

10A NCAC 13D .3404 OTHER

(a) In general patient areas of a facility, 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. On multi-corridor nursing units, additional visible signals shall be installed at the corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each station. Nurses' calling systems that provide two-way voice communication shall be equipped with an indicating light at each calling station that lights and remains lighted as long as the voice circuit is operating. A nurses' call emergency button shall be provided for patients' and residents' use at each patient and resident toilet, bath, and shower.

(b) A facility shall provide:

- (1) at least one telephone located to be accessible by patients, residents, and families for making local phone calls; and
- (2) cordless telephones or telephone jacks in patient and resident rooms to allow access to a telephone by patients and residents when needed.

(c) Outdoor lighting shall be provided to illuminate walkways and drives.

(d) A flow of hot water shall be 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 Areas – 4 ½ gallons per hour per bed and at a minimum temperature of 140 degrees F.

(e) If provided in a facility, medical gas and vacuum systems shall be installed, tested, and maintained in accordance with the National Fire Protection Association Health Care Facilities Code, NFPA 99, which is incorporated by reference, including all subsequent amendments and editions. Copies of this code may be accessed electronically free of charge at <http://www.nfpa.org/codes-and-standards/nfpa-99-standard-development/99>.

(f) Each facility shall have a control mechanism and staff procedures for monitoring and managing patients who wander or are disoriented. The control mechanism shall include egress alarms and any of the following:

- (1) an electronic locking system;
- (2) manual locks; and
- (3) staff supervision.

This requirement applies to new and existing facilities.

(g) Sections of the National Fire Protection Association Life Safety Codes, NFPA 101, 2012 edition, listed in this Paragraph are adopted by reference.

- (1) 18.2.3.4 with requirements for projections into the means of egress corridor width of wheeled equipment and fixed furniture;
- (2) 18.3.2.5 with requirements for the installation of cook tops, ovens, and ranges in rooms and areas open to the corridors;
- (3) 18.5.2.3(2), (3) and (4) with requirements for the installation of direct-vent gas and solid fuel-burning fireplaces in smoke compartments; and
- (4) 18.7.5.6 with requirements for the installation of combustible decorations on walls, doors, and ceilings.

Smoke compartments where the requirements of these Sections are applied must be protected throughout by an approved automatic sprinkler system. For the purpose of this Rule, "smoke compartments" are spaces within a building enclosed by smoke barriers on all sides, including the top and bottom as indicated in NFP 101, 2012 edition. Where these Sections are less stringent than requirements of the North Carolina State Building Codes, the requirements of the North Carolina State Building Codes shall apply. Where these Sections are more stringent than the North Carolina Building Codes, the requirements of these Sections shall apply. Copies of this code may be accessed electronically free of charge at <http://nfpa.org/codes-and-standards/nfpa-99-standard-development/99>.

(h) Ovens, ranges, cook tops, and hot plates located in rooms or areas accessible by patients or residents shall not be used by patients or residents except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each patient and resident.

*History Note: Authority G.S. 131E-102;131E-104;
Eff. January 1, 1996;
Amended Eff. July 1, 2014;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015;
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