## Impact Analysis Nursing Home Rules Permanent Rule Readoptions with Amendments

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| Agency: | North Carolina Medical Care Commission<br>Division of Health Service Regulation<br>Nursing Home Licensure and Certification Section |
| Rule Citation(s): | 10A NCAC 13D .2001 Definitions (Amend)<br>10A NCAC 13D .2101 Application Requirements (Amend)<br>10A NCAC 13D .2104 Requirements for Licensure Renewal or Changes (Amend)<br>10A NCAC 13D .2105 Temporary Change in Bed Capacity (Amend)<br>10A NCAC 13D .2109 Inspections (Amend)<br>10A NCAC 13D .2209 Infection Control (Amend)<br>10A NCAC 13D .2210 Reporting and Investigating Abuse, Neglect or Misappropriation (Amend)<br>10A NCAC 13D .2505 Brain Injury Long-Term Care Physician Services (Repeal)<br>10A NCAC 13D .2701 Provision of Nutrition and Dietetic Services (Amend)<br>10A NCAC 13D .2801 Activity Services (Amend)<br>10A NCAC 13D .3003 Ventilator Assisted Care and Special Requirements for Invasive Mechanical Ventilation (Amend)<br>10A NCAC 13D .3004 Brain Injury Long-Term Care (Repeal)<br>10A NCAC 13D .3005 Special Nursing Requirements for Brain Injury Long-Term Care (Repeal)<br>10A NCAC 13D .3031 Additional Requirements for Spinal Cord Injury Patients (Repeal)<br>10A NCAC 13D .3101 General Rules (Readopt with Substantive Changes)<br>10A NCAC 13D .3401 Heating and Air Conditioning (Readopt with Substantive Changes)<br>10A NCAC 13D .3402 Emergency Electrical Service (Readopt with Substantive Changes)<br>10A NCAC 13D .3404 OTHER (Readopt with Substantive Changes) |
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| Rulemaking Authority: | § 131E-104 Rules and Enforcement |
| Impact Summary: | State Government: Yes<br>Local Government: No<br>Private Entities: Yes<br>Substantial Impact: No |

### Introduction and Purpose

The Division of Health Service Regulation, Nursing Home Licensure and Certification Section wants to modernize the rules and make sure the Nursing Home rules are consistent with federal long-term care regulations. The purpose for these rule amendments and repeals is to:

- remove definitions that no longer apply to an existing rule and make definitions consistent with federal long-term care regulations;
- obtain detailed ownership information to include affiliates, shareholders and members;
- reflect the use of online renewal processes and update notification of the section for emergency situations;
- eliminate continuous temporary bed changes in a continuing retirement community;
- remove references to mailing information;
- provide an up-to-date infection control rule;
- make the abuse, neglect, misappropriation rule and the dietary services rule consistent with federal long-term care regulations;
- repeal brain injury and spinal cord injury rules as there are no special units in North Carolina and these patients are cared for in the general population;
- include criteria for an activity director in the rule and remove language related to the State approved training course; and
- clarify criteria for provision of care to individuals requiring mechanical ventilation via non-invasive or an invasive mechanical ventilation using an artificial airway via endotracheal tube or tracheostomy tube.

The Nursing Home Licensure and Certification Section's goal is to have rules that are clear, meaningful, up-to-date, and consistent with federal long-term care regulations for providers who do and do not participate in Medicare and Medicaid. We want our rules to be easy to interpret for all stakeholders.

## Description of Proposed Rule Amendments

The Nursing Home Licensure and Certification Section has sought input from the nursing home associations (i.e., North Carolina Health Care Facility Association and LeadingAge North Carolina). We have shared proposed amendments and received valuable feedback from these groups. This collaborative approach ensures that the proposed rules are practical and applicable to the daily operations within nursing homes. By incorporating the insights from these associations, the Nursing Home Licensure and Certification Section aims to create a regulatory environment that supports high standards of care while being adaptable to the evolving needs of the population.
The table below provides an overview of the identified issues, corresponding solutions, and notes related to the proposed amendments for the nursing home rules.

| | **Rule Number** | **Identified Issue** | **Solution** | **Notes** |
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| 1. | 10A NCAC 13D .2001 Definitions | 1. Definitions were not consistent with the CFR. 2. Definitions existed for rules that have been or will be repealed. | 1. Make definitions consistent with CFR. 2. Remove definitions that no longer correspond with a rule. | The Code of Federal Regulations (CFR) has been incorporated by reference, ensuring that definitions are automatically updated in alignment with revisions to the CFR, thereby preventing them from becoming outdated. |
| 2. | 10A NCAC 13D .2101 Application Requirements | The rule does not include all the elements that must be provided on an application. | Require that disclosures are clearly identified on the application. | |

| | Rule Number | Identified Issue | Solution | Notes |
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| 3. | 10A NCAC 13D .2104 Requirements for Licensure Renewal or Changes | 1. The rule references outdated paper application and does not acknowledge the online licensure system.<br>2. The Section needs to know about emergency situations or relocations as soon as possible rather than within one working day following the event.<br>3. The rule does not align with statute in that it does not specify that a special care unit disclosure for residents with Alzheimer's disease or other dementias must be submitted. | 1. Modernize the rule.<br>2. Update the notification requirement.<br>3. Add language to clarify when a special care unit disclosure is required. | |
| 4. | 10A NCAC 13D .2105 Temporary Change in Bed Capacity | 1. The sequencing of paragraphs created confusion, as the paragraph addressing all facilities (emergency bed changes) followed the paragraph that pertains to only a subset of facilities (temporary bed increases).<br>2. The rule allowed unlimited extensions for temporary increases in CCRC beds, resulting in some facilities circumventing the process for requesting a permanent increase. | 1. Reorder the paragraphs such that the paragraph that affects all facilities appears first.<br>2. Limit extensions of temporary bed increases to one. | |
| 5. | 10A NCAC 13D .2109 Inspections | 1. The rule did not specify that the patient has the right to object in writing to the release of information or review of records.<br>2. The rule referred to outdated mailing information.<br>3. The method for reviewing the plan of correction was outdated. | 1. Make the statement clear in the rule.<br>2. Eliminate references to mail.<br>3. To update how we approved the plan of correction. | |

| | Rule Number | Identified Issue | Solution | Notes |
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| 6. | 10A NCAC 13D .2209 Infection Control | 1. Terminology was outdated.<br>2. Links were outdated.<br>3. TB screening and testing needed modernizing.<br>4. It was not clear that any communicable disease outbreak, regardless of being a reportable condition, must be reported to the local health department.<br>5. Employee prohibitions needed clarifying.<br>6. Nursing homes have had high level citations for not disinfecting blood glucose meters after use between patients. | 1. Terminology was updated.<br>2. Links were updated.<br>3. TB screening and testing requirements were modernized.<br>4. To clarify that **any** communicable disease outbreaks need to be reported.<br>5. Specificity was added to the employee prohibitions paragraph.<br>6. Require individual blood glucose meters for residents. | We collaborated with partners at UNC Statewide Program for Infection Control and Epidemiology and NC DHHS Public Health to update this rule. |
| 7. | 10A NCAC 13D .2210 Reporting and Investigating Abuse, Neglect or Misappropriation | 1. The title of the rule did not include freedom from abuse.<br>2. The rule was not consistent with the federal regulation.<br>3. The rule was not clear about who needed to be notified and when they needed to be notified.<br>4. The rule was not clear about notifications of misappropriation of facility property, diversion of drugs belonging to the facility, or fraud against the facility and the timeframes for reporting.<br>5. The rule did not include reasonable suspicion of a crime and reporting requirements. | 1. Revise the rule to include the right to be free from abuse.<br>2. Reference the federal regulation.<br>3. Clarify who needs notification and when they need to be notified.<br>4. Specify who is to be notified about facility property.<br>5. Add a paragraph about reporting suspicions of a crime. | The CFR was incorporated by reference to maintain alignment with current federal standards, ensuring that state requirements remain up to date and consistent. While not federally required, this approach promotes clarity and facilitates compliance for facilities participating in Medicare or Medicaid. |
| 8. | 10A NCAC 13D .2505 Brain Injury Long Term Care Physician Services | There are no brain injury units in NC nursing homes. Patients with brain injury reside among the general population. | Rule is proposed for repeal. | |

| | Rule Number | Identified Issue | Solution | Notes |
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| | | As such, the rule is unnecessary. | | |
| 9. | 10A NCAC 13D .2701 Provision of Nutrition and Dietetic Services | 1. It needs modernizing, and it is inconsistent with the federal requirement.<br>2. A link was outdated. | 1. Revise the rule to incorporate reference to the federal requirements.<br>2. Update the link to the Rules for Governing the Sanitation of Restaurants and Other Food Handling Establishments. | The CFR was incorporated by reference, ensuring that NC's nursing home requirements remain in alignment with federal regulation. |
| 10. | 10A NCAC 13D .2801 Activity Services | Requiring State approval for activities training courses is time-consuming and unnecessary as it adds little to no value. | To designate community colleges, universities or other nationally recognized online platforms as the sole authorities to determine activity course content and remain consistent with the federal requirement. | Feedback was received from the Coalition of Resident Councils and NC Activity Professionals Association (NCAPA). A program offered by community colleges, universities or other nationally recognized online platforms is acceptable. |
| 11. | 10A NCAC 13D .3003 Ventilator Assisted Care | 1. The title of the rules is not clear.<br>2. The rule does not clearly differentiate between what is required by a facility using non-invasive versus invasive mechanical ventilation.<br>3. The rule needs to be clearer about the requirements for facilities operating invasive mechanical ventilation units. | 1. The rule title was improved for clarity.<br>2. A paragraph was added about the use of non-invasive mechanical ventilators.<br>3. A paragraph was added about the specialized requirements to operate an invasive mechanical ventilation unit. | Improved rule clarity could have the added benefit of encouraging facilities to offer non-invasive mechanical ventilation for frail individuals such as those with ALS, MS, COPD, and CHF. |
| 12. | 10A NCAC 13D .3004 Brain Injury Long Term Care | There are no brain injury units in NC nursing homes. Patients with brain injury reside among the general population. As such, the rule is unnecessary. | Rule is proposed for repeal. | |
| 13. | 10A NCAC 13D .3005 Special | There are no brain injury units in NC nursing | Rule is proposed for repeal. | |

| | Rule Number | Identified Issue | Solution | Notes |
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| | Nursing Requirements for Brain Injury Long-Term Care | homes. Patients with brain injury reside among the general population. As such, the rule is unnecessary. | | |
| 14. | 10A NCAC 13D .3031 Additional Requirements for Spinal Cord Injury Patients | There are no spinal cord injury units in NC nursing homes. Patients with spinal cord injury reside among the general population. As such, the rule is unnecessary. | Rule is proposed for repeal. | |
| 15. | 10A NCAC 13D .3101 General Rules | Links and purchasing information are outdated. | Links and purchasing information were updated. | |
| 16. | 10A NCAC 13D .3401 Heating and Air Conditioning | Links and purchasing information are outdated. | Links and purchasing information were updated. | |
| | 10A NCAC 13D .3402 Emergency Electrical Service | Links are outdated. | Links were updated. | |
| 17. | 10A NCAC 13D .3404 Other | Links and purchasing information are outdated. | Links and purchasing information were updated. | |

## Impact Analysis

**Summary of Proposed Amendments to Nursing Home Licensure Rules**
The Nursing Home Licensure and Certification Section seeks to align state licensure rules with federal long-term care requirements to ensure consistency across all facilities. North Carolina currently has 422 facilities operating with a nursing home license. Thirteen of these licensed facilities do not participate in Medicare or Medicaid and are therefore not federally certified.

**Key Impacts of the Rule Changes**
The proposed amendments to 17 rules will affect providers, residents, regulators, and the public in several important ways:

**1. Alignment with Federal Regulations**

- **Rule .2001**: Adopts the federal definition of abuse, providing a single, consistent standard for identifying and addressing abuse across all facilities.
- **Rule .2210**: Incorporates federal regulation §483.12, *Freedom from Abuse, Neglect, and Exploitation*, ensuring uniform application of protections from abuse, neglect or exploitation regardless of payor source.
- **Rule .2701**: Integrates federal regulations §483.25(g), §483.25(h), and §483.60, standardizing the survey process for dietetic and nutrition services across all nursing homes.

These amendments incorporate updated federal standards by reference to ensure the state rules remain consistent with current federal infection control and care requirements. Although North Carolina is not required by federal law to adopt these provisions, aligning state rules with federal regulations benefits facilities that participate in Medicare or Medicaid by simplifying compliance and reducing duplicative efforts. Updating these rules also addresses language that has not been revised since the last readoption, bringing provisions up to date with modern, research-based federal standards and improving overall regulatory clarity and consistency.

**2. Elimination of Outdated/Unnecessary Rules**

- Rules **.2505, .3004, .3005, and .3031** are proposed for repeal. These rules pertain to specialized units for brain and spinal cord injuries, which are now integrated into general nursing home care. Related definitions in Rule **.2001** have also been removed. Repealing these rules will have no operational or fiscal impact, as they pertain to facility types that do not operate in North Carolina, rendering the rules unnecessary under current conditions.

**3. Enhanced Ownership Transparency**

- **Rules .2101 and .2104**: Amendments will authorize the Section to request more detailed ownership disclosures in applications, increasing transparency regarding owners, principals, affiliates, shareholders, and members. As these details are already collected in practice through the existing application process, the revisions formalize current procedures without imposing additional administrative burden, while improving clarity and consistency in the rule language.

**4. Modernization of Administrative Processes**

**Rules .2104, .2109, .2209, .2701, .3101, .3401 and .3404**: Amendments to these rules update administrative and infection control provisions to align with current practices. Because the Department has already transitioned to online systems for applications, deficiency statements, and survey communications, these revisions primarily formalize existing procedures rather than introduce new requirements. The rule updates provide ongoing benefits by maintaining efficiencies in processing time, communication accuracy, and accessibility that have already been realized through electronic systems. Modernized infection control references and web links ensure continued alignment with current public health guidance, supporting consistent compliance and safe care delivery.

**5. Improved Emergency Communication**

- **Rule .2104**: The proposed amendment to Rule .2104 enhances emergency communication protocols by requiring facilities to notify the Section as soon as possible during an emergency, rather than only within one working day. Although the change is incremental, it clarifies expectations for timely reporting and strengthens coordination between facilities and the Department during emergency events. Earlier notification can improve public health response, help the Department provide technical assistance or deploy resources more quickly, and promote consistency and accountability in emergency management practices.

**6. Addressing Temporary Bed Change Misuse**

- **Rule .2105**: The amendments limit CCRCs to one extension of a temporary bed capacity increase -- allowing a maximum of two 60-day periods -- and replace the current practice of repeated 60-day renewals. Two CCRCs currently operate under continuous temporary status, requesting renewals rather than pursuing permanent capacity increases. The rule change is intended to encourage these facilities to seek permanent increases, such as through the certificate of need process, which is generally not considered burdensome. Limiting temporary extensions will promote more stable planning and better service to residents, while reducing administrative workload associated with frequent renewal requests. CCRCs seeking a permanent increase in

bed capacity must first contact the certificate of need section for a material compliance determination. Next, they must work with the Construction Section for a review of the physical space. If there is a need for a construction project, then a fee will apply as follows - Nursing Homes 0-2,000 square foot project $250.00 plus $0.15/square foot of project space; 2,001 square foot and greater project $500.00 plus $0.25/square foot of project space. Finally, a bed change application is required with a fee of $17.50 per bed.

**7. Clarification and Simplification of Rules**

- **Rules .2209, .2210, .2801, and .3003**: Revisions aim to improve clarity and usability for all stakeholders. For example, the abuse reporting rule now clearly outlines who must be notified and when. The revisions are expected to improve stakeholder understanding and compliance by clarifying reporting responsibilities and timeframes, thereby reducing confusion and promoting more consistent implementation of nursing home requirements.

**8. Infection Control Enhancements**

- **Rule .2209**: A new paragraph (k) mandates that blood glucose meters be dedicated to single-patient use. This change addresses a common and serious violation -- failure to disinfect meters between residents -- which has led to significant penalties. In FY25, seven immediate jeopardy deficiencies were cited at six facilities, with average federal civil money penalties exceeding $29,000. In contrast, individual meters cost only $20-$35 per meter. This change reflects best practices and is expected to help prevent the transmission of infectious diseases. Although facilities currently cited for improper disinfection practices may need to purchase additional glucose meters, the cost is expected to be nominal and may help facilities avoid substantial federal penalties for noncompliance with infection control regulations. By making single-patient meters a preventive requirement rather than a remedial correction made after citations, the rule is expected to support improved health outcomes at a nominal cost while reducing the risk of substantial federal fines. This amendment is supported by public health experts and the UNC Statewide Program for Infection Control and Epidemiology.

**9. Expanded Ventilator Care Options**

- Amendments to **Rule .3003** clarify licensing requirements for the use of invasive versus non-invasive ventilators in nursing facilities, providing hospitals and providers greater assurance about appropriate use. The changes are intended to support safe care for patients with conditions such as ALS, multiple sclerosis, COPD, and congestive heart failure, and to facilitate hospital discharge for individuals that could benefit from non-invasive ventilator support. The current rule does not clearly specify when a special license is required for invasive ventilators; the revisions will make explicit that invasive devices are subject to additional requirements. While no negative health outcomes have been documented under the existing rule, the Licensure Section frequently receives inquiries about ventilator operation and settings, indicating a need for greater clarity. There are currently only three units licensed for invasive ventilator use in North Carolina, but clearer standards will ensure that any future providers understand licensing obligations and infection control expectations from the outset.

## Conclusion

The proposed amendments and repeals reflect a comprehensive effort to modernize North Carolina's nursing home regulations, align them with federal standards, and ultimately improve the quality of care for residents. The changes are designed to make the rules clear, meaningful, and easy to interpret for all stakeholders involved in the long-term care sector.

## Appendix: Proposed Rule Text

10A NCAC 13D .2001 is proposed for amendment as follows:

**SECTION .2000 – GENERAL INFORMATION**

**10A NCAC 13D .2001 DEFINITIONS**

In addition to the definitions set forth in G.S. 131E-101, the following definitions shall apply throughout this Subchapter:

(1) "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the willful deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. This definition is as defined in 42 CFR § 483.5, which is incorporated by reference, including subsequent amendments. The Code of Federal Regulations may be accessed at https://www.ecfr.gov.

(2) "Accident" means an unplanned event resulting in the injury or wounding of a patient or other individual.

(3) "Addition" means an extension or increase in floor area or height of a building.

(4) "Administrator" as defined in G.S. 90-276(4).

(5) "Alteration" means any construction or renovation to an existing structure other than repair, maintenance, or addition.

~~(6) "Brain injury long term care" means an interdisciplinary, intensive maintenance program for patients who have incurred brain damage caused by external physical trauma and who have completed a primary course of rehabilitative treatment and have reached a point of no gain or progress for more than three consecutive months. Brain injury long term care is provided through a medically supervised interdisciplinary process and is directed toward maintaining the individual at the optimal level of physical, cognitive, and behavioral functions.~~

~~(7)~~(6) "Capacity" means the maximum number of patient or resident beds for which the facility is licensed to maintain at any given time.

~~(8)~~(7) "Combination facility" means a combination home as defined in G.S. 131E-101.

~~(9)~~(8) "Comprehensive, inpatient rehabilitation program" means a program for the treatment of persons with functional limitations or chronic disabling conditions who have the potential to achieve a significant improvement in activities of daily living, including bathing, dressing, grooming, transferring, eating, and using speech, language, or other communication systems. A comprehensive, inpatient rehabilitation program utilizes a coordinated and integrated,

interdisciplinary approach, directed by a physician, to assess patient needs and to provide treatment and evaluation of physical, psychosocial, and cognitive deficits.

~~(10)~~(9) "Department" means the North Carolina Department of Health and Human Services.

~~(11)~~(10) "Director of nursing" means a registered nurse who has authority and responsibility for all nursing services and nursing care.

~~(12)~~(11) "Discharge" means a physical relocation of a patient to another health care setting; the discharge of a patient to his or her home; or the relocation of a patient from a nursing bed to an adult care home bed, or from an adult care home bed to a nursing bed.

~~(13)~~(12) "Existing facility" means a facility currently licensed and built prior to the effective date of this Rule.

~~(14)~~(13) "Facility" means a nursing facility or combination facility as defined in this Rule.

~~(15)~~(14) "Incident" means any accident, event, or occurrence that is unplanned, or unusual, and has caused harm to a patient, or has the potential for harm.

~~(16) "Inpatient rehabilitation facility or unit" means a free-standing facility or a unit (unit pertains to contiguous dedicated beds and spaces) within an existing licensed health service facility approved in accordance with G.S. 131E, Article 9 to establish inpatient, rehabilitation beds and to provide a comprehensive, inpatient rehabilitation program.~~

~~(17)~~(15) "Interdisciplinary" means an integrated process involving representatives from disciplines of the health care team.

~~(18)~~(16) "Licensee" means the person, firm, partnership, association, corporation, or organization to whom a license to operate the facility has been issued. The licensee is the legal entity that is responsible for the operation of the business.

~~(19)~~(17) "Medication error rate" means the measure of discrepancies between medication that was ordered for a patient by the health care provider and medication that is administered to the patient. The medication error rate is calculated by dividing the number of errors observed by the surveyor by the opportunities for error, multiplied times 100.

~~(20)~~(18) "Misappropriation of property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent.

~~(21)~~(19) "Neglect" means a failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

~~(22)~~(20) "New facility" means a facility for which an initial license is sought, a proposed addition to an existing facility, or a proposed remodeled portion of an existing facility that will be built according to construction documents and specifications approved by the Department for compliance with the standards established in Sections .3100, .3200, and .3400 of this Subchapter.

~~(23)~~(21) "Nurse Aide" means a person who is listed on the N.C. Nurse Aide Registry and provides nursing or nursing-related services to patients in a nursing home. A nurse aide is not a licensed health professional. Nursing homes that participate in Medicare or Medicaid shall comply with 42 CFR 483.35, which is incorporated by reference, including subsequent amendments. The Code of Federal Regulations may be accessed at https://www.ecfr.gov.

~~(24)~~(22) "Nursing facility" means a nursing home as defined in G.S. 131E-101.

~~(25)~~(23) "Patient" means any person admitted for nursing care.

~~(26)~~(24) "Remodeling" means alterations, renovations, rehabilitation work, repairs to structural systems, and replacement of building systems at a nursing or combination facility.

~~(27)~~(25) "Repair" means reconstruction or renewal of any part of an existing building for the purpose of its maintenance.

~~(28)~~(26) "Resident" means any person admitted for care to an adult care home part of a combination facility.

~~(29)~~(27) "Respite care" means services provided for a patient on a temporary basis, not to exceed 30 days.

~~(30)~~(28) "Surveyor" means a representative of the Department who inspects nursing facilities and combination facilities to determine compliance with rules, laws, and regulations as set forth in G.S. 131E-117; Subchapters 13D and 13F of this Chapter; and 42 CFR Part 483, Requirements for States and Long Term Care Facilities.

~~(31)~~(29) "Violation" means a failure to comply with rules, laws, and regulations as set forth in G.S. 131E-117 and 131D–21; Subchapters 13D and 13F of this Chapter; or 42 CFR Part 483, Requirements for States and Long Term Care Facilities, that relates to a patient's or resident's health, safety, or welfare, or that creates a risk that death, or physical harm may occur.

*History Note:* *Authority G.S. 131E-104;*
*RRC objection due to lack of statutory authority Eff. July 13, 1995;*
*Eff. January 1, 1996;*
*Readopted Eff. July 1, 2016;*
*Amended Eff. October 1, 2021; January 1, ~~2021.~~2021;*
*Amended Eff. August 1, 2026.*

10A NCAC 13D .2101 is proposed for amendment as follows:

**SECTION .2100 - LICENSURE**

**10A NCAC 13D .2101 APPLICATION REQUIREMENTS**

(a) A legal entity shall submit an application for licensure for a new facility to the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation at least 30 days prior to a license being issued or patients admitted.

(b) The application shall contain the following:

(1) legal identity of applicant ~~(licensee) and mailing address;~~ and mailing address. This is the full legal name of the corporation as on file with the NC Secretary of State, partnership, individual or other legal entity owning the nursing home. The license will be issued to the entity and it will become the licensee;

(2) name or names under which the facility is presented to the public;

(3) ~~location~~ site and mailing address of facility;

(4) ownership ~~disclosure;~~ disclosure including names and contact information of owners, principals, affliliates, shareholder and members. "Owner" means any person who has or had legal or equitable title to or a majority interest in a nursing home. "Principal" means any person who is or was the owner or operator of a nursing home, an executive officer of a corporation that does or did own or operate a nursing home, a general partner of a partnership that does or did own or operate a nursing home, or a sole proprietorship that does or did own or operate a nursing home. "Affiliate" means any person that directly or indirectly controls or did control a nursing home or any person who is controlled by a person who controls or did control a nursing home.

(5) building owner including names and contact information;

(6) management disclosure including names and contact information;

(7) multiple facility system disclosure within North Carolina including names and contact information of parent company and senior officer. A multiple facility system is defined as two or more nursing homes or health care facilities under the same ownership.

(8) operation disclosure including names and contact information for the administrator, director of nursing, activity director, social services director, medical director, emergency on-call dental provider, therapy providers, medical records professional, pharmacy consultant and dietary consultant. Pharmacy location disclosure including name and contact information of the pharmacist manager;

(9) name and current license number of the administrator, director of nursing and the medical director;

(10) continuing care retirement community disclosure;

(11) combination facility disclosure including which rules the facility intends to apply for the operation of the adult care home beds;

~~(5)~~(12) ~~bed complement~~; the total licensed bed capacity including nursing facility general beds, nursing facility special care unit dementia beds, nursing facility ventilator beds, adult care home general beds and adult care home special care unit dementia beds;

~~(6) magnitude and scope of services offered;~~

~~(7) name and current license number of the administrator;~~

~~(8) name and current license number of the director of nursing; and~~

~~(9) name and current license number of the medical director.~~

*History Note:* *Authority G.S. 131E-104; 131E-102;*
*Eff. January 1, 1996;*
*Amended Eff. July 1, 2012;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Amended Eff. August 1, 2026.*

10A NCAC 13D .2104 is proposed for amendment as follows:

**10A NCAC 13D .2104 REQUIREMENTS FOR LICENSURE RENEWAL OR CHANGES**

(a) The Department shall renew the facility's license at the end of each calendar year, if the following occur:

(1) the licensee utilizes the online licensure website, https://dhsrenterprise.nc.gov/#/, to complete the license renewal required fields and utilization data ~~The licensee maintains and submits to the Department, at least 30 days prior to the licensure expiration date, statistical data~~ for the State's medical facilities plan and review for certificate of need determination. ~~The Department shall provide forms annually to the facility for this purpose.~~

(2) ~~The~~ the facility is in conformance with G.S. 131E-102(c).

(3) ~~The~~ the combination facility ~~shall specify on the annual license renewal application with~~ specifies in its license renewal which rules for the adult care home beds it plans to comply for the upcoming calendar year. The rule selection shall be effective for the duration of the renewed licensed year. The facility may choose one of the following:

(A) nursing home licensure rules under this Subchapter;

(B) adult care home licensure rules under 10A NCAC 13F; or

(C) a combination of nursing home and adult care home licensure rules. The facility shall identify in writing the specific rule governing compliance with the adult care home rules and shall identify in writing the specific requirements governing compliance with the nursing home rules.

(4) a special care unit disclosure for residents with Alzheimer's disease or other dementias is submitted, when applicable; and

(5) an online licensure fee is paid.

(b) The facility shall notify the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation in writing and make changes in the licensure application at least 30 days prior to the occurrence of the following:

(1) a change in the name or names under which the facility is presented to the public;

(2) a change in the legal identity (licensee) which has ownership responsibility and liability (such information shall be submitted by the proposed new owner);

(3) a change in the licensed bed capacity; or

(4) a change in the location of the facility.

The Department shall issue a new license following notification and verification of data submitted.

(c) The facility shall notify the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation within one working day following the occurrence of:

(1) change in administration;

(2) change in the director of nursing;

(3) change in facility mailing address or telephone number;

~~(4) changes in magnitude or scope of services; or~~

~~(5) emergencies or situations requiring relocation of patients to a temporary location away from the facility.~~

(d) The facility shall notify the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation of emergencies or situations requiring relocation of patients to a temporary location away from the facility before patients are moved, unless doing so is not reasonably possible. If not possible, the facility shall notify the Section as soon as possible under the circumstances.

*History Note:* *Authority G.S. 131E-104;131E-102;131E-114;*
*Eff. January 1, 1996;*
*Amended Eff. September 1, 2006;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Amended Eff. August 1, 2026.*

10A NCAC 13D .2105 is proposed for amendment as follows:

**10A NCAC 13D .2105 TEMPORARY CHANGE IN BED CAPACITY**

~~(a) A continuing care retirement community, having an agreement to care for all residents regardless of level of care needs, may temporarily increase bed capacity by 10 percent or 10 beds, whichever is less, over the licensed bed capacity for a period up to 60 days following notification to and approval by the Division of Health Service Regulation and the period may be extended by an additional 60 days.~~

~~(b)~~(a) In an emergency situation, such as a natural disaster, a facility may exceed its licensed capacity as determined by its disaster plan and as authorized by the Division of Health Service Regulation. Emergency authorizations shall not exceed 60 days.

~~(a)~~(b) A continuing care retirement community, having an agreement to care for all residents regardless of level of care needs, may temporarily increase bed capacity by 10 percent or 10 beds, whichever is less, over the licensed bed capacity for a period up to 60 days following notification to and approval by the Division of Health Service Regulation and the period may be extended by an additional 60 days.

(c) The Division shall authorize, in writing, a temporary increase in licensed beds in accordance with Paragraphs (a) and (b) of this Rule, if it is determined that:

(1) the increase is not associated with a capital expenditure; and

(2) the increase would not jeopardize the health, safety and welfare of the patients.

*History Note:* *Authority G.S. 131E-104; 131E-112;*
*Eff. January 1, 1996;*
*Amended Eff. March 1, 2013;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Amended Eff. August 1, 2026.*

10A NCAC 13D .2109 is proposed for amendment as follows:

**10A NCAC 13D .2109 INSPECTIONS**

(a) The facility shall allow inspection by an authorized representative of the Department at any time.

(b) At the time of inspection, any authorized representative of the Department shall make his or her presence known to the administrator or other person in charge who shall cooperate with the representative and facilitate the inspection.

(c) Inspections of medical records will be carried out in accordance with G.S. 131E-105. Patients shall have the right to object in writing to the release of information or review of records.

(d) The administrator shall provide and make available to representatives of the Department financial and statistical records required to verify compliance with all rules contained in this Subchapter.

(e) The Department shall ~~mail~~ send a written report to the facility within 10 working days from the date of the licensure survey or complaint investigation exit conference. The report shall include statements of any deficiencies or violations cited during the survey or investigation.

(f) The administrator shall prepare a written plan of correction and ~~mail~~ send it to the Department within 10 working days following receipt of any statement of deficiencies or violations. The Department shall review and ~~accept or reject~~ make an approval decision for the plan of ~~correction, with written notice given to the administrator within 10 working days following receipt of the plan.~~ correction.

*History Note:* *Authority G.S. 131E-104;*
*Eff. January 1, 1996;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Amended Eff. August 1, 2026.*

10A NCAC 13D .2209 is proposed for amendment as follows:

**10A NCAC 13D .2209 INFECTION CONTROL**

(a) A facility shall establish and maintain an infection prevention and control program for the purpose of providing a safe, clean and comfortable environment and preventing the transmission of communicable diseases and ~~infection.~~ infectious agents.

(b) Under the infection prevention and control program, the facility shall decide what procedures, such as isolation techniques, are needed for individual patients, ~~investigate episodes of infection and attempt to control and prevent infections~~ while conducting surveillance for and evaluating infections, including healthcare associated infections (HAIs) and implementing control measures to decrease the risk of HAIs in the facility.

(c) The facility shall maintain records of infections, and of the corrective actions taken.

(d) The facility shall ensure ~~communicable disease testing as required by 10A NCAC 41A,~~ compliance with 10A NCAC 41A "Communicable Disease Control" which is incorporated by reference, including subsequent amendments. Copies of these Rules may be obtained at no charge by contacting the Communicable Disease Branch, Epidemiology Section, Division of Public Health, N.C. Department of Health and Human Services, ~~Division of Public Health, Tuberculosis Control Branch,~~ 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. These rules can be

accessed at http://reports.oah.state.nc.us/ncac.asp?folderName=%5CTitle%2010A%20-%20Health%20and%20Human%20Services%5CChapter%2041%20-%20Epidemiology%20Health.

~~Screening shall be done upon admission of all patients being admitted from settings other than hospitals, nursing facilities or combination facilities. Staff shall be screened within seven days of the hire date. The facility shall ensure tuberculosis screening annually thereafter for patients and staff.~~

(e) All cases of reportable disease as defined by 10A NCAC 41A .0101 ~~"Communicable Disease Control"~~ "Reportable Diseases and Conditions" ~~and outbreaks consisting of two or more linked cases of disease transmission~~ shall be reported to the local health department. An outbreak of a communicable disease consisting of two or more linked cases of disease transmission shall also be reported to the local health department.

(f) Persons with a documented prior positive two-step skin test (TST) or a single interferon gamma release assay (IGRA) do not require additional testing, but evaluation may still be required. The following persons shall be tested for Mycobacterium tuberculosis using a two-step skin test or a single interferon Gamma Release Assay administered in accordance with recommendations and guidelines published by the Centers for Disease Control and Prevention:

(1) Patients upon admission to a licensed nursing home. If the patient is being admitted directly from a hospital, licensed nursing home or adult care home in North Carolina and there is documentation of a two-step skin TST or a single IGRA test, then the patient does not need to be retested.

(2) Staff of licensed nursing home upon employment.

(3) Except as provided in the last sentence of Subparagraph (f)(1) of this Rule, persons listed in Paragraph (f) of this rule shall be required only to have a single TST or IGRA in the following situations:

(A) If the person has ever had a two-step skin test; or

(B) If the person has had a single skin test within the last twelve months.

(4) The facility shall ensure tuberculosis screening annually thereafter for patients and staff. The screening can be accomplished by verbal elicitation of symptoms and potential exposures to tuberculosis. TST or IGRA testing at annual screening is only required for individuals who either report one or more symptom of tuberculosis disease or report a new potential exposure to infectious tuberculosis.

~~(f)~~(g) The facility shall use isolation precautions for any patient deemed appropriate by its infection prevention and control program and as recommended by the ~~following~~ Centers for Disease Control and Prevention guidelines, ~~Management of Multidrug Resistant Organisms In Healthcare Settings, 2006, http://www.cdc.gov/ncidod/dhqp/pdf/ar/MDROGuideline2006.pdf,~~ Multidrug-resistant Organisms (MDRO) Management Guidelines, https://www.cdc.gov/infection-control/hcp/mdro-management/index.html.

and 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, http://www.cdc.gov/hicpac/2007ip/2007isolationprecautions.html, which is incorporated by reference, including subsequent amendments.

~~(g)~~(h) The facility shall prohibit any employee with a communicable disease or ~~infected skin lesion from direct contact with patients or their food, if direct contact is the mode of transmission of the disease.~~ exudative lesions and or weeping dermatitis from handling patient care equipment and devices used in performing invasive procedures and from all

direct patient care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.

~~(h)~~(i) The facility shall require all staff to use hand ~~washing technique~~ hygiene techniques as ~~indicated~~ recommended in the Centers for Disease Control and Prevention, "Guideline for Hand Hygiene in Health-Care Settings, ~~Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force".~~ This information can be accessed at ~~http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm~~ https://www.cdc.gov/infection-control/hcp/hand-hygiene/index.html, which is incorporated by reference, including subsequent amendments.

~~(i)~~(j) All linen shall be handled, store, processed and transported ~~so as~~ to prevent the spread of infection.

(k) Blood glucose meters shall be dedicated for single patient use. The patient's blood glucose meter should be stored in a manner that will protect against inadvertent use of the device for additional patients. The blood glucose meter should be cleaned and disinfected after every use, per the manufacturer's instructions. The blood glucose meter should be protected from cross contamination via contact with other meters or equipment. If the patient no longer needs assisted blood glucose monitoring or is discharged from the facility, a meter designed for professional settings, not an over-the-counter device, will be disinfected according to manufacturer's instructions prior to use on another patient.

*History Note:* *Authority G.S. 131E-104; 131E-113;*
*Eff. January 1, 1996;*
*Amended Eff. July 1, 2012;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Amended Eff. August 1, 2026.*

10A NCAC 13D .2210 is proposed for amendment as follows:

**10A NCAC 13D .2210 ~~REPORTING AND INVESTIGATING ABUSE, NEGLECT OR MISAPPROPRIATION~~ FREEDOM FROM ABUSE, NEGLECT AND EXPLOITATION**

(a) Nursing homes shall comply with 42 CFR 483.12, which is incorporated by reference, including subsequent amendments. The Code of Federal Regulations may be accessed at https://www.ecfr.gov.

~~(a) A facility shall take measures to prevent patient abuse, patient neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of patient property, including orientation and instruction of facility staff on patients' rights and the screening of and requesting of references for all prospective employees.~~

(b) A facility shall ensure that the administrator of the facility, the Division of Health Service ~~Regulation~~ Regulation, Complaint Intake and Health Care Investigation Section, and adult protective services ~~is~~ are notified ~~within 24 hours of the facility's becoming aware of any allegation against health care personnel of any act listed in G.S. 131E-256(a)(1).~~ about all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of patient property within the time periods for notification specified in 42 CFR 483.12.

(c) A facility shall ensure that the administrator of the facility and the Division of Health Service Regulation are notified about misappropriation of the property of the facility, diversion of drugs belonging to the facility and fraud against the facility. The facility shall notify within 24 hours of the facility's becoming aware of the allegation.

(d) A facility shall investigate allegations of any act listed in ~~G.S. 131E-256(a)(1),~~ Paragraphs (b) and (c), shall document all information pertaining to such investigation, and shall take the necessary steps to prevent further incidents while the investigation is in progress.

(e) A facility shall ensure that the report of investigation is printed or typed and sent to the Division of Health Service Regulation within five working days of the allegation. The report shall include:

(1) the date and time of the alleged incident;

(2) the patient's full name and room number;

(3) details of the allegation and any injury;

(4) names of the accused and any witnesses;

(5) names of the facility staff who investigated the allegation;

(6) results of the investigation; and

(7) any corrective action that was taken by the facility.

(f) A facility shall report any reasonable suspicion of a crime against a patient receiving care in the facility to the Division of Health Service Regulation, Complaint Intake and Health Care Investigations Section and local law enforcement where the facility is located within the time periods for notification specified in 42 CFR 483.12.

*History Note:* *Authority G.S. 131E-104; 131E-131; 131E-255; 131E-256; 131E-117;*
*Eff. January 1, 1996;*
*Amended Eff. July 1, 2014; February 1, 2013; August 1, 2008; October 1, 1998;*
*Readopted Eff. July 1, ~~2016.~~2016;*
*Amended Eff. August 1, 2026.*

10A NCAC 13D .2505 is proposed for repeal as follows:

**10A NCAC 13D .2505 BRAIN INJURY LONG-TERM CARE PHYSICIAN SERVICES**

*History Note:* *Authority G.S. 131E-104;*
*RRC objection due to lack of statutory authority Eff. July 13, 1995;*
*Eff. January 1, 1996;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Repealed Eff. August 1, 2026.*

10A NCAC 13D .2701 is proposed for amendment as follows:

**SECTION .2700 - DIETARY SERVICES**

**10A NCAC 13D .2701 PROVISION OF NUTRITION AND DIETETIC SERVICES**

(a) Nursing homes shall comply with 42 CFR 483.25(g) and (h) and 483.60, which are incorporated by reference, including subsequent amendments. The Code of Federal Regulations may be accessed at https://ecfr.gov. ~~A facility shall ensure that each patient is provided with a palatable diet that meets his or her daily nutritional and specialized nutritional needs.~~

~~(b) The facility shall designate a person to be known as the director of food service who shall be responsible for the facility's dietetic service and for supervision of dietetic service personnel.~~

~~(c) Based on a resident's assessment, the nursing home facility must ensure that a patient maintains acceptable parameters of nutritional status, such as body weight and,protein levels, unless the patient's clinical condition demonstrates that it is not possible.~~

(d) ~~There shall be sufficient personnel employed to meet the nutritional needs of all patients in the areas of therapeutic diets, food preparation and service, principles of sanitation, and resident's preferences as related to food services.~~

(e) ~~The facility shall ensure that menus are followed which meet the nutritional needs of patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences which are incorporated by reference, including subsequent amendments. Copies of this publication may be obtained by contacting The National Academy Press, 500 Fifth St. N.W., Washington, D.C. 20001 or accessing it at http://www.nap.edu/catalog.php?record_id=1349. Menus shall:~~

~~(1) be planned at least 14 days in advance,~~

~~(2) provide for substitutes of similar nutritive value for patients who refuse food that is served, and~~

~~(3) be provided to patients orally or written through such methods as posting and daily announcements.~~

~~(f) Food must be prepared to conserve its nutritive value, and appearance.~~

~~(g) Food shall be served at the preferred temperature as discerned by the resident and customary practice, in a form to meet the patient's individual needs and with assistive devices as dictated by the patient's needs. Hot foods shall leave the kitchen (or steam table) above 135 degrees F; and cold foods below 41 degrees F. The freezer must keep frozen foods frozen solid.~~

~~(h) If patients require assistance in eating, food shall be maintained at the appropriate temperature until assistance is provided.~~

~~(i) All diets, including enteral and parenteral nutrition therapy, shall be as ordered by the physician or other legally authorized person, and served as ordered.~~

~~(j) At least three meals shall be served daily to all patients in accordance with medical orders.~~

~~(k) No more than 14 hours shall elapse between an evening meal containing a protein food and a morning meal containing a protein food.~~

~~(l) Hour of sleep (hs) nourishment shall be available to patients upon request or in accordance with nutritional plans.~~

~~(m) Between meal fluids for hydration shall be available and offered to all patients in accordance with medical orders.~~

~~(n) The facility shall have a current online or hard copy nutrition care manual or handbook approved by the dietitian, medical staff and the Administrator which shall be used in the planning of the regular and therapeutic diets and be accessible to all staff.~~

~~(c)~~(b) Food services shall comply with Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments (15A NCAC 18A .1300) as promulgated by the Commission for Public Health which are incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food under sanitary conditions. Copies of these Rules can be accessed online at ~~http://www.deh.enr.state.nc.us/rules.htm.~~ https://ehs.dph.ncdhhs.gov/docs/rules/294306-2-1300.pdf.

*History Note:* *Authority G.S. 90-368(4); 131E-104;*
*RRC objection due to lack of statutory authority Eff. July 13, 1995;*
*Eff. January 1, 1996;*
*Amended Eff. August 1, 2012;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~ 2015;*
*Amended Eff. August 1, 2026.*

## SECTION .2800 - ACTIVITIES, RECREATION AND SOCIAL SERVICES

### 10A NCAC 13D .2801 ACTIVITY SERVICES

(a) The facility shall provide a program of activities that is ~~on-going~~ ongoing and in accordance with the comprehensive assessment, and that promotes the interests, as well as physical, mental and psychosocial well-being, of each patient.

~~(b) The administrator shall designate an activities director who shall be responsible for activity and recreational services for all patients and who shall have appropriate management authority. The director shall:~~

~~(1) be a recreation therapist or be eligible for certification as a therapeutic recreation specialist by a recognized accrediting body; or~~

~~(2) have two years of experience in a social or recreation program within the last five years, one of which was full-time in a patient activities program in a health care setting; or~~

~~(3) be an occupational therapist or occupational therapy assistant; or~~

~~(4) be certified by the National Certification Council for Activity Professionals; or~~

~~(5) have completed an activities training course approved by the State.~~

(b) ~~A facility shall have~~ The activities program must be directed by an activity director who meets the following qualifications:

(1) The activity director hired after August 1, 2026 shall meet a minimum educational requirement by being a high school graduate or certified under the GED Program.

(2) The activity director hired after August 1, 2026 shall complete, within nine months of employment or assignment to this position, the basic activity course for nursing home activity directors offered by community colleges, universities or other nationally recognized online platforms, that include a minimum of 10 hours of documentation in the course. An activity director shall be exempt from the required basic activity course if one or more of the following applies:

(A) the individual is a licensed recreational therapist or eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C;

(B) the individual has two years of experience working in programming for an adult recreation or activities program within the last five years, one year of which was full-time in an activities program for patients or residents in a health care or long-term care setting;

(C) the individual is a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D;

(D) the individual is certified as an Activity Professional by the National Certification Council for Activity Professionals; or

(E) the required basic activity course was completed prior to August 1, 2026.

*History Note:* *Authority G.S. 131E-104; 143B-165(10); 42 C.F.R. 483.15(f);*
*RRC objection due to lack of statutory authority Eff. July 13, 1995;*
*Eff. January 1, 1996;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Amended Eff. August 1, 2026.*

10A NCAC 13D .3033 is proposed for amendment as follows:

**10A NCAC 13D .3003 ~~VENTILATOR ASSISTED~~ RESPIRATORY CARE, QUALIFIED PROFESSIONALS, NON-INVASIVE MECHANICAL VENTILATION, SPECIAL REQUIREMENTS FOR INVASIVE MECHANICAL VENTILATION AND STAFFING REQUIREMENTS IN SPECIAL CARE UNIT**

(a) ~~For the purpose of this Rule, ventilator assisted individuals, means as defined in the federal State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities, herein incorporated by reference including subsequent amendments and editions. Copies of the State Operations Manual may be accessed free of charge online at~~
~~https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf~~.
Nursing homes shall comply with 42 CFR 483.25(i), which is incorporated by reference, including subsequent amendments. The Code of Federal Regulations may be accessed at https://ecfr.gov.

b) Facilities having patients who receive non-invasive or invasive mechanical ventilation shall:

~~(1) administer respiratory care in accordance with 42 CFR Part 483.25(i), and the federal State Operations Manual F695;~~

~~(2)~~(1) administer respiratory care in accordance with the scope of practice for respiratory therapists defined in G.S. 90-648; and

~~(3)~~(2) provide pulmonary services from a physician who has training in pulmonary medicine. The physician shall be responsible for respiratory services and shall:

(A) establish with the respiratory therapist and nursing staff, ventilator policies and procedures, including emergency procedures;

(B) assess each ventilator assisted patient's status at least monthly with corresponding progress notes;

(C) respond to emergency communications 24 hours a day; and

(D) participate in individual care planning.

(c) A facility may provide non-invasive mechanical ventilation via a portable respiratory support device designed to assist patients with breathing difficulties according to manufacturer's instructions and with constant monitoring by qualified staff.

(d) A facility must not provide patients with mechanical ventilation via an invasive artificial airway using an endotracheal tube or tracheostomy tube unless:

(1) the Division of Health Service Regulation Construction Section has approved plans, drawings and life safety code for safe operation of the specialized bed type;

(2) the Nursing Home Licensure and Certification Section has reviewed signed contracts for professionals providing pulmonary medicine, respiratory therapy and durable medical equipment suppliers;

(4) the Nursing Home Licensure and Certification Section has reviewed staffing schedules;

(5) the Nursing Home Licensure and Certification Section has reviewed job specific orientation, unit polices and procedures and emergency preparedness; and

(6) beds for patients receiving invasive mechanical ventilation are grouped into one specialized care unit and disclosure of the beds is on the nursing home initial, renewal, bed change or change of ownership application.

~~(e)~~(e) Direct care nursing personnel staffing ratios established in Rule .2303 of this Subchapter shall not be applied to nursing services for patients who ~~are ventilator assisted at life support settings~~ reside in a special care unit for residents who receive invasive mechanical ventilation. The minimum direct care nursing staff shall be 5.5 hours per patient day, allocated on a per shift basis as the facility chooses; however, in no event shall the direct care nursing staff fall below a registered nurse and a nurse aide I at any time during a 24-hour period.

*History Note:* *Authority G.S. 131E-104;*
*RRC objection due to lack of statutory authority Eff. July 13, 1995;*
*Eff. January 1, 1996;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015;*
*Amended Eff. January 1, ~~2021.~~2021;*
*Amended Eff. August 1, 2026..*

10A NCAC 13D .3004 is proposed for repeal as follows:

**10A NCAC 13D .3004 BRAIN INJURY LONG-TERM CARE**

*History Note:* *Authority G.S. 131E-104;*
*RRC objection due to lack of statutory authority Eff. July 13, 1995;*
*Eff. January 1, 1996;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Repealed Eff. August 1, 2026.*

10A NCAC 13D .3005 is proposed for repeal as follows:

**10A NCAC 13D .3005 SPECIAL NURSING REQUIREMENTS FOR BRAIN INJURY LONG-TERM CARE**

*History Note:* *Authority G.S. 131E-104;*
*RRC objection due to lack of statutory authority Eff. July 13, 1995;*
*Eff. January 1, 1996;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Repealed Eff. August 1, 2026.*

10A NCAC 13D .3031 is proposed for repeal as follows:

**10A NCAC 13D .3031 ADDITIONAL REQUIREMENTS FOR SPINAL CORD INJURY PATIENTS**

*History Note:* *Authority G.S. 131E-104;*
*RRC objection due to lack of statutory authority Eff. July 13, 1995;*
*Eff. January 1, 1996;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Repealed Eff. August 1, 2026.*

10A NCAC 13D .3101 is proposed for readoption with substantive changes as follows:

**SECTION .3100 – DESIGN AND CONSTRUCTION**

**10A NCAC 13D .3101 GENERAL RULES**

(a) Each facility shall be planned, constructed, equipped, and maintained to provide the services offered in the facility.

(b) A new facility or remodeling of an existing facility shall meet the requirements of the North Carolina State Building Codes which are incorporated by reference, including all subsequent amendments. Copies of these codes may be ~~purchased from the International Code Council online at http://www.iccsafe.org/Stire/Pages/default.aspx at a cost of five hundred twenty seven dollars($527.00) or~~ accessed electronically free of charge at ~~http://www.ecodes.biz/ecodes_support/Free_Resources/2012NorthCarolina/12NorthCarolina_main.html.~~http://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 construction or remodeling.

(c) Any existing building converted from another use to a nursing facility shall meet all requirements of a new facility.

(d) The sanitation, water supply, sewage disposal, and dietary facilities shall comply with the rules of the North Carolina Division of Public Health, Environmental Health Services Section, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions", 15A NCAC 18A .1300 ~~are available for inspection at the North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Services Section 5606 Six Forks Road, Raleigh, North Carolina 27509. Copies may be obtained from the Environmental Health Services section, 1632 mail Service Center, Raleigh, NC 27699-1632 at no cost, or can~~ may be accessed electronically free of charge ~~at http://reports.oah.state.nc.us/ncac.asp?folderName=\Title 15A - Environment and Natural Resources\Chapter 18 - Environmental Health.~~http://www.oah.nc.gov/.

(e) The adult care home portion of a combination facility shall meet the rules for a nursing facility contained in Sections .3100, .3200 and .3400 of this Subchapter, except when separated by tw0-hour fire resistive construction. When separated by two-hour fire-resistive construction, the adult care home portion of the facility shall meet the rules for adult care home in 10A NCAC 13F, Licensing of Adult Care Homes, which are incorporated by reference, including all subsequent amendments; and adult care home resident areas must be located in the adult care home section of the facility. Copies of 10A NCAC 13F, Licensing of Adult Care Homes, can be ~~obtained free of charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708, or~~ accessed electronically free of charge at ~~http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2013%20-%20nc%20medical%20care%20commission/subchapter%20d/subchapter%20d%20rules.html.~~http://www.oah.nc.gov/.

(f) An addition to an existing facility shall meet the same requirements as a new facility.

*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.~~2015;*

*Readopted with Substantive Changes Eff. August 1, 2026.*

10A NCAC 13D .3401 is proposed for readoption with substantive changes as follows:

## SECTION .3400 – MECHANICAL: ELECTRICAL: PLUMBING

### 10A NCAC 13D .3401 HEATING AND AIR CONDITIONING

(a) A facility shall provide heating and cooling systems complying with the following:

(1) 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 fifty fur dollars ($54.00) online at~~ accessed electronically at http://www.techstreet.com/ashrae/lists.ashrae_standards.tmpl. This incorporation does not apply to Section 7.1, Table 7-1 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 the non-heating season; and

(2) 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 thirty-nine dollars ($39.00) from the National Fire Protection Association online at http://www.nfpa.org/catalog/ or~~ accessed electronically ~~free of charge~~ at https://www.nfpa.org/codes-and-standards/nfpa-90a-standard-development/90a.

(b) In a facility, the windows in dining, activity and living spaces, and bedrooms shall be openable from the inside. To inhibit patient and resident elopement from any window, the facility may restrict the window opening to a six-inch opening.

*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.~~2015;*
*Readopted with substantive changes Eff. August 1, 2026.*

10A NCAC 13D .3402 is proposed for readoption with substantive changes as follows:

### 10A NCAC 13D .3402 EMERGENCY ELECTRICAL SERVICE

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 consist of the following:

(1) In any existing facility:

(a) type 1 and 2 emergency lights as required by the North Carolina State Building Codes: Electrical Code;

(b) additional emergency lights for all control points required by Rule .3201(1)(9) of this Subchapter, medication preparation areas required by Rule .3201(1)(1) of this Subchapter and storage areas, and for the telephone switchboard, if applicable;

(c) one or more portable battery-powered lamps at each control point required by Rule .3201(1)(9) of this Subchapter; and

(d) a source of emergency power for life-sustaining 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) 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 source, and also to minimize disruption within the internal wiring system as defined by the North Carlina State Building Codes: Electrical Code.

(3) Emergency electrical services shall be provided as required by Rule .3101(b) of this Subchapter 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) The following equipment, devices, and systems which are essential to life safety and the protection of important equipment or vital material shall be connected to the critical branch of the essential electrical system as follows:

(a) nurses' calling system;

(b) fire pump, if installed;

(c) one elevator, where elevators are used for the transportation of patients;

(d) 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;

(e) equipment necessary for maintaining telephone service; and

(f) task illumination of boiler rooms, if applicable.

(5) A dedicated critical branch circuit per bed for ventilator-dependent patients is required. This critical branch circuit shall be provided with two duplex receptacles identified for emergency use. When staff determines that the electrical life support needs of the patient exceed the requirements stat in this Item, additional critical branch circuits and receptacles shall be provided. For the purposed of this Rule, a "critical branch circuit" is a circuit of the critical branch subsystem of the essential electrical system which supplies energy to task lighting, selected receptacles and special power circuits serving patient care areas as defined by the North Carolina State Building Codes: Electrical Code. This Item applies to both new and existing facilities.

(6) Heating equipment provided for ventilator dependent patient bedrooms shall be connected to the critical branch of the essential electrical system and arranged for delayed automatic or manual connection to the emergency power source if the heating equipment depends upon electricity for proper operation. This Item applies to both new and existing facilities.

(7) Task lighting connected to the automatically transferred critical branch of the essential electrical system shall be provided for each ventilator dependent patient bedroom. For the purposes of this Item, task lighting is defined as lighting needed to carry out necessary tasks for the care of a ventilator dependent patient. This Item applies to both new and existing facilities.

(8) Where electricity is the only source of power normally used for the heating of space, an essential electrical system shall provide for heating of patient rooms. Emergency heating of patient rooms shall not be required in areas where the facility is supplied by at least two separate generating sources or a network distribution system with the facility feeders so routed, connected, and protected that a fault any place between the generating sources and the facility will not cause an interruption of more than one of the facility service feeders.

(9) 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 10 seconds through one or more primary automatic transfer switches to all emergency lighting, alarms, nurses' call, and equipment necessary for maintaining telephone service. All other lighting and equipment required to be connected to the essential electrical system shall either be connected through the 10 second primary automatic transfer switching or shall be connected through delayed automatic or manual transfer switching. If manual transfer switching is provided, staff of he facility shall operate the manual transfer switch.

(10) Sufficient 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, which is incorporated by reference, including all subsequent amendments and additions. Copies of this code may be obtained 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/AbotTheCodes.asp?DocNum=99~~.http://www.nfpa.org/codes-and-standards/nfpa-99-standard-development/99. The facility shall maintain records of the generator system tests and shall make these records available to the Department for inspection upon request.

(11) The electrical emergency service at existing facilities shall comply with the requirements established in Sections .3100, and .3400 of this Subchapter 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 Sections .3100, and .3400 of this Subchapter in effect at the time of remodeling.

*History Note:* *Authority G.S. 131E-102;131E-104;*

*Eff. January 1, 1996;*
*Amended Eff. July1, 2014;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
*Readopted Eff. August 1, 2026.*

10A NCAC 13D .3404 is proposed for readoption with substantive changes as follows:

**10A NCAC 13D .3404 OTHER**

(a) In general patient areas of a facility, each room shall be served by al 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.

(a) (e) If provided in a facility, medical gas an 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 ~~purchased for a cots of sixty-one dollars ($61.00) from the National Fire Protection Association online at~~ http://nfp.org/catalog/ ~~or~~ accessed electronically free of charge at https://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 Cdes, 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 purposed of this Rules, "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 eh 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 Coeds, the requirements of these Sections shall apply. Copies of this code may be ~~purchased for a cost of ninety-three dollars ($93.00) from the National Fire Protection Association online at http://www.nfpa.org/catalog/ or~~ accessed electronically free of charge at https://www.nfpa.org/codes-and-standards/nfpa-101-standard-development/101.

(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. July1, 2014;*
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, ~~2015.~~2015;*
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