registered by the National Board for Respiratory Care. The respiratory therapist shall: (a) make, as a minimum, weekly on site assessments of each patient receiving ventilator support with corresponding progress notes; (b) be on call 24 hours daily; and (c) assist the pulmonologist and nursing staff in establishing ventilator policies and procedures, including emergency policies and procedures. We agree with the rules above and the others proposed. However, respiratory therapist are a licensed profession that should be defined in 10A NCAC 13D .2001 DEFINITIONS as "Respiratory Therapist" means a respiratory therapist who is licensed as a Respiratory Care Practitioner under G.S. 90-646, Article 38 under the title Respiratory Care Practice Act. Sincerely, William L. Croft, PhD, RRT, RCP Executive Director The North Carolina Respiratory Care Board 1100 Navaho Drive, Suite 242 Raleigh, North Carolina 27609 Phone: (919) 878-5595 Fax: (919) 878-5565 E-mail: bcroft@ncrcb.org	The Agency determined this rule was necessary with substantive public interest. Based on the comment, we will not change its categorization. We have noted your concern about the absence of a definition for a respiratory therapist and will consider the comment when the rule is revised.