

1 10A NCAC 13D .2204 is proposed for readoption as follows:

2

3 **10A NCAC 13D .2204 RESPITE CARE**

4 (a) Respite care is not required as a condition of licensure. Facilities providing respite care, however, shall meet the
5 requirements of this Subchapter with the following exceptions: Rules .2205, .2301, and .2501(b) and (c) of this
6 Subchapter.

7 (b) Facilities providing respite care shall meet the following additional requirements:

8 (1) A patient’s descriptive record of stay shall include the preadmission or admission assessment,
9 interdisciplinary notes as warranted by episodic events, medication administration records and a
10 summary of the stay upon discharge.

11 (2) The facility shall complete a preadmission or admission assessment which allows for the
12 development of a short-term plan of care and is based on the patient’s customary routine. The
13 assessment shall address needs, including but not limited to identifying information, customary
14 routines, hearing, vision, cognitive ability, functional limitations, continence, special procedures
15 and treatments, skin conditions, behavior and mood, oral and nutritional status and medication
16 regimen. The plan shall be developed to meet the respite care patient’s needs.

17 (3) The attending physician of the respite care patient will be notified of any acute changes or acute
18 episode which warrant medical involvement. Medical orders and progress notes shall be written
19 following the physician’s visit.

20

21 *History Note: Authority G.S. 131E-104;*

22 *Eff. January 1, 1996;*

23 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22,*
24 *~~2015-2015~~;*

25 *Readopted Eff. August 1, 2026.*