

**Fiscal Impact Analysis of
Permanent Rule Readoption without Substantial Economic Impact**

Agency Proposing Rule Change

North Carolina Medical Care Commission

Contact Persons

Nadine Pfeiffer, DHSR Rules Review Manager – (919) 855-3811

Jeff Harms, Acting Section Chief, Construction – (919) 855-3915

Tammy Sylvester, Engineering Supervisor, Construction – (919) 855-3917

Impact Summary

Federal Government:	No Impact
State Government:	No Impact
Local Government:	No Impact
Private Sector:	Negligible Impact
Substantial Impact:	No

Titles of Rule Changes and Statutory Citations

(See Appendix for rule text)

10A NCAC 13K

Section .1100 – Hospice Residential Care

- Resident Care Areas 10A NCAC 13K .1109 (Readopt)
- Design and Construction 10A NCAC 13K .1112 (Amended)
- Plans and Specifications 10A NCAC 13K .1113 (Readopt)
- Plumbing 10A NCAC 13K .1114 (Readopt)
- Waste Disposal 10A NCAC 13K .1115 (Readopt)
- Application of Physical Plant Requirements 10A NCAC 13K .1116 (Readopt)

Section .1200 – Hospice Inpatient Care

- Requirements for Hospice Inpatient Units 10A NCAC 13K .1201 (Readopt)
- Additional Patient Care Area Requirements for Hospice Inpatient Units
10A NCAC 13K .1204 (Readopt)
- Furnishings for Hospice Inpatient Care 10A NCAC 13K .1205 (Readopt)
- Hospice Inpatient Fire and Safety Requirements 10A NCAC 13K .1206 (Readopt)
- Hospice Inpatient Requirements for Heating/Air Conditioning 10A NCAC 13K .1207
(Readopt)
- Hospice Inpatient Requirements for Emergency Electrical Service 10A NCAC 13K .1208
(Readopt)

- Hospice Inpatient Requirements for General Electrical 10A NCAC 13K .1209 (Amended)
- Other Hospice Inpatient Requirements 10A NCAC 13K .1210 (Amended)
- Additional Plumbing Requirements/Hospice Inpatient Units 10A NCAC 13K .1211 (Readopt)
- Application of Physical Plant Requirements 10A NCAC 13K .1212 (Readopt)

Authorizing Statutes

G.S. 131E-202

Background

Under authority of G.S. 150B-21.3A, periodic review and expirations of existing rules, the Medical Care Commission, Rule Review Commission, and the Joint Legislative Administrative Procedure Oversight Committee approved the Subchapter report with classifications for the rules located at 10A NCAC 13K – Hospice Licensing Rules – on August 10, 2018, October 18, 2018, and December 22, 2018, respectively. The following thirteen rules were proposed for readoption with substantive changes in this report: 10A NCAC 13K .1109, .1113, .1114, .1115, .1116, .1201, .1204, .1205, .1206, .1207, .1208, .1211, and .1212. The following three rules were amended: 10A NCAC 13K .1112, .1209, and .1210.

There is a total of 208 licensed Hospice Facilities in North Carolina. Of the 208 Hospice Facilities, only 41 facilities have beds in 35 counties. The total bed count includes 452 inpatient hospice beds and 159 residential hospice beds. The inpatient hospice beds are licensed by the State of North Carolina and certified to receive Medicare reimbursement from the Centers for Medicare and Medicaid Services (CMS), therefore meeting both state licensure requirements and CMS federal regulations.

The current physical plant rules in 10A NCAC 13K – Hospice Licensing Rules have not been amended since June of 1991. The rules are antiquated when compared to current trends in the design of hospice facilities. The majority of the proposed amendments to the Hospice Residential and Inpatient Care rules are technical changes intended to provide clarity for staff use, update the rules to reflect current procedures of the Construction Section, remove ambiguity, and provide consistency with other rules.

Rules Summary and Anticipated Fiscal Impact

Rules in Section .1100 – Hospice Residential Care

Most of the rule changes applicable to hospice facilities' residential care beds involve re-organizing and re-formatting the rules, making them easier to use and to provide clarity. Due to duplicity, some rules were removed that are enforced by the North Carolina State Building Codes and the Division of Public Health.

Substantive changes to the facility requirements in these rules include:

- Bedroom minimum square footage,
- Sink and faucet specifications
- Nurses calling systems specifications,
- Facility design and construction approval processes, and
- Plans and Specifications

Rule .1109 – Resident Care Areas

The agency is proposing to readopt this rule with substantive changes. Paragraph (a)(1) is revised to require all hospice residential bedrooms to be a minimum of 100 square feet per floor area for private bedrooms and a minimum of 80 square feet per floor area for semi-private bedrooms. With the probability of future conversion of residential bedrooms to licensed inpatient bedrooms upon Certificate of Need approval for that county, the proposed change to the rule coincides with the minimum requirements set forth under Rule .1204 for inpatient rooms. Adding minimum size requirements to the rule minimizes potential additional costs to convert rooms to minimum sizes in the future. Residential bedrooms are currently designed to meet or exceed the minimum requirements set forth in this rule.

Paragraph (b)(2) and Paragraph (c)(5) were revised to read the same as requirements added for sinks and faucets under Rule .1204. These changes were made to have consistency between the two Subchapters.

Paragraph (c)(10) was revised to provide clarity on the placement and location of nurse call devices to ensure the devices are accessible to all residents and notifies staff. These changes were made to be consistent with the same requirements under Rule .1210.

Rule .1112 – Design and Construction

The agency is proposing to amend this rule. This rule is revised to update the information concerning access to current editions of the North Carolina State Building Codes, and to incorporate by reference the requirements of Rule 15A NCAC 18A – Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes, and Other Institutions. The North Carolina State Building Codes were incorporated by reference in the existing Rule .1112. 15A NCAC 18A were not incorporated by reference in the existing Rule .1112. However, existing Rule .1112 (d) required the sanitation, water supply, sewage disposal, and dietary facilities must comply with the rules of the Commission for Public Health.

Rule .1113 – Plans and Specifications

The agency is proposing to readopt this rule with substantive changes. This rule did not impose new requirements. The rule was revised to eliminate the requirement to mandate submittal of schematic and preliminary working drawings prior to final construction drawings being submitted. The remaining changes made to this rule are technical changes and changes to provide clarity.

Fiscal Impact

Despite these new requirements, the agency does not anticipate any impact to hospice facilities due to the changes to the residential rules in Section .1100 because there are no freestanding hospice facilities with just residential hospice beds in North Carolina. All residential hospice beds are included as a separate building wing within a licensed hospice facility with inpatient hospice beds. All residential hospice beds are designed and built to meet the more stringent requirements of inpatient hospice beds so that these beds can convert easily to inpatient beds in the future when permitted by a Certificate of Need for that county. Any costs or benefits to hospice facilities would be due to changes to the inpatient rules which are discussed below.

Rules in Section .1200 – Hospice Inpatient Care

Most of the proposed amendments to the hospice inpatient care rules are clarifying technical edits. In addition, rule language that unnecessarily duplicates requirements enforced by other entities has been removed. Building and Electrical Code references have been updated where older versions have been superseded. These changes are not expected to have an impact. This analysis will focus on the substantive changes affecting patients, facilities, and the agency.

Substantive changes to the facility requirements in these rules include:

- Central bathing requirements
- Toilet room requirements
- Sink and faucet specifications
- Nurses calling systems specifications, and
- Equivalency requirements

Rule .1201 – Requirements for Hospice Inpatient Units

The agency is proposing to readopt this rule with substantive changes for clarity and accuracy. Paragraph (c) is revised to remove rules .0507, .0600, .0800, .0907, .1004, .1200, and .1300 which no longer exist.

Fiscal Impact

No fiscal impact associated with the readoption of this rule. Under the existing Rule .1201, hospice inpatient units in licensed nursing facilities are required to meet the requirements of 10A NCAC 13D with the exception of rules .0507, .0600, .0800, .0907, .1004, .1200, and .1300.

Removing these rules since they no longer exist will not change the requirement for hospice inpatient units in licensed nursing facilities to meet the remaining portions of 10A NCAC 13D.

Rule .1204 – Additional Patient Care Area Requirements for Hospice Inpatient Units

The agency is proposing to readopt this rule with substantive changes. Changes to the proposed Rule .1204 are listed below:

- Paragraph (c)(1) adds the requirement for sinks in toilet rooms to be trimmed with valves that can be operated without the use of hands. Operating sinks without the use of hands limits the spread of bacteria or germs, keeping sinks and faucets more hygienic. This function can be achieved by equipping sinks with blade handles, electronic faucets, or other hands-free devices. The added requirement for faucets that depend on the building's electrical service for operation to be connected to the essential electrical system, or faucets that depend on batteries to have a maintenance policy to keep extra batteries is to ensure hand washing facilities are available at all time. Inpatient hospice facilities must meet the requirements of Rule .1208 which requires an essential electrical system. There will be negligible impact to connect faucets that depend on the building's electrical service to the essential electrical system because the essential electrical system is already a requirement for licensing and participation in CMS requirements. Having to have a maintenance policy for battery operated faucets will have no impact for inpatient hospice facilities due to the requirements of an essential electrical system. An additional battery system would be redundant. Providing hands-free devices is common industry standard for sinks used by patients and staff.
- Paragraph (c)(4) was revised to limit the number of beds (patients) served by a toilet room to not more than four beds (patients). The Interpretive Guideline for 42 CFR 418.110(f)¹ states that "Each patient's room must accommodate no more than two patients and their family members." As a result of these limitations on the number of patients in a patient room, the maximum number of beds (patients) served by an adjoining bathroom is limited to four beds (patients). This rule was changed for clarity to coincide with requirements of Rule .1204 Paragraph (a) and CMS requirements.
- Paragraph (c)(5) was revised to clarify the number of central bathing areas required in a facility. The existing Rule .1204 provides requirements for central bathing areas. However, the requirements are not descriptive. The proposed language rearranged to provide clarity of the requirements. In Paragraph (c)(5)(B), proposed language was added to provide optional devices in central bathing areas. These optional devices can be either a bathtub, a manufactured walk-in bathtub, a similar manufactured bathtub designed for easy transfer of patients and residents into the tub or, a shower stretcher accessible area.

¹ The Centers for Medicare and Medicaid Services, *State Operations Manual Appendix M Guidance to Surveyors: Hospice*, February 2020, [SOM \(cms.gov\)](https://www.cms.gov/Regulatory-and-Compliance-Guidance/Interpretive-Guidance/SOM).

In Paragraph (c)(5)(C), proposed language was added to require a roll-in shower in central bathing areas if each bedroom in the facility does not provide one. The proposed language was added to read the same as 10A NCAC 13D .3201 in the Rules for Licensing Nursing Homes.

- In Paragraph (c)(5)(E), the propose rule was added to add individual cubicle curtains enclosing the toilet, tub and shower in central bathing areas. The addition of cubical curtains provides privacy for patients when using toilets, tubs, and showers. The Construction Section currently requires cubicle curtains at toilets, tubs and showers located in a central bathing room even though the rule language does not specifically require it. All current facilities already meet this requirement, either because they are CMS certified and have to comply with federal regulations or because of their upscale facilities. Adding this requirement to the rule now notifies a future facility prior to submittal of plans for review that cubicle curtains are required. Given that this is now an industry norm in North Carolina, it is highly unlikely that this addition would create an extra cost that would not exist in the absence of this rule amendment.
- Paragraph (d) was revised to provide clarity on requirements for the medication preparation area, clean utility room, and soiled utility room. The existing Rule .1204 provides requirements for each of these rooms. The proposed revisions reorganized the way requirements are presented by providing them in list form. Paragraphs (d)(1)(F), (d)(2)(C), and (d)(3)(C) adds the requirement for sinks in these rooms to be trimmed with valves that can be operated without the use of hands. Operating sinks without the use of hands limits the spread of bacteria or germs, keeping sinks and faucets more hygienic. This function can be achieved by equipping sinks with blade handles, electronic faucets, or other hands-free devices. The added requirement for faucets that depend on the building's electrical service for operation to be connected to the essential electrical system, or faucets that depend on batteries to have a maintenance policy to keep extra batteries is to ensure hand washing facilities are available at all time. Inpatient hospice facilities must meet the requirements of Rule .1208 which requires an essential electrical system. There will be negligible impact to connect faucets that depend on the building's electrical service to the essential electrical system because the essential electrical system is already a requirement for licensing. Having to have a maintenance policy for battery operated faucets will have no impact for inpatient hospice facilities due to the requirements of an essential electrical system. An additional battery system would be redundant.

Impact

Federal Impact

No fiscal impact associated with the readoption of this rule.

State Impact

No fiscal impact associated with the re adoption of this rule.

Nursing Home Providers

The re adoption of this rule would result in a fiscal impact to nursing home providers related to the following paragraphs:

- Paragraph (c)(5)(B) and Paragraph (c)(5)(C) adds the requirements for optional bathroom devices in central bathing areas. The addition of a walk-in bathtub or similar manufactured bathtub to a central bathing area is estimated to cost between \$10,000 and \$20,000 per tub. If the design provided a stretcher accessible bathing area, the cost is estimated between \$3,000 and \$4000 for a stretcher designed for use in a shower.² The fiscal impact will depend on the device installed in central bathing areas.

Rule .1205 – Furnishings for Hospice Inpatient Care

The agency is proposing to readopt this rule with substantive changes to provide technical edits and clarifications. The changes are related to reorganizing and reformatting the rule to make it easier to use. Paragraph(b)(1)(D) adds the requirement for a sink for the nourishment station trimmed with valves that can be operated without the use of hands. Operating sinks without the use of hands limits the spread of bacteria or germs, keeping sinks and faucets more hygienic. This function can be achieved by equipping sinks with blade handles, electronic faucets, or other hands-free devices. The added requirement for faucets that depend on the building's electrical service for operation to be connected to the essential electrical system, or faucets that depend on batteries to have a maintenance policy to keep extra batteries is to ensure hand washing facilities are available at all time. Inpatient hospice facilities must meet the requirements of Rule .1208 which requires an essential electrical system. There will be negligible impact to connect faucets that depend on the building's electrical service to the essential electrical system because the essential electrical system is already a requirement for licensing. Having to have a maintenance policy for battery operated faucets will have no impact for inpatient hospice facilities due to the requirements of an essential electrical system. An additional battery system would be redundant.

Impact

No fiscal impact associated with the re adoption of this rule.

² David R. Polston, Architect, Discussion concerning central bathing designs in hospice facilities, licensed Architect, (January 2020).

Rule .1208 – Hospice Inpatient Requirements for Emergency Electrical Service

The agency is proposing to readopt this rule with substantive changes. The existing Rule .1208 provides requirements for emergency electrical service. The proposed changes are technical updates to the language of the rule due to changes in the North Carolina State Electrical Code and the 2012 NFPA 99 – *Health Care Facilities Code*. Inpatient hospice facilities must meet the requirements of the both the North Carolina State Electrical Code and 2012 NFPA 99.

Impact

No fiscal impact associated with the readoption of this rule.

Rule .1209 – Hospice Inpatient Requirements for General Electrical

The agency is proposing to amend this rule. The proposed changes are technical changes to update the rules based on the updated changes in the North Carolina State Electrical Code and the 2012 NFPA 99 – *Health Care Facilities Code*. Due to the more stringent requirements in the North Carolina State Electrical Code and the 2012 NFPA 99, inpatient hospice facilities must meet these minimum requirements anyway.

Impact

No fiscal impact associated with the readoption of this rule.

Rule .1210 – Other Hospice Inpatient Requirements

The agency is proposing to amend this rule. The proposed changes are technical changes to provide clarity of this rule. The existing Rule .1210 requires a calling system to be provided. The proposed changes clarify the placement of nurses' calling devices, and how the nurses' calling system is to function. The changes clarify the patient call station must be within reach of the patient lying on the bed, for patients lying on the floor, and notifies staff via visual and audible notifications. The proposed changes are industry standards for a nurses' calling system.

Impact

No fiscal impact associated with the readoption of this rule.

Rule .1212 – Application of Physical Plant Requirements

The agency is proposing to readopt this rule with substantive changes. The proposed changes are technical changes to provide clarity of this rule. The existing Rule .1212 provides the ability to request an equivalency to allow for alternate methods, procedure, design criteria or functional variations from the requirements of the rules in this Section. The proposed changes are to clarify

the minimum documentation that must be submitted in order to evaluate the request. The documentation listed in this rule reflects current procedures of the Construction Section.

Impact

No fiscal impact associated with the readoption of this rule.

Summary

For 10A NCAC 13K .1109, .1112, .1113, .1114, and .1115, there will be no fiscal impact to any affected persons with the readoption of these rules.

For 10A NCAC 13K .1201, .1205, .1206, .1207, .1208, .1209, .1210, .1211, and .1212., the rule changes being proposed will provide residents with non-quantifiable benefits. These non-quantifiable benefits could include improvements to health and safety, and maintenance of their privacy and dignity.

For 10A NCAC 13 K .1204, there will also be some fiscal impact to the nursing home providers. The fiscal impact to nursing home providers depends on the type of bathing device to be provided in central bathing areas. The type of bathing device chosen might cause an impact on initial construction costs. The initial cost of providing a bathing device as described in the proposed revised rule, can range from \$3,000 to \$20,000. However, this cost would be offset by the cost of bathing devices installed per the existing rule. Without knowledge of the cost of bathing devices currently used, the total net cost impact cannot be estimated.

Appendix

10A NCAC 13K .1109 is proposed for readoption with substantive changes as follows:

10A NCAC 13K .1109 RESIDENT CARE AREAS

(a) ~~Resident rooms shall meet the following requirements:~~ A facility shall meet the following requirements for resident bedrooms:

- (1) ~~There shall be private or semiprivate rooms; private bedroom with not less than 100 square feet of floor area or semi-private bedroom with not less than 80 square feet of floor area per bed shall be provided;~~
- (2) ~~Infants~~ infants and small children shall not ~~be assigned to share a room~~ bedroom with an adult resident unless requested by ~~residents~~ the resident and families;
- (3) ~~Each resident room~~ each bedroom shall ~~contain at least~~ be furnished with a bed, a mattress protected by waterproof material, a mattress pad, a pillow, and ~~a chair;~~ one chair per resident;
- (4) ~~Each resident room shall have a minimum of 48 cubic feet of closet space or wardrobe for clothing and personal belongings that provides security and privacy for each resident. Each resident room shall be equipped with a towel rack for each individual;~~ each bedroom shall be provided with one closet or wardrobe per bed. Each closet or wardrobe shall have clothing storage space of not less than 48 cubic feet per bed with one-half of this space for hanging clothes;
- (5) ~~Each resident~~ each bedroom shall:
 - (A) be located at or above grade level;
 - (B) ~~have provisions to ensure visual privacy for treatment or visiting;~~ be provided with a cubicle curtain enclosing each bed to ensure visual privacy; and
 - (C) be equipped with a towel rack for each resident;
- (6) ~~Artificial lighting shall be provided sufficient~~ each bedroom shall provide lighting for treatment and non-treatment needs, ~~50 foot-candles~~ foot-candles for ~~treatment,~~ treatment needs, and ~~35 foot-candles~~ foot-candles for non-treatment ~~areas;~~ needs; and
- (7) ~~A room where access is through a bathroom, kitchen or another bedroom will not be approved for a resident's bedroom.~~ no resident bedroom shall be accessed through a bathroom, kitchen, or another bedroom.

(b) ~~Bathrooms shall meet the following requirements:~~ A facility shall meet the following requirements for bathrooms:

- (1) ~~Bathroom facilities~~ bathrooms shall be ~~conveniently~~ directly accessible to ~~resident rooms.~~ each resident bedroom without going through the general corridors. One bathroom may serve up to four ~~residents and staff.~~ residents. ~~Minimum size of any bathroom shall be 18 square feet.~~ The ~~door~~ bathroom doorway shall ~~be at least 32 inches wide.~~ be a minimum 32-inch clear opening;
- (2) ~~The~~ each bathroom shall be furnished with the following:
 - (A) a toilet with grab bars;

- (B) ~~lavatory with four inch wrist blade controls;~~ a sink 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. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (C) a mirror;
- (D) soap, paper towel dispensers, and waste paper receptacle with a removable impervious liner; and
- ~~(E) water closet; and~~
- ~~(F)~~(E) a tub or shower.

(c) ~~Space shall be provided for:~~ Each facility shall provide:

- (1) ~~charting, storage of supplies and personal effects of staff;~~ an area for charting;
- (2) ~~the storage of resident care equipment;~~ storage provisions for personal effects of staff;
- (3) ~~housekeeping equipment and cleaning supplies;~~ storage areas for supplies and resident care equipment;
- (4) ~~storage of test reagents and disinfectants distinct from medication;~~ storage area(s) for housekeeping equipment and cleaning supplies;
- (5) ~~locked medication storage and preparation; and~~ a medication preparation area with a counter, a sink trimmed with valves that can be operated without hands, locked medication storage, and a double locked narcotic storage area under visual control of staff. If the sink is equipped with blade handles, the blade handles shall not be less than four inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (6) ~~drugs requiring refrigeration. They may be stored in a separate locked box in the refrigerator or in a lockable drug only refrigerator, capable of maintaining a temperature range of 36 degrees F (2 degrees C) to 46 degrees F (8 degrees C). The storage and accountability of controlled substances shall be in accordance with the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes.~~ a lockable refrigerator for drug storage only or a separate locked box in a facility refrigerator. The refrigerator must be capable of maintaining a temperature range of 36 degrees F (2 degrees C) to 46 degrees F (8 degrees C);
- (7) a kitchen with:
 - (A) a refrigerator;
 - (B) a cooking appliance ventilated to the outside;
 - (C) a 42- inch minimum double-compartment sink and domestic dishwashing machine capable of sanitizing dishes with 160 degrees F water; and

- (D) storage space for non-perishables;
 - (8) a separate dining area measuring not less than 20 square feet per resident bed;
 - (9) a recreational and social activities area with not less than 150 square feet of floor area exclusive of corridor traffic;
 - (10) a nurses' calling system shall be provided:
 - (A) in each resident bedroom for each resident bed. The call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of a resident lying on the bed. In rooms containing two or more call system activators, indicating lights shall be provided at each calling station;
 - (B) nurses' calling systems which provide two-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating;
 - (C) a nurses' call emergency activator shall be provided at each residents' use toilet fixture, bath, and shower. The call system activator shall be accessible to a resident lying on the floor; and
 - (D) calls shall register with the floor staff and shall activate a visible signal in the corridor at the resident's door. In multi-corridor units, additional visible signals shall be installed at corridor intersections;
 - (11) heating and air conditioning equipment that can maintain a temperature range between 68 degrees and 80 degrees Fahrenheit, even upon loss of utility power.
- (d) ~~Kitchen and dining areas shall have:~~
- ~~(1) — a refrigerator;~~
 - ~~(2) — a cooking unit ventilated to the outside;~~
 - ~~(3) — a 42 inch minimum double compartment sink and domestic dishwashing machine capable of sanitizing dishes with 160 degrees F. water;~~
 - ~~(4) — dining space of 20 square feet per resident; and~~
 - ~~(5) — storage space for non perishables.~~
- (e) ~~Other areas shall include:~~
- ~~(1) — a minimum of 150 square feet exclusive of corridor traffic for recreational and social activities;~~
 - ~~(2) — an audible and accessible call system furnished in each resident's room and bathroom; and~~
 - ~~(3) — heating and air cooling equipment to maintain a comfort range between 68 degrees and 80 degrees Fahrenheit.~~

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Amended Eff. February 1, 1995. 1995;*

Readopted Eff. October 1, 2021.

10A NCAC 13K .1112 is proposed for amendment as follows:

10A NCAC 13K .1112 DESIGN AND CONSTRUCTION

- (a) ~~Hospice residences and inpatient units~~ A new facility or remodeling of an existing facility must shall meet the requirements of the North Carolina State Building Code Codes, which are incorporated by reference, including all subsequent amendments and editions, in effect at the time of licensure, construction, additions, alterations or repairs. Copies of these codes may be purchased from the International Code Council online at <https://shop.iccsafe.org/> at a cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at <https://codes.iccsafe.org/codes/north-carolina>. Existing licensed facilities shall meet the requirements of the North Carolina State Building Codes in effect at the time of licensure, construction or remodeling.
- (b) Each facility shall be planned, constructed, and equipped to support the services to be offered in the facility.
- (c) Any existing building converted to a hospice facility shall meet all requirements of a new facility.
- (d) The sanitation, water supply, sewage disposal, and dietary facilities ~~must comply with the rules of the Commission for Public Health.~~ shall meet the requirements of Rule 15A NCAC 18A .1300, which is incorporated by reference including subsequent amendments and editions.

History Note: Authority G.S. 131E-202;

Eff. June 1, 1991;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018, 2018;

Amended Eff. October 1, 2021.

10A NCAC 13K .1113 is proposed for readoption with substantive changes as follows:

10A NCAC 13K .1113 PLANS AND SPECIFICATIONS

- (a) When construction or remodeling of a facility is planned, final working drawings and specifications must one copy of construction documents and specifications shall be submitted by the owner or the owner's appointed representative to the Department of Health and Human Services, Division of Health Service Regulation for review and approval. Schematic Schematic design drawings and preliminary working design development drawings shall may be submitted by the owner prior to the required submission of final working drawings. for approval prior to the required submission of construction documents. ~~The Department shall forward copies of each submittal to the Department of Insurance and Division of Environmental Health for review and approval. Three copies of the plans shall be provided at each submittal.~~

- (b) ~~Construction work shall not be commenced until written approval has been given by the Department. Approval of final plans construction documents and specifications shall be obtained from the Department prior to licensure. Approval of construction documents and specifications shall expire one year from the date granted unless a contract for the construction has been signed prior to the expiration date. after the date of approval unless a building permit for the construction has been obtained prior to the expiration date of the approval of construction documents and specifications.~~
- (c) ~~If an approval expires, a 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 .1100 and .1200 of this Subchapter are submitted-submitted by the owner or owner's appointed representative and reviewed by the Department.~~
- (d) ~~Completed construction shall conform to the minimum standards established in these Rules. Any changes made during construction shall require the approval of the Department to ensure compliance with the standards established in Sections .1100 and .1200 of this Subchapter.~~
- (e) ~~The owner or designated agent shall notify the Department when actual construction starts and at points when construction is 75 percent and 90 percent complete and upon final completion, so that periodic and final inspections can be performed. Completed construction or remodeling shall conform to the standards established in Sections .1100 and .1200 of this Subchapter. Construction documents and building construction, including the operation of all building systems, shall be approved in writing by the Department prior to licensure or patient and resident occupancy.~~
- (f) ~~The owner or owner's designated agent appointed representative shall submit for approval by the Department all alterations or remodeling changes which affect the structural integrity of the building, functional operation, fire safety or which add beds or facilities over those for which the facility is licensed. notify the Department in writing either by U.S. Mail or e-mail when the construction or remodeling is complete.~~

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Amended Eff. February 1, 1996- 1996;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1114 is proposed for readoption with substantive changes as follows:

10A NCAC 13K .1114 PLUMBING

- (a) ~~The water supply shall be designed, constructed and protected so as to assure that a safe, potable and adequate water supply is available for domestic purposes in compliance with the North Carolina State Building Code.~~
- (b) ~~All plumbing in the residence or unit shall be installed and maintained in accordance with the North Carolina State Plumbing Code. All plumbing shall be maintained in good repair and free of the possibility of backflow and backsiphonage, through the use of vacuum breakers and fixed air gaps, in accordance with state and local codes.~~

(e) For ~~homes~~ hospice residential facilities with five or more residents, a 50-gallon quick recovery water heater is required. For ~~homes~~ hospice residential facilities with fewer than five residents, a 40-gallon quick recovery water heater is required.

History Note: Authority G.S. 131E-202;
Eff. June 1, ~~1991~~, 1991;
Readopted Eff. October 1, 2021.

10A NCAC 13K .1115 is proposed for reoption with substantive changes as follows:

10A NCAC 13K .1115 WASTE DISPOSAL

(a) Sewage shall be discharged into a public sewer system, or ~~if such is not available, it~~ in the absence of a public sewer system, sewage shall be disposed of in a manner approved by the North Carolina ~~Division of Environmental Health, Department of Health and Human Services, Division of Public Health, Environmental Health Section.~~

(b) Garbage and rubbish shall be stored in impervious containers in ~~such a manner as not to become a nuisance or a health hazard to prevent insect breeding and public health nuisances. A sufficient number of impervious~~ Impervious containers with tight-fitting lids shall be provided and kept clean and in good repair. ~~Refuse~~ Garbage shall be removed from the outside storage at least once a week to a disposal site approved by the local health ~~department.~~ department having jurisdiction.

(c) The ~~home~~ facility or unit shall ~~be maintained free of infestations of insects and rodents, and all openings to the outside shall be screened.~~ take measures to keep insects, rodents, and other vermin out of the residential care facility. All openings to the outer air shall be protected against the entrance of flying insects by screens, closed doors, closed windows, or other means.

History Note: Authority G.S. 131E-202;
Eff. June 1, ~~1991~~, 1991;
Readopted Eff. October 1, 2021.

10A NCAC 13K .1116 is proposed for reoption with substantive changes as follows:

10A NCAC 13K .1116 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

The physical ~~plan~~ plant requirements for each hospice residential facility or unit shall be applied as follows:

- (1) New construction shall comply with all the requirements of ~~Section .1100 of this Subchapter;~~ this Section;

- (2) ~~Existing~~ Except where otherwise specified, existing buildings shall meet the licensure and code requirements in effect at the time of licensure, construction, ~~alteration~~ alteration, or ~~modification~~; modification.
- (3) ~~New additions, alterations, modifications, and repairs shall meet the technical requirements of Section .1100 of this Subchapter; however, where strict conformance with current requirements would be impracticable, the authority having jurisdiction may approve alternative measures where the facility can demonstrate to the Department's satisfaction that the alternative measures do not reduce the safety or operating effectiveness of the facility;~~
- (4)(3) Rules contained in ~~Rule .1109~~ of this Section are minimum requirements and are not intended to prohibit buildings, ~~systems~~ systems, or operational conditions that exceed minimum ~~requirements~~; requirements.
- (5)(4) ~~Equivalency: Alternate methods, procedures, design criteria, and functional variations from the physical plant requirements, because of extraordinary circumstances, new programs, or unusual conditions, may be approved by the authority having jurisdiction when the facility can effectively demonstrate to the Department's satisfaction that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility; and~~ The Division may grant an equivalency to allow alternate methods, procedures, design criteria or functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a governing body submits a written equivalency request to the Division that states the following:
- (a) the rule citation and the rule requirement that will not be met due to strict conformance with current requirements would be impractical, extraordinary circumstances, new programs, or unusual conditions;
- (b) the justification for the equivalency; and
- (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- (5) In determining whether to grant an equivalency request the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The governing body shall maintain a copy of the approved equivalence issued by the Division.
- (6) Where ~~rules or codes~~ rules, codes, or standards have any conflict, the more stringent requirement shall apply.

*History Note: Authority G.S. 131E-202;
Eff. February 1, 1996- 1996;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1201 is proposed for readoption with substantive changes as follows:

SECTION .1200 - HOSPICE INPATIENT CARE

10A NCAC 13K .1201 REQUIREMENTS FOR HOSPICE INPATIENT UNITS

- (a) Hospice inpatient ~~facilities or units must~~ shall conform to the rules outlined in ~~10A NCAC 13K Sections .0100 through .1100 of this Subchapter and those in this Section.~~ the rules of this Section.
- (b) Hospice inpatient units located in a licensed hospital shall meet the requirements of 10A NCAC ~~13B with the exception of: 13B, which is incorporated by reference with subsequent amendments and editions except for rules:~~ 10A NCAC 13B .1912, .1919, .1922, and .1923.
- (c) Hospice inpatient units located in a licensed nursing facility shall meet the requirements of 10A NCAC ~~13D with the exception of: 10A NCAC 13D .0507, .0600, .0800, .0907, .1004, .1200 and .1300.~~ 13D, which is incorporated by reference with subsequent amendments and editions.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991, 1991;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1204 is proposed for re adoption with substantive changes as follows:

10A NCAC 13K .1204 ADDITIONAL PATIENT CARE AREA REQUIREMENTS FOR HOSPICE INPATIENT UNITS

- (a) ~~The floor area of a single bedroom shall not be less than 100 square feet and the 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.~~ A facility shall meet the following requirements for patient bedrooms:
- (1) private bedrooms shall be provided with not less than 100 square feet of floor area;
 - (2) semi-private bedrooms with not less than 80 square feet of floor area per bed; and
 - (3) floor space for closets, toilet rooms, vestibules, or wardrobes shall not be included in the floor areas required by this Paragraph.
- (b) ~~The total space set aside for dining, recreation and other common uses shall not be less than 30 square feet per bed. Physical therapy and occupational therapy space shall not be included in this total.~~ A facility shall meet the following requirements for dining, recreation, and common use areas:
- (1) floor space for dining, recreation, and common use shall not be less than 30 square feet per bed;
 - (2) the dining, recreation, and common use areas required by this Paragraph may be combined; and
 - (3) floor space for physical and occupational therapy shall not be included in the areas required by this Paragraph.

~~(c) 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 for each 15 beds not individually served. There shall be a wheelchair and stretcher accessible central bathing area for staff to bathe a patient who cannot perform this activity independently. There shall be at least one such area per each level in a multi-level facility. A facility shall meet the following requirements for toilet rooms, tubs, showers, and central bathing areas:~~

- ~~(1) a toilet room shall contain a toilet fixture and a sink 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. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;~~
- ~~(2) if a sink is provided in each bedroom, the toilet room is not required to have a sink;~~
- ~~(3) a toilet room shall be accessible from each bedroom without going through the general corridors;~~
- ~~(4) one toilet room may serve two bedrooms, but not more than four beds; and~~
- ~~(5) a minimum of one central bathing area. In multi-level facilities, each patient floor shall contain a minimum of one central bathing area. Central bathing area(s) shall be provided with the following:
 - ~~(A) wheelchair and stretcher accessible for staff to bathe a patient who cannot perform this activity independently;~~
 - ~~(B) a bathtub, a manufactured walk-in bathtub, a similar manufactured bathtub designed for easy transfer of patients and residents into the tub, or a shower designed and equipped for unobstructed ease of stretcher entry and bathing on three sides. Bathtubs shall be accessible on three sides. Manufactured walk-in bathtubs or a similar manufactured bathtub shall be accessible on two sides;~~
 - ~~(C) a roll-in shower designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each bedroom in the facility, the central bathing area is not required to have a roll-in shower;~~
 - ~~(D) toilet fixture and lavatory; and~~
 - ~~(E) an individual cubicle curtain enclosing each toilet, tub, and shower. A closed cubicle curtain at one of these plumbing fixtures shall not restrict access to the other plumbing fixtures.~~~~

~~(d) For each nursing unit or fraction thereof on each floor, the following shall be provided:~~

- ~~(1) an adequate medication preparation area with counter, sink with four inch handles, medication refrigerator, eye level medication storage, cabinet storage, and double locked narcotic storage room, located adjacent to the nursing station or under visual control of the nursing station; a medication preparation area with:~~

- (A) a counter;
 - (B) a double locked narcotic storage area under the visual control of nursing staff;
 - (C) a medication refrigerator;
 - (D) medication storage visible by staff standing on the floor;
 - (E) cabinet storage; and
 - (F) a sink 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. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (2) ~~a clean utility room with counter, sink with four inch handles, wall and under counter storage;~~ a clean utility room with:
- (A) a counter;
 - (B) storage; and
 - (C) a sink 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. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the sink has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
- (3) ~~a soiled utility room with counter, sink with four inch handles, wall and under counter storage, a flush rim clinical sink or water closet with a suitable device for cleaning bedpans and a suitable means for washing and sanitizing bedpans and other utensils;~~ a soiled utility room with:
- (A) a counter;
 - (B) storage; and
 - (C) a sink 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. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets. The soiled utility room shall be equipped for the cleaning and sanitizing of bedpans as required by Rule 15A NCAC 18A .1312, which is incorporated by reference including subsequent amendments and editions;
- (4) a nurses' toilet and locker space for personal belongings;
- (5) an audiovisual nurse-patient call system arranged to ensure that a patient's call in the facility ~~is noted at a staffed station;~~ notifies and directs staff to the location where the call was activated;

- (6) a soiled linen storage ~~area;~~ room with a hand sanitizing dispenser. If the soiled linen storage room is combined with the soiled utility room, a separate soiled linen storage room is not required;
 - (7) a clean linen storage room ~~area; and~~ provided in one or more of the following:
 - (A) a separate linen storage room;
 - (B) cabinets in the clean utility room; or
 - (C) a linen closet; and
 - (8) ~~at least one~~ a janitor's closet.
- (e) Dietary and laundry each ~~must~~ shall have a separate janitor's closet.
- (f) Stretcher and wheelchair storage shall be provided.
- (g) ~~Bulk~~ The facility shall provide storage shall be provided at the rate of not less than five square feet of floor area per licensed bed. This storage space shall:
- (1) be used by patients to store personal belongings and suitcases;
 - (2) be either in the facility or within 500 feet of the facility on the same site; and
 - (3) be in addition to the other storage space required by this Rule.
- (h) Office space shall be provided for ~~persons with administrative responsibilities for the unit.~~ business transactions. Office space shall be provided for persons holding the following positions if these positions are provided:
- (1) administrator;
 - (2) director of nursing;
 - (3) social services director;
 - (4) activities director; and
 - (5) physical therapist.

History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Amended Eff. February 1, ~~1996.~~ 1996;
Readopted Eff. October 1, 2021.

10A NCAC 13K .1205 is proposed for readoption with substantive changes as follows:

10A NCAC 13K .1205 FURNISHINGS FOR HOSPICE INPATIENT CARE

- (a) ~~Handgrips shall be provided for~~ A facility shall provide handgrips at all toilet and bath facilities used by patients. Handrails shall be provided on both sides of all corridors where corridors are defined by walls and used by patients.
- (b) For each nursing unit ~~or fraction thereof~~ on each floor, the following shall be provided:
- (1) a nourishment station ~~with work space, cabinet, and refrigerated storage, a small stove or hotplate in an area physically separated from the nurses' station; and~~ station with:
 - (A) work space;

- (B) cabinets;
 - (C) refrigerated storage;
 - (D) a sink 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. If the sink faucet depends on the building electrical service for operation, the faucet shall be connected to the essential electrical system. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
 - (E) a small stove, microwave, or hot plate; and
- (2) ~~one a nurses' station consisting of adequate desk space for writing, storage space for office supplies and storage space for patients' records. with:~~
- (A) desk space for writing;
 - (B) storage space for office supplies; and
 - (C) storage space for patients' records.
- (c) ~~Flameproof privacy screens or curtains shall be provided.~~ A facility shall provide flame resistant cubicle curtains in multi-bedded rooms.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991, 1991;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1206 is proposed for readoption with substantive changes as follows:

10A NCAC 13K .1206 HOSPICE INPATIENT FIRE AND SAFETY REQUIREMENTS

- (a) ~~A new facility shall meet the requirements of the current North Carolina State Building Code and the following additional requirements:~~
- (1) ~~Where nursing units are located on the same floor with other departments or services, the facility shall be designed to provide separation from the other departments or services with a smoke barrier.~~
 - (2) ~~Horizontal exits are not permitted in any new facility.~~
 - (3) ~~An addition to an existing facility shall meet the same requirements as a new facility except that in no case shall more than one horizontal exit be used to replace a required exit to the outside. For all construction, an emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system.~~
- (b)(a) The hospice shall establish written policies and procedures governing disaster preparedness and fire protection.

~~(c) The hospice shall have an acceptable written plan periodically rehearsed with staff with procedures to be followed in the event of an internal or external disaster, and for the care of casualties of patients and personnel arising from such disasters.~~

(b) The hospice shall have detailed written plans and procedures to meet potential emergencies and disasters, including fire and severe weather.

(c) The plans and procedures shall be made available upon request to local or regional emergency management offices.

(d) The facility shall provide training for all employees in emergency procedures upon employment and annually.

(e) The facility shall conduct unannounced drills using the emergency procedures.

(f) The facility shall ensure that:

(1) the patients' environment remains as free of accident hazards as possible; and

(2) each patient receives adequate supervision and assistance to prevent accidents.

~~(d)~~(g) The fire protection plan shall include:

(1) instruction for all personnel in use of alarms, ~~fire fighting~~ firefighting equipment, methods of fire containment, evacuation ~~routes and~~ routes, procedures for calling the fire ~~department~~ department, and the assignment of specific tasks to all personnel in response to an alarm; and

(2) fire drills for each shift of personnel at least quarterly.

History Note: Authority G.S. 131E-202;

Eff. June 1, 1991. 1991;

Readopted Eff. October 1, 2021.

10A NCAC 13K .1207 is proposed for readoption with substantive changes as follows:

10A NCAC 13K .1207 HOSPICE INPATIENT REQUIREMENTS FOR HEATING/AIR CONDITIONING

~~Heating and cooling systems shall meet the current American Society of Heating, Refrigeration, and Air Conditioning Engineers Guide and National Fire Protection Association Code 90A, which is hereby adopted by reference pursuant to G.S. 150B-14(e), with the following modification: A facility shall provide heating and cooling systems complying with the following:~~

(1) Soiled linen, bathrooms, janitor closets and soiled utility rooms must have negative pressure with ~~relationship to adjacent areas.~~ 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 ninety-four dollars (\$94.00) online at <https://www.techstreet.com/ashrae/index.html>. This incorporation does not apply to Section 9.1, Table 9-1 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 non-heating season, even upon loss of utility power; and

- (2) ~~Clean linen, clean utility and drug rooms must have positive pressure with relationship to adjacent areas.~~ 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 fifty dollars and fifty cents (\$50.50) 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>.
- (3) ~~All areas not covered in Paragraphs (1) and (2) of this Rule must have neutral pressure.~~

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991. 1991;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1208 is proposed for reoption with substantive changes as follows:

10A NCAC 13K .1208 HOSPICE INPATIENT ~~REQUIREMENTS/EMERGENCY~~ REQUIREMENTS FOR 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 ~~be made up as follows:~~ consist of the following:

- (1) ~~In any existing facility, the following must be provided:~~ facility:
- (a) ~~type 1 or 2 emergency lights as required by the North Carolina State Building Code;~~ Codes: Electrical Code;
 - (b) ~~additional emergency lights for all nursing stations, nurses' stations required by Rule .1205(b)(2) of this Section, drug medication preparation areas required by Rule .1204(d)(1) of this Section, and storage areas, and for the telephone switchboard, if applicable;~~
 - (c) ~~one or more portable battery-powered lamps at each nursing station;~~ nurses' station; and
 - (d) ~~a suitable source of emergency power for life-sustaining equipment~~ 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 addition to an existing facility shall meet the same requirements as new construction.~~ 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 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.

- (3) ~~Any conversion of an existing building such as a hotel, motel, abandoned hospital or abandoned school, shall meet the same requirements for emergency electrical services as required for new construction.~~ Emergency electrical services shall be provided as required by the North Carolina State Building Codes: Electric Code with the following modification: Section 517.10(B)(2) of the North Carolina State Building Codes: Electrical Code shall not apply to new facilities.
- (4) ~~Battery-powered corridor lights shall not replace the requirements for the emergency circuit nor be construed to substitute for the generator set. Sufficient fuel shall be stored for the operation of the emergency generator for a period not less than 72 hours, on a 24-hour per day operational basis. The system shall be test run for a period of not less than 15 minutes on a weekly schedule. Records of running time shall be maintained and kept available for reference.~~
- (5) ~~To ensure proper evaluation of design of emergency power systems, the owner or operator shall submit with final working drawings and specifications a letter describing the policy for admissions and discharges to be used when the facility begins operations. If subsequent inspections for licensure indicate the admission policies have been changed, the facility will be required to take immediate steps to meet appropriate code requirements for continued licensure.~~
- (6) ~~Lighting for emergency electrical services shall be provided in the following places:~~
 - (a) ~~exit ways and all necessary ways of approach exits, including exit signs and exit direction signs, exterior of exits exit doorways, stairways, and corridors;~~
 - (b) ~~dining and recreation rooms;~~
 - (c) ~~nursing station and medication preparation area;~~
 - (d) ~~generator set location, switch gear location, and boiler room, if applicable; and~~
 - (e) ~~elevator, if required for emergency.~~
- (7) ~~The following emergency equipment which is essential to life, safety, and the protection of important equipment or vital materials shall be provided: The following equipment, devices, and systems that are essential to life safety and the protection of important equipment or vital materials shall be connected to the equipment branch of the essential electrical system as follows:~~
 - (a) nurses' calling system;
 - (b) ~~alarm system, including fire alarm actuated at manual stations, water flow alarm devices of sprinkler systems if electrically operated, fire detecting and smoke detecting systems, paging or speaker systems if intended for issuing instructions during emergency conditions, and alarms required for nonflammable medical gas systems, if installed;~~
 - (e)(b) fire pump, if installed;
 - (d)(c) sewerage or sump lift pump, if installed;

- ~~(e)~~(d) one elevator, where elevators are used for vertical transportation of patients;
- ~~(f)~~(e) 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; and
- ~~(g)~~ equipment necessary for maintaining telephone service.
- ~~(f)~~ task illumination of boiler rooms, if applicable.
- (5) The following equipment, devices, and systems that are essential to life safety and the protection of important equipment or vital materials shall be connected to the life safety branch of the essential electrical system as follows:
 - ~~(a)~~ alarm system, including fire alarm actuated at manual stations, water flow alarm devices of sprinkler systems if electrically operated, fire detecting and smoke detecting systems, paging or speaker systems if intended for issuing instructions during emergency conditions, and alarms required for nonflammable medical gas systems, if installed; and
 - ~~(b)~~ equipment necessary for maintaining telephone service.
- ~~(8)~~(6) Where electricity is the only source of power normally used for ~~space heating, the emergency service~~ the heating of space, an essential electrical system shall be provided for heating of patient rooms. Emergency heating of patient rooms ~~will~~ shall not be 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.~~ interruption of more than one of the facility service feeders.
- ~~(9)~~(7) ~~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 within ~~ten~~ 10 seconds through one or more primary automatic transfer switches to all emergency lighting, alarms, ~~nurses' call, and~~ equipment necessary for maintaining telephone service, and receptacles in patient corridors. ~~service.~~ All other lighting and equipment required to be connected to the ~~emergency~~ essential electrical system shall either be connected through the ~~ten~~ 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~~ Electrical outlets connected to the ~~emergency~~ essential electrical system shall be ~~distinctively~~ marked for identification.
- (8) 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 Health Care Facilities Code, NFPA 99, 2012 edition, which is incorporated by reference, including all subsequent amendments and editions. Copies of this code may be purchased at a cost of seventy-nine and fifty cents (\$79.50) 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=99>. The facility shall maintain records of the generator system tests and shall make these records available to the Division for inspection upon request.

- (9) The electrical emergency service at existing facilities shall comply with the requirements established in this Section in effect at the time a license is first issued. Any remodeling of an existing facility that results in changes to the emergency electrical service shall comply with the requirements established in this Section in effect at the time of remodeling.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991; 1991;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1209 is proposed for amendment as follows:

10A NCAC 13K .1209 HOSPICE INPATIENT REQUIREMENTS FOR GENERAL ELECTRICAL

- (a) All main water supply shut off valves in the sprinkler system must 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 life safety branch lighting fixtures shall be on the same circuit.
- (c) Receptacles in bathrooms must have ground fault protection.
- (d) Each patient bed location must be provided with a minimum of ~~four~~ eight single or ~~two~~ four duplex receptacles.
- (e) Each patient bed location must be supplied by at least two branch ~~circuits~~ circuits, one from the equipment branch and one from the normal system.
- (f) The fire alarm system must 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 direct and reliable method approved by local ordinances.
- (g) In patient areas, fire alarms shall be gongs or chimes rather than horns or bells.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018; 2018;
Amended Eff. October 1, 2021.*

10A NCAC 13K .1210 is proposed for amendment as follows:

10A NCAC 13K .1210 OTHER HOSPICE INPATIENT REQUIREMENTS

(a) ~~In general patient areas, 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 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 provide two-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating. A nurses' call emergency button shall be provided for patients' use at each patient toilet, bath, and shower room. A nurses' calling system shall be provided:~~

- (1) in each patient bedroom for each patient bed. The call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of a patient lying on the bed. In rooms containing two or more call system activators, indicating lights shall be provided at each calling station;
- (2) nurses' calling systems which provide two-way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating;
- (3) a nurses' call emergency activator shall be provided at each patients' use toilet fixture, bath, and shower. The call system activator shall be accessible to a patient lying on the floor; and
- (4) calls shall register with the floor staff and shall activate a visible signal in the corridor at the patient's door. In multi-corridor units, additional visible signals shall be installed at corridor intersections.

(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.

(c) General outdoor lighting shall be provided adequate to illuminate walkways and drive.

History Note: Authority G.S. 131E-202;

Eff. June 1, 1991;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018; 2018;

Amended Eff. October 1, 2021.

10A NCAC 13K .1211 is proposed for reoption with substantive changes as follows:

10A NCAC 13K .1211 ADDITIONAL PLUMBING REQUIREMENTS/HOSPICE INPATIENT UNITS

For inpatient units, the hot water system shall be adequate to provide:

	Patient Areas	Dietary	Laundry
Gallons per hour per bed	6 ½	4	4 1/2
Temperature degrees F.	110-116	140 (min)	140 (min)

Hospice inpatient facilities or units shall provide a flow of hot water within safety ranges specified as follows:

- (1) Patient Areas – 6 ½ gallons per hour per bed and at a temperature of 100 to 116 degrees F;
- (2) Dietary Services – 4 gallons per hour per bed and at a minimum temperature of 140 degrees F; and
- (3) Laundry Area – 4 ½ gallons per hour per bed and at a minimum temperature of 140 degrees F.

*History Note: Authority G.S. 131E-202;
Eff. June 1, 1991. 1991;
Readopted Eff. October 1, 2021.*

10A NCAC 13K .1212 is proposed for readoption with substantive changes as follows:

10A NCAC 13K .1212 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

The physical plant requirements for each hospice inpatient facility or unit shall be applied as follows:

- (1) New construction shall comply with all the requirements of ~~Section .1200 of this Subchapter; this Section.~~
- (2) ~~Existing~~ Except where otherwise specified, existing buildings shall meet the licensure and code requirements in effect at the time of licensure, construction, alteration, or ~~modification; modification.~~
- (3) ~~New additions, alterations, modifications, and repairs shall meet the technical requirements of Section .1100 of this Subchapter; however, where strict conformance with current requirements would be impracticable, the authority having jurisdiction may approve alternative measures where the facility can demonstrate to the Department's satisfaction that the alternative measures do not reduce the safety or operating effectiveness of the facility;~~
- ~~(4)~~(3) Rules contained in ~~Rule .1210 of this Section~~ are minimum requirements and are not intended to prohibit buildings, ~~systems~~ systems, or operational conditions that exceed minimum ~~requirements; requirements.~~
- ~~(5)~~(4) ~~Equivalency: Alternate methods, procedures, design criteria, and functional variations from the physical plant requirements, because of extraordinary circumstances, new programs, or unusual conditions, may be approved by the authority having jurisdiction when the facility can effectively demonstrate to the Department's satisfaction, that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the facility; and The Division may grant an equivalency to allow alternate methods, procedures, design criteria or~~

functional variation from the requirements of this Rule and the rules contained in this Section. The equivalency may be granted by the Division when a governing body submits a written equivalency request to the Division that states the following:

- (a) the rule citation and the rule requirement that will not be met due to strict conformance with current requirements would be impractical, extraordinary circumstances, new programs, or unusual conditions;
 - (b) the justification for the equivalency; and
 - (c) how the proposed equivalency meets the intent of the corresponding rule requirement.
- (5) In determining whether to grant an equivalency request the Division shall consider whether the request will reduce the safety and operational effectiveness of the facility. The governing body shall maintain a copy of the approved equivalence issued by the Division.
- (6) Where ~~rules or codes~~ rules, codes, or standards have any conflict, the more stringent requirement shall apply.

*History Note: Authority G.S. 131E-202;
Eff. February 1, ~~1996~~ 1996;
Readopted Eff. October 1, 2021.*