

1 10A NCAC 13D .2501 is proposed for readoption as follows:

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**SECTION .2500 – PHYSICIAN SERVICES**

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**10A NCAC 13D .2501 AVAILABILITY OF PHYSICIAN SERVICES**

6 (a) A facility shall ensure each patient’s care is supervised by a physician and that provisions are made for emergency  
7 physicians when attending physicians are unavailable. The names and telephone numbers of the designated physicians  
8 shall be posted at each nurse’s station.

9 (b) Patients shall be seen by a physician at least once every 30 days for the first 90 days and at least every 60 days  
10 thereafter. Following the initial visit, the physician may delegate this responsibility to a physician assistant or nurse  
11 practitioner every other visit. A physician’s visit is considered timely if the visit occurs not later than 10 days after the  
12 visit was required.

13 (c) Physicians shall review the patient’s medical plan of care, write or dictate and sign progress notes; and sign and  
14 date all current orders at each visit.

15 (d) Medical orders, given orally by the physician, nurse practitioner or physician assistant, shall be given only to a  
16 licensed nurse or other licensed professional who by law is allowed to accept physician’s orders, except orders for  
17 therapeutic diets which shall be given either to a dietician or licensed nurse. The record of each telephone order shall  
18 include the name of physician giving the order, or other person legally authorized to prescribe, date and time of order,  
19 content of order and name of person receiving the order. The physician, or other person legally authorized to prescribe,  
20 who gives oral orders shall sign the orders within five days.

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22 *History Note: Authority G.S. 131E-104; 131E-116;*

23 *RRC objection due to lack of statutory authority Eff. July 13, 1995;*

24 *Eff. January 1, 1996;*

25 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22,*  
26 *2015-2015;*

27 *Readopted Eff. August 1, 2026.*