

10A NCAC 13F .0309

13F .0309

.0309 D1-D2- Request for the state to create a policy template, customizable by individual facilities.

(d) A Each facility shall develop and implement an emergency preparedness plan to ensure resident health and safety and continuity of care and services during an emergency. The emergency preparedness plan shall include the following:

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

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

(B) fires;

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

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

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

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

(G) intruders and active assailants; and

(H) other potential threats to the health and safety of residents as identified by the facility or 35 the local emergency management agency.

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

How about catastrophic events

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

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

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

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

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

.0309 (l), (m) and (n)

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

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

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

Comment: For L, m, and p above, why are providers required to contact DHSR within four hours? Calling the local folks within four hours is reasonable but why DHSR? They are not available after business hours, weekends or holidays. Should be next business day for the state

Comment: What does soon as practicable mean?

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

Comment: Calling the local folks is reasonable but why DHSR? They are not available after business hours, weekends or holidays. Should be next business day for the state.

13F .1304

In reviewing the adult care home rule changes for 10A NCAC 13F between what was posted in the June 17, 2024, Volume 38, Issue 24 of the NC Register and what was posted in the September 16, 2024, Volume 39, Issue 06 of the Register, *we have the following comments*
Specifically, in the September 16, 2024 version of the rules under 13F .1304, it appears the language pasted below, including the old language that followed it from 1 - 11 have been eliminated.

(a) In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements. For facilities licensed prior to January 1, 2025, the following shall apply:

We are speculating that the reason this was eliminated is that the language in 13F .0301 below states that the physical plant rules each facility has to meet are the rules that were in effect at the time the facility was constructed or renovated. Therefore, the new rules in 13F .1304 would only apply to facilities or units being constructed or renovated after the effective date of the new rules. Can you please confirm or clarify if we are correct on this interpretation?

122C = 5600 1,800 facilities